LUND UNIVERSITY
School of Economics and Management

Innovation Facilitating Culture in Private and Public Primary Healthcare

"In our turbulent world, there is nothing more permanent than change"
(Westover, 2010, p. 45)

by

Jessica Dahlberg

Kajsa Wiklund

June 2019

Master's Program in Management

Supervisor: Pauline Mattsson
Examiner: Anna Thomasson

Abstract

Title: Innovation Facilitating Culture in Private and Public Primary Healthcare
Authors: Jessica Dahlberg and Kajsa Wiklund
Program: Master in Management, Lund University School of Economics and Management
Supervisor: Pauline Mattsson
Date: June 2019

Background: In recent years, Sweden, together with the rest of the world, has faced an increased demand of the primary healthcare (PHC), due to a growing and aging population. Innovation has been pointed out as a tool aiding PHC to meet new challenges. Included in the concept of innovation is organizational innovation and innovation facilitating culture. The prior being one type of innovation while the latter seeks to address factors that ease the implementation of an innovation. The literature reveals a disagreement regarding the innovation level between private and public healthcare. Furthermore, the literature neglects to study the innovation facilitating factors specifically for the two primary healthcare providers in Sweden, private and public.

Purpose: The purpose of this thesis is to generate insights regarding facilitating factors for organizational innovation in private and public primary healthcare centers (PHCC) in the county of Skåne, Sweden. The purpose is accomplished by identifying similarities and differences in the two sectors.

Method: Since there is no literature covering the intersection between private and public PHC and innovation facilitating culture, the most suitable research design for the study was grounded theory. To fulfill the purpose, individual's perception of the innovation facilitating culture was investigated by conducting semi-structured interviews with respondents working at private and public PHCC's. The interviews were analyzed in line with a grounded theory research design.

Findings and Implications: The study identified both similarities and differences between private and public PHCC's regarding innovation facilitating culture. However, more similarities than differences could be seen. Thus, it is concluded that the two primary healthcare providers act similarly in terms of their facilitating culture for organizational innovation. The study further indicates what facilitating factor private, and public PHCC's lack in general and therefore, what factors usually require more attention. Thus, the awareness can contribute to developing primary healthcare to meet the increased demands that it is facing.

Keywords: Primary Healthcare | Innovation Facilitating Culture | Organizational Innovation | Public Primary Healthcare | Private Primary Healthcare | Sweden

Acknowledgements

First, we would like to express our sincerest gratitude to all the respondents that made this study feasible. It would not have been possible to write this thesis without their contribution. As one identified factor in the interviews was the lack of time, we highly appreciate all the hours that you dedicated to us and our study.

Thanks, are also due to our supervisor, Pauline Mattsson, for always challenging us to further explain our thoughts and findings. Also, for the time put in our thesis. We are also grateful to the opponents, classmates, and Rolf Dahlberg, that has provided us with great feedback during the process.

Above all, we would like to dedicate our greatest thanks to our understanding partners, Oliver and Mikael, who have provided us with food, a place to write and comforting hugs when needed. Also, many thanks to our understanding families and friends who are (hopefully) still by our side when we graduate.

Last, but by no means least, we thank ourselves for never giving up, for always supporting each other, from day one and all the way to graduation day. On a lighter note, we would also like to thank ICA Tuna for their generous opening hours, always being by our side, making it possible to provide ourselves with snacks.

Abbreviations

NPM	New Public Management
OM	Operations Manager
PHC	Primary Healthcare
PHCC	Primary Healthcare Center
Rn	Respondent number

Definitions

Organizational Innovation: An idea that is new to the organization, including new services (Länsisalmi, Kivimäki, Aalto & Ruoranen, 2006, in Barnett, Vasileiou, Djemil, Brookes, & Young, 2011) and/or new ways of working (Avby, Kjellström & Andersson, 2019; Länsisalmi et al., 2006, in Barnett et al., 2011; Persson & Westrup, 2011). Organizational innovation is important for organizations going through challenges as it generates improvements for the management (Ganzer, Chais & Olea, 2017). The aim of the organizational innovation, in this context, is to improve the healthcare for the patients, by being more productive and/or efficient (Berggren & Dias, 2018; Leue & Maximoff, 2017). Scholars also tend to include technological changes (Berggren & Dias, 2018; Leue & Maximoff, 2017). However, in this thesis, the concept will not include any medical products, and the definition will be used both for private healthcare as well as public healthcare.

Innovation Facilitating Culture: A collection of elements, included in the organizational culture, that eases the implementation of an organizational innovation (Barnett et al, 2011; Carlfjord, Lindberg, Bendtsen, Nilsen & Andersson, 2009; Damschroder, Aron, Keith, Kirsh, Alexander & Lowery, 2009; Durlak & DuPre, 2008; Greenhalgh, Robert, MacFarlane, Bate & Kyriakidou, 2004; Leue & Maximoff, 2017; Martins & Terblanche, 2003). The definition include factors relating to the working environment (Ancarani, Di Mauro & Giammanco, 2018; André & Sjøvold, 2017; Aslani, Zolfagharzedeh & Naaranoja 2015; Avby et al., 2018; Busari, 2012; Braithwaite, Greenfield & Westbrook, 2010:1; Carlfjord et al., 2009; Carlfjord & Festin, 2015; Ekvall 1991; 1996; in Braithwaite et al., 2010:1; Kralewski, Wingert & Barbouche, 1996; Leue & Maximoff, 2017), incentives (Ancarani et al., 2018; Damschroder et al., 2009; Helfrich, Weiner, McKinney, 2007; Weiner, Belden, Bergmire & Johnston 2011), the fit between innovation and the professionals/organizations value and goals (Carlfjord & Festin, 2015; Damschroder et al., 2009; Helfrich et al., 2007; Weiner et al., 2011), and an environment supportive for innovation (Avby et al., 2019; Aslani et al., 2015; Braithwaite et al., 2010:1; Ekvall, 1991;1996, in Braithwaite et al. 2010:1; Carlfjord et al., 2009; Carlfjord & Festin, 2015).

Implementation: A composition of processes or actions aiming to get innovation into use within an organization (Damschroder et al., 2009).

New Public Management: A collection of concepts that aims to incorporate the private sectors essentials into the public sector, to increase the effectiveness and competitiveness (Hood, 1991; Mattisson, 2013; SOU, 2018:47).

Table of Contents

List of Tables

List of Figures

1 Introduction

What similarities and differences can be identified for innovation facilitating culture at private and public healthcare centers? This is the question that this thesis aims to address. In recent years, Sweden, together with the rest of the world, has faced a growing and aging population, resulting in an increased demand of the primary healthcare (PHC) (Avby, Kjellström & Andersson Bäck, 2019). Sweden also has one of the highest healthcare spend per capita, which is argued in the report by Health Consumer Powerhouse (2018) as a result of inefficient solutions attempting to avoid long waiting lists. The major concern, however, seems to be whether the PHC possess the "ability to meet the requirements for improved continuity of care for patients" (Avby et al., p.2), mainly because PHCC's have an essential role in being the gatekeeper for patients seeking healthcare (Avby et al., 2019). The Swedish healthcare is also funded by public means, which means that the interest for it to improve becomes relevant for the society as everyone sometimes will use their services (Hollmark, Lefevre Skjöldebrand, Andersson & Lindblad, 2015; Greenhalgh, Robert, MacFarlane, Bate & Kyriakidou, 2004; Ministry of Health and Social Affairs, 2015; Osborne & Brown, 2005; Swedish Governmental Agency for Innovation System, 2012).

To understand how organizational innovation can aid the healthcare to meet the increased demand, it is important to understand the pre-conditions of the system. Therefore, it becomes relevant to get an insight into the Swedish healthcare system and how it is organized today. The Swedish healthcare system is one of the oldest in the world and is described as both conservative and mechanic (Alharbi, Carlström, Dudas, Ekman & Olsson, 2012; Sørensen & Torfing, 2012). It is a decentralized system described as multidisciplinary, meaning that it consists of different disciplines such as specialized physicians, nurses, dieticians among others. A main explanation of the conservative and mechanic system is that parts of the Swedish healthcare are highly influenced by political decisions, as policy-makers often are involved when implementing new healthcare reforms (Avby et al., 2019). The National Choice of Care Reform, known as Vårdvalet, is an example of such healthcare reform. It originates from the streams of New Public Management (NPM), aiming to improve the performance of healthcare (Käll, 2009). Reforms in line with NPM has often been criticized for not making the healthcare better but rather the opposite, meaning worse (The Swedish Society of Medicine, 2015). What The National Choice of Care Reform meant for the patient, when implemented in 2007 (Käll, 2009), was that they were forced to actively choose what PHCC to belong to, including a choice between private and public PHCC. The difference between the two healthcare providers of private and public PHCC are related to the mandate given. Private PHC is a service provided by a private company, compared to public PHC that is managed by a municipality, county, or a local authority (National Board of Health and Welfare, n.d).

Healthcare in Sweden, both private and public, placed under the authority of the Ministry of Health and Social Affairs (2015), which is responsible for setting the political agenda for the field. Additionally, both sectors are given the same conditions concerning establishment at the market (Ministry of Health and Social Affairs, 2008).

This study will pay attention to the concept of innovation facilitating culture. More precisely, the private and public healthcare will be studied to identify similarities and differences regarding how their organizational culture facilitate organizational innovation. The concept of innovation facilitating culture is defined as an organizational culture aiming to ease the innovation process. Organizational culture is described as a factor that eases the innovation process in organizations in general (Greenhalgh et al., 2004; Martins & Terblanche, 2003). Narrowing down the importance of innovation to Swedish healthcare, Avby et al. (2019) further states that "innovation has been singled out to help us transform and deliver a national health service for the twenty-first century" (p.2) implying that innovation is essential for advancing Swedish healthcare. Connecting innovation to private and public healthcare, some researchers argue that the organizational differences between the sectors generate differences in the level of innovation (Gallouj, Rubalcaba & Windrum, 2013; Osborne & Brown, 2013; Sørensen & Torfing, 2012; Tynkkynen & Vrangbæk, 2018). Illustrating the different views on innovation level, some mean that the public healthcare is paying less attention to innovations due to not being accountable to shareholders or owners (Tynkkynen & Vrangbæk, 2018). Others state that public healthcare being less innovative, only is a general assumption and a common view (Borins, 2001; Gallouj et al., 2013; Osborne & Brown, 2013; Tynkkynen & Vrangbaek, 2018). Osborne and Brown (2013) argue against the statement of the common view, they additionally argue against that there would be improved success rate for public healthcare if they adopt features of the private healthcare. Specifically, they argue that there are different criteria for success when speaking about innovations in the public sector, compared to the private sector, such as what the public values (Osborne & Brown, 2013).

1.1 Problem Statement

The innovation level in private and public PHC is argued to be different (Gallouj, Rubalcaba & Windrum, 2013; Osborn & Brown, 2013; Sørensen & Torfing, 2012; 2013; Tynkkynen & Vrangbaek, 2018), and innovation is argued as necessary due to the higher demands for the PHC (Avby et al., 2019). As well, the literature has described facilitating culture as an important factor for innovation (Carlfjord, Lindberg, Bendtsen, Nilsen & Andersson, 2009; Greenhalgh et al., 2004; Leue & Maximoff, 2017; Martins & Terblanche, 2003). It is seen that many different things have been stated in the literature when looking into comparisons of private and public healthcare. One area that has been of considerable investigation is the differences between private and public innovation levels (Osborne & Brown, 2013; Tynkkynen & Vrangbæk, 2018). When further investigating innovation, the literature highlights the importance of organizational culture for an easier implementation (Avby et al., 2019; Carlfjord et al., 2009; Greenhalgh et al., 2004; Leue & Maximoff, 2017; Martins & Terblanche, 2003).

The literature reveals factors that are considered as included in innovation facilitating culture. The literature further suggests different views regarding the innovation comparing private and public PHC. Although some studies of innovation in general, include both private and public healthcare, the aim has not been to identify its similarities and/or differences, but rather to have a varied sample. What the literature does not provide is discussions, studies, or theories regarding the innovation facilitating culture, specifically in private and public PHCC's.

The research gap is identified when examining the literature combining private and public healthcare and innovation facilitating culture, as no such studies have been discovered. Since no discussions, suggestions, theories or hypothesis regarding this have been found in the literature.

1.2 Aim, Purpose and Research Question

The purpose of this thesis is to generate insights regarding facilitating factors for organizational innovation in private and public PHCC's in the county of Skåne, Sweden. The question will be explored by identifying similarities and differences in the two sectors. Therefore, professions own perceptions of innovation facilitating culture are of interest to investigate. The research aims to contribute to a deeper understanding of how organizational culture facilitates organizational innovations within Swedish PHCC's. Identifying similarities and differences between the two sectors can further increase the understanding of what factors that are less or more common in each of the sectors. Thus, further helping the organizations to know what factors that need extra attention to facilitate innovation even more, and aiding to develop and meet the higher demands. Adding personal relevance, innovation and culture are connected to the Masters in Management, since both topics have been of discussion during the education. This thesis, therefore, seeks to address the following question:

- What similarities and differences can be identified for innovation facilitating culture at private and public healthcare centers?

1.3 Managerial Relevance

As the healthcare sector in Sweden provides all citizens in the country with its service, the way it is managed will have a significant impact on an everyday citizen's life and therefore affect society. As discussed earlier (*see Section 1.1*), the healthcare in Sweden is, to a large extent, financed by taxes derived from municipality and county, but also from governmental contributions and patient fees. Thus, the citizens are highly involved in the funding of the healthcare sector in Sweden and become a stakeholder to consider. Additionally, the healthcare sector is a significant employer (Statistics Sweden, 2019), meaning that the way it is managed affects not only the patients but also a high number of employees.

Organizational innovation within the sector concerns many and different professions (Avby et al., 2019). As illustrated by Aslani, Zolfagharzadeh and Naaranoja (2015) "[i]n other words innovation enablers include the efforts of nurses, doctors, managers, and policy-makers to implement creative and innovative ideas and methods into the healthcare system (p.184)" The managerial relevance of the subject becomes evident also when considering the concept of innovation, which always will be present in all organizational structures; including the private and public PHCC. Managing change, e.g., innovation or organizational innovation, regarding both private and public sectors, is linked to the authors master's program.

1.4 Outline of the Thesis

This thesis is divided into six main chapters. Chapter 2 reviews the best available knowledge in the field of organizational innovation, innovative facilitating culture, and the differences between private and public healthcare regarding innovation. Chapter 3 describes the method, including the research design, the sampling design, the data collection method, analysis of the data, data quality, and its limitations. Chapter 4 will provide the result of the data derived from the method used. Chapter 5 will further present a discussion of the findings covering the innovation culture and external factors and their impact on innovation facilitating culture. Finally, Chapter 6 will provide a conclusion of the thesis, including practical implications, theoretical contributions, and recommendations for future research.

2 Literature Review

The literature review will introduce the reader to the best available knowledge of the field. It will commence with the topic of innovation culture; including a description of its smaller subunits as well as a review of the two concepts of organizational culture and climate as the same concept. The chapter will then continue describing differences between private and public PHC.

