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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. 'Coopetiton' 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.



## 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; Ramamonjiarivelo 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 coopetition.

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 coopetition, 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 coopetition 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" (Länsisalmi, 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 coopetition is relevant in studying cooperative innovation in healthcare.

### 2.2. Coopetition: competition and cooperation

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

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bias, assuming that cooperation is based on common goals and interests. However, research results indicate that in many interorganizational relationships competitive aspects are at play as well. The concept of coopetition combines these two aspects (Brandenburger & Nalebuff, 1995). Coopetition refers to "a relationship between two firms that simultaneously involves both competition and cooperation" (Walley, 2007, p. 11). It is stated that the participants in these relationships have "partially convergent interests" (Padula & Dagnino, 2007, p. 36). In the literature, there is an agreement on the fact that coopetition refers to a combination of cooperation and competition (Padula & Dagnino, 2007; Ribeiro-Soriano & Urbano, 2009). An underlying assumption of cooperation is that organizations want to fulfil their own interests (Padula & Dagnino, 2007). When their interests resemble the interests of other organizations, cooperative links may develop. However, a competitive element can be introduced in this cooperative relationship, for example when the regulatory environment is exposed to changes or uncertainty. Therefore, the notion of coopetition indicates that "cooperation does not exclude competitive pressures" (Padula & Dagnino, 2007, p. 47). As a result of combining competition and cooperation in one relationship, organizations need to adopt conflicting roles (Walley, 2007). And these roles directly affect the attitudes and behaviours of the different actors involved. We therefore assume that the perceptions of these actors affect the success of the cooperation between organizations.

Coopetition can take different forms. For example, organizations may cooperate in upstream activities, such as Research & Development and purchasing, while they compete in downstream activities, such as service delivery and distribution. Although the concept of coopetition has recently received more attention, the literature is fragmented when it comes to defining what coopetition relationships entail and what the consequences are for organizations and actors involved (Dagnino, 2007; Padula & Dagnino, 2007; Peng & Bourne, 2009). Coopetition stems from the private sector, but several researchers indicate that coopetition also takes place in the healthcare sector (Barretta, 2008; Gee, 2000; Goddard & Mannion, 1998; Mascia, Vincenzo & Ciccheti, 2012). Mascia et al. (2012) argue that "few empirical studies have analyzed simultaneous collaboration and competition in universalistic health-care systems" (p.274).

### 2.3. The role of perception on competition

The importance of perceptions of the actors involved in the process of coopetition is stressed in the literature (e.g. Thomason, Simendinger, & Kiernan, 2013; Walley, 2007). There are multiple forms of coopetitive relationships among organizations, depending on the degree of competition and cooperation in these relationships that range from weak to strong. Strong competition is characterized by actors perceiving each other as competitors. A strong degree of competition is expected to result in tensions that could stimulate organizations to innovate but also complicate the cooperative innovation process (Bengtsson et al., 2010). When organizations are competing and cooperating simultaneously, this could result in a role conflict and tensions among organizations and stakeholders (Dowling, Roering, Carlin, & Wisnieski, 1996). "The tension arises in many areas, but one particularly important area is interorganizational knowledge sharing and learning, for which the tension can actually affect the dynamics of the learning alliance" (Walley, 2007, p. 16). As knowledge sharing and learning is an important element of cooperative innovation (Tsai, 2001), an increase in the (perceived) degree of competition by the relevant actors involved might actually harm the innovation process.

Competition is relatively new for the hospitals under study. As discussed in the introduction of the paper, competition is regarded as a consequence of the major healthcare reform introduced in 2006. The healthcare labour market is particularly affected by the increased competition between healthcare organizations in regions where they are geographically close to each other. The Netherlands is a small country with a relatively high density of hospitals per geographical region. Schäfer et al. (2010, p. 133) report: "Shortages in the Dutch healthcare workforce alarm policy makers, the media and patient organizations alike … From the perspective of the providers, the problem may manifest itself in high workloads for physicians and nurses. The determinants of high workloads, waiting lists, postponements and shortages are complex and highly interrelated." Hospitals are now competing for scarce human resources in their region. Therefore, we expect that organizational actors in healthcare will perceive their context as a situation with a strong degree of competition. Furthermore, we expect that this perception of competition harms the cooperative innovation process, due to the tensions arising from coopetition, as described above. This results in the following proposition:

