

# Master Thesis

**Building a community for organising elderly well-being;**  
*An exploratory study concerning relational coordination within a  
Living Lab*

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## Colophon

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**Title** Building a community for organising elderly well-being; *An exploratory study concerning relational coordination within a Living Lab*

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## Abstract

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**Background:** As the Netherlands face challenges in organising elderly well-being, a Living Lab was established in which various stakeholders develop innovative solutions. However, such cross-organisational and institutional projects face challenges concerning coordination. Moreover, there is limited knowledge on the influence of relationships and related network on the viability of Living Labs. Consequently, in this exploratory study, the following research question is answered: *How do actors involved in innovative approaches organising services for elderly well-being coordinate their work?*

**Method:** More specifically, this study was conducted within a Living Lab organised in Deventer. In this qualitative study, eleven semi-structured interviews and a focus group with seven representatives from the stakeholder groups involved in the project provided information on developing relationships and communication to coordinate work.

**Findings:** The results show two themes when coordinating work in a living Lab concerning organising services for elderly well-being; (1) network building and (2) defining the role of neighbourhood concierges. Next to these main themes, two prerequisites arise concerning effectively coordinating work and built-up relations: (1) shared location and (2) development of consultation structures.

**Conclusion:** The findings suggested that stakeholders are more likely to effectively communicate and built-up relations if there was a shared space for representatives of different roles. Furthermore, establishing shared meetings between stakeholder was seen as crucial to organise services for elderly well-being collaboratively. In addition to those two main conditions, cross-cutting structures as boundary-spanning activities, selecting for teamwork and shared training, and shared information systems did play a role when coordinating work in an emerging inter-organisational network setting.

**Discussion:** This study provides Living Lab participants with insights into the challenges and prerequisites for relationships and communication when coordinating work. Besides, this study gave the Living Lab participants insights into their position in the whole work process. Finally, this study adds to RC literature by providing insights on RC development and the cross-cutting structures in emerging inter-organisational network settings.

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**Keywords:** relational coordination, cross-cutting structures, Living Lab, case study

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From January 2021 – June 2021, this Master Thesis is written as part of my Master Organisational Design and Development. I highlight this academic journey as valuable for my personal and professional career since it was an extremely challenging ride. My goal was to contribute to the ongoing project of Buur&Zo and current research on relational coordination in emerging inter-organisational network settings. With this purpose in mind, I went through a steep learning curve as I developed my initial thoughts into a concept, explored a highly practical setting that resulted in precious data, and yielded interesting findings to produce an interesting paper. In this regard, I would like to express my deep gratitude to the following people who supported me on my journey.

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## **1 – Introduction**

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Complex societal challenges such as organising elderly care in The Netherlands are considered “wicked problems”, of which academia argue that it necessitates innovative initiatives and multiparty collaborations (i.e., integrated care, Samenzorg or network care) (Ahaus, 2020; Doekhie et al., 2014; Gray & Purdy, 2018; Jong et al., 2018; Mervyn et al., 2019). Academia proposes that multiparty collaborations can help address challenges better (in this context, services for elderly well-being) rather than individually (Berends & Sydow, 2019; Gray & Purdy, 2018). As in such collaborations, organisations draw on their diverse resources to realize innovative services (Gray & Purdy, 2018). In the Netherlands, a Living Lab has been set up in which stakeholders from public-private-people partnerships, firms, public agencies, universities, and institutes collaboratively develop innovative solutions in a real-life context (Westerlund & Leminen, 2011). However, it appears that projects that cross organisational and institutional boundaries are plagued by challenges in coordination and collaboration (Dille & Söderlund, 2011). Moreover, due to the newness of Living Labs, there is a lack of knowledge on how partnerships and related network influence the viability of Living Lab projects (Westerlund & Leminen, 2011). Hence, this study examines how actors involved in innovative approaches concerning elderly well-being develop relationships and communication to achieve coordination of work.

Accordingly, this study will draw on the concept of relational coordination to explore how task integration is accomplished. The Relational coordination theory (RCT) introduced by Gittell (2000) goes beyond observable coordination of work processes. RCT propose that coordination is carried out through relationships of shared goals, shared knowledge and mutual respect supported by frequent, timely, accurate and problem-solving communication (Gittell, 2002a). It focuses on a network of relational and communication ties among tasks interdependence participants, uncertain and time constraint work processes to achieve task integration (Gittell, 2006). To foster relational coordination, Gittell and Douglass (2012) propose cross-cutting structures that effectively strengthen work coordination. The relation between cross-cutting structures and RC is mainly researched in intra-organisational networks. Gittell and Weiss (2004) mention the transferability of the results’ concerning the need for deliberate design interventions from intra-organisational networks to inter-organisational networks (i.e., organising with other organisations involved). However, it should be noted that Gittell and Weiss (2004) focused only on boundary spanners, meetings, routines and information systems in their study. They made no further statements on the cross-cutting structures that Gittell and Douglass (2012) later introduced as cross-cutting structures next to

those four reinforcing RC. Moreover, as there are only a few studies that examined cross-cutting structures related to RC in inter-organizational networks and the studies are highly context-specific, further research is aimed to understand the dynamics of RC in inter-organisational networks (Bligaard Madsen & Burau, 2021; Gebo & Bond, 2020). In response to the limited number of studies on RC in inter-organisational networks, this study aims to explore the development of relations and way of communicating between the actors in a Living Lab. Therefore, the central question in this study is as followed:

*How do actors involved in innovative approaches organising services for elderly well-being coordinate their work?*

The dynamics of RC are explored in a Living Lab setting focusing on organising services for elderly well-being in Deventer, i.e., project Buur&Zo. The single interpretative case study was used to investigate RC dynamics and explore further development and Living Lab sustainability opportunities. An inductive research design with sensitizing concepts based on relational coordination theory is applied in answering the research question as the focus is on exploring organisational phenomena. Stakeholders currently engaged in Buur & Zo are included. Given the diversity of heterogeneous actors involved and the collaboration's novelty, this experimental setting provides an excellent opportunity to explore RC's dynamics. As the goal of the study is to explore dynamics concerning RC, a qualitative approach fits best.

This study contributes to scientific literature in the following way. It explores the dynamics of RC within a setting where various stakeholder groups from across organisational and institutional collaboratively work together as a project team. Whereas previous research mainly focused on organisational and intra-professional collaborations within the health industry, this study explores these concepts in an innovative setting that deepens RC theory. Deepening RC theory concerning inter-organisational collaborations is interesting as there is a rise in multiparty collaborations (Gray & Purdy, 2018).

This study also provides practical contributions to organising services for elderly well-being. First, providing an insight into RC development can help Living Lab participants understand how their tasks and the tasks of others contribute to the overall work process. Moreover, this will help them identify areas for improvement concerning communication and relationships and related cross-cutting structures. Thereby, insights into current cross-cutting structures related to RC will give project leaders of Living Labs insight into necessary task integration conditions. Finally, these insights will make the blueprint for scaling up Living Labs organising services for elderly well-being more detailed.

## 2 – Literature Review

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This chapter discusses the theoretical foundations of this study. The literature review is structured as follows. First, section 2.1 discusses the theoretical background of relational coordination. Then, section 2.2 covers the relational form of organising. Section 2.3 covers the cross-cutting structures related to RC. Section 2.4 describes the structural challenges in inter-organisational collaboration. This literature review is finished with section 2.5, which presents this study's conceptual framework.

### 2.1 Introduction to relational coordination

The concept of relational coordination theory was developed by Gittell (2000). While the RC theory's roots lie in the airline industry, it has been extended to the healthcare industry and multiple other services industries. The theory is developed based on a lack of theory on the spontaneous form of coordination and the belief of relational characteristics that influence the coordination of work. In the RC model, the basic principle of coordination is based on the interaction between participants rather than certain design elements. In other words, RC differs from formal coordinating mechanisms as identified in organisational design theories and is referred to as the spontaneous form of coordination (Gittell, 2002a). The interest in the unplanned coordination mechanisms rises as work increasingly depends on high levels of task interdependence, uncertainty and time constraints (Gittell, 2000). Consequently, Gittell (2002b) introduces RC, which she defines as; *'a mutually reinforcing process of interaction between communication and relationships carried out for the purpose of task integration'* (p. 300 ). Gittell (2006) proposes that communication and relationships need to be considered as bandwidth for coordinating work in settings where uncertainty, interdependence, and time constraints exist.

