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'I cannot give up now!': the story of a Norwegian public sector entrepreneur's endeavours to revolutionize communication between two healthcare organizations

Petter Gullmark and Ingebjørg Vestrum

SETTING THE SCENE

2013 was a year of big changes for Anna.¹ Throughout much of her career, Anna had worked as an ordinary public health nurse at the maternity and childcare centre in Bodø—a beautifully located and quickly developing city north of the Arctic Circle in Norway. In addition to being an experienced public health nurse, Anna was also proficient at using computer software—she, among others, completed a course in information technology (IT) in the early 2000s. Anna liked working as a public health nurse with pupils in schools in Bodø. However, deep inside, she longed for something new. Seeking new opportunities, she decided to use her IT skills to more actively contribute to the process of digital transformation of public health nursing. To this end, Anna needed to secure external funding. In 2013, she applied for funds from the county governor and received an amount that covered 50% of her public health nurse position for the following 3 years. From that point on, Anna evenly split her time working as an information and communication technology (ICT) adviser at the maternity and childcare centre in Bodø.

Anna's first task as an ICT adviser was to develop and implement a digital vaccination record and electronic communication system. It was a crucial project for Anna. Successful implementation of this project proved that sending electronic messages between two public healthcare organizations was possible.

In 2014, Anna became aware of the new national professional guidelines for postnatal care that were enforced by the Norwegian Directorate of Health. The guidelines aimed at ensuring better care for a mother and her newborn child during the first (most important) days after the birth and required midwives to visit the family 1 to 2 days after the mother and baby's hospital discharge. At that point in time, the maternity and childcare centre in Bodø communicated with the maternity ward at the local hospital through the traditional postal service. Because of frequent delays in the postal service, the maternity and childcare centre struggled even with following the prior national guidelines (that is, a home visit 7 to 10 days after discharge). There was no doubt among the midwives that without a revolutionary solution, they would never be able to follow the new guidelines.

The early 2010s were a period of extensive digitalization of public healthcare services in Norway. By 2013, the municipality of Bodø managed to implement electronic communication between physicians and the hospital. Anna was aware of the frustration in the maternity and childcare centre; midwives could not understand why physicians could electronically communicate with the hospital while they could not. At the same time, Anna also knew how challenging the process of digitalization in the public sector would be. She decided to act. Her entrepreneurial idea was simple: to create a tailor-made electronic message system that could immediately notify the maternity and childcare centre about a birth at the hospital's maternity ward.

THE CASE STORY/NARRATIVE

Stretch Goal or Utopia?

Anna's idea—to create a tailor-made electronic message system that could immediately notify the maternity and childcare centre about a birth at the hospital's maternity ward—seemed more like a stretch goal; however, it certainly was not a utopia. She knew that her idea was novel and difficult to pursue; neither professional nursing journals nor her Norwegian and international network offered examples of similar innovations. However, based on her own experiences from previous projects in the municipality of Bodø and the experiences of her colleagues in different Norwegian municipalities, Anna strongly believed that such a system could be developed. In her view, the key to exploiting this opportunity resided in following the 'small steps approach', securing knowledge and resources, and ensuring political support.

After her immediate superiors gave her the 'green light', Anna decided to launch a new project in the organization she was employed by—the municipality of Bodø. From the beginning, she ruled out the possibility of implementing the new national maternity care guidelines by improving the existing routines and practices. The first phase of Anna's project concentrated on developing a temporary solution for the maternity and childcare centre. The temporary solution was relatively simple; one of the secretaries in a child and family unit in the municipality of Bodø called the maternity ward twice a week—on Mondays and Thursdays between 8:30 am and 9:00 am—to receive an overview of mothers who had given birth since the last call. Given the overview, the secretary informed each unit in the maternity and child-

care centre in Bodø about the recent births. Subsequently, in each unit, the information about the birth was further conveyed to the relevant midwife. Only then did the focal midwife start planning the home visit.

Although the new practice was relatively effective, several challenges gradually arose. First, employees at the maternity ward were frequently too busy to answer the phone at the scheduled times. Moreover, occasionally, the information relayed about a mother and her newborn child through the telephone conversation was inaccurate (most frequently, the mother's name was misspelled). Last, the information—which was sent through the internal mail in the municipality—between the secretary in a child and family unit and the maternity and childcare centre was sensitive, and there was some risk that it could be delivered to the wrong address or lost.