**Proposition 1**. *An increase in the perceived degree of competition will negatively affect cooperative innovation.*

### 2.4. Rationales for coopetition

Many scholars refer to the benefits of coopetition for all organizations participating in the coopetitive relationship (e.g. Chin, Chan, & Lam, 2008; Walley, 2007). Three reasons for this type of cooperation could be identified that are not necessarily anti-competitive (Tether, 2002). First of all, competitors might cooperate on setting common standards because creating different standards is expensive, while copying is easy. Secondly, because a lot of organizations are only competitors in some markets, so-called partial competitors, they might cooperate in some areas to make use of each other's strengths. Finally, addressing shared problems might be a reason to cooperate with competitors. "Competitors collaborate when they face common problems, and especially when these problems are seen as being outside the realms of competition and/or when by collaborating they can influence the nature of the regulatory environment" (Tether, 2002, p. 952). The third rationale for coopetition might be particularly relevant for healthcare organizations operating in the same region and facing labour shortages; they are all confronted with the same problem. Related to this observation is the argument that organizations engage in coopetition because they are not able to achieve their objectives with their own resources (Huxham & Vangen, 2005). This is in line with the observation that organizations "collaborate with their competitors in the quest for improved performance and innovation results" (Ritala, 2012, p. 307). In this respect, Resource Dependency Theory (Pfeffer & Salancik, 1978) could be used to explain the rationale for coopetition. According to this theory, organizations are dependent on their environment to gain the resources they need to survive. It is expected that organizations operating in the same region are more likely to cooperate due to the fact that they face similar resource constraints (Madhavan, Gnyawali, & He, 2004).

Furthermore, the assumption is that market commonality and resource similarity are the most dominant antecedents of coopetition. Peng, Pike, Yang, and Roos (2012) define market commonality as "the degree to which the presence that a competitor manifests in the market overlaps with the focal firm" (p. 535). In addition, resource similarity is defined as "the extent to which a given competitor possesses strategic endowments comparable with those of the focal firm". Peng et al. (2012) conclude that competing organizations will cooperate with each other "because they face similar market constraints and market situation" (p.535).

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This is expected to result in common interests and enhance cooperation between competitors (Peng & Bourne, 2009).

The fact that hospitals face similar problems attracting and retaining talent might stimulate coopetition. Thus, applying ideas from Resource Dependency theory to coopetition implies that an organization needs resources from other, competing organizations operating in the same market to innovate and therefore needs to cooperate with competing organizations. This effect is expected to be stronger when organizations are operating in the same region and their resource constraints are similar. Therefore, we develop the following proposition:

**Proposition 2**. *Perceived shared problems and resource constraints will stimulate competing hospitals to cooperate with each other, which will result in coopetition.*

Value creation and value utilisation are furthermore often used to explain coopetition. Value creation represents the cooperation part of coopetition, in that organizations cooperate by sharing resources and knowledge in order to create value. Value utilisation represents the competition part of coopetition because competition forces them to utilise this value. The metaphor that is used is that organizations cooperate in order to "increase the size of the business pie, and then compete to divide it up" (Brandenburger & Nalebuff, 1997, p. 4). These dynamics seem to be relevant for the innovation under study; hospitals cooperate to create the Talent Management Pool, but might then compete to utilise the talent pool for their own gain in order to remain competitive. This could jeopardize the talent pool because managers might become reluctant to allow their employees to participate in it.

However, little is known about whether these theories from cooperation and collaborative innovation theory are applicable to collaborative innovation in times of competition. Based on the discussion above, we expect that the dynamics of value creation versus value use will be perceived by organizational actors involved. Therefore, we formulated the following proposition.

**Proposition 3**. *Hospitals will cooperate in developing innovation, but will compete in the distribution of benefits resulting from that innovation.*

In conclusion, the theoretical framework that we developed in order to enhance our understanding of coopetition in healthcare innovation processes, consists of three main elements. First of all, the role of the perceived degree of competition in the sector is expected to affect the innovation process. Secondly, the existence of perceived shared problems and resource constraints is also expected to affect this process. Finally, we expect that while competitors will cooperate in developing innovation, they will compete for the advantages resulting from this innovation.

## 3. Methods

### 3.1. Case study context

In this study, we investigated the Talent Management Pool, an interorganizational innovation initiated by four Dutch hospitals. All four hospitals in our study are located in the same geographical region in the South of the Netherlands and all four are so-called 'teaching hospitals' that offer educational programmes for nurses and medical specialists, and deliver top clinical care. Dutch teaching hospitals can be positioned between academic hospitals that combine specialized and top clinical healthcare delivery, scientific healthcare research and professional training, and general hospitals that are mainly focused on providing regular, less specialised healthcare. The relationship between these hospitals might be conceptualized as coopetitive because these hospitals are operating in the same geographical region and are competitors when it comes to financial and human resources and patients. However, given market mechanisms and competition, they cooperate with each other by exchanging employees through the Talent Management Pool. This appears contradictory and therefore raises questions of why and how cooperation is shaped in a competitive healthcare context. When discussing the coopetition research agenda, the importance of qualitative research and case studies to investigate to coopetition for exploration purposes is stressed (Baretta, 2008). The current study aims to address this gap in the coopetition literature.