2.1 Organizational Innovation and its Importance for Organizations

During the past years, most disciplines have emphasized the concept of innovation (Birkinshaw, Hamel & Mol, 2008; Steiber, 2012). Thus, innovation has been investigated from different focus points among the many disciplines (Birkinshaw et al., 2008; Steiber, 2012). A great deal of them has mainly focused on technical innovations (Armbruster, Bikfalvi, Kinkel & Lay, 2008; Birkinshaw et al., 2008). Armbruster et al. (2008) add that innovation should be divided into different aspects and must not only be associated with technical aspects. Also, non-technical innovations, product innovations, and process innovations should be included in the concept. Similarly, Birkinshaw et al. (2008) mean that during the last years, a change has been seen in the field of innovation. The focus has shifted from technical innovations to studying other types of innovations as well (Birkinshaw et al., 2008), such as organizational innovation (Armbruster et al., 2008; Steiber, 2012). The meaning and definitions of the different types of innovation are many. The Swedish Governmental Agency for Innovation System (2011) describes product innovation as an improvement or development of a product or service, process innovation as when a product can be produced with fewer resources than before and organizational innovation as creating or changing parts of the organization. The literature sometimes also includes organizational innovation to product and/or process innovations (Wijnberg, 2004). Armbruster et al. (2008) argue that The Organisation for Economic Co-operation and Development (OECD) in the Oslo Manual from 2005 has added a valuable contribution to the concept of technical process innovations. Steiber (2012) develop the concept by adding that OECD later advanced it into organizational innovation referring to changes of organizational elements such as "leadership, culture, human resource management, management processes including business development, performance and incentive systems and mechanisms for learning, and external and internal corporate communication." (p. 5).

Organizational innovation is further described as an idea that is new to the organization, including new services (Länsisalmi, Kivimäki, Aalto & Ruoranen, 2006, in Barnett, Vasileiou, Djemil, Brookes, & Young, 2011) and/or new ways of working (Avby et al., 2019; Länsisalmi et al., 2006, in Barnett et al., 2011). Crossan and Apaydin (2010) took the definition of organizational organization one step further and developed a "comprehensive multi-dimensional framework" (p. 1154), saying that leadership is a process while innovation is the outcome of it. Ganzer, Chais, and Olea (2017) further add value to the concept of organizational innovation by acknowledging its importance for organizations going through challenges as it generates improvements for the management. Thus, organizational innovation means the implementation of new organizational processes, both internal and external (Ganzer et al., 2017). Process innovation is further described as changes regarding how services are generated and delivered (Tidd, Bessant & Pavitt, 2005). The result of a process innovation should further improve the quality or delivery due to decreased costs (Ganzer et al., 2017).

Having presented the different meanings of organizational innovation, we will now move on to its importance for organizations. Organizational innovation, or process innovation under which the concept sometimes is placed, has been proven as an essential factor for organizational performance by many scholars (Armbruster et al., 2008; Ganzer et al., 2017; Leovaridis & Popescu, 2015; Steiber, 2012), particularly for its competitiveness (Armbruster et al., 2008; Steiber, 2012). The organizational performance is, in turn, described as important mainly in organizations where the value is found in the competence of the employees and not for tangible products or goods (Leovaridis & Popescu, 2015). Developing the idea, it is due to that organizational innovation, including the feeling of membership in decision making or collaboration, generates well-being among the employees. Thus, the motivation and loyalty against the organization increases (Leovaridis & Popescu, 2015). Researchers within the field of healthcare particularly highlight the importance of organizational innovation, such as management innovation. They mean that management innovation can change the way today's healthcare is delivered and therefore increase its efficiency and meet the higher demands of an elderly population (Hellström, Lifvergren, Gustavsson & Gremyr, 2015).

2.2 Innovation Facilitating Culture

> "The ability to innovate is considered as a major competitive advantage
> in organizations, enhancing their effectiveness,
> efficiency and thus their potential for long term sustainability."
>
> (Barnett et al., 2011)

As demonstrated in the quote, the innovative ability is highly valued in organizations, due to it tendency to strengthen their capabilities. Literature further states that, to ease the innovation process, organizational culture with its facilitating factors are essential (Barnett et al., 2011; Durlak & DuPre, 2008; Leue & Maximoff, 2017) or recommended (Carlfjord et al., 2009; Damschroder, Aron, Keith, Kirsh, Alexander & Lowery, 2009; Greenhalgh et al., 2004; Martins & Terblanche, 2003).

A significant contribution to the field of innovation diffusion in health service organizations is made by Greenhalgh et al. (2004), where the researchers have performed a review discussing why some innovations are implemented and adopted, while others are not. Researchers (Carlfjord et al., 2009; Greenhalgh et al. 2004) have identified that cultural features influence the success rate of the adoption and implementation of an innovation. An overarching subject in the literature is the discussion that relates innovation facilitation to system readiness for change and the practice of change management (Carlfjord et al., 2009; Damschroder et al., 2009; Greenhalgh et al., 2004; Leue & Maximoff, 2017).

The organizational culture belongs to the organizational level (Leue & Maximoff, 2017) and scholars writes about different factors within the organizational culture that could work to ease the innovation process (Barnett et al, 2011; Carlfjord et al., 2009; Damschroder et al., 2009; Durlak & DuPre, 2008; Greenhalgh et al., 2004; Leue & Maximoff, 2017; Martins & Terblanche, 2003). Several of these factors are related to the working environment in healthcare. The employees' engagement and commitment to their work are discussed as an example (Ancarani, Di Mauro & Giammanco, 2018; André & Sjøvold, 2017). Further included within the topics of working environment is trust, collaboration, job satisfaction, resources and social interactions (Aslani et al., 2015; Avby et al., 2018; Busari, 2012; Braithwaite, Greenfield & Westbrook, 2010:1; Carlfjord et al., 2009; Carlfjord & Festin, 2015; Ekvall 1991; 1996; in Braithwaite et al., 2010:1; Kralewski, Wingert & Barbouche, 1996; Leue & Maximoff, 2017). Trust is illustrated as employees speaking their mind and being able to introduce new thoughts to the organization (Braithwaite et al., 2010:1; Carlfjord et al., 2009; Carlfjord & Festin, 2015). Collaboration is described as knowledge-sharing and contributing to a holistic view (Avby et al., 2018) while satisfaction is mentioned as a primary reason for both creativity, innovation (Aslani et al., 2015) and something that can influence the professions willingness to change (Leue & Maximoff, 2017). Additionally, resources are discussed both in terms of time (Braithwaite et al., 2010:1) and human capital (Ancarani et al., 2019; Kralewski et al., 1996).

Further seen regarding a culture that facilitates innovation is value-fit. Helfrich, Weiner, McKinney, and Minasian (2007) describes value-fit as "the fit between the innovation and the values of innovation user" (p.280), which means that the innovation that seeks to be implemented needs to fit the organization and the individuals that are adopting it (Carlfjord & Festin, 2015; Damschroder et al., 2009; Helfrich et al., 2007; Weiner, Belden, Bergmire & Johnston 2011). Moreover, incentives are valuable for a culture facilitating innovations, as it can increase the level of adopting it (Helfrich et al., 2007; Weiner et al., 2011) as well as it is important for the foundation of work engagement (Ancarani et al., 2018). Incentives are defined as both credit from manager or supervisor, and incentives linked to financial means (Damschroder et al., 2009; Weiner et al., 2011).

What has also been investigated is the relationship between facilitators for innovation and a culture that is supportive of its use. Emphasized are the healthcare profession's willingness to innovate, and whether the they have the capability and/or the opportunity to innovate (Avby et al., 2019). Further adding are the dimensions discussed to whether the organizations are actively seeking innovations and the potential risk that it implies, or promoting stability (Kralewski et al., 1996). Linking to the willingness of individual and organization is the thought of idea support (Braithwaite et al., 20101; Carlfjord et al., 2009; Carlfjord & Festin, 2015). It is described as if new ideas get overall support. Also, factors such as idea time; moments able to spend on developing ideas (Ekvall, 1991;1996, in Braithwaite et al. 2010:1; Carlfjord et al., 2009) is included. Furthermore, the findings of Aslani et al. (2015) indicated that support from the managers affected the diffusion of innovation within the organization.

2.2.1 Organizational Culture and Organizational Climate

When reviewing the literature of organizational culture, the concept of organizational climate is also discussed as a concept affecting innovation (Damschroder et al., 2009). Although the literature often distinguishes between the concepts of climate and culture, similar factors are emphasized when discussed in relation to innovation (Braithwaite et al., 2010:1; Carlfjord & Festin, 2015; Kralewski et al., 1996). Depending on the definition, the concepts are used together or separated (Braithwaite, Hyde & Pope, 2010:2). Both culture and climate are described as essential in terms of performance, implementation of innovations (Braithwaite et al., 2010:2), and as potential factors influencing the adoption level of innovations (Carlfjord & Festin, 2015; Damschroder et al., 2009). Culture is further described in depth as an essential factor regarding organizational behavior and performance (Kralewski et al., 1996), essential for creating readiness for change (Leue & Maximoff, 2017), including factors such as engagement, loyalty, and independence (André & Sjøvold, 2017). Damschroder et al. (2009) contributes to a better understanding for the two concepts similar meaning for innovation by stating that "tangible and intangible, manifestation of structural characteristics, networks and communications, culture, climate and readiness all interrelate and influence implementation" (p. 5).

2.3 Differences Between Private and Public Healthcare Regarding Innovation

When discussing private and public sectors in general, they become frequently compared in terms of their innovation level (Gallouj et al., 2013; Osborne & Brown, 2013; Sørensen & Torfing, 2012; Tynkkynen & Vrangbaek, 2018). There are different opinions regarding which of the two sectors, private or public, that has the highest level of innovation (Gallouj et al., 2013; Osborne & Brown, 2013; Tynkkynen & Vrangbaek, 2018). The common view is argued to be that the private healthcare actors have a higher level of innovation compared to the public healthcare actors (Borins, 2001; Gallouj et al., 2013; Osborne & Brown, 2013; Tynkkynen & Vrangbaek, 2018). Barriers due to the old structure of the organization (Forum for Health Policy, 2018) and a slow-moving bureaucracy (Sørensen & Torfing, 2012) are described as reasons for public healthcare being less innovative. On the contrary, there is an opposing view stating that it is only an assumption that private healthcare has higher levels of innovation (Osborne & Brown, 2013; Sørensen & Torfing, 2012). Sørensen and Torfing (2012) further illustrate, what they claim to be a misleading assumption by stating that "the public sector is far more dynamic and innovative than its reputation" (p. 2). Osborne and Brown (2013) further support the statement of Sørensen and Torfing (2012) by adding that there is an assumption of that public healthcare will increase their level of innovation if applying more of the private characteristics. Building upon the statement of Osborn and Brown (2013), Gallouj et al. (2013) states that innovations often derives from the public healthcare system, and is then applied by private actors, and not the other way around as the common view implies. Moreover, the literature discusses the reason behind innovations in the two sectors, as they seem to be different. While innovations in private healthcare implements to gain competitive advantage, for example by cutting costs (Tynkkynen & Vrangbæk, 2018; Sørensen & Torfing, 2012), political and administrative pressure is argued to play a more crucial role for the implementation of innovations for the public actors (Tynkkynen & Vrangbæk, 2018). Furthermore, arguments are being made for how the two sectors have had different characteristics. NPM can illustrate the different characteristics that could be seen. The overall aim of NPM is to transfer traits of the private sector to the public sector, such as making the public sector move from bureaucracy towards a more market-oriented organization (Berlin & Carlström, 2012; Mattisson, 2013). Further presenting different characteristics of private healthcare and public healthcare are researchers (Basu, Andrews, Kishore, Panjabi & Stuckler, 2012) that have conducted a study in low and middle-income countries. The researchers present arguments saying that private healthcare is described as more efficient and accountable, compared to the public sector that in contrast is providing more fair care and working more evidence-based (Basu et al., 2012). However, Basu et al. (2012) conclude that their result does not demonstrate that the private healthcare is more efficient or accountable in comparison to public healthcare. Examining the Swedish healthcare system, the original thoughts with public healthcare supports the statement by Basu et al. (2012) associating public healthcare with fair care (Berlin & Carlström, 2012).

2.4 Chapter Summary

The chapter reviewed the literature on organizational innovation, innovative facilitating culture, and differences between the private and public sector, specifically looking at healthcare. The main points regarding organizational innovation emphasize organizational performance, management innovation as it is argued to increase the efficiency level of today's healthcare, and the competence of the employees. The innovation facilitating culture, is listing several factors that have been associated as easing for the innovation implementation process, also including a section explaining the similarities of the commonly separated concepts, organizational culture, and organizational climate. Furthermore, the literature on differences between private and public sectors and innovation demonstrates different opinions regarding innovation level, but also how the sectors originally are associated with different characteristics.

3 Methodology

The chapter will guide the reader through the different decisions that have been considered regarding the methodology of the study. Beginning with research design and then working its way through sampling design, data collection method, and data analysis. The chapter will conclude with a discussion of data quality and limitations.

3.1 Research Design

The purpose of this research is to investigate the similarities and differences for innovation facilitating culture at private and public PHCC's. The research design for this thesis is grounded theory with a qualitative data collection method of semi-structured interviews conducted both at private and public PHCC's, all located in the county of Skåne.

The literature reveals factors that are considered as included in innovation facilitating culture. The literature further suggests different views regarding the innovation comparing private and public PHC. What the literature does not provide is discussions, studies, or theories regarding the innovation facilitating culture, specifically in private and public PHCC's. As no literature found has investigated or even discussed the innovation facilitating culture in private and public PHCC, the empirical data will be gathered without having theoretical frameworks, more than what the literature states regarding innovation facilitating culture. Therefore, grounded theory is considered to be the most suitable research design for answering the research question. Grounded theory is described as systematic and flexible guidelines used for collecting and analyzing qualitative data (Charmaz, 2006). It is explained as a 'theory building' design through a combination of an inductive and deductive approach (Saunders, Lewis & Thornhill, 2007), also referred to as abductive (Alvehus, 2013). In grounded theory, and as in this thesis, the data collection is gathered without having theoretical frameworks (Saunders et al., 2007). Grounded theory aims to construct theories and/or hypotheses, developed from the empirical data (Charmaz, 2006; Saunders et al., 2007). To get a deeper understanding of individuals own perception, the similarities, and differences in private and public PHCC of their environment needed to be investigated. Charmaz (2006) with support from Saunders et al., (2007) present grounded theory as especially useful for research aiming to do this; predict, explain and/or understand individual's perception of their environment. Further support of using grounded theory as the research design of this study. Also, qualitative data collection supports the type of investigations this study aims to do. Qualitative data collection is used as a synonym for data collection methods that generates non-numerical data (Saunders et al., 2007).

Such data collection method can, for example, be semi-structured interviews, or structured interviews with a questionnaire (Saunders et al., 2007). The qualitative data collection method will later be explained in depth (*see Section 3.3*).

The most suitable research design for this thesis is argued to be a grounded theory. However, alternatives such as experiment, survey, case study, action, ethnography, and archival research (Saunders et al., 2007) were also discussed. Experimental design mainly aims to study links, the size of changes, the relative importance of independent variables and is used when answering questions of why and how (Saunders et al., 2007). As the research question of this thesis intends to answer neither of these type of questions, an experimental design was omitted. Survey design is used when aiming to answer the question of who, what, where, how much, or how many (Saunders et al., 2007). Although this design is commonly used in management research (Saunders et al., 2007), it is often associated with structured interviews. Structured interviews were not used in this study as it does not allow the interviewers to ask follow-up questions or asking questions that need more developed answers (Saunders et al., 2007), which is essential to understand an individual's perception of their environment fully. Case studies often focus on one unit or a specific object (Sekaranand & Bougie, 2016) and generate answers to the question of why (Saunders et al., 2007). It is further known as a design where various data collection methods are likely to be used in combination (Sekaranand & Bougie, 2016). This thesis does not aim to answer the question of why and neither it aims to use a combination of data collection methods; therefore, case study as a research design was omitted. As the name discloses, action research emphasizes research in action and aims to have a direct and immediate impact on the research field (Saunders et al., 2007). As the nature of the research question in this thesis does not aim to create a solution to practical problems in a real situation, this design was immediately excluded. Ethnography, on the other hand, was mainly excluded as it is associated with complex problems but also as being time-consuming (Saunders et al., 2007. Furthermore, the authors of this thesis did not intend to describe and/or explain an environment by actively be in it for an extended period, further requirements for using ethnography design (Saunders et al., 2007). The last research design that was excluded was archival design. The data collection of this design is mainly based on records and documents and allows research question with the focus of the past and changes over time (Saunders et al., 2007), which are not in line with the research question of this thesis.