According to Gittell (2006), relationships matter for coordination since relationships are *'the means through which identities are constructed'* (p. 85). Identities are essential for the coordination of work as partial and fragmented identities result in the rejection of connections with others (Gittell, 2006). While a collective identity, i.e., a sense of *'we'*, facilitates effective coordination of work (Gittell, 2006). Relationships consisting of shared goals, shared knowledge, and mutual respect enable the formation and strengthening of such a collective identity, enabling them to engage in coordinated collective action.

*Shared knowledge* - Relationships based on shared knowledge are essential for coordinating work since Dougherty (1992) showed that different *'thought worlds'* limited comprehensive understanding and the possibility of learning due to the focus inwards.

According to Dougherty (1992), these thought worlds are linked to the organizational context. Thought worlds exist based on variation in training, socialization, and expertise can hinder effective communication and are therefore linked to coordination. Next to this, Weick and Roberts (1993) propose that a collective mind can be seen as characteristic to overcome the different thought worlds since it is based on a shared understanding of the work process. Building on these insights, Gittell (2006) found that the absence of frequent communication solidified the individual thought worlds which overthrow shared knowledge in relationships. Hence, she proposes that relationships of shared knowledge help employees understand how their work fits in the process relative to others, enabling them to comply with the overall work process. Therefore, she identifies shared knowledge as the cognitive basis of coordination. However, this condition can not alone achieve effective coordination of work, as Quinn and Dutton (2005) already highlighted that energy and emotion are essential for effective coordination. Consequently, Gittell (2006) propose shared goals and mutual respect as indicators that emphasise the energy and emotion of coordination.

*Shared goals* – Being connected through common goals stimulates acting in the interest of the overall work process. This stems from Gittell (2006) research in which she shows that when there is a lack of common knowledge, timely communication is not possible, relationships of common goals are undermined. This makes people focus too much on their own instead of the common.

*Mutual trust* - Relationships based on mutual respect encourage employees to appreciate the contribution of others, taking into account the effect of their actions on the progress of others. The communication focused on blame rather than problem-solving communication undermined mutual respect (Gittell, 2006).

So, according to Gittell (2006), all three aspects are of importance to create relationships. These interdependent coordinated collective actions reinforce and are reinforced by four factors: frequent, timely, accurate and problem-solving communication (Gittell, 2006). With regard to accurate communication Faruquee et al. (2019) highlight the importance of two way communication via face-to-face or telephone communication rather than one way communication.

## **2.2. Relational form of organising**

The relational form of organising has three characteristics; (1) based on reciprocal relationships, (2) relationships are emergent and informal, and (3) relationships tend to be personal (Gittell & Douglass, 2012). The weakness of the relational form of organising is the reliance on personal

ties, which hinder sustaining reciprocal relationships over time. Sustaining is difficult because it is commonly accepted that a relational form of organising is not designed but rather emerges based on the shared experience of organisational participants (Gittell & Douglass, 2012). As a result, informal relationships are identified as the foundation of structures which makes sustaining difficult. Although relational organisational form obstructed sustainability, research shows that a facilitator for coordination in sustaining relational form of organising is role-based reciprocal interrelating by using cross-cutting structures combined with reciprocal interrelating, i.e., relational bureaucracy hybrid (Gittell & Douglass, 2012). Role-based reciprocal interrelating can be created according to RCT literature by implementing relationships into roles based on ten cross-cutting structures, called structural interventions or formal structures (Bolton et al., 2021; Gittell & Douglass, 2012). The emphasis is on relational structures rather than design structures which is in line with spontaneous coordination.

### **2.3 Cross-cutting structures that strengthen RC**

Bolton et al. (2021) presented in their systematic review concerning relational coordination ten cross-structural structures that strengthen RC.

(1) *Shared accountability and rewards* – Cross-functional accountability stimulates people to focus on problem-solving mechanisms of communication rather than blame and take a broader perspective regarding optimization of goals (Gittell et al., 2010). Therefore, shared accountability is linked to strengthening both shared goals and problem-solving communication. So, research has demonstrated that shared rewards support goal commitment and coordination (Gittell et al., 2010).

(2) *Shared conflict resolution* – when multiple perspectives are included in conflict resolution by focusing on articulation and accommodation of those perspectives, it will support shared understanding of the work process (Gittell et al., 2010). Additionally, when the multiple perspectives are taken into account, it will stimulate the relationships during coordination. So, both shared knowledge and mutual respect are influenced by shared conflict resolution.

(3) *Relational job design* – Relational job design consists of two opposing qualities, clear roles and fluidity across role boundaries, which both proved to strengthen relational coordination and vice versa (Bolton et al., 2021). Fluidity across role boundaries was crucial as professions can substitute each other, stimulating shared goals (Solberg et al., 2014). Besides, research shows that standardized job roles as part of relational job design in primary care strengthened relational coordination. This because it ensured the development of shared

expectations, created visibility of team members work and less inefficient work (Cromp et al., 2015).

(4) *Relational leadership roles* – Research showed that relational leadership roles strengthen relational coordination when leaders facilitate building high-quality relations within the team rather than between teams (Huber et al., 2020).

(5) *Boundary spanner* – The role of boundary spanners implies sharing and translating information between groups (actors, departments, branches, organizations, cultures, etc.) in order to create mutual understanding and needs (Patru et al., 2015). Moreover, they make it possible to continuously absorb new information (Gittell et al., 2010). Therefore, the presence of a boundary spanner is related to strengthen shared knowledge, frequent-, and timely communication.

(6) *Shared meetings* – Meetings provide the opportunity to discuss things on the spot interactively. The use of cross-functional meetings is expected to be helpful as it connects people from various groups. Besides, face to face communication is highlighted as relevant for effectively communicating due to high bandwidth, immediacy and the ability to build connections based on nonverbal cues (Gittell et al., 2010). Therefore, shared meetings are expected to strengthen shared goals, shared knowledge and the accuracy of communication.

(7) *Shared protocols* – Research on shared protocols and RC shows that shared protocols strengthen relational coordination and vice versa as they ensured more concrete and structured communication (Solberg et al., 2014). Based on visibility related to the work process and showing the interdependencies between tasks executed by the various stakeholders engaged (Bolton et al., 2021).

(8) *Shared space* - shared space is identified as cross-cutting structures which strengthen relational coordination based on the creation of proximity and face-to-face communication (McEvoy et al., 2011). A lack of face-to-face communication is identified as challenging concerning shared information (Bligaard Madsen & Burau, 2021).

If Living Labs participants can embed the relationships into roles rather than personal ties, sustaining reciprocal interrelating over time can be succeeded. The structural interventions of ‘selection and training for teamwork’ and ‘shared information’s systems’ have also gained evidence for a bi-directional relation but lack predictable effects as studies also report null results (Bolton et al., 2021).

(9) *selection and training for teamwork* - Selection for cross-functional teamwork across functional boundaries affect communication and relational ties, particularly mutual respect (Gittell, 2000; Gittell et al., 2010). Concerning training for teamwork, research shows that there

are positive signs for relational coordination when historical hierarchies are brooked down by interprofessional education (Manski-Nankervis et al., 2014). Moreover, research shows that shared goals, mutual respect, frequent-, timely-, accurate, and problem-solving communication improve when team interventions are implemented (Abu-Rish Blakeney et al., 2019).

(10) *shared information systems* - concerning shared information systems, both positive and negative relations were detected. For example, Sebastian (2014) found a positive relationship between shared information systems and relational coordination when existing relational coordination exists. In contrast, Gittell (2000) emphasizes the negative relation between shared information systems and relational coordination due to using shared information systems as a substitute leads to weakened relational coordination.

However, a note should be made that most of the research on cross-cutting structures and RC took place in organisational and intra-organisational research settings (Bligaard Madsen & Burau, 2021).

## **2.4 Structural challenges of inter-organisational collaboration**

Research indicates three structural challenges when coordinating work in inter-organisational collaborations. The challenges are a lack of (1) organisational proximity, (2) technological proximity, and (3) geographical proximity (Knoben & Oerlemans, 2006). However, these structural challenges can be mitigated through relational coordination (Otte-Trojel et al., 2016).

Organisational proximity is indicated as ‘*the set of routines – explicit or implicit – that allows coordination without defining beforehand how to do so*’ (Otte-Trojel et al., 2016, p. 76). Organizational proximity is a challenge within inter-organisational collaborations as organisational actors motives for engagement differ, and different actors face different realities (Bergvall-Kåreborn et al., 2009). This could be a potential danger if not managed well, as tensions and conflicts can foster strained relations and communication issues that impede task coordination (Lasker et al., 2001). Otte-Trojel et al. (2016) propose that relational coordination may facilitate organisational proximity between organisations by developing shared goals and mutual trust.