The hospitals under study were among the group of Dutch hospitals that initiated an education agreement on training a certain number of nurses per hospital. In this way, they aimed to enhance the amount of qualified employees available for hospitals in their region. In this sense, hospitals cooperated with respect to training nurses, but competed in attracting them as healthcare workforce after completion of their training programme. After establishing this labour education agreement, four hospitals initiated the Talent Management Pool, offering employees of participating hospitals career development opportunities in other hospitals, and thereby retaining them in a talent pool for participating organizations. In this way the cooperating hospitals hope to attract and retain more and better talent for the participating hospitals. They also expect to benefit from reducing costs on hiring external personnel.

This development fits well with the argument that innovative approaches are needed in order to attract and retain employees for specific branches of industry (Beechler & Woodward, 2009). These authors suggest that developing partnerships among organizations and creating local talent pools are innovative strategies that improve organizational performance. In the mainstream literature on talent management, the focus is on talent pools within organizations, instead of pools across organizations which is the focus of this study (e.g. Boudreau & Ramstad, 2007; Collings & Mellahi, 2009; Lewis & Heckman, 2006). This further illustrates the innovativeness of the case under study.

The talent pool is a virtual organization that consists of three levels. The first level is the participating hospital, where personnel within the organization can be exchanged. The second level is a virtual market where labour demand and supply from the participating organizations come together because the internal labour markets are being connected here. The organizations expect that more than half of their demand for external personnel can be solved here, leading to substantial savings for the participating hospitals. This second level is the focus of this study because the combination of competitive and cooperative elements is most relevant here. The third level is drawn upon when it is impossible to fill in a vacancy with personnel from the talent pool. In that case, external suppliers are used. Self-contracted employees and external suppliers can join the pool, allowing participating hospitals to achieve economies of scale. The talent pool is to provide participating hospitals with nursing and medical staff, as well as managerial staff. The hospitals decided that all employees above a specific salary level could register to participate in the pool, including nurses, managers and staff employees. However, employees would need their manager's authorization before registering.

### 3.2. Research design

All four hospitals that are involved in the Talent Management Pool are included in this study. Our study focuses on the perceptions of different organizational actors towards the degree of competition in the sector, and the existence of perceived shared

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problems and resource constraints. In addition, we will examine whether organizational actors perceive hospitals as cooperating in the development of innovation, while competing for benefits resulting from this innovation. These elements will be systematically compared across actors (HR professionals, project team members, managers and employees) within and across the four organizations under study in order to investigate whether systematic differences exist across the stakeholders and organizations. In sum, all four hospitals participating in the Talent Management Pool are under study for comparison purposes. However, the primary focus of this study is to investigate the perceptions of coopetition among different organizational stakeholders, to compare the differences in perceptions, to explain these and to gain insights into their effects on the success of the pool.

### 3.3. Data collection and analysis

We performed an in-depth case study focusing on the Talent Management Pool (Yin, 2008) because this enables a detailed exploration of a real-life phenomenon and its context, which suits the research question under study. Therefore, we conducted semi-structured interviews with several stakeholders from the four participating hospitals. The initiators of the innovations, the four HR directors, and the project team were included, as well as high-level managers, line managers and employees from all four hospitals of the shared Talent Management Pool. At the start of the research project, in Spring 2011, respondents from the four organizations were asked to list HRM-related innovations in their hospitals. Many respondents referred to regional collaboration, primarily in terms of the labour education agreement. This is an agreement made among a group of hospitals to train a certain number of nurses. In addition, some respondents referred to the Talent Management Pool, which was not yet fully developed by that time. We decided to follow the development of this innovative practice by conducting 38 interviews in the following 1.5 years. In Table 1, an overview of the respondents is provided.

A multi-actor approach was adopted to generate a complete picture of the process. Interviews lasted approximately 1–1.5 h. Questions covered the diffusion, adoption and implementation process of the innovation under study. For the purpose of this study, we focused on the perceptions of different stakeholders on competition, rationales for cooperation and resulting coopetition dynamics. Examples of interview questions are "*to what extent is the innovation [talent management pool] implemented as intended*?" and "*what are facilitating or hindering factors*?" All interviews were fully transcribed. For additional information, we examined several documents relating to the organizations and the innovations. For example, the project plan, business case, communication plan and several presentations linked to the project were analyzed. We used this additional as background information to prepare for the interviews and to corroborate the interview findings.