The time horizon is one further factor to consider for conducting a blueprint of the research, as it can be either a 'snapshot' or a 'diary' perspective (Saunders et al., 2007). While snapshot, also called cross-sectional design, is associated with investigating a phenomenon during a set time scope, diary or as it also is called longitudinal design, is associated with studies concerning change or development (Saunders et al., 2007). Considering the time limitations for the research, but mainly the nature of the research question that is not dealing with change or development, the study has a cross-sectional design (Saunders et al., 2007).

3.2 Sampling Design

Turning now to the sampling design; there are two categories called (1) probability sampling and (2) non-probability sampling. For this study, the second option of non-probability sampling was selected, as the respondent needed to have knowledge of the organization. A subcategory of non-probability sampling is purposive sampling, also known as judgment sampling. This sampling design is used when the information that needs to be retrieved comes from specific target groups (Sekaranand & Bougie, 2016), such as professions at PHCC's. The purposive sampling design is, in its nature, questioned the ability to generalize the results (Sekaranand & Bougie, 2016). However, due to the experience required to answer the questions, it was the most suitable choice.

The first step to determine suitable respondents for the interviews was to define the target population. The respondents were selected primarily in terms of their working place, private or public PHCC in the county of Skåne. The study aimed to have an as varied sample as possible, meaning that it included different professions as well as multiple PHCC's (*see Table 1*). This ensured that similarities and differences from different points of views were included in the result. The selected population had knowledge of their PHCC and were, therefore, able to provide reliable answers to the questions considering organizational innovation. However, when conducting face to face interviews, the study was limited to the county of Skåne, and the availability for the respondents. When contacting the population, they were all informed about the aim of the thesis. The contact to the public PHCC was facilitated through a contact at Lund University School of Economics and Management (LUSEM) who could connect the authors and the PHCC's. The private PHCC respondents were contacted through official channels in all cases except from one where the snowball sampling method was used, a method when using already known people to come in contact with more individuals (Alvehus, 2013; Esaiasson, Gilljam, Oscarsson & Wängnerud, 2012).

The number of interviews was also a crucial factor to determine. As mentioned, the purposive sampling is criticized for its inability to generalize. A too small number of interviews would have decreased the possibility further. A too big number would have decreased the possibility to make in-depth interpretations of the interviews (Kvale, 1996). A common critique of interview-based studies is that the findings are not generalizable due to too few subjects, the study aimed to perform 20 interviews as a total, ten interviews with respondents from private PHCC's and ten interviews with respondents within public PHCC's. However, the lack of willing respondents, in combination with time constraints, affected the number of interviews performed. The final amount of performed interviews was nine at seven different PHCC's. Although the number of performed interviews ended up being lower than what was aimed for, they still served the purpose as the research question could be answered.

Table 1. A list of all respondents coded according to the system of Rn, positioned at a private or a public PHCC, position, and working location. All interviews were conducted between the 15th of April and the 10th of May 2019 and had a duration time between 15 minutes and 30 minutes.

Respondent	Private / Public	Position	Primary Healthcare Center
R1	Private	Dietician	PHCC 1
R2	Private	Operations Manager	PHCC 2
R3	Public	Operations Manager	PHCC 3
R4	Public	Nurse	PHCC 3
R5	Public	Medical Secretary	PHCC 3
R6	Public	Operations Manager	PHCC 4
R7	Public	Operations Manager	PHCC 5
R8	Private	Physician	PHCC 6
R9	Private	Physician	PHCC 7

3.3 Qualitative Data Collection Method

An appropriate data collection method for understanding how respondents perceive and feel about their environments and situations is interviews (Alvehus 2013; Saunders et al., 2007). As this thesis aims to identify the similarities and differences at private and public PHCC's, a way of collecting the empirical data is to talk with individuals within these organizations. As illustrated by Saunders et al. (2007), there are two types of interviews, (1) structured and (2) semi-structured. Semi-structured interviews also referred to as qualitative research interviews, are more helpful than structured interviews when the research question aims to explore what is happening (Saunders et al., 2007). In contrast, respondents receiving questionnaires, used in structured interviews, often ends up not doing them due to their unwillingness to spend time for providing written answers (Saunders et al., 2007). Furthermore, face-to-face interviews enable the interviewer to see non-verbal gestures (Sekaranand & Bougie, 2016), have more control of who is answering the questions as well as face-to-face interviews usually generates a higher respondent rate compared to questionnaires (Saunders et al., 2007). Semi-structured interviews are built upon a list of themes and questions that the interviews need to cover (Saunders et al., 2007). Although the questions may differ between the interviews depending on the flow of the conversation, the themes need to be covered somehow. This means that questions can be omitted and/or added (Saunders et al., 2007). The interviews are held with respondents that, as discussed in the previous section, have been chosen through a sampling process. The sampling has been conducted in line with the format of Esaiasson et al., (2012), also supported by Saunders et al. (2007), where the respondents are interviewed to expose common themes and thoughts. The questions are all connected to the interview guide (Alvehus, 2013) and linked back to the research question. The interview questions were partly based on what the literature states as factors included in innovation facilitating culture.

The interview guide (*see Appendix A*) contains a suggested series of questions that are asked to the respondent (Kvale, 1996), but as already mentioned, the semi-structured approach allows questions to be omitted and/or added. The empirical data is recorded by auto-recording, and the memo-writing technique is used to avoid biases developed afterward by the interviewer and to get reliable data for analysis (Saunders et al., 2007).

3.3.1 Conducting Interviews

The respondents were contacted through email or phone, depending on what contact information was retrieved during the sampling. After presenting the thesis subject (*see Appendix B*) and the respondent agreeing on being interviewed, a definition of organizational innovation was sent out as preparatory information (*see Appendix C*) to avoid any initial misinterpretations of including technical and medical innovations in the answers. When the interview started, the author responsible commenced by giving the respondent a consent form (*see Appendix D*), where the respondent agreed to participate with data for the thesis. After the consent form had been signed, the interview took place. All interviews were held face-to-face, with one respondent at the time. Both authors were present when interviewing. However, one conducted the interview, and the other one focused on the recording, memo-writing, and to capture small gestures that could not be demonstrated in the transcript. The reason for recording the interviews was primarily for assuring the respondent that their exact words would be in the transcript, and not changed due to the human default. A disadvantage of recording could be that the respondent felt uncomfortable and therefore gave limited answers (Alvehus, 2013). However, all respondents had the option to decline being recorded and to discontinue the interview. Therefore, it should not have been an issue for this study. The author responsible for the interview had the interview guide as a guiding tool but could also deviate from it when another topic was brought up, as in the case of semi-structured interviews. The focus of the interview questions was the working environment, individual incentives for innovative ideas, supportive environment for innovative ideas and the value-fit between the organizational/individual's goals/values, and the innovation. All interviews except for one (R1) was held at the PHCC that the respondent currently worked at. One respondent (R9) was also interviewed about the respondents experience at a previous employer. To avoid potential language barriers, the interviews were conducted in Swedish as this was the working language of the respondents.

3.3.2 Ethical Considerations

Regarding ethical consideration, there were some factors to consider when performing this study. Research ethics is mainly about "how we formulate and clarify our research topic, design our research and gain access, collect data, process and store our empirical data, analyze data and write our research findings in a moral and responsible way." (Saunders et al., 2007, p. 178). To avoid the ethical issues of not understanding the topic, a definition of the term organizational innovation was sent out as preparatory information (*see Appendix C*).

Before the interviews, the respondents were informed about the topic of the study, and for the later use of the interview, since a written agreement was signed by the respondent. The agreement further included information about them being anonymized, their voluntary participation, who will have access to the interviews, that the study will be published and therefore parts of the interviews as well, and the purpose and procedure of the study. Adding, the respondents were also informed that the characteristic trait of the PHCC being private or public and its geographical location of the county of Skåne not would be anonymized. The agreement (*see Appendix D*) aimed to avoid ethical issues, thus served as protection for the respondent as well as for the authors. Another ethical consideration to have in mind was the role of the authors. As discussed by Eisner and Peshkin (1990) "they [authors] need two attributes; the sensitivity to identify an ethical issue and the responsibility to feel committed to acting appropriately regarding such issues" (p. 244). This implies that the authors of this thesis needed to evaluate the material at hand from an ethical standpoint and being prepared to act accordingly. Also, the discussion of the interview effect (Esaiasson et al., 2012; Groves, Fowler, Couper, Lepkowski, Singer & Tourangeau, 2009), should be highlighted, as the respondent could be affected by the interviewer, tailoring the answers. The interview effect has been attempted to be avoided in all cases; for example, the authors have only answered an in-depth question about the study's aim after the collection of the empirical data. Additionally, the questions did not have the standpoint of comparative elements, thus not leading the respondent to answer in favor of any of the units.

3.4 Data Analysis

The empirical data used for the analysis derived from semi-structured interviews, and is therefore referred to as qualitative data: data in form of words (Sekaranand & Bougie, 2016). As described earlier, all interviews were audio-recorded, and the entire interviews were later transcribed manually, word for word, by the authors. To ensure that the recordings were transcribed accurately, the authors listened multiple times on them, to detect errors. During the transcribing process, the authors highlighted when the respondent paused or used filler words. To make the sentences comprehensible when reading them in the transcripts, the final stage of the process consisted of deleting filler words. It was also decided upon a consistent form of highlighting when a longer pause occurred. Furthermore, all references to the respondent's name, age, gender, or name of the organization were anonymized; the respondents were coded according to the system of Rn (see Table 1). After finalizing the transcriptions, the authors analyzed the material by using a grounded theory approach, following the sequential steps of coding the empirical data: open coding, axial coding and selective coding (Saunders et al., 2007).

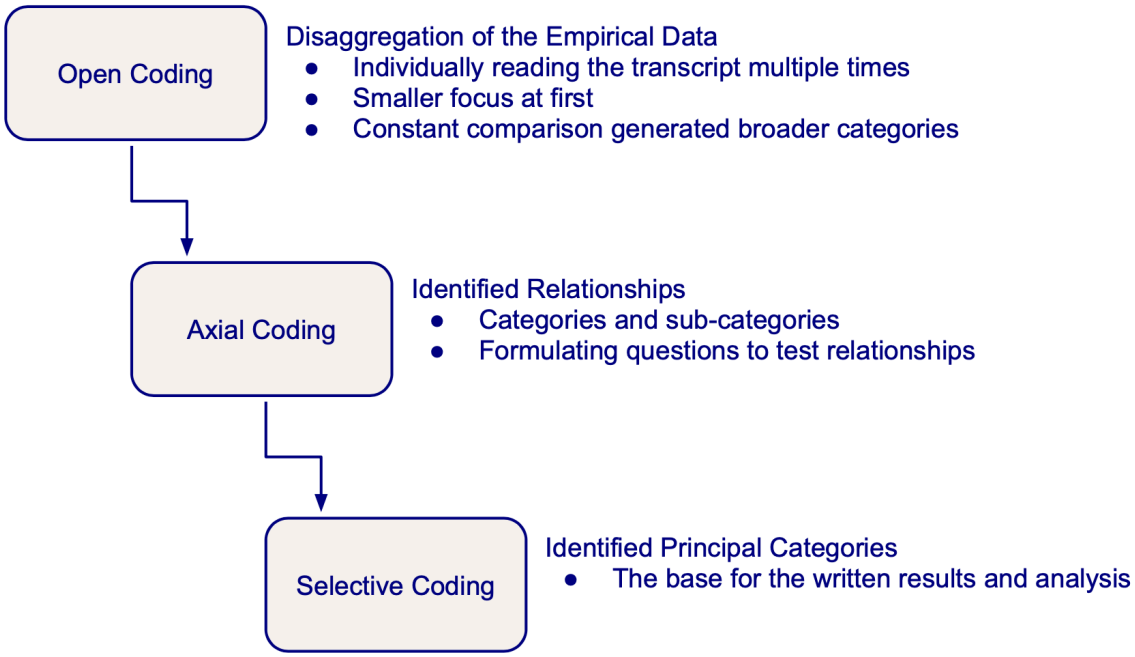

Figure 1. Illustration of the Analysis Method.

The first step of coding the empirical data was open coding, described as "the disaggregation of data into units" (Saunders et al., 2007, p. 499). Meaning that the empirical data was given a label, followed by a procedure where similar data were given the same label. As described by Saunders et al. (2007), the process of open coding might result in multiple labels that relate to lower focus levels, which means that in the initial stages, the labels centered around smaller parts of the empirical data. Describing the process that took place, the first step meant that the authors read through the transcripts separately multiple times, to identify similar data that could be given the same label. At the same time, the labels were always compared with the empirical data to be consistent in the analysis. After that, the authors compared the analysis with each other, once again to identify labels to bring together into one common label. As the coding process proceeded, broader categories were developed. The categories that were recognized served as an aid to identify highlighted themes relevant to the research question (Saunders et al., 2007).

The second step, referred to as axial coding, meant that the authors looked for relationships between the categories that emerged during the first step (Saunders et al., 2007). During the process of axial coding, the categories were rearranged according to hierarchy and subcategories were identified. When performing axial coding the aim was to "explore and explain a phenomenon" (Saunders et al., 2007, p. 501), by understanding why something is happening, also considering environmental factors, what kind of outcome it has and how it is being managed (Saunders et al., 2007). For this study, the axial coding identified an existing relationship between categories, the listed aspects, and the research question. To verify the relationships, the authors formulated questions to test the relationships before identifying them.

The third and final step of selective coding builds on the disaggregated empirical data, followed by the recognized relationships. Selective coding aimed to identify the principal categories within the empirical data. The process of selective coding is described as "recognising and developing the relationship between the principal categories that have emerged from this grounded approach in order to develop an explanatory theory" (Saunders et al., 2007, p. 501). The principal categories later served as the base when writing the results and analysis chapter.

3.5 Data Quality and Limitations

3.5.1 Data Quality

The main challenge concerning this thesis has been acquiring any or enough interviews for the collection of the empirical data. This has laid the foundation of the thesis and therefore necessary regarding all forms of data quality. As qualitative data is interpretive (Alvehus, 2013), it requires consciousness when analyzing to ensure both validity and reliability. Linking to this, the authors also experienced a challenge regarding analyzing the respondent's answers; interpreting whether the responses correlated with one another when expressing themselves in different ways. Also, the respondent's different abilities to express themselves could affect the interpretations, thus also the data quality. The ability to express themselves did not necessarily concern language barriers, even though it was a factor to consider. Instead, it could be linked to different amounts of previous knowledge of the organization.