The second proximity is technological. Technological proximity is described by Knoben and Oerlemans (2006) as ‘*Technological proximity refers not to these technologies themselves, but to the knowledge actors possess about these technologies*’ (p. 77). According to Knoben and Oerlemans (2006), technological proximity focuses on ‘what’ stakeholders exchange and the potential value of these exchanges (p. 78). A lack of technical proximity influences the level at which interdependencies are recognized and the adaptation of shared goals (Bligaard

Madsen & Burau, 2021). To coordinate work while there is a lack of technological proximity, the development of shared knowledge among stakeholders involved and particularly tacit knowledge is highlighted as essential to mitigate this challenge (Otte-Trojel et al., 2016).

The third proximity is geographical proximity and is defined by Otte-Trojel et al. (2016) as followed; *‘the extent to which two [or more] collaborating actors can have daily face-to-face relations without prohibitive costs’* (p. 77). This is a challenge as Living Labs operate based on face-to-face, and IT approaches due to geographical distance as a Living Lab consists of a multidisciplinary group of actors. i.e., actors from different professions (Bergvall-Kåreborn et al., 2009). A lack of geographical proximity hinders knowledge transfer and innovation and mainly the informal exchange of knowledge (Bligaard Madsen & Burau, 2021; Knobens & Oerlemans, 2006). Although relational coordination is seen as a possibility to mitigate organisational- and technological proximity for geographical proximity, relational coordination can do little.

In addition to the proximities challenges in inter-organisational collaborations, there seems to be a challenge concerning ‘shared meetings’. Stjerne et al. (2019) propose that in supply chain dyads, meetings only positively influence RC when there is a relational space created by the meeting facilitators (i.e., establishing, activating, and resolving tensions by project actors). This is important for the Living Lab, as in this case study, care-, welfare organisations and logistics partners participated.

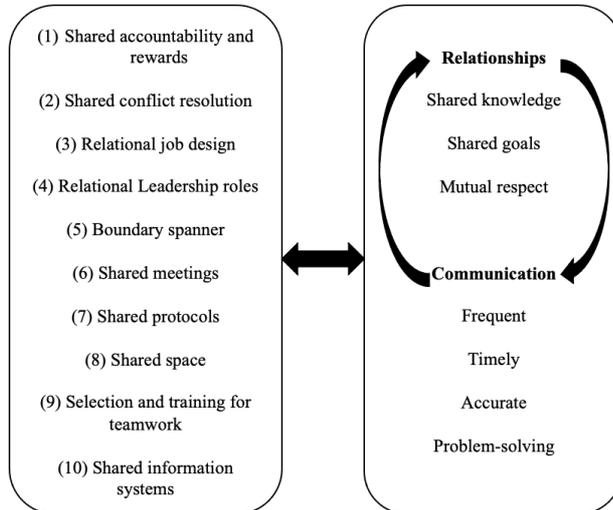
Finally, research shows a difference between professional groups. RC is better established among health professionals than between health professionals and other (primary care) professionals (Cramm et al., 2014). As a Living Lab consists of actors from multiple disciplines, this observation shows that this may be a factor of interest.

## **2.5 RC development and cross-cutting structures**

In conclusion, relational coordination developed by Gittell (2000) consists of both communication and relationships and is strengthened by cross-cutting structures and vice versa. Moreover, ten cross-cutting structures strengthen relational coordination (Bolton et al., 2021). Although coordinating work in inter-organisational network settings is hindered due to lack of organisational-, technological and geographical proximity, Otte-Trojel et al. (2016) propose RC as a tool for mitigating these structural challenges.

This study attempts to explore how work is coordinated in a Living Lab with this information in mind. Although there are three facets presented in the model of Bolton et al.

(2021): (1) RC development, and (2) cross-cutting structures that strengthen RC and (3) the link from RC to performance outcomes. This study focuses only on (1) RC development and (2) cross-cutting structures that strengthen RC. Therefore, a conceptual framework for this study is presented in figure 1. This one is based on the conceptual framework presented in the systematic review of relational coordination of Bolton et al. (2021).



*Figure 1 –RC development and cross-cutting structures based on the conceptual model of Bolton et al. (2021).*

### **3 – Methodology**

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This chapter covers this study's methodological approach. Section 3.1 and 3.2 reports the research design and case description. Then section 3.3 and 3.4 discuss the data collection and data analysis method. Finally, in section 3.5, this study's research ethics are discussed.

#### **3.1. Research design**

The dynamics of relational coordination (hereafter RC) was approached from a qualitative and exploratory embedded single interpretative case study design (Yin, 2013). A qualitative approach fitted best this research as the focus was on exploring the practical context in which decisions and actions of Living Lab participants concerning coordination of work took place (Myers, 2013). Moreover, a qualitative approach is well suited to gather information on the topic of RC (Myers, 2013). In order to provide a thick description of the organisational phenomena at a Living Lab, a data-driven (i.e., inductive) approach supported by sensitizing concepts based on RC is utilized. An inductive approach fits the emerging character of a Living Lab and the strong emphasis on exploration of this study. Exploring was essential as Living Labs are a novel type of open innovation. Therefore, a single interpretative case study design at a Living Lab setting in this study, Buur&Zo, was chosen. The data was analysed using the template analysis technique (Symon & Cassell, 2012).

#### **3.2. Case description**

To study the RC phenomenon in a Living Lab, I was able to access Buur&Zo, a Living Lab that organises services for elderly well-being within neighbourhoods located in Deventer, the Netherlands, via an ongoing research project in which my supervisor was involved. Unique about this setting was the explorative character in a real-life context combined with the various heterogeneous stakeholders involved. The parties affiliated with the Living Lab of Buur&Zo are health care providers, research institutes, support, governmental institution, logistic suppliers and well-being and care organisations. Those participants work together as a project team in order to design and implement services for elderly well-being. Within this Living Lab, two pilots were running. One of the well-being organisations situated in pilot one was responsible for coordinating relevant stakeholders for both pilots to provide the inquired service for the elderly. In addition, there are 'neighbourhood concierges' who visit elderly persons. Their task was to signal and point the elderly to the right person or facilities in their

neighbourhood. The focus on RC is interesting for Buur&Zo as working processes concerning organising elderly well-being are highly interdependent. The neighbourhood concierges need to work closely with well-being and care organisations and product and service suppliers to refer them to them the right persons or facilities. These interdependencies are iterative as feedback processes are necessary to monitor the situation of the elderly. The uncertain factor in the work processes is the physical, mental and emotional condition of the elderly in the community. Finally, based on exploratory talks with the neighbourhood concierge, it appears that there are time constraints. As the Living Lab is in its infancy and neighbourhood concierge bears responsible for delivering several logistics and signalling of well-being. Furthermore, the setting recently became operationally after the pilot phase. Hence, this setting allowed exploring the development of RC.

### **3.3. Data Collection**

To ensure the credibility of this study, data triangulation took place utilising both semi-structured interviews and a focus group, as detailed below (Lincoln & Guba, 1985).

#### *Semi-structured interviews*

The data were collected utilizing semi-structured interviews. Collecting data through semi-structured interviews enabled gathering data consistently concerning relational coordination and supported the explorative character as the interviewee could talk freely (Myers, 2013). Besides, as the semi-structured interview guide consists of open-ended questions and allows follow-up questions, rich information about stories and events was gathered. Furthermore, since the study aimed to explore the development of relations and how to communicate between stakeholders in a Living lab to achieve coordination of work, the richness of the data helped to understand the phenomenon better.

In total, eight semi-structured interviews were conducted in which ten participants were involved. Furthermore, as this study was part of an ongoing research project, data from other researchers have also been used. Therefore, this study's data consists of eleven semi-structured interviews in which thirteen participants took place, as shown below in table 1. Thereby, the interviews conducted for this study have taken place in cooperation with other researchers, so some questions are not in line with this specific research. Results related to these questions, which did not have added value for this study, are therefore not included in the analysis and results of this study. To select participants for the interviews, purposive sampling was applied (Symon & Cassell, 2012). Purposive sampling was applied concerning selecting participants

since it was crucial in this study to involve participants from diverse stakeholder groups (care, welfare, logistics). To select participants from the sectors a group consultation with the project leader, my supervisor, professor from the Master Strategic Management, Radboud PhD-candidate, fellow research participants from Radboud University and HAN University of Applied sciences, project manager Innovation of a care organisation and owner of the welfare organisation attached to this project has taken place. Subsequently, the project manager reached out to the potential participants to inform them about the interviews. Then I approached them personally by e-mail to set a date. With the invitation to the interview, I attached an information and consent form validated by Radboud University, as further detailed in section 3.5, research ethics. This information and consent form is attached in appendix 1.