Anna knew that there existed another, more secure, faster way to convey the sensitive information about a birth—namely, through an electronic message system. In 2013, Anna became a part of a national association of public health nurses who worked to digitalize the healthcare systems. Digitalizing the communication between maternity and childcare centres and hospitals was high on the agenda in these meetings. Many participants reported that several nursing homes in Norwegian municipalities started to electronically communicate with local hospitals. However, that was not enough for Anna. She did not just want to electronically communicate with other public healthcare organizations; her goal was to develop an electronic message system that could immediately notify the maternity and childcare centre about a birth at the hospital's maternity ward.

However, to seize this opportunity, Anna needed first to secure the support and legitimacy for her entrepreneurial idea among the key local stakeholders.

Mobilizing Support and Legitimacy

Although the national guidelines briefly mentioned that the '1 to 2 days requirement' could only be met if the maternity ward at the hospitals and the municipal maternity and childcare centres started to communicate electronically, the need to develop such communication was not high on the agenda in the national plans. Anna was really frustrated.

All the time, I had thought that we would make [the digitalization of communication] happen much faster and that the national guidelines would help us to make it happen. I did not expect that we would have to be so engaged and so active [to make the digitalization possible]. To hear, to know that it is possible technically, but also that we could not go further because we were not prioritized in the national plans [for digitalization] was frustrating. We were the fourth priority, and [everything] was about enabling nursing homes to electronically communicate.

Anna did not abandon her entrepreneurial idea because of the lack of support at the national level. On the contrary, in 2015 she started to intensively mobilize support for her idea of developing an electronic message system that could immediately notify the maternity and childcare centre about a birth at the hospital's maternity ward among the two most critical local stake-

holders: the municipality of Bodø, which managed the maternity and childcare centre, and the Northern Norway Regional Health Authority (NNRHA) (see Box 23.1), which managed the local hospital in Bodø.

Box 23.1 Northern Norway Regional Health Authority (NNRHA) (Norwegian: Helse Nord)

The NNRHA is one of the four regional health authorities that the Norwegian state owns and controls. The NNRHA has a board appointed by the Ministry of Health and Care Services. The board has a mandate to ensure that the public health goals are achieved and national guidelines are followed in all four hospitals in Northern Norway, including the Nordland Hospital in Bodø. The NNRHA also owns an ICT company that is responsible for the operation, management, and development of common ICT systems for all the hospitals it covers. The NNRHA appoints the boards of the hospitals and the ICT company and develops guidelines for these boards.

Source: NNRHA (2021).

Since Anna worked in the municipality of Bodø, she decided to first mobilize the support from top managers in her own organization. To her surprise, it turned out to be an easy task. One meeting was sufficient to convince top managers about the importance of developing the electronic message system for the maternity and childcare centre and the hospital's maternity ward. Moreover, the municipality declared that it would support her efforts to further pursue the entrepreneurial idea.

Encouraged by such a positive response from the top management in the municipality of Bodø, Anna turned her attention towards the other key stakeholders for her entrepreneurial idea: the NNRHA. From the beginning, she knew that it would be much more challenging to convince the NNRHA to support her idea. After all, the NNRHA is responsible for monitoring the provision of specialist healthcare services in all Northern Norway, not just the municipality of Bodø. Furthermore, since the national healthcare priorities are to be followed at the regional level, developing any electronic communication between an individual maternity and childcare centre and a local hospital had been relatively low on the NNRHA's agenda. Additionally, Northern Norwegian hospitals and maternity and childcare centres used different electronic health record systems. Therefore, the development of an electronic message system that would be compatible with the systems of all actors in the region appeared to be the only solution to which the NNRHA could agree.

Full of hope, Anna arranged a meeting with the NNRHA. Anna knew that she had to be well prepared for the meeting with the NNRHA's representatives. Since late 2014, Anna had worked with CompuGroup Medical (CGM) (see Box 23.2) on developing a prototype of the technological solution that would enable immediate electronic communication between the maternity and childcare centre and the hospital's maternity ward. CGM had made great progress in developing electronic communication systems that worked between different public healthcare organizations. Notably, in early 2015, CGM had developed a prototype that enabled electronic communication between both the municipality's and the hospital's electronic health

record systems. Anna was thus convinced that CGM could also quickly develop a technological solution that would fit the needs of her entrepreneurial idea.

Box 23.2 CompuGroup Medical (CGM)

CGM is a digital electronic health record system used primarily by healthcare organizations. CGM Norway is a supplier of electronic health record systems. CGM's electronic health record systems are divided into specialized segment versions, such as CGM General, CGM Specialist, CGM Emergency Room, and CGM Health Center. Notably, the maternity and childcare centre in the municipality of Bodø used CGM Health Center as an electronic health record system.