Semi-structured interviews generate challenges regarding data quality related to reliability, validity, and generalizability (Alvehus, 2013; Esaiasson et al., 2012; Kvale, 1996; Saunders et al., 2007; Sekaranand & Bougie, 2016). Reliability, in a qualitative study, refers to (1) category reliability and (2) interjudge reliability (Sekaranand & Bougie, 2016). Category reliability refers to how the authors define and categorize the material so that an outside party can agree on the items belonging or not. While interjudge reliability refers to the consistency that the coders have between their coding when processing the empirical data, attempting to provide high category reliability, the transcripts of the translated quotes are presented (*see Appendix E*). Thus, the transcripts can be compared by an outside party, and facilitate the understanding of how the authors have defined and categorized the material. As already mentioned (*see Section 3.4*), the coding is inductively worked on in an iterative process. To also prove high interjudge reliability, the authors are conducting the coding of the material separate from each other. The independent coding was after that compared, and conclusions were drawn, which would avoid inconsistency between the coding and the data.

Validity refers to the extent to which the authors understand the answers of the respondent (Saunders et al., 2007). In a qualitative study, validity refers to the two items of (1) internal validity and (2) external validity. While the first refers to how the authors accurately present the material, the second deals with the third element of research design, generalizability.

More precisely, how the material could be generalized and/or used for other studies or contexts (Sekaranand and Bougie, 2016). In order to increase both the internal and external validity, the authors aimed to provide a detailed description of the study at hand, so that the research could be transferable to another setting. In addition to the internal and external validity described, Esaiasson et al. (2016) also describe validity as when the authors actually study the concept that the thesis set out to do. Stating the research question throughout the thesis, with the same meaning to avoid systematic errors, was done in order to provide clarity of what the authors are studying was what they set out to do. A final thing to consider was the lack of interview experience. As none of the authors possessed the experience of interviewing, the lack of it could affect the interview questions in terms of the formulation. If the question were not formulated correctly, the respondent would maybe misinterpret the question and give a false response.

3.5.2 Limitations

A research limitation that was taken into consideration was only to include organizational innovation, excluding technical and medical aspect. The reason for this limitation was that examining technical and medical aspects would include an investigation of external actors that would require more extensive research, further, including confidential information that the study would not be able to examine. During the study, further limitations have been identified that might have had an impact on the result. The main limitation of the thesis was the size of the sample and that the study only included PHCC's in one county in Sweden. The challenges described in Section 3.5.1 further acknowledges a third limitation, the respondent's different ways of expressing themselves.

The empirical data became smaller than what the authors aimed to collect due to lack of willing respondents and time constraints. However, to make relevant comparisons, the authors were consistent with keeping the two sample groups of the same size. A larger sample of interviews would contribute to a more varied illustration of the phenomena. Another detected limitation relating to the sample was the fact that three respondents were from the same public PHCC. Therefore, they could amplify each other's arguments and convey a common picture. This stands in contrast to the sample with private respondents, where all the respondent came from different PHCC's. The potential bias that the respondent might have had should also be considered. The respondent's perception may not reflect a general reality due to the pre-conditioned innovative state that the respondents that have agreed to be interviewed have. In general, all the respondents stated that they were amongst the more innovative at their PHCC. However, the respondent's answers to the questions became somewhat similar during the last interview, which indicates that the empirical data was saturated. Further related to the sample, was the realization that gender might have influenced the study mid-through conducting the interviews when the sample showed that one of the genders were overrepresented. The choice of anonymizing the gender was already decided and agreed upon with already interviewed respondents, and therefore, this could not be changed. However, the authors acknowledged that gender might be a factor to consider in future studies.

Moreover, the sample was overrepresented by operations managers, something that can have enhanced specific patterns and excluded others.

Regarding the geographical limitations, the sample was limited to the county of Skåne stated (*see Section 1.2.*), and therefore affected the generalizability. During the interviews, the authors also acquired the information of that Innovation Skåne was working specifically with innovation with some of the PHCC in the sample. Innovation Skåne is an organization that aims to contribute to the county by aiding innovation and innovative work. Therefore, the geographical location might be a further limitation to the generalizability of the study, which means that some of the PHCC in Skåne have different conditions compared to the rest of the country. If the study also would have included respondents from PHCC's located at different counties in Sweden, it would have generated a higher level of comparison when looking at similarities and differences for innovation facilitating culture. Therefore, also adding a different aspect of generalization. Although the study was limited by sample and by geography boundaries, we believe that the findings could be generalized to some extent.

3.6 Chapter Summary

The most suitable research design for the study was argued to be grounded theory. The reason was that no literature could be found that covered the intersection between private and public PHCC and innovation facilitating culture. In order to fulfill the purpose of the thesis, individuals' perception of the innovation facilitating culture was investigated by conducting semi-structured interviews with respondents working at private and public PHCC's. The interviews were analyzed in line with a grounded theory research design, meaning the use of open coding, axial coding, and selective coding. The study was limited regarding the number of interviews performed and by geographical boundaries.

4 Result

This chapter will present the results connected to the research question of the study; what similarities and differences can be identified for innovation facilitating culture in private and public PHCC? The chapter is divided into both internal and external factors to the PHCC relating to innovation facilitating culture: implementation of innovation, working environment, incentives, supportive environment, managers, the healthcare assignment, and policies.

4.1 Implementation of Organizational Innovation

Both public and private respondents described their PHCC as receptive for organizational innovations. The organizational innovations were discussed among the employees in different settings; in conversations, through email or during meetings such as a workplace meeting (ATP) or morning meetings. R9, who had worked as a physician at a private PHCC further commented that the receptiveness could be either high or low depending on the organizational innovation in question.

Moreover, all respondents highlighted two aspects of the implementation of various organizational innovations; communication and testing. Communication was an element of focus in all processes of innovation implementation, as a majority of the respondents from both public and private PHCC described it. The communication was illustrated as taking different routes, both in person and through official channels such as meetings and emails. Trial and error to different extents were also frequently mentioned by all respondents. Public respondents emphasized different ways to test new organizational ideas. They were mentioning a system where the users registered deviations at the workplace and registered their suggestions for improvement. Another one being a format called A3, where organizational innovation could be suggested, planned, and evaluated. R6, working as an operations manager (OM) at a public PHCC, further highlighted that the process was different depending on the organizational innovation in focus. The statement was supported by another public respondent, working as an OM, saying that "depending on what it is that is supposed to happen, big or small, you will need a specific plan for that" (R3). Additionally, respondents from private PHCC's emphasized that they were testing out the ideas. They further stated that the testing depended on the idea in question. "I would like to say that we are testing everything out ... I do not think that I have turned down any suggestions" (R2).

When discussing the implementation of organizational innovations, a clear majority of all the respondents gave different examples of organizational innovations that had been implemented at their PHCC during the last year. From public PHCC's, the respondents discussed three different organizational innovations. Firstly, the open reception where the patients could come and wait for a consultation was discontinued. The second one was appointing an administrative support for the OM. Finally, the third one was changing a role to be more of a back-office role, where the patient was asked to fill out a form helping the new role to assess what kind of help the patient required. Moreover, the private respondents discussed two types of organization ideas; appointing administrative support for the OM and starting with medical rounds to place the right patient with the right staff. All respondents highlighted that the reason for implementing a new organizational innovation originated from demands. Examples given by the respondents was an increased number of patients seeking medical attention, in combination with the lack of available meeting times, or seeing that the internal support needed to be developed. Furthermore, in all interviews, it concurred that the organizational innovation that had been implemented during the year had support from the employees at the PHCC; however, sometimes it required the time of adjustment from the staff.

Furthermore, the organizational values and goals, corresponding with both the organizational innovation and the professionals working at the PHCC's were investigated. All private and public respondents described that the organizational goals were in line with organizational innovations that had been implemented. Some further expressed that the organizational innovations were discussed in regards to the organizational goals before being implemented. This to tie the organizational innovation to the goals that the organization had. Furthermore, half of the private respondents and all the public respondents argued that the goals corresponding with the organizational innovation were necessary for the innovation to be implemented. R3, working as an OM at a public PHCC, described it as "the very foundation, the goals in the organization is crucial. It is what unites, unites the co-workers". One of the respondents that had worked at a private PHCC further discussed that, although the goal was connected to the organizational innovation, it was not always in line with the professional values. The respondent further described how the goal of having an increased number of patients conflicted with the professional value of patient safety. The professional values and the fact that they did not have to stand aside due to organizational innovation was described by half of the private respondents and all the public respondents. By the respondents discussing it from both groups, it was emphasized that the organizational innovation had to correspond with the professional values; otherwise, it would be hard to implement. Additionally, one of the public respondents highlighted the fact that the professional values did not have to be the same for every profession, and that different interests could compete with each other. Almost all the respondents spoke about how the organizational values were in line with the organizational innovations that were implemented. They further developed that the values not should be at the cost of organizational changes. Additionally, two private respondents highlighted that they were uncertain about what values the organizational had.

4.2 The Innovation Culture

4.2.1 The Working Environment

The working environment was a common theme brought up when discussing a culture that facilitates innovations. Respondents from both private and public PHCC's argued for the working environment as one of the most crucial factors for feeling comfortable to share ideas openly within the organization. R3, working as an OM at a public PHCC stated that "[i]f you have a good working environment, you promote the thoughts, you promote freedom and the independence of the employees." The working environment was also described as good by most of the respondents from both groups. A majority of all respondents expressed their satisfaction with the working environment. The environment was also explained as good due to a good collaboration among the people working at the PHCC. Collaboration, in general, was discussed by a minority of the private respondents and most of the public. The public respondents expressed that collaboration was about supporting each other and working together in the same direction. Furthermore, respondents from private and public PHCC's highlighted the collaboration among the different professions as an essential factor for having a good working environment. They also expressed the working environment as stressful from time to time due to a lack of workforce in comparison to the number of patients.

Private and public respondents expressed trust in relation to the working environment. Half of the private respondents expressed trust to the manager. One private-working physician, R9, expressed that the trust was lacking both to the manager but also from the manager. The same respondent further added that trust from the manager mostly was limited to new ideas developed by someone in the management group. All the private respondents expressed a high level of trust for their co-workers. It was further stated as something generated from the competence the respondent knew that the co-workers possessed. Also, social activities were brought up as a contributing factor. Most of the public respondents described the trust to managers as good, and some further added that it was high. The public respondent also expressed that employees often are listened to, regarding new ideas, and that the trust was established as the managers allowed the employees to test new ideas to a large extent. Trust was further explained, by R7, a respondent working as a public OM, as something you do not get but something you deserve and develop when working together for a long time. A minority of the public respondents expressed trust towards co-worker in their PHCC's. The reason behind the low trust was partly expressed to be generated by a short time of working together.

Limited to private respondents, the subject of social interactions was brought up. Social interactions were discussed as something existing by half of the private respondents. One of them, a dietician, R1, explicitly illustrated the high level of social interaction at their PHCC by stating that "I think that there is much talk, both in corridors, in the rooms and during the breaks, you really talk with each other. I have not heard or seen anyone eating their lunch in their room for an example." Another factor that concerned the working environment was the respondents feeling of being able to express their thoughts at the workplace. Most respondents from private and public PHCC's stated that speaking their mind was a characteristic of their workplace and emphasized its existence. Private and public respondents further talked about speaking their mind in the same context of sharing ideas. One private respondent said that being able to speak your mind facilitates sharing ideas internally. Exchanging ideas internally was furthermore stated as something that frequently happened from half of the private respondents and a majority of the public respondents. The respondents from private and public stated that exchanging ideas was existing at their PHCC, described the environment as open for exchanging of ideas as co-workers were open-minded and showed support when sharing thoughts. Private and public respondents expressed that different professionals at their PHCC had different innovation levels. R3, working at a public PHCC also stated that "[i]f I would say who are the most innovative right now, it is the nurses and the rehab group. They are fantastic, I would say."

Responsibility at the PHCC was agreed as existing among half of the private respondents and one of the public respondents. The responsibility was described as a factor that improved the working environment and something that should be taken more seriously. Respondents expressed that more responsibility should be given to the employees. R2, who worked as an OM a private PHCC, further stated that responsibility was connected to the mandate given, and further expressed that responsibility concerned the ability and permission to make own decisions within the organization. One respondent called R6, working as an OM at a public PHCC reflected on the responsibility at the PHCC. This respondent stated that the OM at that PHCC gave much responsibility to the employees and that the responsibility increased the feeling of being involved. R6 further stated that responsibility also concerned higher expectations and that when responsibility was given, more would be expected from the employees. Participation was often discussed in connection to responsibility. A minority of private and public respondents discussed participation within the working environment and was stated as something good for the working environment as well as for the feeling of being involved in the organization.

4.2.2 Incentives Related to Organizational Innovation

Incentives relating to innovation facilitating culture were discussed in different forms by respondents from private and public PHCC's. A majority of the public respondents and one of the private respondents discussed that the organization gave different forms of credit to the individual who provided a new organizational innovation. A common factor for all the respondents that discussed credit for innovation was communication.

Emphasized was, that all situations need to be adapted to in their ways. However, communication was still highlighted as a central factor when acknowledging an individual that had provided a new organizational innovation. The communication of new ideas was either described as presented during a meeting or through weekly letters that were sent out through email. The respondent R6, a public OM, described a situation where the credit for an innovative idea became obvious for the organization, even though it was indirect "one coworker had a suggestion regarding educational information for immigrants that were newly arrived ... since she was the one arranging it, it became obvious for everyone that this was her thing". Furthermore, it was highlighted by a public respondent working as a medical secretary that each situation is unique, that some individuals do not want to be given credit in a higher setting and instead wants to be anonymous. The private respondent working as a physician illustrated that at their PHCC, there was an announcement made for different constellations. Such as 'the working group of the year' that had worked with topics related to organizational innovation.

Another incentive discussed during the interviews was encouragement primarily from the organization regarding organizational innovations. Almost all the respondents from private and public emphasized that the PHCC encouraged new ideas, and described it as the natural thing to do. Private respondents highlighted the fact that colleagues encouraged each other or gave feedback. Also, respondents expressed that encouragement of ideas not even was discussed since it was so natural to them. Furthermore, when interviewing respondent R5, a medical secretary working at a public PHCC, the manager's part in encouraging the employees was mentioned. In general, the public respondents discussed encouragement in forms of exchanging thoughts and the organization being naturally inclined towards organizational innovation. Thus, the organization encouraged individuals to provide new ideas. Additionally, one of the private respondents highlighted an example of encouragement coming from an external actor, where an organizational innovation had been tested out, and the external actor had acknowledged and encouraged them to continue.

Building on credit for ideas and encouragement, monetary incentives linked to organizational ideas were brought up during more than half of the interviews that were conducted, including answers from both private and public respondents. Two respondents, one private-working and one public-working, talked about how funds could be linked to different projects as a form of incentive. Exemplified with a social gathering that needed to be arranged and included handling the budget, or buying material. Furthermore, private and public respondents linked organizational ideas to the salary. R8, working as a physician at a private PHCC, discussed organizational innovations as a contribution to the organization and therefore, a criterion when discussing the salary once a year. Public respondents also linked organizational ideas to the salary increase, illustrated by R7, public-working OM, "[i]f you have, both an idea [referencing to an organizational idea], and a plan to implement it, then you will have the highest salary increase that year."

As discussed by the respondents, there were different types of incentives linked to organizational innovation. The inner motivation was one incentive expressed during the interviews. A majority of the public respondents and one of the private respondents highlighted its presence. R1, working as a dietician at a private PHCC, described the inner motivation as "I am very open for new ideas … I am encouraging improvement, hence that I want to participate in this." Another way to describe inner motivation was done by the public-working nurse, R4, who identified the respondent being one who contributes with ideas more than others. Also, highlighted, by half of the private respondents, and by one public respondent, was the own mandate to decide concerning organizational ideas. The private respondents discussed how giving mandate or receiving a mandate for making own decisions were a central part of their work. Additionally, the private respondent working as an OM emphasized that there was only a limited amount of mandate that could be given to the employees. The respondent, working as OM's at a public PHCC described how they took a step back from the implementation phase of organizational innovation and let the employees have the mandate to control the process.