The collected interview and document data was analyzed using Atlas. ti, following thematic analysis (Braun & Clarke, 2008; Grbich, 1999; Rapley, 2011). Three researchers coded the material independently and discussed their results. We combined inductive and deductive research approaches. We used our propositions on coopetition as a priori framework, but kept an open mind for other factors and themes that emerged from the data. First, the researchers familiarized themselves with the data by transcribing all of the interview material and rereading the transcribed material. The additional information described above proved to be a valuable source for making the next step. Secondly, initial codes were generated, which were used to search for themes. These initial codes formed an initial list of ideas about what kind of information is present in the data. Literature on coopetition and the propositions inspired our coding framework, but we also stayed open-minded to aspects that would not fit this theoretical framework. Examples of initial codes were 'labour shortage', 'primary care process' and 'costs savings'. These initial codes were then classified in broader categories based on repeated patterns across the data set: the themes. The example initial codes provided here resulted in the theme 'Rationale for coopetition'. In this phase, the analysis was refocused at a broader level and codes were sorted into subthemes and themes. After that, we reviewed the (sub) themes in light of the coded data extracts that the initial codes referred to, as well as the entire data set. This leaves no room for ambiguity. Finally, the themes were defined and renamed. Agreement on the coding results was reached after discussion among the researchers involved in the analysis process. Perceptions of respondents per theme were labelled as dominant perception per respondent group in case this perception occurred in over fifty percent of the interviews with respondents of that group. We used these themes, and the quotations underlying the themes, to compare the perceptions of different actors within and across organizations. For example, the theme competition as barrier was more prominent in the transcripts of line managers than that of HR professionals across organizations.

## 4. Results

The themes that resulted from the data analysis process are used to organize the findings of the study. Due to the importance of perception in the coopetition literature, the perceptions of the main respondent groups are key in the analysis of the results. In subsequent Table 2, a concise overview of the dominant perception is presented per respondent category. In addition, illustrative quotes are used to express crucial perceptions of each of the respondent groups related to all themes. In the rest of the results section, these perceptions are elaborated on.

### 4.1. Role of competition in cooperative innovation

In this section, we will focus on the first theme: the role of competition in cooperative innovation. Respondents from all different respondent categories acknowledged the fact that the participating hospitals were simultaneously competing and cooperating. However, differences between respondent groups can be observed when delving deeper into their comments about this tension field. HR professionals and other respondents, such as employees and project team members, focus on the cooperative

**Table 1**
Overview of respondents.

| | HR | Line management | Higher management (Director) | Other (employee representatives, project team) | Total |
|---|---|---|---|---|---|
| Hospital A | 3 | 6 | 1 | 2 | 12 |
| Hospital B | 3 | 3 | 1 | 2 | 9 |
| Hospital C | 2 | 3 | 2 | 2 | 9 |
| Hospital D | 2 | 3 | 1 | 2 | 8 |
| Total | 10 | 15 | 5 | 8 | 38 |

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**Table 2**
Overview of dominant perceptions per respondent category.