As a consequence of the COVID-19 pandemic, some of the interviews took place online. The Zoom or Microsoft Teams programme was used for this, as well as its recording facilities. All the interviews were structured in consultation with other researchers, which resulted in the following categories: (1) introduction, (2) alignment, and (3) growth and relations. The compiled interview guides can be found in appendix 2.

	<b>Sector</b>	<b>Fictive name</b>	<b>Duration of the interview</b>
1.	Welfare	Voluntary service pilot 2	69,44 minutes
2.	Welfare/ Care	Welfare pilot 1 Social team pilot 1	72,33 minutes
3.	Neighbourhood concierge	Neighbourhood concierge pilot 1 Neighbourhood concierge pilot 2	85 minutes
4.	Neighbourhood concierge	Neighbourhood concierge initial phase	85,25 minutes
5.	Research	Project management	71.06 minutes
6.	Care	Care organisation x participant 1	47,21 minutes
7.	Care	Care organisation x participant 2	65,28 minutes
8.	Logistics	Supplier a	36,21 minutes
9.	Logistics*	Supplier b	54,12 minutes
10.	Care *	Care organisation x participant 1a	unknown
11.	Welfare *	Social team pilot 2	unknown

*Table 1 – Interview participants*

*\*This thesis is part of an ongoing research project; therefore, these interviews are performed by other researchers but included in this study*

### *Focus group*

The focus group was organised after the final individual semi-structured interview and consisted of nine participants. The group size was in line with Kitzinger (1995) criteria for

successfully conducting a focus group. The group of people was selected based on conversations with the project manager, my supervisor, and the owner of the welfare organisation after conducting the interviews. These consultations resulted in the choice to investigate the coordination between welfare and neighbourhood concierges in two different neighbourhoods. This was because it was essential to record best practices within the overall project framework and gain insight into coordination at the operational level. In addition, it controlled and deepened the information gathered by the semi-structured interviews in which a general outline of the current network has been mapped. By taking the most important themes from the interviews as a starting point and checking them with the focus group participants, member checking occurred. This strengthened the credibility of the research (Lincoln & Guba, 1985).

The focus group aimed to identify and clarify participants' views on the development of RC in a Living Lab setting to provide input for the design of the blueprint. The themes that are discussed emerged from the semi-structured interviews and are categorised as followed: (1) Role definition, (2) Pilot 1 vs Pilot 2 coordination, and (3) Buur&Zo shared information systems.

The focus group facilitator was my supervisor from Radboud University, as she was familiar with the case and has professional experience with facilitating focus groups. The facilitator took the interventionist's role to urge the debate and encourage participants to discuss inconsistencies between roles (Kitzinger, 1995). While I, as a researcher, took the role of 'structured eavesdropping', I focused mainly on listening to become familiar with talking, constructing arguments and terminology better to understand the coordination (Wilkinson, 1998). Conducting a focus group allowed sharing experiences and voice of opinions on RC development, whereby the participants were encouraged to explore the importance of the issues (Kitzinger, 1995). The focus group data collection complement the semi-structured interviews as the emphasis was on group interaction which was not visible during individual interviews (Wilkinson, 1998).

<b>Sector</b>	<b>Fictive name</b>	<b>Duration</b>
Care	1. Social team pilot 1 (f) 2. Social team pilot 2 (f)	97,49 minutes
Welfare	3. Welfare pilot 1(f)	
Neighbourhood concierge	4. Neighbourhood concierge pilot 1 participant 1(f) 5. Neighbourhood concierge pilot 1 participant 2 (f)	

	6. Neighbourhood concierge pilot 2 participant 1 (f)	
	7. Neighbourhood concierge pilot 2 participant 2 (f)	
Research	8. Radboud participant 1 (f)	
	9. Radboud participant 2 (f)	

*Table 2 – Participants focus group*

### 3.4 Data Analysis

The data collected from the interviews were recorded and transcribed verbatim to ensure that the data analysed is accurate and with that the degree of dependability of this research (Stuckey, 2014). After this, a context mapping session (i.e., group analysis) with the supervisor, PhD candidate, and fellow thesis students who also researched within a Living Lab, took place. All these participants had analysed two interviews and selected 8-15 quotes per interview, which captured the most interesting insights from the interviews. During the session, everyone presented their insights based on the quotes. Insights based on the presentation of cards shed light on the themes emerging from the data. The two overarching themes which emerged were: (1) the role of the neighbourhood concierges and (2) prerequisite of coordination of work in a Living Lab. The subthemes concerning the role of the neighbourhood concierge were unclarity about the role, question of identity, role description, and role distribution. The subthemes of the second overarching theme were success factors of collaboratively coordinating work, IT systems and tensions between stakeholder groups. The context mapping session created a better understanding of the patterns in the data and has acted as an initial stage of the template analysis, namely as a coding template.

Subsequently, the concept mapping session was followed by data coding. A template analysis technique was chosen based on the flexibility this technique offered concerning coding and the opportunity to use RC as a priori themes. Various perspectives were included in the analysis (Symon & Cassell, 2012). During the coding process Atlas. Ti, a Qualitative Data Analysis software, was used to structure the data to discover patterns. The first coding phase focused on iteratively adjusting the template by analysing all the interviews again using the designed template and, based on that, adding or removing specific themes that had been created in the concept mapping session. All quotes related to the themes were in Atlas.ti linked through codes. This allowed us to stay close to the actual statements made in the interviews. This ensured the confirmability of the study's data (Tobin & Begley, 2004). Subsequently, those emerging themes were coupled with integrative themes. The main themes which emerged in the data were (1) network building (i.e., coordination of work) and (2) role development. For

the focus group analysis, the final template of the semi-structured interviews was taken as starting point. Everything else concerning the coding process was the same as with the semi-structured interviews. Except that specific focus was now placed on the impact of the group dynamic (Kitzinger, 1995). As the focus group zoomed in on the main themes out of the interviews, two conditions emerged. These were added to the coding template. The final coding template is shown in table 3. The codebook with illustrating quotes per theme is presented in appendix 3. As predicted in advance based on the sensitising concepts related to RC, the various themes were linked to each other. These connections were taken into account when writing down the findings in the results chapter. A thick description is provided of the results which is seen as the researcher's responsibility to ensure that researchers who want to use the findings of this study can assess the transferability themselves.

## **1. Network building**

### **1.1. Pilot 1**

*1.1.1 importance of a core team*

*1.1.2 informal contact at the operational level*

*1.1.3 communication lines under development*

*1.1.4 role of previously established relations*

### **1.2 Pilot 2**

*1.2.1 hinder as result of external event*

*1.2.2 importance of introductory talks*

*1.2.3 communication lines and relationships in its infancy*

### **1.3 Pilot overarching**

*1.3.1 best practice for collaboration; selecting for teamwork and training*

*1.3.2 communication lines within professions*

*1.3.3 relationships between stakeholder groups*

## **2. Role development**

### **2.1 Role definition**

*2.1.1 Impact of role definition/ task description*

*2.1.2 role definition various stakeholders' perspectives*

*2.1.3 seeing each other as complementary*

*2.1.5 role of IT and sharing information*

*2.1.6 importance of suppliers in collaboration*

### **2.2 Identity challenge**

<i>2.2.1 conflicting identities stakeholders</i>
<b>3. Condition 1 – shared location</b>
<i>3.1.1 role of physical proximity</i>
<i>3.1.2 role of organisational proximity</i>
<i>3.1.3 importance to show results to involved stakeholder groups</i>
<i>3.1.4 importance of representative of different roles situated at the shared location</i>
<b>4. Condition 2 – consultation structures</b>
<i>4.1.1 planned shared meetings</i>
<i>4.1.2 boundary-spanning activities</i>

*Table 3 – final coding template*

### **3.5 Research ethics**

This study was conducted based on the six domains of research ethics, multiple activities were planned to ensure responsible conduct of research (Pimple, 2002). First, the selection of participants was discussed in advance with the project manager. Then the project manager firstly approached every participant and informed them about the participation. Next, the participants were approached by email in which was mentioned that participation was voluntary, and they have the right to withdraw at any time. Furthermore, an information and consensus form in line with ethics and privacy guidelines from the Radboud University was agreed upon by participants. To ensure confidentiality, the data of this study was only stored on a laptop with a password and shared in a secured online environment (HAN portal) set up by the project organisation, which ensured that only authorised persons could access the data.