4.2.3 Supportive Environment and Implementation of Internal and External Organizational Innovations

The environment was expressed, by most of the private and public respondents, as supportive in general, as well as when employees were bringing up new ideas. They highlighted that communication regarding ideas and changes was essential for getting the support for new ideas. It was due to the importance of giving everyone the chance to express concerns or thoughts before the implementation. It was further stated that ideas and changes need to be established among all individuals it will affect, to get the support required for it. R1, a private-working dietician, expressed the level of support as almost too high when asked if support was given when implementing a new organizational idea "[a]bsolutely! Almost too much, I came back to work and expressed that I was in line with my work, now I have plenty of time - take it easy they said, rest. They are really nice." A public respondent further expressed that when a new organizational innovation was implemented, the support was mainly coming from inside oneself, that the support higher up in the hierarchy was good but that employees sometimes was concerned regarding new organizational innovations, as it affected their way of working. The respondent further expressed that the concerns were due to that organizational innovation sometimes requires changes within working groups.

Connected to the supportive environment was also the factor of ideas frequently brought up by colleagues. All the private respondents and a majority of the public respondents indicated this as existing at their PHCC. The private respondents expressed that most of their colleagues are good at bringing up and talk about their ideas. When discussing ideas brought up by colleagues with the public respondents, they expressed that there is a great difference between the professional groups regarding who is bringing up new ideas frequently and who is not. R4, a public-working nurse stated that "[y]es, some of us do, I am one of them. Some of us have ideas, thoughts, and opinions more often than others".

Also, R5, a public-working medical secretary, illustrated this by stating that "[y]es, relatively good, but as I said; we are different. Everyone does not want, or everyone does not care and is not interested."

A majority of the private respondents could see that ideas that were brought up externally and internally were reviewed and/or implemented. The private respondents described that internal ideas were tested all the time, and all of them gave their examples of the latest one at their PHCC. R2, working as an OM at a private PHCC, expressed that they tested everything and that they never had said no to test something new. Regarding the external ideas, the private respondents expressed that such implementations existed within their organization, and during what circumstances the ideas were shared differed. A majority of the public respondents expressed that internal ideas were implemented and/or reviewed. They described this as something frequent. R4, public-working nurse, illustrated this by stating that "[y]es, we have just done some changes, we test new things all the time". When talking about external ideas that were implemented or reviewed, the answers changed as a minority of the public respondents believed that it was something existing at their PHCC. One respondent explained it by saying that the external ideas that were implemented mostly concerned technical and medical innovations and not organizational. However, another public respondent said that they just implemented an external organizational innovation at their PHCC and that the result was successful.

4.2.4 Managers, Idea Exchange and Own Interest for Organizational Innovation

The result revealed a pattern of the manager's impact on the innovation facilitating culture. Private and public respondents gave the same description of the tasks related to the manager. According to private and public respondents, the tasks involved the following; having an overview such as external monitoring, working with strategies, and keeping track of the resources that the PHCC have. R6, who works as an OM at a public PHCC, explained it further, "I believe that my responsibility is to see the bigger picture." Further discussed in both sample groups, was the OM's possibility to exchange ideas outside of the PHCC. As exemplified by respondent R3, a public-working OM, "[i]n order for us to avoid inventing the wheel all over again at our organizations," implying that the exchange of ideas would let organizations adopt other successes and avoid their failures. A majority of all the respondents highlighted that exchanging ideas outside of the PHCC was a possibility for the OM's at the PHCC to get inspiration from others.

The private OM included in the sample described how the external exchange primarily happened within the same business group. Furthermore, mostly with the PHCC that was closest by, geographically speaking. As one private respondent said, "I am part of a business group that does not have that many primary healthcare centers in Skåne" (R2). R8, a private-working physician, further supported the statement that private PHCC primarily exchanged ideas within the business groups.

R8 also highlighted the fact that in their business group, it was OM's as well as medical-responsible physicians that had the opportunity to exchange ideas. The public respondents also discussed how they exchanged ideas externally, describing two ways that occurred regularly within Skåne. The first forum to exchange ideas was called NAV, where the OM's met depending on geographical location. At these meetings, discussions about the workplace took place, but they also talked about useful examples. The other forum that was discussed was management meetings, where managers from the county met in different settings. These meetings were used to discuss the PHCC's and give each other support and inspiration to develop. Before, the management meetings included smaller groups, but this was changed to include a higher number of OM's. This change was described as affecting the opportunity "to exchange in that way [referencing to the description of good examples, inspiration, and support]" (R6).

Moreover, the results revealed that the individual interest that each manager had for working with organizational innovation affected the organization. It is expressed by one of the public OM's "it's The National Choice of Care Reform that rules our assignment. I believe that it is very good, it gives a good starting point, to be able to adapt and design depending on your patients and pre-conditions concerning staff and so on ... there is an own great responsibility in how you interpret and comprehend and what you choose to do with that" (R6). The quote highlighted that there was a question of managerial interpretation of the assignment. Further, that the manager has an impact on organizational innovation, was stated by one respondent that had been working both in private PHCC and public PHCC over the years, "[i]t has probably more to do with the specific working place, rather than if it is public or private ... It has incredible lot to do with the operations manager's attitude towards the organization, and how open they are to changes, and the goal with the organization … It is big differences between public and public as well as private compared to public" (R9). The quote not only shows that it was the attitude of the OM towards innovation that affects organizational innovation but also that there were differences between the private and public PHCC.

4.3 External Factors Impacting on Innovation Facilitating Culture

4.3.1 The Healthcare Assignment and its Impact on Innovation Facilitating Culture

In what way the healthcare assignment affected the PHCC, was identified in the collected data. A clear majority of the respondents highlighted the healthcare assignment. The interviews revealed that the respondents did not feel that they could fulfill their healthcare assignment governed by the political reform called The National Choice of Care Reform (*see Section 1.1*). As stated by one OM at a public PHCC "we as an organization are not enough in relation to the assignment" (R6).

Or as expressed by a physician who had worked at a private PHCC "[t]o be available for the patients, not just saying 'do not come here, do not come here, we do not have time, we cannot accept you', ... it is supposed to be the other way around, that is our assignment" (R9). R9 also discussed the fact that The National Choice of Care Reform entailed that the PHCC cannot turn down the patients that chose the PHCC. The two sample groups further expressed that the reason for their inability to fulfill their assignment was a lack of resources. The discussed resources were lack of employees and time available. One respondent, a public-working nurse, described this as "[l]ack of times available, it feels like you are not enough. Or that maybe the healthcare is not enough" (R4). The respondent further stated that the lack of resources also generated a rising level of stress and that this was affecting employees as they sometimes needed to make decisions they are not comfortable with but are forced to do, due to the lack of different resources. Similar thoughts were also identified when discussing the healthcare assignment with a private-working respondent, stating that another consequence of the lack of resources was related to patient safety. The respondent that was working as a physician exemplified this with an organizational innovation that had been implemented with the outcome of an increasing number of patients at their PHCC. The increased number of patients resulted in that the physician felt forced to go against their values of patient safety since the resources available were not enough.

4.3.2 Policy and its Impact on Innovation Facilitating Culture

Without asking questions regarding policy as an external factor, the result demonstrated the presence of policies regulating the organizations. Half of the respondents from public PHCC's and none of the private respondents described how they were influenced by policies when making a decision, or in general, in their daily work. Recognizing that the National Choice of Care Reform regulated the work performed at the PHCC's, one of the respondents described the National Choice of Care Reform as a valid starting point for the PHCC. The respondents further described that it enabled opportunities for the PHCC as they could customize their healthcare service for the patients. However, the policy-influence was also described as limiting to the organization, saying that not to be limited by politics in general, they needed greater support from their patients. An example of a limitation was explained by a public-working OM, who had identified the reimbursement system for patients as not supporting for the PHCC in question. It was due to that their PHCC had a patient base specified around a particular age-group and had many patients inclined to seek medical attention for things that were not weighted in favor in the reimbursement system. Also, highlighted by one public respondent, was the fact that when issues had to be raised to levels above the manager at the PHCC, such as the county, it became tougher. The public respondent further argued that organizational changes within the public sector were considered as hard and tedious. However, the same respondent excluded their PHCC in the statement saying that it worked differently there. Further stating that there was a desire for more freedom, and in some cases not having to check with everyone instead of only trying something new, and see if it worked.

The discussion of the policy impact was frequent among the respondents from public PHCC. However, these discussions were absent in all the interviews with private-working respondents. Acknowledging that there were perceptions of limitations, one of the respondents also demonstrated the presence of hope among the public-workers, "you should remember that you have opportunities. Because I believe that many organizations corresponding ours, feels limited and ruled, but I believe that, that is a choice you make for yourself. Whether you choose to see possibilities or limitations" (R6).

4.4 Chapter Summary

The results derived from the interviews, illustrated different elements of an innovation facilitating culture at the PHCC included in the sample. Some innovation facilitating factors was mostly recognized by private respondents, while public respondents mostly recognized others. However, both private and public respondents mostly agreed upon the existence, or absence, of the innovation facilitating factors to the same extent.

5 Discussion

The chapter will discuss the results derived from the collected data in terms of similarities and differences in private and public PHCC regarding innovation facilitating culture. The chapter will be divided into the innovation culture and external factors, where the discussion of innovation implementation will be discussed in the former. Furthermore, the findings will be discussed in relation to the previous literature of the field and provide explanations of the patterns that have been identified.

The research question focused on the two healthcare sectors, private and public, specifically in the county of Skåne. Considering the increasing demand for the primary healthcare, the reason for the focus on innovation is partly based on the attention it has received as crucial for further delivering national healthcare (Avby et al. 2019). Also, the importance of organizational culture for easier implementation and the inconsistency between the researcher's argument of innovation levels between the sectors (Osborne & Brown, 2013; Tynkkynen & Vrangbæk, 2018). The research gap is determined to be an investigation of private and public PHCC in Sweden, regarding an organizational culture that works to facilitate innovation. In this study, the interviews conducted aimed to explore the similarities and differences concerning innovation facilitating culture at private and public PHCC.

Without determining if the PHCC's that were investigated are organizationally innovative or not, we have identified similarities and differences in private and public PHCC concerning innovation facilitating culture. The main finding is that there are more similarities than differences between the sample groups. Comparing the results with the existing literature shows that the factors stated as facilitators for an innovative culture, are discussed by the respondents in the interviews.

5.1 The Innovation Culture

The discussed implementation of organizational innovation demonstrates that both private and public PHCC highlights the same aspects of implementation. Such as communication, that organizational innovation is implemented regularly and that the reason for implementing organizational innovation is a demand for change. It seems possible that the resemblance, between private and public PHCC regarding the implementation of organizational ideas, could be originating from NPM streams. The traits of the private sector have been attempted to transfer to public settings.

However, another explanation could be that professionals are changing employer between the private and public sector, taking their experience with them to the new setting. Furthermore, consistent with the literature, the study shows that both private and public respondents see the need for a value-fit between the organizational innovation and the organization or profession (Carlfjord & Festin, 2015; Damschroder et al., 2009; Helfrich et al., 2007; Weiner et al., 2011). This result showed that value-fit is vital for respondents in both private and public PHCC, indicating that it is a factor to consider when deciding what organizational innovation to implement.

As can be seen in the result, there are commonalities between private and public respondents in terms of satisfaction, encouraging new ideas, different incentives, supportive environment, ideas frequently brought up by colleagues and exchanging ideas internally. This study confirms the literature stating that these factors all should be included in a culture that facilitates innovation. However, it also adds some factors not brought up in the previous literature. Identifying satisfaction as a facilitating factor for innovation is previously done by Aslani et al. (2015) and Leue and Maximoff (2017). They connected personal job satisfaction to their creativity and willingness to innovate, which could imply that the PHCC's have created an environment where the respondents could use the creativity and their will to innovate. Also, the feeling that the organization is encouraging towards the respondents bringing up ideas is supported by previous studies investigating organizational culture connected to facilitating innovation culture (Braithwaite et al., 20101; Carlfjord et al., 2009; Carlfjord & Festin, 2015). A result that indicates that the PHCC's in this study provides an environment where organizational innovations are promoted. Incentives at the PHCC, specifically from the manager (Damschroder et al., 2009; Weiner et al., 2011) or in general as a foundation for work engagement (Ancarani et al., 2018) are seen in the literature when reviewing organizational culture as a facilitator for innovation. Also, stating that monetary incentives in different forms are used as an incentive, is in line with how literature previously has described incentives within an organizational culture (Damschroder et al., 2009; Weiner et al., 2011). Discussed in the literature, a supportive environment would be able to generate a stronger will to innovate (Avby et al., 2019) and is therefore essential. That ideas are frequently brought up by colleagues at the PHCC's, indicates that the organization dedicates time to developing ideas (idea time), a result that reflects those of Ekvall (1991;1996, in Braithwaite et al. 2010:1) and Carlfjord et al. (2009). Correlating with the result of ideas frequently being brought up, however not explicitly mentioned in the literature, is the result saying that both private and public respondents see that there is an exchange of ideas internally in the organization. The reason for linking this together with idea time is that the result shows that respondents use the possibility to communicate the ideas that they have had time to develop with each other — developing the dimension of idea time also to include the exchange internally. When examining all the identified similarities relating to innovation facilitating culture in this paragraph; we argue that the similarities might be explained by the fact that both private and public PHCC have, in their core, the same tasks, and patient focus. Additionally, due to The National Choice of Care Reform, they have the same conditions to establish at the Swedish market. Both explanations described have the potential to affect the PHCC's in such a way that they will end up being similar to a greater extent.

As the literature states (Avby et al., 2018), collaboration was one factor included in the discussions of the working environment. While the literature described collaboration as knowledge-sharing and contributing to a holistic view (Avby et al., 2018), the result shows that respondents describe it in terms of support given to each other and working together in the same direction. While knowledge-sharing, and giving each other support can be perceived as comparable factors, a holistic view could not be seen in the result and working in the same direction was not mentioned in the literature. The result shows that the literature does not cover everything included in the respondent's perception of what is essential for collaboration. The result shows that when discussing collaboration, the respondents also gave different answers between the two sample groups: less of the private respondents expressed general collaboration compared to public. What this result suggests is that the private PHCC's have less collaboration among the employees compared to the collaboration in public PHCC's. Although the results reveal this pattern, we argue that this data should be interpreted with caution. As seen in the result, all the private respondents possessed a position at the PHCC, such as a physician, OM, and dietician, that probably implies individual work to a great extent. The results showed that to gain knowledge-sharing or giving support to each other and working together in the same direction, was referred to as collaboration. This, however, becomes difficult when mostly working alone. Due to the nature of their positions and individual work, we, therefore, believe that their perception of a low level of collaboration does not reflect the perception of the rest of the people working at the PHCC's in other professions.