Source: CGM (n.d.).

Anna truly started to believe that her entrepreneurial idea could be realized. She put together a convincing presentation that demonstrated how an electronic message system that would immediately notify the maternity and childcare centre about a birth would look. She wanted to first implement her idea in Bodø and then spread the innovation to all municipalities in Northern Norway. Anna knew that having a regional perspective and a prototype of a system would be critical for convincing the NNRHA to support her project. To further increase her chances of success, she decided to also invite CGM to the meeting with the NNRHA.

Regretfully, it was a disappointing meeting. Although Anna expected initial resistance towards her idea, she was amazed at how 'unprepared' the NNRHA and Northern Norwegian hospitals were for such an innovation. She was also surprised by the negative attitude that she experienced during the meeting:

I actually arranged a meeting with the NNRHA and CGM—the supplier—in 2015. We [in the municipality] and the supplier were clear that now we will implement the project. The NNRHA, which owns the hospital, was by no means there. They were busy with developing the electronic communication between nursing homes and hospitals. Regarding the electronic communication between maternity and childcare centres and hospitals, they were way behind. During the meeting with the NNRHA, it became quite obvious that they were not ready for it at all. It has not been tested out; there has been no development in this area at the hospital at all. We had talked about [the digitalization] in our health service unit for 2 years. We knew that it is possible to electronically communicate with the maternity ward.

Anna was devastated by what she learned. The NNRHA did not have plans to cooperate with her on developing the electronic message system at that moment—neither at the local (Bodø) nor the regional (Northern Norway) level. It was clear that the NNRHA wanted to put everything on hold.

Mobilizing Knowledge and Resources

To advance her entrepreneurial project through this unstable time, Anna needed to pursue activities that could strengthen her idea and better prepare her project for future implementation. Therefore, in 2016, she first established a single mail address to which all correspondence

from the maternity ward would be sent. Her goal was to limit the risks of misdelivered or undelivered mail. In addition, she introduced a new internal routine, whereby the maternity and childcare centre digitized every incoming letter from the hospital's maternity ward. By scanning the traditional mail, Anna theorized, the time required for internal correspondence between the units in the maternity and childcare would be considerably reduced. That was indeed the case. Anna was satisfied with the obtained results and perceived the new routine as an important step towards developing the electronic message system that would immediately notify about a birth.

In 2016, Anna also mobilized funds to create a new job position—a secretary, who became almost exclusively responsible for communication with the local hospital's maternity ward. Furthermore, she engaged in dialogue with the maternity ward at the local hospital. Through frequent meetings with the leaders and employees in the maternity ward, Anna wanted to increase their knowledge and prepare them for future implementation of the electronic message system.

Late in 2016, Anna applied for additional ICT resources from the healthcare department in the municipality of Bodø. Her application was successful; an employee from a team working with ICT in the municipality was assigned to Anna's project as a part-time system administrator. From that moment on, the system administrator monitored the technical and security-related aspects of the project. The system administrator was also vital when it came to communication with the IT department in the municipality, the municipal IT services provider, and CGM.

Notably, by 2016, Anna had learned that the local hospital and the municipality of Bodø had several service agreements that specified how these two parties would cooperate when it came to the provision of healthcare services. Some of these agreements specified the cooperation on pregnancy, birth, and maternity care services, as well as cooperation on IT solutions at the local level. In her view, 'Service agreement 8' was particularly essential for her project:

'Service agreement 8' says something on the cooperation on pregnancy, birth, and maternity care services. I copied the most relevant part from this agreement for me. Under parties—that is, the hospital and the municipality of Bodø—it says that both parties have common responsibility and tasks to facilitate electronic communication. It also says that the hospital has a responsibility for informing about the birth and discharging. It is written in our cooperation agreement. The hospital has a responsibility to notify us about the birth and discharging.

It was a critical event for Anna. She knew that sooner or later, the NNRHA would have to start cooperating with her. The question was, did she have enough patience and strength to continue working on this project?

Why Can the Others Have an Electronic System But Not Us?