| Themes | HR | Line management | Higher management (hospital directors) | Other (employees, project team) |
|---|---|---|---|---|
| **Role of competition in cooperative innovation** | **Dominant perception:** Acknowledge tension between competition and cooperation. Focus on cooperation and downplay competitive aspects | **Dominant perception:** Acknowledge tension between competition and cooperation. Stress competition among hospitals | **Dominant perception:** Acknowledge tension between competition and cooperation. Stress competition among hospitals, but acknowledge need for cooperation | **Dominant perception:** Acknowledge tension between competition and cooperation. |
| | **Illustrative quote:** *Retaining talent is the basis of the Talent Management Pool. That is where we cooperate because we think that we will be better in that together.* (HR business partner 1, hospital A) | **Illustrative quote:** *… The introduction of the market mechanism invites us very much to take in a competitor position. From that position it is very illogical that you're going to cooperate and share your best employees with your competitor.* (Line manager, hospital C) | **Illustrative quote:** *Cooperation between hospitals is difficult because they compete with each other to death out of necessity.* (Hospital director, hospital C) | **Illustrative quote:** *The participants of the steering group are strategic managers who are being judged on their strategy, while the operational managers are being judged on how do you realise your one-year goals and then allowing talented employees to leave for half a year would be detrimental for your end result.* (Pool developer) |
| **Rationale for coopetition** | **Dominant perception:** Labour shortage, lack of talented human resources, avoid problems in healthcare delivery by preventing harming patients | **Dominant perception:** Labour shortage, lack of talented human resources | **Dominant perception:** Labour shortage, lack of talented human resources. Financial benefits, economizing measures | **Dominant perception:** Labour shortage, lack of talented human resources |
| | **Illustrative quote:** *If you don't cooperate, this could harm patients. You just don't want patients to suffer from a labour shortage.* (HR advisor, hospital A) | **Illustrative quote:** *We need each other [four hospitals] to attract and retain the employees we need* (Line Manager, hospital B) | **Illustrative quote:** *I think the vision on mobility and for some hospitals the economic benefits, we can do it cheaper, are important.* (Director, hospital C) | **Illustrative quote:** *When the labour shortage will have the impact that we think it will, you have to dare to think in new models. That is the way to do it. You can't handle it on your own and you need each other to succeed.* (Pool manager) |
| **Cooperation versus competition** | **Dominant perception:** Little fear of competition to attract talent from the pool, cooperation within sector necessary to compete with other sectors | **Dominant perception:** Competition among hospitals to attract talent from the pool | **Dominant perception:** No fear of competition to attract talent from the pool, cooperation within sector necessary to compete with other sectors | **Dominant perception:** Mixed views on competition to attract talent from the pool |
| | **Illustrative quote:** *We know that there will be a labour shortage … We will have to keep the knowledge and skills for our own hospital, but also for the sector. In the future, it will no longer be about if we can compete with other hospitals, but about whether we can compete with the banking sector or other sectors in which our professionals could be working. (HR manager, hospital B)* | **Illustrative quote:** *I think others (other line managers) will look at this differently because competition is of course a new phenomenon in the hospital world. And if you have been working here for years I can imagine that you'll be a bit more anxious about that. (Line manager, hospital A)* | **Illustrative quote:** *Because you know what the labour turnover is and how the labour market develops, we already have a shortage in the really specialized functions … Then it is about retaining employees, not only in your own organization, but also about how you can make the sector more attractive. (Director, hospital C)* | **Illustrative quote:** *I'm not sure what the consequences of the pool will be; will employees be seduced to work in other hospitals? (Works Council Member, Hospital D)* |

aspect of coopetition and even downplay the competitive aspect involved in the Talent Management Pool. They often claimed that they needed the other hospitals in order to be successful in attracting and retaining staff. On the other hand, most line managers and hospital directors stressed the competitive aspect of the coopetitive relationship. However, the directors emphasized that at the same time, there is a need to cooperate with the other hospitals in order to cope with (labour market) challenges. Therefore, they represent the group that has the most balanced view on the matter. The line managers do not explicate the urgent need for cooperation. The fact that these line managers perceive the relationship with the other hospitals as highly competitive appears to affect the innovation process of the Talent Management Pool. Line managers are reluctant to share their talented employees because of the competitive pressures they experience. They are afraid that sharing talented employees with competing hospitals threatens their competitive position.

The data reveals two explanations for the difference between these two opposing views by HR professionals and line managers. First of all, competition with other hospitals on scarce human resources affects line managers more directly than HR professionals; line managers will experience staffing and potential performance problems in their departments in the short term. In addition, HR professionals are more engaged in policy making and long term planning than line managers, who are responsible for the daily operations of their organization. Therefore, the consequences of exchanging talent with competitors carry more implications for line managers. This implies ramifications for the Talent Management Pool because line managers are reluctant to share their talented employees. Directors refer to both short term limitations and long term gains of the Talent Management Pool in their reflections on coopetition, which could explain their more nuanced perception.

Secondly, the cooperative relationship that already existed

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between the HR professionals of the different hospitals is likely to explain the emphasis that this group puts on cooperation, while at the same time downplaying the role of competition in the relationship. All four of the hospitals actively participate in an HR network and have some experience in cooperating on several projects. The cooperative effort to develop an education agreement is an example of this. Several respondents refer to the bond of trust that was developed during these projects. This newly formed trust and positive experiences with cooperation among HR departments of hospitals are an important explanatory factor here.

In conclusion, the findings show that actors across different stakeholder groups and across organizations perceive that there is coopetition: both competitive and cooperative elements are at play in the relationships between these hospitals. However, the findings show that HR professionals stress the cooperative aspects of the relationship, while line managers emphasize the competitive elements of the relationship. As a result, some line managers are reluctant to engage in the Talent Management Pool, because it is perceived as illogical to cooperate and share the best employees with competing hospitals, which potentially hinders the implementation of this pool.