Trust, also a factor included in the working environment discussed by the literature could be identified in the result as a topic brought up by the respondents. In the result, the subject of trust was showed as trust to managers and trust to co-workers. The trust to managers, in relation to bringing up new ideas, was expressed to a greater extent among the public compared to the private respondents. As the literature states, private organizations often innovate to gain competitive advantage (Tynkkynen & Vrangbæk, 2018; Sørensen & Torfing, 2012) while public organizations are more likely to innovate because of political and administrative pressure (Tynkkynen & Vrangbæk, 2018). When comparing the literature and the result, private PHCC's often innovate to gain competitive advantage has a lower trust for the managers, compared to public PHCC's that often innovate due to political pressure. We believe that these differences can be explained by that when managers only are, or mostly, are interested in organizational innovations aiming to gain competitive advantage, the trust for that they will consider an idea not directly correlated to gaining competitive advantage becomes lower. In other words, when employees do not feel that all their organizational innovations will be listened to or implemented, the trust towards the manager decreases. At the same time, the result showed that public respondent expressed more trust towards their managers, meaning that, employees in public organizations feel more trust in sharing ideas with their managers. This explanation further finds support in the result as the public respondents expressed that they often are listened to and that their trust was established as the managers allowed them to test new ideas to a large extend. This can have to do with that public managers not feel the same pressure of only testing ideas connected to competitive advantages but test other ideas as well.

However, something that contradicts this explanation of ours is that public organizations still need to consider what types of innovations that should be focused on and implemented as they often have political and administrative pressure to innovation (Tynkkynen & Vrangbæk, 2018). However, as the pressure for public PHCC's organizational innovations comes from higher up in the hierarchy compared to private, their delivering goals may not be as specific to their PHCC but rather general goals for all the public PHCC's. Therefore, public-working managers may be more willing or have a greater ability to test various innovations. Meanwhile, competitive advantage, that is the focus for innovation in private PHCC's, is directly concerned with one specific PHCC, and therefore the result generated from the innovation may affect their goal to a greater extent.

Looking back at the discussion regarding collaboration, it is somewhat surprising what the result reveals regarding trust towards co-workers; it was described as existing more among private respondents compared to the public. Reflecting on the result from the collaboration level, it was expected that private respondents would express less trust towards co-workers and that public respondents would express more trust towards co-workers. The expectation that much collaboration generated more trust and that less collaboration would generate less trust was partly generated by the statement of R7 presented in the result. R7 stated that trust comes from working together for a long time. The reason behind this result is not apparent, and as already mentioned, a bit surprising. However, the results revealed that the low trust for co-workers among private respondents could be generated by a short time of working together. Adding, the result becomes easier to explain and more understandable when comparing it to the result regarding social interaction. As the higher presence of social interactions and benefits linked to social activities could be found in the results from the private respondents compared to public, this might be an explanation of the expressed trust among the private respondents and the lack of expressed trust among the public respondents to co-workers. The explanation is further supported by a statement given by a private respondent, presented in the result saying that social activities are contributing to achieving trust. Another possible explanation, for at least the answers given by the private respondents, was revealed by a private respondent saying that high trust among co-workers is generated due to the knowledge of each other's competence. Thus, it can be suggested that the general perception of the co-worker's competence is higher at private PHCC's compared to public. However, it is crucial to bear in mind that this result only is based upon a statement only given by one respondent as a reason for high trust. Also, the public respondents did not express not trusting their co-worker's competence. Therefore, this reason should be interpreted with caution when concluding general assumptions of private and public PHCC's.

The result also revealed that incentives given and inner motivation were less expressed in the private compared to the public respondents. The respondent's inner motivation that was brought up when discussing incentives, mostly by the public respondents, could not be found in the literature as a facilitating factor. Closest to be found in the literature regarding the inner motivation is what Ancarani et al. (2018), and André and Sjøvold (2017) describe as the employees' engagement and commitment for their work.

That the result showed a higher inner motivation as well as the higher level of incentives among the public respondents, may be related to what some of the literature called a common view; public PHC is less innovative than private (Borins, 2001; Gallouj et al., 2013; Osborne & Brown, 2013; Tynkkynen & Vrangbaek, 2018). It is likely that the common view affects the way public PHC sees their innovation level, that they feel a need for innovation and therefore encourages themselves (inner motivation) or their employees to innovate by giving them incentives. One further explanation could be what the literature stated; that private healthcare actor has an old organizational structure (Forum for Health Policy, 2018) and a slow-moving bureaucracy (Sørensen & Torfing, 2012). Meaning that the public PHCC's have a higher need for innovation and that their lower innovation level not just is a public view but the reality. Emphasized in the literature is whether the professions have the capability and/or the opportunity to innovate (Avby et al., 2019). The capability to innovate could be seen to be an essential facilitating factor for the respondents as well. According to the results, own mandate given to make own decisions within the organization was discussed in connection to incentives. The result, mainly from the public respondents, showed that mandate was an essential factor for gaining the feeling of being involved. As the rest of the factors connected to incentives, also mandate given was expressed more in the results of the public respondents compared to the private. It seems possible that there is the same explanation for that public respondents expressed credit for new ideas, inner motivation, and own mandate more than private respondents. As explained before, the common view of the public as less innovative and/or the organizational structure of public PHC can have affected public PHC to encourage innovations more than private does. Another likely explanation to the higher incentives at the public PHCC compared to the lower at private PHCC could be that when a public PHCC support organizational innovations, public respondents might believe that their support is something usual, again due to the common view and assumptions. At the same time, the private respondents may assume that they should be more innovative, as some literature suggests (Gallouj et al., 2013; Osborne & Brown, 2013; Tynkkynen & Vrangbaek, 2018), and therefore has a higher expectation on the level of innovation.

An unexpected finding when speaking with both private and public respondents is related to the role of the operation manager. Referring to the results, the respondents talked about managers being able to exchange ideas and inspiration outside of the PHCC and the level of interest that managers have in the beginning. Therefore, it seems like the manager at the PHCC has the potential for great impact. This result is connected to previous findings in the literature, where the study conducted by Aslani et al. (2015) indicates that support from the manager affects how the innovation spreads. Findings from this study could be seen in relation to the results of Aslani et al. (2015) and demonstrates that there are different dimensions of impact, relating to diffusion of innovation, but also other aspects at a PHCC. Continuing the discussion of the manager's potential impact on the innovation facilitating culture, the own interest that the manager has for working with innovation was brought up. Looking at the result, both public and private respondents discussed that the managers own interest could either promote or obstruct organizational innovations. Thus, building on the argument made by Aslani et al. (2015) that, the managers have a role to play as a facilitator for organizational innovations.

A possible explanation for the identified similarities goes back to the PHCC's core task, providing healthcare to the citizens. Since the National Choice of Care Reform was adopted, both private and public PHCC have the same pre-conditions for establishment (Ministry of Health and Social Affairs, 2008). However, they are at the same time 'competing' for patients, and private healthcare, it is noted that innovation is a mean for competitive advantage (Tynkkynen & Vrangbæk, 2018; Sørensen & Torfing, 2012) meaning that it is not obvious that they should be similar. Also note the fact that we might have conducted interviews at PHCC's who were exposed to innovative individuals, and that the sample might be skewed in the innovative direction.

Surprisingly, results regarding innovation facilitating culture demonstrated that specific roles are agreeing to a higher degree than others. The subjects of which they agree upon is; participation, mandate given for making own decisions own responsibility, and beneficial structures for innovations. Comparison of previous literature shows that the participation, which the respondents are describing within the working environment, also is included when speaking about innovation facilitating culture (Ancarani et al., 2018; André & Sjøvold, 2017). As already discussed, the mandate for making own decisions is discussed in terms of capability and opportunity (Avby et al., 2019). However, previous studies have not explicitly discussed responsibility and beneficial structures when speaking about innovation facilitating culture. This is something that the result shows that the respondents included in the sample has linked together. The finding is interesting since the professional role of the respondent seems to be of greater importance than anticipated. As stated in the methodology, the study aimed to have a varied sample in order to have a broad picture of the illustrated similarities and differences. Thus, not considering that the professional roles could correlate to a higher degree than the sample group, in specific subjects. In light of that, we found it interesting to see that operation managers and physicians discussed the same attributes when speaking about organizational innovation. We believe that the result identifying a similarity between how different professional roles speaks about organizational innovation could be explained by that the specific roles have different and/or more in-depth insight within the organization compared to the other professions. Considering the structure of the Swedish PHC, the difference was not a surprise; different tasks within an organization generate different understanding and insights of it. However, what is interesting is the reason behind that individuals higher up in the hierarchy perceived a higher agreement on these specific categories. One suggested explanation is the conservative system of the PHC in Sweden (Avby et al., 2019), resulting in the hierarchy and therefore the different insights in the organization that could be identified in the result. What this means is that the innovation facilitating culture is perceived as different among the mixture of professions that is a natural presence within the PHC in Skåne, Sweden.

5.2 External Factors and their Impact on Innovation Facilitating Culture

Respondents both from private and public PHCC highlighted the fact that they might not fulfill the assignment given to them. Agreeing with statements made in previous studies, resources both in terms of human capital (Ancarani et al., 2019; Kralewski et al., 1996) and time available (Ekvall, 1991;1996, in Braithwaite et al. 2010:1; Carlfjord et al., 2009) are identified as lacking factors within the respondent's organizational cultures. In the light of knowing that resources are noted to be facilitators for innovation, it is interesting to discuss how a clear majority of the respondents say that they do not have enough resources to fulfill the healthcare assignment that is tasked to them. These factors might be explained by the fact that the funds are limited; in turn generating that time and human capital is narrow. Financial resources are not included in descriptions of innovation facilitating culture. However, it is included in the organizational structure (Leue & Maximoff, 2017), and thus, an impact might be inevitable. The relationship between too little resources and the fear of not fulfilling the overall task seems to be a common view among both sample groups. This could be explained by the increased pressure that the PHC have today due to the increased population in need of healthcare (Avby et al., 2019). Furthermore, as discussed during the interviews, how The National Choice of Healthcare reform is structured might have an impact, seeing that the PHCC are not available to turn down patients. As can be seen in the result, the lack of resources and the feeling of not fulfilling the healthcare assignment can generate possible, unwanted, implications on both employees and patients.

Consistent with the literature, the results revealed that respondents who described the presence of policies regulating the organizational innovations were limited to public respondents. These results reflect the literature of Tynkkynen and Vrangbæk (2018), stating that only innovations in public healthcare are affected by political and administrative pressure. As mentioned already, private healthcare more often innovates due to competitive advantage — a likely explanation of why only public respondents brought up the policies as regulating their organization.

5.3 Chapter Summary

The findings of the thesis indicate more similarities than differences between private and public PHCC's regarding innovation facilitating culture. The discussion illustrated possible explanations for both identified similarities and differences. Where the similarities in general seem to originate from how the healthcare system is constructed, and how NPM has influenced during the years. The differences in general, seem to originate from the common view of public being less innovative than private and how it affects the answers of the respondents as well as the different driving forces to innovate.

6 Conclusion

The conclusion will provide a summary of the thesis and the concluding statements from the results. The chapter will also provide the reader with potential practical implications and suggestions for further research.

6.1 The Answer to the Research Question

This study set out to fill the research gap of similarities and differences regarding innovation facilitating culture in private and public PHCC's. The study, therefore, seeked to address the question of "What similarities and differences can be identified for innovation facilitating culture at private and public healthcare centers?". As the literature was limited to what factors are included in a culture that facilitates for innovation and lacked studies regarding similarities and differences of these factors between private and public PHCC, grounded theory was used as a research design. Semi-structured interviews made it possible to answer the research question of ours. The answer to the question is that both similarities and differences could be found; more similarities were identified compared to the differences. Furthermore, the identified similarities were: implementation, value-fit, satisfaction, encouragement towards new ideas, monetary incentives, supportive environment, ideas frequently brought up by colleagues, the role of manager, that specific roles agree to a greater extent, and the lack of resources. The identified differences were collaboration, trust, inner motivation, credits for new ideas, the mandate given and policy. This further suggests that the similarities are many compared to the differences regarding the innovation facilitating culture in private and public PHCC.

6.2 Practical Implications

As culture is an essential factor to consider when looking for an organization that works to facilitate innovation, it is essential to know what factors can affect it. Knowing what factors that are similar or different compared to other organizations enables a manager to know what to change within one's organization compared with a more innovative organization, or what not to change if comparing to an organization lacking innovation. More specifically for PHCC's, the study gives managers an indication of what facilitating factor private and public PHCC is generally lack of and therefore what factors usually require more attention, or what factors private, and public PHCC's generally are good at.

Since the differences mostly could be identified as depending on the manager, knowing what differs from organization to organization enables all organizations to share experiences between the managers and learn from each other.

6.3 Theoretical Contribution

The findings of this study suggest that there are more similarities than differences among the private and public PHCC's that have been studied, regarding innovation facilitating culture. The thesis further shows that the existing literature lack of some factors included in the concept of innovation facilitating culture. The result of the thesis has revealed some new factors that are associated with organizational innovation: financial incentives, working together in the same direction, inner motivation, policy and the healthcare assignment including the lack of resources. At the same time, most of the factors listed in the literature as facilitating factors could be seen in the answers of the respondents. Thus, this thesis strengthens the idea that the factors in innovation facilitating culture, listed in the literature, are even more truthful. Taken all the findings together, this thesis has contributed to the field of both comparisons of private and public healthcare as well as to the field of innovation facilitating culture as it has added value factors into both.

6.4 Future Research

To develop the findings from this thesis, future studies are recommended to be conducted. Thus, the natural progression of this thesis is to address the limitations found. As the intersection between innovation facilitating culture and the private and public PHCC's has not been previously studied, there are many possible ways to investigate the topic further. The results derived from this thesis are interesting and would benefit from being validated of a study conducted with a larger sample. A suggestion of a study in another county in Sweden or the whole of Sweden would also be of great interest. As it would open for the possibility of a different or larger sample illustrating the same similarities and differences regarding innovation facilitating culture as this thesis demonstrates. Moreover, the findings of this thesis could find support or be contradicted when looking at a greater sample. Future studies with a statistical approach would also be of interest. A suggestion would be to conduct a study with a survey method instead of interviews. Hopefully including a larger sample, with more variation among the professional roles, and therefore also tackle this research limitation, and being able to draw more generalizable conclusions. Moreover, future research that can investigate the common view of public healthcare as less innovative compared to private would be interesting to see — further suggesting, that this study also would include the general perception of the public opinion, to see whether it corresponds with previous literature.