At the start of 2017, Anna's project slowly progressed. She was actually glad that all the small improvements that she had made recently—calling the maternity ward twice a week, sending

basic information (i.e. the mother's name, date of birth, and whether it was her first child, as well as the child's birth time, sex, birthweight, length, and head diameter) to relevant maternity and childcare centre units and midwives, and scanning all the correspondence from the hospital—worked sufficiently well. At the same time, the pace of this progress did frustrate her. She could not understand why the NNRHA was not keen on joining her entrepreneurial project. After all, she had support from the municipality of Bodø, as well as a prototype of an electronic message system that could revolutionize the communication between these two public sector organizations. She also knew that the NNRHA was legally obliged to develop such an electronic communication system.

Anna continually learned about how other maternity and childcare centres worked on developing an electronic communication system with the maternity wards at the local hospitals through participating in KomUT—a competence network in the Norwegian Association of Local and Regional Authorities (NALRA). (For more information about NALRA and KomUT, see Box 23.3.) She also read journals for public health nurses.

**Box 23.3 NALRA (Norwegian Association of Local and Regional Authorities)
(Norwegian: KS)**

NALRA is the interest and employer organization for the municipalities in Norway. All municipalities and county municipalities in Norway are members of NALRA. NALRA has a mandate to negotiate and make agreements with the employee organizations on wages and other conditions. NALRA represents the municipalities' interests during negotiations with the state and suppliers. In 2012, NALRA developed a municipal competence network called KomUT that aims to assist the municipal sector in the digitalization processes.

Source: KS (2019, n.d.).

During one of the cold winter days of early 2017, Anna looked through a journal for public health nurses. Suddenly, she spotted a bittersweet article. The article described how the Western Norway Regional Health Authority had developed a technological solution that enabled electronic communication between the maternity ward at the local hospitals and the maternity and childcare centre in Western Norway.

They came up first with a solution because they worked hard in the pre-implementation phase and had the right persons who engaged in [the project]. However, they did not manage to develop the electronic message system that immediately notifies the maternity and childcare centre about a childbirth. It is, in a way, the most important thing for me. But they developed a system that sent a discharging summary when [a] mother and her child are discharged from the hospital. This is way faster than through traditional mail and telephone. Well, back then, I thought, 'Yes, someone managed to do it, it is possible'. But we were dependent on the NNRHA. We gave them a clear signal that we are ready here in Bodø. But the NNRHA has to join us. Otherwise, we cannot go forward. Well, the NNRHA has to put it on their agenda.

From the meetings in KomUT, Anna learned that in Western Norway, the maternity and childcare centre in the municipality of Ålesund had made attempts to electronically communicate with the local hospital's maternity ward. Although Ålesund is located around 990 km south of Bodø, Anna thought that these two municipalities had a lot in common; indeed, they shared the same organizational structure, about the same number of births per year, and about the same number of residents (around 50,000). Therefore, she came up with the idea to travel to Ålesund and learn from their experiences. To this end, she applied for her municipality's travel funds. Her application was granted, and she, together with the other project members (that is, the secretary and the ICT system administrator), visited the municipality of Ålesund. The visit increased Anna's understanding of the benefits and challenges related to the implementation process of such a project and allowed her to develop a closer connection with the municipality of Ålesund, which she could capitalize on while she was further working on the implementation of her own project.

In early 2018, Anna read about another success story, this time from Eastern Norway, which described how the maternity and childcare centre in the municipality of Gjøvik started to electronically communicate with the maternity ward in the local hospital. Her idea was actually happening. Many questions emerged in Anna's head. She could not understand why other municipalities and regional health organizations could cooperate while Bodø and the NNRHA could not. Was it because of her? Was she persuasive enough? So many exciting things were happening in other parts of the country, but it was still dead silent in Bodø.

Should I Stay or Should I Go?

It has been more than 4 years since Anna started pursuing her entrepreneurial opportunity (Figure 23.1 summarizes critical events in her entrepreneurial journey). The opportunity itself has been greatly developed, and Anna was confident that the proposed technological solution would work. However, when it comes to the implementation, the project was virtually at the same stage as in 2015. The development of a tailor-made electronic message system that could immediately notify the maternity and childcare centre about a birth in the local hospital in Bodø has been downgraded by the NNRHA. To make matters worse, Anna started to hear during informal conversations with politicians and middle managers, as well as in formal meetings with the top management in the municipality, that all the incremental improvements, which had been used for a couple of years, were perhaps good enough. Anna was both disappointed and frustrated:

Electronic communication and the electronic message system that immediately notifies about a childbirth have been totally downgraded by the NNRHA. They perhaps do not understand how important this electronic message is to trigger the first healthcare help, which the municipality is obliged to provide. What is challenging in relation to birth-discharging summary is that in a birth-discharging summary, there is some information that should be placed in the mother's medical history and some information that should be in the child's medical history. Not all information about the mother should be placed in the child's medical history, as it is done now. But the work on developing the