### 4.2. Rationale for coopetition

In this section, the second theme will be discussed: the rationale to engage in coopetition.

The lack of talented human resources is often mentioned as a rationale for engaging in coopetition by all respondent groups. Related to this are the comments of several stakeholders that all hospitals have the same interest in the Talent Management Pool; they all need to attract and retain talented employees. In addition, they claim needing other hospitals to attract and retain these resources. Also, the fact that all hospitals share the same goal, deliver high quality care and help patients in the best possible way, was put forward as a driver of coopetition that is typical for the healthcare sector.

Interestingly, HR professionals are the only respondent group that stress the importance of the Pool for preventing problems in the primary care delivery process. They refer to the fact that a lack of personnel could result in harming patients. It might be somewhat surprising that this point was not stressed by the majority of line managers and directors, as they ought to be more concerned with this primary care process.

Furthermore, an additional driver of the development of the Talent Management Pool was revealed by the data. Primarily higher-level management, i.e. hospital directors, refer to the financial benefits that the Talent Management Pool is expected to bring. For example, the hospitals expect they can save a lot of money by diminishing hiring expensive external staff. This could be brought about by the fact that many hospitals are forced to economize because of the budget cuts and austerity measures of the government. Therefore, saving costs is prominently present in the mindset of these directors.

All in all, the findings show that the perception that all organizations face a shortage of human resources and strive to achieve similar goals stimulates the development of a coopetitive relationship.

### 4.3. Cooperation versus competition

This section addresses the third theme: cooperation versus competition. Most line managers refer to the fact that they expect hospitals to compete in order to attract talent from the Talent Management Pool, and fear that they will lose valuable personnel because of this. In addition, they dread helping other hospitals – their competitors – by sharing knowledge because of substantial time investments in gaining this knowledge. Here, the underlying prominence of the competitive aspect of coopetition that was revealed by the data and presented earlier in this section resurfaces again. These perceptions cause line managers to be reluctant in allowing their employees to register for the talent pool.

However, there appears to be a difference in this respect among line managers, which can be explained by their background. Not all line managers fear competition for talented employees in the Pool. While the group of line managers that is referred to in the previous paragraph sees this form of competition as a threat for the competitive advantage of their hospital, another group of line managers is not convinced this will happen. They claim that you can't copy success just by taking on another hospital's talented employee. An explanation for this difference in perception between these two groups of line managers is that managers in the latter group all previously worked in private sector organizations. The fact that they are more familiar with competition, which is a common element for them, might explain the fact that they have less misgivings about cooperation with competitors and ascribe fewer consequences to competition than their colleagues who have mainly worked in a public healthcare context.

## 5. Discussion

The aim of this study was to enhance our understanding of perceptions of different organizational stakeholders on collaborative innovation in the public sector, in particular hospitals. The central research question of the study was: *How do organizational actors perceive cooperative innovation with competing hospitals in the same region and how does this affect the innovation process?* We drew on coopetition and cooperation literature in order to develop our propositions that served as guidelines and theoretical framework for our empirical study. The data revealed three dominant themes: the role of competition in cooperative innovation, the rationale for coopetition, and cooperation versus competition. The generated themes were used to structure the presentation of our findings. Below we link the three main themes to the formulated propositions in order to present our conclusions. Related to our first proposition, *An increase in the perceived degree of competition will negatively affect cooperative innovation*, we can conclude that the willingness of organizational actors to engage in coopetition will be limited when the competitive elements of the interorganizational relationship are perceived as strong by these actors. The findings show that line managers are reluctant to allow employees to participate in the Talent Management Pool, mainly because they emphasize the competitive aspect of the coopetitive relationship. Given the role of line managers in the enactment of organizational policies and practices this is an important first finding. Secondly, the findings show that perceived shared problems and resource constraints, in this case primarily labour shortages, stimulate coopetition. This is reflected in our second proposition: *Perceived shared problems and resource constraints will stimulate competing hospitals to cooperate with each other, which will result in coopetition.*

Perceived competition creates reluctance towards the Talent Management Pool, but perceived resource constraints and awareness of the collective problems reveal the opposite: a greater willingness to engage in cooperation with competitors. With regard to proposition three, *Hospitals will cooperate in developing innovation, but will compete in the distribution of benefits resulting from that innovation*, line managers seem to focus on competition in the distribution of benefits resulting from innovation, while HR professionals and directors focus on the cooperation needed to innovate. This has consequences for the development of the Talent Management Pool because its success largely depends on whether

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or not employees enrol in the Pool. These findings suggest a significant and relevant difference in perceptions and attitudes towards the Talent Management Pool between the employee groups – line managers, HR professionals and directors – most likely due to job positions or functions with contrasting objectives. In other words, the very different agendas and concerns of line managers, HR professionals and directors result in possible different priorities and points of view.