References

Alharbi, T. S. J., Ekman, I., Olsson, L.-E., Dudas, K. & Carlström, E. (2012). Organizational Culture and the Implementation of Person Centered Care: Results from a Change Process in Swedish Hospital Care, *Health Policy*, [e-journal] vol. 108, no. 2–3, pp.294–301, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 9 May 2019]

Alvehus, J. (2013). Skriva uppsats med kvalitativ metod: En handbok, Stockholm: Liber AB

Ancarani, A., Di Mauro, C., & Giammanco, M.D. (2019). Linking Organizational Climate to Work Engagement: A Study in the Healthcare Sector, *International Journal of Public Administration*, [e-journal] vol. 42, no. 7, pp.547-557, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 9 May 2019]

André, B., & Sjøvold, E. (2017). What Characterizes the Work Culture at a Hospital Unit That Successfully Implements Change – a Correlation Study. *BMC Health Services Research* [e-journal] vol. 17 no. 486, pp.1-7, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 9 May 2019]

Armbruster, H., Bikfalvi, A., Kinkel, S., & Lay, G. (2008). Organizational Innovation: The Challenge of Measuring Non-technical Innovation in Large-scale Surveys, *Technovation*, [e-journal] vol. 28, no. 10, pp.644–657, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 30 May 2019]

Aslani, A., Zolfagharzadeh, M. M., & Naaranoja., M. (2015). Key Items of Innovation Management in the Primary Healthcare Centres Case Study: Finland, *Central European Journal of Public Health*, [e-journal] vol. 23, no. 3, pp.183-187, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 29 March 2019]

Avby, G., Kjellström, S., & Andersson Bäck, M. (2019). Tending to Innovate in Swedish Primary Health Care: a Qualitative Study. *BMC Health Services Research*, [e-journal] vol. 19 no. 42, pp.1-10, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 9 May 2019]

Barnett, J., Vasileiou, K., Djemil, F., Brooks, L., & Young, T. (2011). Understanding Innovator's Experiences of Barriers and Facilitators in Implementation and Diffusion of Healthcare Service Innovations: a Qualitative Study, *BMC Health Services Research,* [e-journal] vol. 11, no. 342, pp.1-12, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 7 April 2019]

Basu, S., Andrews, J., Kishore, S., Panjabi, R., & Stuckler, D. (2012). Comparative Performance of Private and Public Healthcare Systems in Low- and Middle-Income Countries: A Systematic Review. *PLoS Medicine*, [e-journal] vol. 9, no. 6, pp.1-14, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 29 May 2019]

Berggren, Elin., & Dias, Joanna .A. (2018). What are the Key Enabling Factors for Sustainable Innovative Environment in healthcare? Master Thesis, Department of Business

Administration, Lund University, Available Online: https://lup.lub.lu.se/student-papers/search/publication/8944860 [Accessed 3 March 2019]

Berlin, J., Carlström, E. (2012) Trender som Utmanar Traditioner. En Hälso- och Sjukvård i Metamorfos, *Scandinavian Journal of Public Administration*, [e-journal] vol. 16 no. 2, pp.3-23, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 29 May 2019]

Birkinshaw, J., Hamel, G., & Mol, M.J. (2008). Management Innovation, *Academy of Management Review*, [e-journal] vol. 33, no. 4, pp.825–845, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 30 May 2019]

Borins, S. (2001). Encouraging Innovation in the Public Sector, *Journal of Intellectual Capital,* [e-journal] vol. 2, no. 3, pp.310-319, Available online: https://www.emeraldinsight.com/doi/full/10.1108/14691930110400128 [Accessed 30 May 2019]

Braithwaite, J., Greenfield, D., & Westbrook, M.T. (2010:1). Converging and Diverging Concepts in Culture and Climate Research: Cultate or Climure? In J. Braithwaite, P. Hyde & C. Pope (eds), Culture and Climate in Health Care Organizations [e-book]. London: Palgrave Macmillan (pp. 7-18). Available Online: https://link-springer-com.ludwig.lub.lu.se/content/pdf/10.1057%2F9780230274341.pdf [Accessed 9 May 2019]

Braithwaite, J., Hyde, P., & Pope, C. (2010:2). Culture and Climate in Health Care Organizations [e-book]. London: Palgrave Macmillan. Available Online: https://link-springer-com.ludwig.lub.lu.se/content/pdf/10.1057%2F9780230274341.pdf [Accessed 9 May 2019]

Busari, J. (2012). Management and Leadership Development in Healthcare and the Challenges Facing Physician Managers in Clinical Practise, *The International Journal of Clinical Leadership*, [e-journal] vol. 17, pp.211-216, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 7 April 2019]

Carlfjord, S., & Festin, K. (2015). Association Between Organizational Climate and Perceptions and Use of an Innovation in Swedish Primary Health Care: a Prospective Study of an Implementation, *BMC Health Services Research*, [e-journal] vol. 15, no. 364, pp.1-7, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 7 April 2019]

Carlfjord, S., Lindberg, M., Bendtsen, P., Nilsen, P., & Andersson, A. (2009). Key Factors Influencing Adoption of an Innovation in Primary Health Care: a Qualitative Study Based on Implementation Theory, *BMC Family Practice*, [e-journal] vol. 11, no. 60, pp.1-11, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 9 May 2019]

Charmaz, K. (2006). Constructing Grounded Theory - A Practical Guide through Qualitative Analysis, [e-book], London: SAGE, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 29 May 2019]

Crossan, M. M., & Apaydin, M. (2010). A Multi-Dimensional Framework of Organizational Innovation: A Systematic Review of the Literature, *Journal of Management Studies*, [e-journal] vol. 47, no. 6, pp.1154-1191. Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 20 May 2019]

Damschroder, L.J., Aron, D.C., Keith, R.E., Kirsh, S.R., Alexander, J.A., & Lowery, J.C. (2009). Fostering Implementation of Health Services Research Findings into Practice: a Consolidated Framework for Advancing Implementation Science, *Implementation Science*, [e-journal] vol. 4, no. 50, pp.1-15, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 7 April 2019]

Durlak, J. & DuPre, E. (2008). Implementation Matters: A Review of Research on the Influences of Implementing on Program Outcomes and the Factors Affecting Implementation, *American Journal of Community Psychology*, [e-journal] vol. 41, no. 3-4, pp.327-350, Available through LUSEM Library Website http://www.lusem.lu.se/library [Accessed 24 May 2019]

Eisner, E.W. & Peshkin, A. (1990). Qualitative Inquiry in Education: the continuing debate, New York: Teachers College Press

Esaiasson, P., Gilljam, M., Oscarsson, H., & Wängnerud, L. (2012). Metodpraktikan, Konsten att Studera Samhälle, Individ och Marknad, Stockholm: Norstedt Juridik AB

Forum for Health Policy. (2018). Successes and Barriers for Innovation in Healthcare, Experiences from Three Countries, Forum for Health Policy, Available Online: http://healthpolicy.se/wp-content/uploads/2017/12/Innovation-policy-brief-2018-1.pdf [Accessed 16 April 2019]

Gallouj, F., Rubalcaba, L. & Windrum, P. (2013). Public-Private Innovation Networks in Services, [e-book] Cheltenham: Edward Elgar Publishing Limited, Available at: Google Books: books.google.com [Accessed 13 May 2019]

Ganzer, P.P., Chais, C., & Olea, P.M. (2017). Product, Process, Marketing and Organizational Innovation in Industries of the Flat Knitting Sector, *RAI Revista de Administração e Inovação*, vol. 14, no. 4, pp.321-332, Available Online: https://www.sciencedirect.com/science/article/pii/S1809203916311354 [Accessed 30 May 2019]

Greenhalgh, T., Robert, G., MacFarlane, F., Bate, P. & Kyriakidou, O. (2004). Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations, *The Milbank Quarterly*, [e-journal] vol. 82, no. 4, pp.581–629, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 5 March 2019]

Groves R. M., Fowler F. J., Couper M. P., Lepkowski J. M., Singer E., Tourangeau R. (2009). Survey Methodology (2nd ed.), Hoboken, NJ: John Wiley and Sons

Health Consumer Powerhouse. (2018). Euro Health Consumer Index 2017 [PDF] Available at: https://healthpowerhouse.com/media/EHCI-2017/EHCI-2017-report.pdf [Accessed 10 March 2019]

Helfrich, C. D., Weiner, B. J., McKinney, M. M., & Minasian, L. (2007). Determinants of Implementation Effectiveness - Adapting a Framework for Complex Innovation, *Medical Care Research and Review*, [e-journal] vol. 64, no. 3, pp.279-303, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 7 April 2019]

Hellström, A., Lifvergren, S,. Gustavsson, S., & Gremyr, I. (2015). Adopting a Management Innovation in a Professional Organization: The case of Improvement Knowledge in Healthcare, *Business Process Management Journal*, [e-journal] vol. 21 no. 5, pp.1186-1203, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 30 May 2019]

Hollmark, M., Lefevre Skjöldebrand, A., Andersson, C., & Lindblad, R. (2015). Technology Ready to Be Launched, but Is There a Payer? Challenges for Implementing EHealth in Sweden, *Studies in Health Technology and Informatics*, no. 211 pp.57–68

Hood, C. (1991). A New Public Management for all Seasons?, *Public Administration*, [e-journal] vol. 69 no. spring, pp.3-19, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 18 March 2019]

Kralewski, J., Wingert, T., & Barbouche, M. (1996). Assessing the Culture of Medical Group Practices, *Medical Care*, [e-journal] vol. 34, no. 5, pp.377-388, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 10 May 2019]

Kvale, S. (1996). Interviews, an Introduction to Qualitative Research Interviewing, Thousand Oaks: SAGE Publications, Inc.

Käll, Karl. (2009). Kan osynliga händer hälsa? En Analys av Vårdval Stockholms Konkurrensmodell, Bachelor thesis, Department of Political Science, University of Gothenburg, Available online: http://hdl.handle.net/2077/22495 [Accessed 14 March 2019]

Leovaridis, C., & Popescu, G. (2015). Organizational Innovation – A Means to Enhance Quality of Life for Employees in Knowledge Economy, *Management Dynamics in the Knowledge Economy,* [e-journal] *v*ol. 3, no. 1, pp.25-43, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 30 May 2019]

Leue, Christine., & Maximoff, Katharina. (2017). Facilitating Factors for the Implementation of Organizational Innovations in Healthcare, an Empirical Case-study of Capio, Master Thesis, Department of Business Administrations, Lund University, Available Online: https://lup.lub.lu.se/student-papers/search/publication/8909332 [Accessed 5 March 2019]

Lundahl, U., & Skärvad, P.H. (2011). Utredningsmetodik för Samhällsvetare och Ekonomer, Lund: Studentlitteratur

Martins, E.C., & Terblanche, F. (2003). Building Organizational Culture that Stimulates Creativity and Innovation, *European Journal of Innovation Management*, [e-journal] vol. 6 no. 1, pp.64-74, Available online: https://www.emeraldinsight.com/doi/full/10.1108/14601060310456337 [Accessed 30 May 2019]

Mattisson, O. (2013). Organisation och styrning på den lokala samhällsnivån - en forskningsöversikt om förändringar och utvecklingstendenser, Available Online: http://www.sou.gov.se/wp-content/uploads/2014/11/df28f8ec.pdf [Accessed 21 March 2019]

Ministry of Health and Social Affairs. (2008). Available Online: https://www.regeringen.se/rattsliga-dokument/lagradsremiss/2008/10/vardval-i-primarvarden/ [Accessed 21 March 2019]

Ministry of Health and Social Affairs. (2015). Available Online: https://www.government.se/government-of-sweden/ministry-of-health-and-social-affairs/ [Accessed 19 March 2019]

Osborne, S. P., & Brown, K. (2005). Managing Change and Innovation in Public Service Organizations, [e-book] Abingdon; Routledge [Accessed 17 April 2019]

Osborne, S. P., & Brown, L. (2013). Handbook of Innovation in Public Services, [e-book] Cheltenham: Edward Elgar Publishing Limited [Accessed 17 April 2019]

Saunders, M., Lewis, P., & Thornhill, A. (2007). Research Methods for Business Students [e-book] Harlow: Financial Times/Prentice Hall [Accessed 29 May 2019]

Sekaran, U., & Bougie, R. (2016). Research Methods for Business, Chichester: John Wiley & Sons Ltd.

SOU 2018:47. Med Tillit Växer Handlingsutrymmet - Tillitsbaserad Styrning och Ledning av Välfärdssektorn: Slutbetänkande. Stockholm: Elanders Sverige AB

Statistics Sweden. (2019). Yrken i Sverige , Available Online: https://www.scb.se/hitta-statistik/sverige-i-siffror/utbildning-jobb-och-pengar/yrken-i-sverige/ [Accessed 4 June 2019]

Statistiska Centralbyrån- (2019). Yrken i Sverige, Available Online: https://www.scb.se/hitta-statistik/sverige-i-siffror/utbildning-jobb-och-pengar/yrken-i-sverige/ [Acessed 4 June 2019]

Steiber, Annika. (2012). Organizational Innovations: A Conceptualization of How They are Created, Diffused, and Sustained, PhD thesis, Department of Technology Management and Economics, Chalmers University Of Technology, Available Online: http://publications.lib.chalmers.se/records/fulltext/156232.pdf [Accessed 30 May 2019]

Swedish Governmental Agency for Innovation System. (2011). Innovationsdrivande Forskning i Praktiken [PDF] Available at https://www.vinnova.se/contentassets/003fa8199fa24ade988b50ff574e6277/vr-11-14.pdf [Acessed 29 May]

Swedish Governmental Agency for Innovation System. (2012). Den Innovativa Vården [PDF] Available at https://www.vinnova.se/publikationer/den-innovativa-varden/ [Acessed 29 May 2019]

Sørensen, E. & Torfing, J. (2012). Collaborative Innovation in the Public Sector, The Innovation Journal: *The Public Sector Innovation Journal*, vol. 17, no. 1, pp.1-14, Available Online: https://www.innovation.cc/volumes-issues/intro_eva_sorensen_torfing_17v1i1.pdf [Accessed 14 May 2019]

The National Board of Health and Welfare. (n.d). Public and Private Healthcare in Sweden. Available Online: https://www.socialstyrelsen.se/healthcare-visitors-sweden/about-swedish-healthcare-system/public-private-healthcare-sweden [Accessed 3 April 2019]

The Swedish Society of Medicine. (2015). En Värdefull Vård - En Hälso- Och Sjukvård Med Människan i Centrum, 2015, pp.1–25, Available Online: https://www.sls.se/contentassets/10b3e64a44a0479fb6e943559df505fc/evv_sammanfattning3.pdf [Accessed 21 March 2019].

Tidd, J., Bessant, J., & Pavitt, K. (2005). Managing Innovation, Integrating Technological, Market and Organizational Change [e-book] Hoboken: John Wiley & Sons, Ltd Available Online: https://ir.ucc.edu.gh/jspui/bitstream/123456789/3001/1/%5BJoe_Tidd%2C_John_Bessant%2C_Keith_Pavitt%5D_Managing_In%28BookZZ.org%29.pdf

Tynkkynen, L-K., & Vrangbæk, K. (2018). Comparing Public and Private Providers: a Scoping Review of Hospital Services in Europe, *BMC Health Services*, Research, [e-journal], vol. 18, no. 141, pp.1- 14, Available through: NCBI, [Accessed 17 April 2019]

Weiner, B.J., Belden, C.M., Bergmire, D.M., & Johnston, M. (2011). The Meaning and Measurement of Implementation Climate, *Implementation Climate*, [e-journal] vol. 6, no. 78, pp.1-12, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 7 April 2019]

Westover, J. (2010). Managing Organizational Change: Change Agent Strategies and Techniques to Successfully Managing the Dynamics of Stability and Change in Organizations, *International Journal of Management and Innovation*, [e-journal] vol. 2, no. 1, pp.45-50, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 7 April 2019]

Wijnberg, N.M. (2004). Innovation and Organization: Value and Competition in Selection Systems. *Organization Studies*, [e-journal] vol. 25, no. 8, pp.1413–1433, Available through: LUSEM Library website http://www.lusem.lu.se/library [Accessed 30 May 2019]

Appendix A - Interview Guide

Inledning/Introduction

Definition av organisatorisk innovation inom hälso och sjukvård i Sverige: en idé som är ny för organisationen vilket inkluderar processen och resultatet av innovationen, däremot inkluderas inte medicinska produkter och tekniska innovationer. Definitionen kan appliceras på samma sätt inom privat och offentlig sjukvård / The definition of organisational innovation within healthcare sector in Sweden: an idea that is novel for the organization, also including the process and the result of the innovation, however it does not include medical products or technical innovations. The definition can be applied both to private and public healthcare.

Respondentens uppgifter kommer att anonymiseras gällande namn, ålder, kön och namn på organisationen. Syftet med intervjuerna är att undersöka organisatorisk innovation i svensk privat och offentlig vårdmiljö. / The respondents personal information will be anonymized when it comes to name, age, gender and name of the organization. The purpose of the interviews is to research organizational innovation within Swedish private and public healthcare.