Next to privacy and confidentiality, ensuring anonymity was crucial in this study. Ensuring anonymity was a challenge in this study as the multiple roles are mainly represented by one or a few persons per organisation. Hence, to ensure participants' anonymity in this study, the names of participants' functions are replaced by sector indications. This ensures that no direct link can be made between who from which organisation made the statement. Finally, to avoid plagiarism as part of research misconduct, all text-based on prior research is cited and presented based on APA 7th style.

## **4 – Results**

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This chapter encapsulates this study's insights into how relationships and communication were built in a Living Lab focused on organising services for older people's well-being. Insights into lines of communication and relationships helped to understand the challenges of coordinating work. Therefore, this chapter will start with a short context and setting description followed by section 4.1, which presents an overview of how the work was coordinated. Then, in section 4.2, role development is explained. Lastly, section 4.3 and 4.4 covers the two main conditions cited by stakeholders in the living lab to ensure the viability of organising prevention.

### Context and case setting

The Buur&Zo project was launched to connect care, welfare, and logistics to organise self-management, prevention and safety for the elderly in their neighbourhood. The Buur&Zo project started in 2019 with a pilot in neighbourhood x of Deventer with one person in the new role of neighbourhood concierge. After a test phase, February 2021 marked the start of phase two within this pilot called Buur&Zo 2.0. In this second phase, the welfare organisation situated in the pilots' neighbourhood became temporarily organisationally responsible because the official organisation form and ownership had not yet been established. Moreover, two new neighbourhood concierges have been hired. In addition, from March 2021 onwards, Buur&Zo has scaled up and started a second pilot in another part of Deventer. This second pilot had two own neighbourhood concierges. Both pilots were running during this study.

### **4.1 Coordination of work in a Living Lab**

As shown in the context and case setting, two pilots were running under one project called Buur&Zo. Hence, first, the unique characteristics per pilot regarding work coordination are presented and then the pilot overarching characteristics.

#### 4.1.1 Coordination of work in pilot 1

Uniquely for pilot one was the emerged core team consisting of the owner of the welfare organisation, social team and neighbourhood concierge. This core team was central in collaboratively organising services for elderly well-being. The strength of this core team was that they, together as a team solved problems related to the elderly in the neighbourhood. They did this by communicating both timely and frequently as a result of short lines of communication established through shared training in which they got to know each other,

informal coordination at a shared location, scheduled weekly meetings and building on existing connections. The informal communication that was established took place through telephone conversations, via WhatsApp and face to face ad-hoc conversations on location.

*I think it is precious that we have a location. In addition, that the project had already been running for one and a half years. So, we can build on that. We know social team worker x, who has been working in the neighbourhood for 12/13 years. Well, welfare organisation x has been here for five years plus a few years. For example, I visited a resident who lives next door to a volunteer who has worked here with welfare organisation x for twenty years. You have those lines all day long, and we do get much pleasure from that. Certainly, in the beginning, when we were new, x from the social team helped us right away, and that works very well. – Neighbourhood concierge pilot 1 participant 1 (f)*

In addition to the core team, neighbourhood concierges had face-to-face contact at the hub with suppliers and telephone contact to coordinate deliveries.

*The agreement is that we will get x brought to the Hub by our delivery man. Before the start, we have spoken with neighbourhood concierge X and neighbourhood concierge X, the delivery people. To agree on a few things, we have telephone contact with the deliverers next to this. However, that does not go through me but through one of the assistants. Furthermore, they often come at the end of the day to return X as sometimes someone is not at home or patients give something that has to be returned to the pharmacy. So, there is always a brief moment of consultation. - Supplier a*

Lastly, one of the employees of the healthcare organisation affiliated with the project mentioned that she was busy making connections between care organisation workers (except social team) and neighbourhood concierges, which indicated that she was operating in the role of boundary spanner. However, only a few online introductory talks had taken place. So, the connections were still under construction. Neighbourhood concierges perceived a lack of connection with care organisations (except social team) as a hindrance to welfare delivery.

*I sometimes notice that when I come to give medicine to one of the older people, the door is opened by someone from the home care service of X. I do not want to say that they are your colleagues, but you do work together. Nevertheless, those people have no idea who we are. I*

*would like to get to know them. That they recognise me as we both visit the same people. –  
Neighbourhood concierge pilot 1*

#### 4.1.2 Coordination of work in pilot 2

In pilot two, there was no core team yet. Neighbourhood concierges had a hub location, but there was no activity due to the COVID-19 pandemic. Next to the lack of activity in pilot two at the hub, the lines with suppliers were laid, resulting in few delivery moments and referral opportunities for the neighbourhood concierges. In addition, there were no planning or casuistic discussion or coordination with other stakeholders, only occasionally on an ad hoc basis with the social team. Consequently, there was not yet proper coordination with each other as the project manager said:

*For example, neighbourhood concierges took someone to the vaccination centre. While the social team should have passed on the call to the voluntary help service because they drive people to the vaccination centre. However, you see that this cooperation is still in its infancy; it is new, so that is the challenge. Shaping it, making it run smoothly. That people can find each other. – Project management*

Neighbourhood concierges mainly independently started to make contacts with various suppliers, volunteers, and social team to get acquainted, which helped them build connections. However, due to the low level of activity, they had not or barely been used.

*Yes, I have already spoken to them, because they are going to talk to everyone. Moreover, I also see them driving around now. I see them regularly; I see the car. – Voluntary service  
pilot 2*

*I must say that they find us better and better—the case manager of x, the district nurse of x. We get quite a lot of requests now. This is because we have made our acquaintance. They know our face and know where we are because they have been here. However, it just needs time; it will develop. – Neighbourhood concierge pilot 2 participant 1 (f)*

Lastly, in pilot two, several communication lines were established between stakeholder groups outside Buur&Zo. For example, within or between the social team and welfare workers.

However, neighbourhood concierges are not yet taken into account in those initiatives. This was a consequence of COVID-19 and the initial stage of the pilot.

*In neighbourhood x, a Home Team consultation takes place once every eight weeks. This is a consultation in which the general practitioner, the Social Team and the neighbourhood care worker, who may be x or x or both, meet to discuss signals. That Home Team was always there, even before this project. This Home Team is going well. There is an agreement that the neighbourhood concierges can join, but this consultation has not taken place yet. To say something about whether this is valuable and additional, I think you need to be six months further on. – Social team pilot 2*

#### 4.1.3 Pilot overarching coordination

In this study, relationships and communication lines within a profession, between neighbourhood concierges and coordinator from the welfare organisation, are established based on shared training.

*The four of us also followed a training course, 'the question behind the question', which a prevention worker gave. The four of us (neighbourhood concierges) got to know each other well. It is a team, and yes, sometimes you get messages at eleven o'clock in the evening when welfare worker X is still working late. – Neighbourhood concierge pilot 1*

As a result of the shared training, the frequency of communication increased since they knew each other, making the approachability easier. Nevertheless, also this line appeared to be under development as there were no shared meetings between the neighbourhood concierges of the pilots, which influenced mainly the accuracy of communication.

Second, there was one overarching vision and project management were responsible for pilot one and pilot 2. To create the shared vision, selection based on teamwork took place. The selection criterion was 'enthusiasm' and resulted in collaboratively pursuing the shared vision, as the project manager said:

*I want people who are actively involved to see where we can make progress, so the group you are working with, now they are all entrepreneurs as well, see it through. Moreover, they support the shared vision. – Project management*

Lastly, concerning the coordination of work between stakeholder groups, there were challenges, for example, between neighbourhood concierges and project management. Project management referred to a lack of communication with neighbourhood concierges due to hierarchical levels. At the same time, neighbourhood concierges pointed out the distance and way of communicating. In addition, the connection between care workers in the neighbourhood and neighbourhood concierges. This connection was still in its infancy in both pilots because they did not yet know each other. As a solution, one of the participants from the care organisation expressed the importance of time and contact moments, preferably in person, as crucial when building relationships.

*They did not yet know what we could contribute. I felt more like, uh you are not going to do what we are already doing – Neighbourhood concierge pilot 1*

*A bit of time will help us in this respect. Trust is not something you do in a digital consultation. That remains a daily thing, of course. You have to build it up with each other.*

*We did get acquainted digitally. We can find each other through the mail, teams and WhatsApp. But you notice that it is different from physical contact. In one way or another, there is a threshold to indicate that you find something meaningful. – Care organisation x participant 1a*

## **4.2 Role development**

Another finding was that stakeholders involved in organising services for elderly well-being (hereafter prevention) faced challenge concerning role development. This was next to network building, an overarching theme in this study.