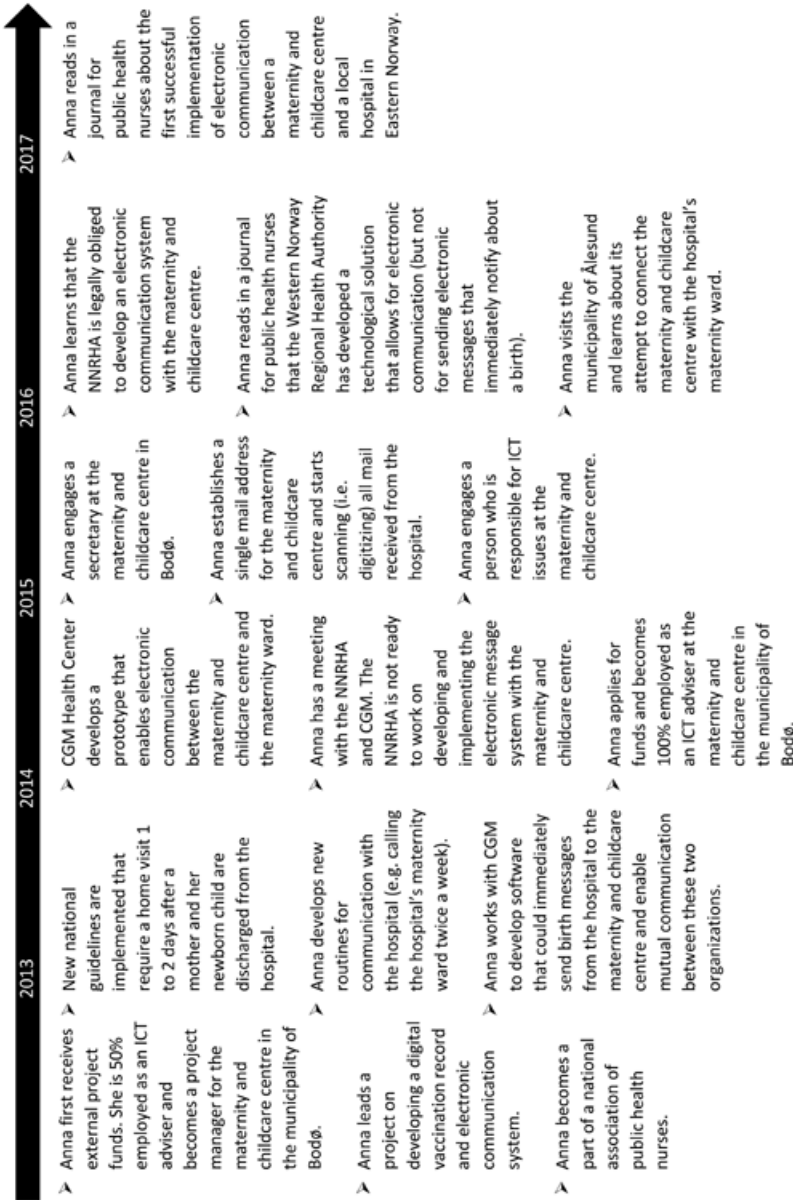


Figure 23.1 Timeline of Anna's entrepreneurial project

electronic message-solution has been little prioritized at the national level. And we have to develop local solutions. The Norwegian Directorate of Health has predicted that in the worst-case scenario, nothing will be done [with this matter] until 2022. There is a risk that nothing will happen during the next 4 years. We cannot wait 4 years. We do not have 4 more years to wait.

At this point, Anna started to feel that she had had enough. Perhaps, Anna thought, it was time to move on and hand this project over to someone else who might be more effective and charismatic to convince the NNRHA to cooperate with the municipality of Bodø on her project.

At the same time, there was some hope. During one of her meetings at the administration building in the municipality of Bodø, she learned that the unit responsible for digitalizing the municipal sector in NALRA was interested in her entrepreneurial project. If NALRA were to become involved, it would be a turning point for her project. Indeed, with NALRA involved in the project, the NNRHA would no longer be able to delay the project. Anna wants her project to succeed so much. If she succeeds, the healthcare provided by the maternity and childcare centre would be greatly improved. Consequently, mothers and newborn babies would receive much better care in the crucial first days after being discharged from the hospital. The municipality would also save a lot of resources.