Intervjufrågor/Interview questions

- Huvudfrågor/ Main questions
    - Eventuell följdfråga / Follow up questions

Generella frågor / General questions

- Datum / Date
- Mötestyp / Form of meeting (skype, face-to-face)
- Namn / Name
- Position på vårdcentral / Position at the primary healthcare
- Hur lång tid har du varit på din nuvarande position / Time in current position
- Offentlig eller privat vårdcentral / Public or private primary healthcare
- Ålder / Age

In Depth Questions

Working environment

- Hur skulle du beskriva arbetsmiljön / How would you explain the working environment:
    - Vad är bra / What is working
    - Varför är det bra / Why is that working
    - Vad är dåligt / What is not working
    - Varför är det dåligt / Why is it not working

    - Hur skulle arbetsmiljön kunna förbättras / How could the working environment increase
- Anser du att det finns stark tillit inom organisationen / Do you think there is strong feeling of trust within the organization?
    - Kopplat till just organisatorisk innovation, finns det samma tillit? / Would you say that the trust is the same concerning organizational innovations?
    - Kan du förklara denna tillit närmare
- Hur ser utbytet mellan kollegor ut när det gäller nya organisatoriska innovationer? / How does the knowledge-exchange between co-workers look like concerning organizational innovations?

Incentives supplied

- Kan du beskriva hur organisationen hanterar idéer från dom som jobbar här / Please describe the way the organization handles ideas coming from the employees:
    - Är det vanligt att dina kollegor kommer med nya idéer kring organiseringen på arbetsplatsen? / Is it a common thing that your coworkers comes up with new ideas of how to organize the organization?
- Ger organisationen några ekonomiska incitament, till individ eller organisation, vid uppkomst av nya idéer? / Does the organization provide any monetary incentives to the individual or organization for providing new organizational ideas?
- Hur uppmuntras nya organisatoriska idéer? / Describe how new organizational ideas are encouraged?

An environment supportive of innovation

- Kan du beskriva dig själv / Can you describe yourself:
    - Kan du beskriva senaste gången du kom på en egen idé kopplat till din arbetsplats / Describe the most recent time when you came up with you own idé connected to the workplace:
    - Kan du beskriva senaste gången ni testade ett nytt sätt att arbeta inom organisationen / Please describe the most recent time the organization tried a new way of working :
        - Hur gick det / How did it go:
        - Anser du att ni hade behövt mer stöd än vad ni fick?
- Vad är den nyaste förändringen inom organisationen / Which is the most recent change within the organization?
    - Kan du beskriva hur idén kom upp / Please describe how the idea was developed?
    - När denna förändring uppstod, var det många som började tillämpa den direkt / When this change was made, where there many in the organization who applied it?
        - Anser du att ni hade behövt mer stöd än vad ni fick?

- Utbyter ni era idéer med andra vårdcentraler eller organisationer / Do you exchange the ideas between other healthcare centers or other organizations?
- Om det kommer upp nya idéer, hur hanteras de? / How are new ideas handled?

Value-fit

- När en organisatorisk innovation har implementerats, upplever du att i din yrkesroll kan använda dessa **utan** att de går emot dina professionella värderingar / When an organizational innovation has been implemented, do you find that, in your professional role, can use these without going against your professional values?
    - Hur hanterade du genomförandet av innovationen / How did you handle the implementation of the innovation?
    - Blev implementationen lyckad / Was the implementation successful?
- När en organisatorisk innovation har genomförts, upplever du att den har liknande eller samma värderingar som organisationen har?
    - Hur hanterade organisationen genomförandet av innovationen? / How did the organization handle the implementation?
    - Blev implementationen lyckad / Was the implementation successful?
- När en organisatorisk innovation har genomförts, upplever du att den har varit i linje med organisationens mål / When an organizational innovation has been implemented, do you feel that it has been in line with the organisation's goals?
    - Hur hanterade organisationen genomförandet av innovationen / How did the organization handle the implementation of the innovation?
    - Blev implementationen lyckad / Was the implementation successful?

Concluding

- Har du arbetat på en privat/offentlig vårdcentral? Do you have experiences from working at a private/public primary healthcare?
    - Kan du jämföra? / Comparison?
- Hur tycker du att en organisatorisk kultur ser ut som jobbar för att underlätta innovationer /How do you think an organizational culture that is working to facilitate innovations looks like?
    - Tycker du att din organisation ter sig som din beskrivning / Do you think your organization correlates to your description?
    - Har du några exempel på detta / Can you give an example of this?
- Är det något annat du vill tillägga som du har reflekterat över under intervjun / Is there anything else you want to add that you have reflected on during the interview?
- Vill du ta del av uppsatsen när den är klar / Do you want us to send the thesis when it is done?

Appendix B - Interview Invitation (Swedish)

Hej,
Vi är två management studenter från Lunds Universitet som just nu skriver vår masteruppsats inom organisatorisk innovation inom den svenska sjukvården. Med relevanta bakgrunder i molekylär medicin samt statsvetenskap ska vi närmare bestämt undersöka vilka skillnader samt likheter det finns inom privata vårdcentraler och offentliga gällande *innovation facilitating culture*. Halvvägs genom uppsatsen behöver vi nu intervjua personer vars svar kommer ligga till grund för det fortsatta arbetet.

Med anledning av att vi söker personer som arbetar på svenska vårdcentraler, privat eller offentligt, vänder vi oss till er. Vi tror att ni skulle kunna hjälpa oss i detta arbetet då personer hos er besitter de erfarenheter vi söker. Intervjuerna kommer att ske på tider som ni bestämmer, maxtid är satt till 45 min, alla personer kommer givetvis att vara anonyma och inga förkunskaper krävs mer än att man arbetar på en vårdcentral i Sverige.

Det långsiktiga målet med studien är att bidra till sjukvårdens utveckling i Sverige och vi hoppas att ni vill/har möjligheten att hjälpa oss i denna process. Då studien måste vara klar inom en viss tidsram och att vi så snart som möjligt vill att denna studie ska kunna bidra till den svenska sjukvården hoppas vi även att ni har möjlighet att ge svar relativt snart. Vi ser mycket fram emot att höra från er!

Med vänliga hälsningar,
Kajsa Wiklund & Jessica Dahlberg

Appendix C - Preparatory Information (Swedish)

Definition av organisatorisk innovation inom hälso och sjukvård i Sverige: en idé som är ny för organisationen vilket inkluderar processen och resultatet av innovationen, däremot inkluderas inte medicinska produkter och tekniska innovationer. Definitionen kan appliceras på samma sätt inom privat och offentlig sjukvård / The definition of organisational innovation within healthcare sector in Sweden: an idea that is novel for the organization, also including the process and the result of the innovation, however it does not include medical products or technical innovations. The definition can be applied both to private and public healthcare.

Respondentens uppgifter kommer att anonymiseras gällande namn, ålder, kön och namn på organisationen. Syftet med intervjuerna är att undersöka organisatorisk innovation i svensk privat och offentlig vårdmiljö. / The respondents personal information will be anonymized when it comes to name, age, gender and name of the organization. The purpose of the interviews is to research organizational innovation within Swedish private and public healthcare.

Appendix D - Written Consent Form (Swedish)

Samtycke för deltagande i intervju om organisatorisk innovation inom den svenska sjukvården – Masterarbete, Lunds Ekonomihögskola.

Nedan ger du ditt samtycke till att delta i studien om organisatorisk innovation där Kajsa Wiklund och Jessica Dahlberg undersöker den organisatoriska innovationen på den vårdcentral som du arbetar på. Läs igenom detta noggrant och ge ditt medgivande genom att skriva under med din namnteckning och datum längst ned.

Information om studien

Masteruppsatsen är en del av Master in Management programmet som ges av Lunds Ekonomihögskola. Studenterna Kajsa Wiklund och Jessica Dahlberg har, med tillåtelse av lärare, skrivit om organisatorisk innovation inom den svenska sjukvården. Närmare bestämt vilka likheter och skillnader det finns inom privata vårdcentraler och offentliga gällande innovation facilitating culture.

Studien syftar till att bidra till sjukvårdens utveckling i Sverige och kommer att publiceras via Lunds Universitet. Metoden som kommer ligga till grund för studien är inspelade intervjuer som sedan transkriberas och tematiseras. Samtliga deltagare kommer att vara anonyma gällande namn, ålder, kön samt arbetsplats. Vid frågor kontaktas Kajsa Wiklund och Jessica Dahlberg på nedanstående nummer:

Kajsa Wiklund: [redacted] | *Jessica Dahlberg:* [redacted]

Medgivande

- Jag har tagit del av information kring projektet och är därmed medveten om hur studien kommer att gå till.
- Jag har fått tillfälle att få mina frågor angående studien besvarade innan intervjun påbörjades samt vem jag ska vända mig till med frågor.
- Jag deltar i intervjun frivilligt och har blivit informerad om syftet med deltagandet.
- Jag ger mitt medgivande till att Kajsa Wiklund och Jessica Dahlberg dokumenterar, bearbetar och arkivera den information som samlas in via ljudinspelning samt att delar eller hela intervjun kommer att publiceras som data i deras uppsats.
- Materialet från intervjun kommer att behandlas konfidentiellt i den meningen att ditt namn, ålder eller kön aldrig kommer att publiceras, samt att namn på organisationstillhörighet kopplade till enskild person inte heller kommer att publiceras.

Namnteckning: ....

Datum: ....

Namnförtydligande: ....

Appendix E - Translated Transcripts

Quotes from R1

Jag tycker det pratas väldigt mycket, både i korridoren, rummen och rasterna, man pratar verkligen med varandra. Jag har inte hört heller eller sett att någon sitter med sin lunch i sitt rum eller så där.

"I think that there is much talk, both in corridors, in the rooms and during the breaks, you really talk with each other. I have not heard or seen anyone eating their lunch in their room for an example."

Alltså, jag är öppen för nya idéer om det handlar om sånt. Jag är väldigt mycket för förbättringar, därav att jag ställer upp på det här

"I am very open for new ideas … I am encouraging improvement, hence that I want to participate in this."

Absolut! För mycket nästan, jag kom tillbaka och sa att nu är jag i fas, nu har jag massa luckor - ta det lugnt sa dom då, vila upp dig. Dom är jättesnälla.

"[a]bsolutely! Almost too much, I came back to work and expressed that I was in line with my work, now I have plenty of time - take it easy they said, rest. They are really nice."

Quotes from R2

Jag skulle nog vilja påstå att vi testar allt, vi testar allt. Jag tror inte att jag har sagt nej till ett enda förslag som har kommit.

"I would like to say that we are testing everything out ... I do not think that I have turned down any suggestions"

Nu tillhör jag en koncern som inte har jättemånga vårdcentraler i Skåne.

"I am part of a business group that does not have that many primary healthcare centers in Skåne"

Quotes from R3

utan beroende på vad det är man ska göra, stort som smått, så får man ha en plan för det, naturligtvis.

"depending on what it is that is supposed to happen, big or small, you will need a specific plan for that."

---

väldigt grundläggande, för har du mål i en verksamhet, tycker jag är A och O. För det är ju det som förenar, - förenar, förenar medarbetarna.

"the very foundation, the goals in the organization is crucial. It is what unites, unites the co-workers".

Har du en god arbetsmiljö så främjar du, --, tankarna, du främjar friheten, självständigheten hos medarbetarna

"[i]f you have a good working environment, you promote the thoughts, you promote freedom and the independence of the employees"

Och jag skulle vilja säga att dom som är mest, innovativa just idag, är väl sjuksköterskorna, även vår rehabgrupp. Dom är fantastiska där skulle jag vilja säga

"[i]f I would say who are the most innovative right now, it is the nurses and the rehab group. They are fantastic, I would say."

Så att vi slipper sitta och uppfinna hjulet ute på våra verksamheter.

"[i]n order for us to avoid inventing the wheel all over again at our organizations"

Quotes from R4

Ja, vi är några i alla fall, jag är en av dom. Vi är några som har lite idéer, tankar och åsikter, lite oftare än kanske andra.

"[y]es, some of us do, I am one of them. Some of us have ideas, thoughts, and opinions more often than others".

Ja vi har ju precis ändrat, vi testar ju nya saker hela tiden

"[y]es, we have just done some changes, we test new things all the time"

Brist på tider, det känns som att man inte räcker till. Eller att sjukvården kanske inte räcker till.

"[l]ack of times available, it feels like you are not enough. Or that maybe the healthcare is not enough"

Quote from R5

Ja förhållandevis bra, men som sagt var; vi är olika. Alla vill inte eller alla bryr sig inte och är inte intresserad.

"[y]es, relatively good, but as I said; we are different. Everyone does not want, or everyone does not care and is not interested."

Quotes from R6

en medarbetare som hade ett förslag om att vi skulle ha en utbildningsinsats utifrån att vi skulle ha flera nyanlända som flyttade till [redacted]*, ... det var hon som höll i det, så att det blev väldigt uppenbart för alla att det var hennes grej*

"one coworker had a suggestion regarding educational information for immigrants that were newly arrived... since she was the one arranging it, it became obvious for everyone that this was her thing".

Jag tänker att mitt ansvar är ju liksom att se på helheten

"I believe that my responsibility is to see the bigger picture"

---

till utbyte på det sättet

"to exchange in that way [referencing to the description of good examples, inspiration, and support]"

---

att hälsovalet som ju är det som styr vårt uppdrag. Jag tycker att det är en väldigt bra, det ger ett bra utgångsläge; att kunna, dels kunna anpassa och utforma utifrån vilka patienter man har och vilka liksom förutsättningar man har med personal och så... där har man ett stort eget ansvar i hur man tolkar och uppfattar och vad man väljer att göra med det

"it's The National Choice of Care Reform that rules our assignment. I believe that it is very good, it gives a good starting point, to be able to adapt and design depending on your patients and pre-conditions concerning staff and so on... there is a own great responsibility in how you interpret and comprehend and what you choose to do with that"

---

vi räcker ju inte till som liksom verksamhet utifrån vårt uppdrag

"we as an organization are not enough in relation to the assignment" (R6).

---

så ska man komma ihåg att man har möjligheter. Asså för för att jag tror att många organisationer motsvarande vår, känner sig begränsade och styrda, men jag tänker att man också gör det valet själv. Och man väljer om man ser möjligheter eller begränsningar.

"you should remember that you have opportunities. Because I believe that many organizations corresponding ours, feels limited and ruled, but I believe that, that is a choice you make for yourself. Whether you choose to see possibilities or limitations"

Quote from R7

Att om man, dels har en idé, dels har en plan för det, dels att man genomför det. Då har man den högsta löneökningen det året

"[i]f you have, both an idea [referencing to an organizational idea], and a plan to implement it, then you will have the highest salary increase that year."

Quotes from R9

Det har nog med den enskilde arbetsplatsen att göra, snarare än att det är offentligt och privat... Därför att det har så otroligt mycket med verksamhetschefens inställning till verksamheten att göra, och hur förändringsbenägen man är, och vad som är målet med verksamheten ... Det är mycket stor skillnad offentlig - offentligt liksom privat och offentlig.

"[i]t has probably more to do with the specific working place, rather than if it is public or private ... It has incredible lot to do with the operations managers attitude towards the organization, and how open they are to changes, and the goal with the organization. … It is big differences between public and public as well as private compared to public"

Att göra oss tillgängliga för patienterna, inte bara säg 'kom inte hit, kom inte hit, vi har inte tid, vi kan inte ta emot er', utan det ska ju vara tvärtom, vårt uppdrag är ju det.

"[t]o be available for the patients, not just saying 'do not come here, do not come here, we do not have time, we can not accept you', ... it is supposed to be the other way around, that is our assignment"