
CONFERENCE ABSTRACT

Values as differentiation and integration mechanisms: a multiple case study of interorganizational integrated care networks

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

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Introduction: To pursue integrated care, organisations and professionals often work together in interorganisational networks. When studying these networks, two analytical dimensions should be considered: 1) differentiation, the differences between actors in the network, and 2) integration, the inclusion of actors within an organizational network to produce a collective output (Raab, 1998). In the literature, the concept of values is often mentioned as a factor in both processes. On the one hand in differentiation, since actors bring different values to the table. On the other hand in integration, because many articles stress the importance of shared values among actors to effectively collaborate.

Aims, Objectives, Theory or Methods: This study aims to examine the role of values in differentiation and integration in integrated care networks. We build on network governance theory, distinguishing two categories of differentiation: 1) functional differentiation, different functions of actors, and 2) structural differentiation, different structural positions of actors; and two types of integration: 1) structural or functional integration, and 2) cognitive-cultural or normative integration. For the operationalisation of values, our developed values framework for integrated care is used. A multiple case study design has been set up. Four types of qualitative data are collected in four different interorganisational integrated care networks.

Highlights or Results or Key Findings: The provisional results provide insight into how values play a role in integrated care networks. Collaborating organisations and individuals may have different value orientations while working together in integrated care networks. In this way values could be differentiators. Nevertheless, values may also contribute to care integration as an integrative mechanism by creating a shared purpose, mutual understanding or building joint efforts on a joint values frame. In this way values could function as integrators. In our study we also consider the role of leadership. The study findings provide insight into how network orchestrators, such as network leaders or managers, deal with values in practice. We have collected data on how these orchestrators deal with clashing values, similar values and value trade-offs among network partners. And, additionally, how their role, position, skills and competencies relates to this.

Conclusions: To gain a deeper understanding of how collaboration in integrated care networks takes place, it is important to look at social-behavioural aspects. Our provisional study results suggest that the role of values in differentiation and integration deserve more attention. This is relevant for leaders, coordinators and innovators pursuing integrated care.
Implications for applicability/transferability, sustainability, and limitations: A values-driven approach forms a relevant additional perspective on integrated care. In practice, a dialogue is needed to make the values of the actors explicit. The values framework for integrated care could be used as a vocabulary for such a dialogue. Practical approaches will be shared with the delegates.