Anna is at a crossroads now. It is a Friday afternoon. She is sitting in her office. Soon, she will go home. Dozens of thoughts cross her mind. Something inside her says that she cannot give up now. At the same time, she is so tired of continuously pushing on. She decides to use the weekend to make the final decision about her role in the project. The start of a new week is a good opportunity to make a new start—to either make a comeback as a fully motivated leader of her project or leave it and ask the top management to find someone else to continue her mission.

THEORETICAL INSIGHTS

Theoretical insights from two research fields—literature on public sector innovation and entrepreneurship (Chen et al., 2020) and the dynamic capabilities perspective (Schilke et al., 2018; Teece, 2016)—can be of great help to solve the case.

Public sector entrepreneurship is often defined as ‘any attempt at creating new opportunities with resulting improvement in government performance characterized by risk-taking, innovativeness, and proactiveness’ (Kim, 2010, p. 784). Notably, public sector entrepreneurship very rarely leads to new organization creation—most frequently, it involves the development and implementation of innovative services, technologies, or management methods within the established public sector organizations (Demircioglu & Chowdhury, 2021). The extant literature argues that public sector organizations engage in innovation processes to create public value (i.e. increased efficiency and effectiveness of the organization and enhanced welfare and human rights for citizens) (Chen et al., 2020). Furthermore, entrepreneurial projects in the public sector tend to be co-created by various actors in a public sector organization’s ecosystem (Torfing, 2019). Last, research shows that public sector entrepreneurial projects lead to

the development of mission, policy, management, partner, service, and citizens' innovations (Chen et al., 2020; Gullmark, 2021).

The literature on public sector entrepreneurship and innovation tends to attribute the success of most public sector entrepreneurial projects to the entrepreneurial and pro-innovation attitude of public sector employees and managers (Swann, 2017). Recent research notes that the existence of dynamic (managerial) capabilities in public sector organizations explains how and why public sector entrepreneurs can pursue innovations (Gullmark, 2021; Trivellato et al., 2021). Dynamic managerial capabilities are built on three groups of underlying factors. These building blocks are (1) cognitive capabilities (i.e. knowledge structures, cognitive capabilities, and emotion regulation), (2) managerial social capital (i.e. social networks and relationships), and (3) managerial human capital (i.e. education and work experience) (Helfat & Martin, 2015; Huy & Zott, 2019). Dynamic managerial capabilities enable managers to sense and seize entrepreneurial opportunities, transform their organizations, and thereby direct strategic change (Teece, 2016). In other words, the interaction between cognitive, social capital, and human capital capabilities enables (public sector) entrepreneurs not only to sense entrepreneurial opportunities, but also to mobilize support, legitimacy, knowledge, and resources, which are required to seize the focal opportunity and reconfigure the organization where the focal opportunity is being implemented.

CASE ACTIVITIES

After reading the case, complete the following assignments.

1. Individual work. Write an individual reflection about:
 - Anna's entrepreneurial journey. Imagine that you are Anna and that you are at a similar crossroads. Focus on her dilemma. List the pros and cons of continuing the work of the project. Then, based on your analysis, decide whether you would continue the project or abandon it. Justify your choice.
2. Group work. Take your notes and share your reflections with other members of your group. Before discussing the case in the group, each group member should present their reflections. Use the group work to:
 - Discuss Anna's dilemma. Assess the progress and future predictions for the project. The group needs to jointly make the final decision on Anna's behalf. Make a short presentation that explains why she should continue to work on her project or why she should abandon it.
 - Write a short narrative that continues the story of Anna and her entrepreneurial project.
 - If the group decided that Anna should continue leading her entrepreneurial project, what do you think could have happened in the following months/years with her project?
 - If the group decided that Anna should abandon her project and move on, what do you think Anna could have focused on after abandoning the project?

- Based on Anna's story, reflect on entrepreneurial processes in the public sector. The group should build the discussion around the following four questions:
 - What characterizes entrepreneurial processes in public sector organizations?
 - How can the co-creation perspective increase our understanding of entrepreneurial processes in the public sector?
 - How can the dynamic capabilities perspective help us to better understand entrepreneurial processes in public sector organizations?
 - How do the entrepreneurial activities of public sector entrepreneurs affect strategic change in public sector organizations?

During the discussion, build your arguments on the suggested theoretical insights (see the section above).

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NOTE

1. The case narrative is based on the story of a real entrepreneur and an existing project. However, we anonymized the main character in the story using a fictive name—Anna—and made some adjustments in the story to increase the learning outcome.

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