Additional findings provide more insight into how coopetition plays out when it comes to cooperative innovation. With regard to the first theme, the role of competition in cooperative innovation, the findings show that all of the organizational stakeholders acknowledge the cooperative and competitive elements in the development and implementation of the Talent Management Pool. However, there are differences in the focus of the stakeholders. Line managers appear to stress the competition aspect, while HR professionals and directors are more focused on the cooperation aspect of this coopetitive relationship and its benefits. Findings related to the second theme, the rationale for coopetition, demonstrate other differences among respondents groups. HR professionals are the only group that focus on the importance and need to sustain the quality level of the primary care process as an important driver for coopetition. In addition, directors apparently focus on the financial benefits that coopetition can bring about. The third theme, cooperation versus competition, shows that there are also differences within respondent groups. In this case, line managers appear to differ with regard to their attitude towards working with other hospitals according to whether or not they have had previous work experience in an industry with competition. If so, they did not object to the Talent Management Pool, whereas their fellow line managers, having previously only worked in the non-profit sector felt less comfortable with the joint Talent Management Pool. These findings and the implications for future research and practice will be discussed further in the next section.

### 5.1. Organizational culture

The culture of the Dutch hospitals in this study and possibly hospitals in general can be characterized by three aspects that hinder cooperation. First, the organization culture of hospitals can be characterized by a strong internal focus given the organization size (large hospitals), the administrative heritage of having a strong position in a region (reputation and regional function) and the professionals working in the hospital (dominance of professional logics and the medical treatment by professionals). A strong internal focus leads to less attention for possible cooperation with actors and organizations outside the own organization. Second, the health care services and medical care in hospitals are very much day-to-day organized, often with a high degree of urgency, unpredictability and high intensity of employee involvement in the case of emergencies. This contributes to a line manager's main focus on the daily staffing manpower. A talent management pool has a strategic intention and uses a long term perspective. The manager's day-to-day responsibilities and tasks are very much short-term focused, for example taking care that there are enough nurses on every ward for 24 h a day. Third, there is some evidence in our study that points in the direction of differences in risk aversion between hospital managers that have prior experience outside the hospital context and those that have always worked within a specific hospital. Those with external experience appear to be more open towards cooperation in a competitive environment (and thus less risk averse). This also relates to the first aspect of having a strong internal focus. A hospital culture of risk aversion by managers without external work experience can be a hindering factor for coopetition in healthcare. This is supported by the fact that line managers that have previously worked in private sector organizations and are familiar with competition, and even cooperation with competitors, do not focus exclusively on the competitive aspect, but are more willing to stimulate participation in the Talent Management Pool.

### 5.2. The impact of context

Financial benefit is an additional rationale that our study has revealed. This rationale can be explained by current developments in the Dutch healthcare sector, which faces rounds of budget cuts by the government. Hospitals are urged to economize to remain viable. Therefore, it makes sense for especially higher-level managers and hospital directors to refer to this issue. This reveals the importance of context in coopetition as the context might affect the coopetition dynamics (Bengtsson et al., 2010). In addition to the budgetary constraints, the labour market situation also played an important role in the development of the Talent Management Pool. Several respondents referred to labour market shortages as rationale for engaging in the coopetitive project on the TM pool. Especially HR professionals referred to this as a challenge too difficult to grapple alone and therefore cooperated with other hospitals 'fishing in the same pool' of human resources. In line with coopetition theory, our findings show that, for hospitals, addressing shared problems is part of the rationale for engaging in coopetition. In this case, the shared problems were caused by the labour market shortage in the regions where participating hospitals operate. Therefore, external pressures, for example from economizing measures or labour market shortages, appear to be important drivers for coopetition. Further examination of these issues could be an interesting avenue for future research. Tapping into these contextual pressures for saving costs and labour market shortages might be an effective strategy for initiators of innovations in order to convince other stakeholders and actors to adopt the innovation. In this case, the expected financial benefits of the Talent Management Pool convinced hospital directors to participate in times of economizing. As institutional theory is occupied with external pressures on organizational dynamics (Meyer & Rowan, 1977), applying an institutional perspective on the study of coopetition dynamics seems to be very useful. More specifically, theory on institutional logics appears to be applicable in this respect. The emergence of business-like logics in healthcare, which reflects the emergence of a focus on financial and efficiency concerns in this sector, could be relevant here (Reay & Hinings, 2009; Scott, Ruef, Mendel, & Caronna, 2000). The findings indicate that business-like logics might even stimulate coopetitive dynamics. However, more research is needed in this respect.