### **4.2.1 Role definition**

First of all, role definition was identified as crucial by all the stakeholders as the experimental nature of organising in a Living Lab has led to creating a new function when organising prevention, the neighbourhood concierges.

*You have care, logistics and welfare that need to be integrated, and the neighbourhood concierges are a new stakeholder group. Neighbourhood concierges connect the three industries, so to speak, yes, they are the centre. – Project Management*

Together with the newly designed function of neighbourhood concierges, these three stakeholder groups were seen as the basis for organising services for elderly welfare. Since the neighbourhood concierges, in coordination with the other stakeholders, are seen as welfare providers. All involved stakeholders identified neighbourhood concierges' role as signalling and passed it on to existing stakeholders in the district.

*The neighbourhood concierges go into the neighbourhood by delivering meals, medicine or other products to get behind the front door. They are just extra eyes and ears in the neighbourhood. Moreover, as soon as they notice something care-related, they link it back to the social team. If it is not care-related, if it only has to do with loneliness or wanting to participate in certain things or going for a walk, it can go directly to welfare organisation x. The volunteers will take it up. However, it will be briefly discussed with the social team. – Welfare pilot 1*

All stakeholders highlight the signalling function criteria and the need for suppliers to get behind the door as indicators for neighbourhood role description. As the project manager said,

*It is a story of complementing each other rather than being involved in taking advantage. With the supply's neighbourhood concierge, contact the elderly and start having a chat with them. During these contact moments, neighbourhood concierges signal things, and if necessary, they pass it on to welfare or care. This depends on what is needed. You can see very clearly that it is an extension of each other in cooperation and if you start spreading that message, suddenly a lot more is possible. – Project Management*

Furthermore, all stakeholder groups mentioned the importance of suppliers to provide welfare as a neighbourhood concierge. As one of the care organisation representatives said;

*We noticed in the initial phase that the delivery moment is a very natural moment to literally come in with someone. Look, if you, as a care provider, are standing in front of the door wearing a jacket, so to speak, nobody wants care. When you come to the door with a package, because you've brought medicine, that's literally what we get back from the concierge the first time, then the front door opens slowly. The next time, the door opens a bit further, well the third time, she*

*says do you want to have a cup of coffee, so to speak. The delivery moment has simply become a very important contact moment as well – care organisation x participant 2*

#### 4.2.2 Role clarity

During the initial phase, it turned out that the neighbourhood concierge would make the social map herself. This resulted in various (care/welfare) workers involved with the elderly in the neighbourhood visiting the same people without knowing each other. Consequently, the content of the work of the neighbourhood concierge has been adjusted, and new neighbourhood concierges have been hired.

*As of 1 February 2021, two neighbourhood concierges started in pilot one, and they now have a different job content than I had. So that means that they indeed deliver, and they signal and then it is picked up by others. – Neighbourhood concierge initial phase*

Moreover, job profiles were designed. Welfare saw the definition of roles through job profiles as a medium that has provided clarity and working towards a shared goal.

*With us (core team), the goals do not conflict. This is because we have made it very clear what belongs to you and what does not. All people have intrinsic motivation. That is the common goal, so welfare in the neighbourhood, looking out for each other, doing something for people, meaning something to people, is the common motive. By making it very clear that neighbourhood concierges are not professional and we are all here for one purpose. We have divided the functions and tasks, which provided clarity. – Welfare pilot 1*

However, in response to the statement proposed in the focus group that job profiles had provided clarity, the neighbourhood concierges reacted indignantly. Neighbourhood concierges, working on the operational level, did not recognise this as a reason for knowing what the job entails. Instead, they refer to the vacancy and first interviews in the position.

*I do not understand why role descriptions have provided peace of mind. At least not for me; I do not have a job profile either. I know what to do and whom to contact based on the job text and meetings at the start of my job. - Neighbourhood concierge pilot 1 participant 2 (f)*

Although there is a difference in perception on how the role of neighbourhood concierge became clear, it appears that neighbourhood concierges experienced their role as straightforward. Nevertheless, a grey area was experienced by welfare, social team and neighbourhood concerning organising prevention concerning the role of neighbourhood concierges. Based on the focus group, it is not the neighbourhood concierges' role, which was unclear. Instead, it was the area of recording and exchanging data between various stakeholders involved.

#### 4.2.3 Role unclarity due to hindrance of shared information

The possibilities for information exchange were perceived as a grey area due to the current legislation not yet geared towards prevention. For example, neighbourhood concierges that are not identified as care professionals could not access care-related information registered by the social team. This resulted in impeded collaboration between various stakeholder groups as they all have their own protocols and authorisations.

*You are subject to a great many laws and regulations—especially privacy-sensitive information. The care workers are not allowed to share medical data, and that makes it difficult. On the other hand, it is more or less a lack of time for care workers. – Care organisation x participant 1a*

While information exchange on cases was perceived as a necessary condition to organise prevention.

*It is simply not possible for the neighbourhood concierge to go into the neighbourhood without background information. Information has to be shared. There is no other way to help these people. – Welfare pilot 1(f)*

Participants of the focus group mentioned the importance of consultation structures and shared space to discuss confidentiality informally. As the owner from the welfare organisation said:

*You can solve it together in a safe way. Maybe not according to the rules, but with integrity and according to the duty of confidentiality. Otherwise, you cannot do what you do. – Welfare pilot 1 (f)*

In addition, alignment between supplier and neighbourhood concierge is perceived as crucial since there were time limits for some supplies. However, because the various stakeholder groups had their organisational processes and systems, suppliers mentioned that they faced difficulties aligning them.

*Well, what we are doing now takes a lot more time than I thought it would. That is the transfer of information to align addresses and delivery routes. We have 140 patients per week, and sometimes there are exceptional circumstances. For some deliveries, you have a specific route for Buur&Zo, which is another route. So, we are still quite busy transferring that well. - Supplier a*

#### 4.2.4 Identity challenges hindered neighbourhood concierges' role

Neighbourhood concierges cited the different interests of stakeholders involved, which made it difficult to carry out activities in the role of neighbourhood concierges.

*The different goals between logistics, welfare, care and project management are not in line. You notice that as a neighbourhood concierge because you have meetings or hear that project management decides that it can be done just like that. We then sometimes feel like 'yes, but if we want to do this in this way (for example, more medicine deliveries), then the whole welfare aspect is gone. While that is what we stand for. On the other hand, we do have the realisation that you do need those suppliers. It is just a matter of finding the right balance every time.*

*- Neighbourhood concierges' pilot 1 and 2*

The contribution to the common goal from the various stakeholders was mentioned, for example, the motivation based on corporate social responsibility for the suppliers and the welfare of the elderly in the neighbourhood by care organisations. However, it turned out that even though everyone contributed to the common goal from his or her role, there was still a hindrance to the collaborative organisation. Hence, project management and care organisation representatives identified the importance of highlighting added value for each stakeholder group to ensure that they stay connected and support the overarching shared goal.

*I think that a concept can only continue to succeed, in my opinion, at the moment that it has added value for every participant somewhere. As soon as there is no added value for one party, they will undoubtedly drop out, so you must constantly look together. As yes, where is*

*the value for each part? So, I am also talking about healthcare, welfare, suppliers, of course.*

*– Care organisation x participant 2*

As a result of all the challenges cited above, welfare, social team, and neighbourhood concierges from both pilot one and two discussed the conditions for the viability of a Living Lab in the focus group. Consequently, two main conditions related to network building and role development were highlighted: (1) shared location and (2) development of consultation structures.

### **4.3 Shared location**

Having access to a shared location was one of the main conditions identified in the semi-structured interviews and focus group concerning coordination of work in a Living Lab focused on organising services for elderly well-being.

#### **4.3.1 Physical proximity allows for sharing information and stimulates shared goal**

We found that for both welfare-related stakeholders and suppliers' physical proximity was perceived as necessary. First of all, the social team, welfare and neighbourhood concierge situated at a shared location highlighted the informal contact moments established based on physical proximity as crucial when coordinating work related to prevention. Physical proximity ensured a low threshold to exchange knowledge informally. According to one of the social team members, this resulted in timely and frequent communication about planning and casuistry.

*The advantage is that we are under one roof, that we meet each other —the low threshold, the accessibility. I do not have to call, and I do not have to e-mail; I do not have to go somewhere. That is just a walk-in as 'oh you know' or how often I pick up the phone and pass it on. This kind of things gives added value. It supports to react quickly and also intervene on time— Social team pilot 1*

Additionally, welfare-related stakeholders from pilot one reported that they communicated via phone calls, WhatsApp and informal meetings due to knowing each other. This informal way of communicating helped them to act quickly and be flexible, and to prevent extra care loading activities:

*The neighbourhood concierge of the pilot one hub was out and about. They came to the house, and the neighbour opened the door. She was in a panic, and a lot was going on at home. Well, the community concierge also panicked and said: 'We have to take action because things are not going well at all. So, they immediately called a person from the Social team, and person x got the file and said, 'no, there is already enough help for her, tell the neighbour she can take it easy. There is already a lot going on around her. There is nothing wrong with her; this is all part of her'. Peace returned. No GP has been called; no 112 has been called. – Welfare pilot 1*

On the other hand, neighbourhood concierges from pilot two who did not have a shared location expressed that lack of a shared location hindered informal contact. As neighbourhood concierge from pilot two said,

*You just see that such a place in the neighbourhood, where there is activity, where the coffee is ready. Yes, that is a kind of magnet. If you do not have that magnet because it is either closed by Corona or just not there at all, it becomes more complicated.*  
– Neighbourhood concierge pilot 2 participant 1 (f)

Second, informal contact established based on mainly face-to-face communication at the hub, which ensured shared information about experiences of the elderly related to supplies. This shared information is established based on informal contact moments resulting from a shared location as valuable for suppliers. The neighbourhood concierge stated:

*We have experienced numerous times that we have given feedback to suppliers and benefited from it. X, who then either gives us the wrong medicine or far too much. We have all given feedback and done that. We now have almost weekly contact with supplier a, and we provide feedback—the same for the meals. Every time the empty boxes are taken away, we contact and talk about the meals and how much people like them. So, I notice that supplier x, in this case, is pleased with it. That feedback, I know for sure, is also added value for the supplier. – Neighbourhood concierge pilot 1 participant 1(f)*

Suppliers confirmed the added value due to contact with neighbourhood concierges about supplies but experienced it as a small amount of feedback.

*Well, for example, they came to a patient and, uh, he had been given medication, but he did not take it. So, there was a whole supply there, and then the district coach asks, 'shouldn't you take it' 'no, she says I do not have to take it and how that works because we do deliver it and order it in one way or another, but it is not taken. You do find out then as an example or, uh, what I told you before, in terms of side effects, of course, that someone experiences specific symptoms; I do have a few examples of that. However, I find that difficult to estimate whether that makes a difference because of Buur&Zo and the quantity. - Supplier a*

Since the situation changed continuously during the research because it was in the middle of the operational roll-out phase, it was difficult to explain the difference in perception regarding feedback to suppliers. What could be observed is that the importance of feedback is experienced as necessary for accurate communication by both the neighbourhood concierges and the suppliers themselves, which was mainly due to informal conversations at the hub but also because project management had feedback on things as one of the suppliers said,

*I sometimes get lovely messages from project management saying that medicine was brought to a lady and product x was collected from you. In terms of efficiency, that is, of course, super. In terms of communication, I am told immediately, and I like that. – Supplier b*

Furthermore, next to creating “shared knowledge”, the feedback resulting from communication between neighbourhood concierge and supplier is perceived as essential for developing shared goals. Since stakeholders recognized that in a Living Lab, it is not only the individual, organisational interests that make it difficult to pursue a common goal, but also the presence of a project organisation that wants to complete the business case, mainly focused on financial feasibility.

*That will be the biggest challenge: the welfare, attention for people, and suppliers stuck with times. And then, there is the project organisation that wants to close the business case. That is a long way off because if you start making many deliveries, well-being will be in trouble. – Welfare pilot 1*

Projects management’s goal to develop a business case ran alongside the already existing conflict goals of care, welfare and suppliers. This came into play due to the experimental and

innovative nature of a Living Lab. However, there was still talk of a project rather than an organisation with a lack of organisational proximity.

As it turned out, suppliers are a significant contributor to the financial part of the project. Project management highlighted the importance of insight into results and added value for suppliers to see the shared goal and the importance of feedback structures, which was in line with the statement earlier from the care stakeholders concerning added value for each stakeholder group.

*Person x says I need a report. As he needs to be able to show and justify this internally again. That he is putting money into prevention and the WMO and the WLZ, what they are allowed and what they can do - Project management*

Moreover, this was in line with observing the neighbourhood concierges who have experienced the feedback mechanisms established as valuable. Hence, the physical proximity that has provided personal contact and feedback is seen by stakeholders involved in the project as necessary to develop shared information and contribute to creating a shared goal. Therefore, a shared location for the care professionals and the neighbourhood concierges was seen as a necessary resource to achieve this physical proximity.

*I found that a condition for myself was that the neighbourhood concierges were linked to the social team. Why? Otherwise, you create a line next to the social team where you both have your social map while there was already something here. It is better to complement each other than to have something running parallel that does not communicate with each other and comes to the door of the same people in the same neighbourhood. So that was somewhat of a condition in my mind that I said it is possible to have Buur&Zo and neighbourhood concierges. The condition is that it is connected to the social team and that they are the ones who are in charge, they have file information, they are professionals, they know, and they have already put everything in place in the neighbourhood. So, neighbourhood concierges are just an excellent addition to that.*

*– Welfare pilot 1*

*We meet occasionally, and if there is something, we contact each other again. I would prefer to be located in the same location as the neighbourhood concierges. – Social team pilot 2 (f)*

The lack of mutual communication between neighbourhood concierges and the social team made them see each other as competition instead of cooperation in the neighbourhood which hindered the development of a shared goal mentioned already in the coordination of work within pilot 1.

Concerning achieving collaboration between suppliers and neighbourhood concierges' informal meetings at the hub were considered sufficient. Since mutual coordination is achieved and feedback can be given.

#### **4.4 Consultation structures**

After a shared location, the development of consultation structures was one of the leading solutions identified in the focus group concerning coordination of work in a Living Lab focused on organising services for elderly well-being.

##### 4.4.1 Shared meeting to establish effective communication

Despite physical proximity and the opportunity to communicate face-to-face, the neighbourhood concierge perceived informal communication methods not as sufficient for effectively communicating. Therefore, consultation structures were crucial for effectively communicating and creating “shared information” as a lack of consultation hindered seeing the overall work process.

*I do miss consultations, also that I am curious about what you are doing. From my perspective, we need to organise once a fortnight with the four of us, including the owner of the welfare organisation as coordinator. Just shortly discussing what you are doing, how you are doing it, and which challenges you face. I did miss that. – Neighbourhood concierge pilot 2 participant 1 (f)*

Moreover, there is referred to the further development of consultation structures based on the perception that ‘only informal alignment lacks the accuracy of communication’. Accuracy of communication when organising prevention is perceived as crucial since they worked with the same persons and otherwise strange situations arose.

*That word 'feedback'. This is something that we often have together. We should also perhaps consult more with x from voluntary services. A resident died recently who was very well*

*known to welfare organisation X but whom we did not know. So, I think some coordination is still needed there. That we know who is already known here. – Neighbourhood concierge pilot 1 participant 2 (f)*

Since various stakeholder groups necessarily needed to communicate, the importance of boundary spanners is highlighted. The project manager and welfare-related stakeholders cited a lack of time of the boundary spanner to explain the absence of the desired consultations and mutual coordination on the operational level.

*The difference is indeed what did not go well and what I had in mind was that I do not have the time to sit on top of it. For example, to organise two or three consultations a week. Once in pilot 2, once in pilot one and once in plenary together. The management also ended up here, and that management, yes is excellent, but if you have two companies, you lack the time, and everyone starts doing their own thing and look at it in its way. I think we did the right thing, OK, if you go into the neighbourhood, then at least you know where you need to go. We put the volunteers around it in pilot 1. However, structural consultation and planning did not get off the ground, at least on my part. The social team did, and they have weekly client meetings with neighbourhood concierges in pilot 1. – Welfare pilot 1(f)*

*We told her owner welfare organisation) that she gives feedback or is the contact person for the neighbourhood concierges. But in the rush, she is running up against her limits. Well, extra help is needed with coordinating so for the operational matters back and forth. It's just nice to have someone who can take care of that. – Project management*

## 5. Discussion

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This final chapter provides a discussion and conclusion on the results. Section 5.1 covers the main findings of this study in relation to the existing theory. Section 5.2 marks this study's managerial and academic implications. Section 5.3 provides this study's limitations and recommendations for further research. Lastly, section 5.4 finishes this study with a reflection on the role of the researcher.