### 5.3. Coopetition research implications

There is a significant body of literature on coopetition focused on for example knowledge sharing and fragmented organizations (Peng et al., 2012; Ritala, 2012; Sanou, Le Roy, & Gnyawali, 2015). Most of the existing coopetition studies are focused on private companies such as the mobile telephone industry (Sanou et al., 2015), although some studies focus on organizations in the public sector domain such as healthcare (Peng & Bourne, 2009). Given increased performance pressures and major organizational challenges (for example labor market shortages) on public sector organizations future coopetition research could be interesting and relevant for the health care sector (for example nursing homes and hospitals), education (for example primary schools, secondary schools and higher education) and international governmental organizations such as the United Nations working together with NGO's. Many of the organizational challenges for these types of

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organizations can only be solved in cooperation with other organizations operating in the same or a similar area.

Our study focuses on the internal organizational mechanisms, in particular related to relevant actors involved (managing directors, front line managers and HR professionals), in the context of coopetition. As far as we know there are only few studies that look inside the organization when studying coopetition. Le Roy and Fernandez (2015), for example, focus on an in-depth case study of a space programme conducted by two competitors with specific attention for coopetitive tensions at the working-group level. The majority of coopetition research, however, uses the organizational entity (the organization as a whole) as the unit of analysis without taking into account the possible differences in perceptions of the various stakeholders within the organizations involved. As we have demonstrated the different perceptions can create major obstacles in the implementation of different coopetition initiatives we think this is an area worthwhile pursuing in future research. In summary we suggest more coopetition research in public sector organizations and explicit focus on the perceptions and roles of different actors and stakeholders within organizations that are involved in cooperative innovation. In addition we want to make a strong plea for taking into account the crucial role of line managers at different levels of the organization.

### 5.4. Talent management, innovation and labour pools

Our study also reveals some interesting new ideas and opportunities for talent management in theory and in practice (McDonnell, Collings, Mellahi, & Schuler, 2017; Thunnissen et al., 2013). The future of talent management is most likely to be too expensive and too risky for smaller organisations in specific sectors such as health care (for example nursing homes), education (for example primary schools) and knowledge intensive firms (for example start up IT companies). The human capital challenges for these organizations are too expensive and too big to solve as an individual organization. Therefore cooperation with other organizations, for example within the same region, is necessary. Even if the cooperation involves competitors. Labour pools are not new if we, for example, look at the organization of labour in harbours through labour pools for fluctuations in work within multiple organizations in that specific area (Turnbull & Wass, 2007). A talent management pool, as a research object in this study, goes beyond solving organizational challenges of numerical flexibility such as the traditional labour pools in harbours. Talent pools can be created for strategic purposes, such as research & development, knowledge sharing, and co-creation. There are numerous examples of coopetition and talent management challenges in practice, for example in the chip manufacturing industry where competitors not just cooperate on research and development, but workforce exchange as well to support R&D that is too expensive and too risky for individual companies (Simonen & McCann, 2008). This opens up a whole new area of research on talent management within labour pools and thus across organizational borders.

### 5.5. Practical implications

Our empirical findings offer various clues for the effective implementation of cooperative innovation with competitors. First of all it is important to be aware in advance and to address possible hesitation among the various stakeholders. This can be done through paying attention to communication, information sharing and active stakeholder involvement (agency and ownership). Involvement of all relevant stakeholders in the design and implementation of coopetitive innovation potentially creates agency and perceived ownership. This in turn has positive effects on motivation and commitment of all the relevant stakeholders towards innovation (Greenwood, 2007). Secondly, our research findings hint at the importance of sharing the benefits between all stakeholders involved, not just at the organization level (what is good for the entire hospital), but with groups of stakeholders as well (benefits for line managers at the level of their own hospital ward or department). Thirdly, it is recommendable to build a coalition right from the start involving all the major stakeholders. In line with general management and leadership literature it all starts with the support by top management and the so-called 'leading coalition' (Kotter, 1996). In hospitals this is not just the board, but also includes the medical managers of divisions and departments.

## 6. Conclusion

Perceptions of organizational actors such as line managers on competition differ and matter in the case of adopting cooperative innovation with competitors. In this study the focus is on cooperative innovation through a talent management pool of four hospitals in a specific geographical area in the Netherlands. The findings reveal new insights on coopetition in the public sector domain and the role of organizational members in the implementation process. Findings and insights which can also be of relevant for coopetition in the private/business sectors of our economy or of our economies.

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