### 5.1 Discussion of results

The study aimed to investigate how actors involved in a Living Lab coordinate work. For this purpose, the following question was central: *How do actors involved in innovative approaches organising services for elderly well-being coordinate their work?* Based on the literature review in chapter two, the following seven dimensions were expected to be essential for the coordination of work: shared goal, shared knowledge, mutual trust, frequent-, timely-, accurate-, and problem-solving communication (Gittell, 2006). Although mutual trust is considered necessary in the literature, this study yielded less insights on this dimension. The participants referred mainly to 'getting to know each other' and the desired lines of communication that go with it to establish relationships. This does not entail that mutual trust is not considered essential for coordinating services for elderly well-being in neighbourhoods, but establishing communication is essential for building mutual trust. Besides, ten cross-cutting structures were proposed to strengthen RC. Although the literature indicates this, this study shows that not all dimensions and cross-cutting structures were equally relevant when coordinating work in a Living Lab pilot phase organising services for elderly well-being. The cross-cutting structures recognized in this study are (1) selecting for shared training and teamwork, (2) relational job design, (3) boundary spanner, (4) shared meetings, (5) shared space, and (6) shared information systems. Although those cross-cutting structures are relevant, only two of them have received more in-depth attention in this study. According to research participants, (1) the presence of a shared location, and (2) developing consultation structures, i.e., shared meetings, were seen as crucial by the participants and should be directly included in the blueprint. These findings summarised based on the results provided in the previous chapter yield exciting insights with which the central question of this study. To elaborate on these insights, the two main conditions are presented below in line with existing literature.

First of all, this study found that having access to a shared location is crucial to collaboratively organise services for elderly well-being. Stakeholders involved in the core team of pilot one, who had an up and running shared location, perceived this as helpful regarding

frequently and timely communication. Moreover, creating shared knowledge arose resulting from informal conversations. This finding showed that having access to a shared location when coordinating work in an emerging inter-organisational setting influenced relationships and communication. This finding is aligned with existing literature which found that a shared place can act as a facilitator for relational coordination (Bergman et al., 2016; Bligaard Madsen & Burau, 2021; Crompton et al., 2015; McEvoy et al., 2011).

Second, this study shows that despite using formal structures (e.g., shared space and shared meetings in pilot 1), structural challenges as organisational proximity hindered the forming of relationships and particularly shared knowledge development. This finding differs from the study by Bligaard Madsen and Burau (2021). Since they propose that structural challenges do not hinder RC development in tasks directly related to the process. Hindrance concerning RC development observed in this study can be explained by a lack of management on the operational level, which could be why formal structures as shared meetings are not implemented across the project and only in parts of the project. Which in turn, is in line with McEvoy et al. (2011), who state that a relational workspace with adequate resources in the form of consultation structures related to a shared space supports the quality of coordination in dispersed networks. Thus, this study's findings that the presence of a consultation structure at that shared location, as McEvoy et al. (2011) describes, is indeed seen as necessary.

Third, this study shows that the development of a shared goal is also related to the shared place, in this study, the hub. As neighbourhood concierges, project management and suppliers highlight the link between two-way communication established as a result of a shared location. This result is supported in previous literature that highlights two-way communication, mainly by phone or face-to-face, as a communication condition that supports collaboration and builds trustworthy relationships (Faruque et al., 2019). So, here this study shows the relation between shared location as a cross-cutting structure with communication and the reinforcement between communication and relationships, which is in line with Gittell (2006) that highlight the reinforcement of relationships and communication and Bolton et al. (2021), who highlight the relation between shared space as cross-cutting structure and RC.

Fourth, this study shows that the development of consultation structures was an enabler for communication and relationships. This result is supported in previous literature, which also found that shared meetings are a facilitator for developing relational coordination (Solberg et al., 2015). Moreover, the absence of shared meetings in this study is highlighted as to why mainly accurate communication and development of relationships are complex. Shared meetings in this study are value-adding as consultation structures helped them align work

activities and inform each other about cases, which aligns with the findings of Gittel et al. (2010). As she referred to interactively coordinating tasks resulting from shared meetings.

Additionally, Stjerne et al. (2019) propose that relational space is needed in inter-organisational meetings in the form of boundary-spanning activities. However, this is not directly supported in this study since it is not entirely clear whether it is only the lack of meetings that hinders relational coordination or the absence of a facilitator that hinders RC's effectiveness in this study. For example, neighbourhood concierges highlighted the interests in shared meetings with fellow neighbourhood concierges facilitated by welfare. Additionally, project management and a representative of the involved care organisation highlighted the lack of boundary spanning activities that resulted in a lack of consultation structures. Nevertheless, because in both cases, the lack of consultation structures and the role of boundary spanners are mentioned, it cannot be said whether it is actually due to a lack of relational space.

Lastly, Cramm et al. (2014) referred to the difference in RC within health professions rather than among health professions. This study partly confirms this pattern as RC was better developed within the team of neighbourhood concierges than between care and neighbourhood concierges. However, in pilot one, RC was better developed within the core team than in pilot two, which shows that previously established communication plays a crucial role in RC development rather than differences between certain stakeholder groups.

## **5.2 Managerial and academic implications**

The findings of this study suggest a need for a shared location. Finding a shared location where building on existing relationships is possible is a prerequisite for coordinating services related to elderly well-being in an emerging inter-organisational network setting. In this study, it concerns the connection between neighbourhood concierges and semi-professionals who are neighbourhood oriented. This combination showed that delivering welfare (prevention) as a new service seems possible. Moreover, this study suggested a need for developing consultation structures on an operational level in the form of shared meetings and feedback processes. Since organising solely based on informal contact moments causes planning, case discussion and mutual coordination to be hampered, it seems that formally organising this can play a significant role in the development of shared information and effectively communicating. In this study, it mainly concerns linking care, welfare and neighbourhood concierges. Finally, as the coordination of work has become transparent, participants and project management have insights into their position concerning the whole work process, which could help them improve

RC. Furthermore, this study's insight into the coordination of work could help the project manager further develop the blueprint for the Living Lab.

This study also provides implications for research. It contributes to limited studies focusing on RC in inter-organisational networks, in particular cross-cutting structures that strengthen RC. The findings showed that shared space and shared meetings are the two main conditions to strengthen RC in such a context. Therefore, this study argues in line with Gittell and Weiss (2004) that shared meeting as a cross-cutting structure is transferable from intra-organisational networks to inter-organisational networks. Moreover, this study deepens the relational coordination theory concerning emerging inter-organisational collaborations by showing that shared space seems to be transferable to the inter-organisational setting. In addition, this study assumed that this is probably also the case for boundary spanner, selecting for teamwork and shared training and shared information systems. However, more in-depth research is required to determine this due to the limited attention concerning these cross-cutting structures in this exploratory study.

### **5.3 Limitations**

When interpreting the findings of this study, several limitations should be kept in mind. First of all, in this study, we mainly focused on coordination between care and welfare (including neighbourhood concierges). The findings lacked input from suppliers due to time restrictions and the cancellation of an interview—consequently, less in-depth information from their perspective. Therefore, the findings do not reflect the views of all types of stakeholder groups ultimately. Moreover, the agreements with other researchers in this project affected data collection. Since most of the interviews are either done together or joint topic lists, this has ensured that not all questions could be dealt with or fewer questions on specific subjects. In contrast, the presence of other researchers ensured that the perspective of suppliers was included in the results of this study wherever possible—guaranteeing the fairness of the research. However, to improve the fairness of the research, further studies should aim for interviews in which each stakeholder group is equally represented and for a focus group in which all stakeholder groups are represented.

Second, despite providing a detailed description of the data, the transferability of the findings to other contexts is limited as findings were highly context-specific. Therefore, this study needs to be replicated in other emerging inter-organisational network settings to test if the results apply to other contexts.

Third, this study's conclusion is limited to the two main cross-cutting structures that seem to strengthen RC for coordinating work in a Living Lab rather than on all cross-cutting structures passed in the findings section. This study assumed that relational job design, boundary spanner, selecting for shared training and teamwork, and shared information systems also play a role in strengthening RC in inter-organisational network settings. Illustrative, boundary spanner is a cross-cutting structure that seems to strengthen RC because of creating moments to share knowledge in line with existing literature (Gebo & Bond, 2020). However, due to the limited attention concerning these cross-cutting structures in this exploratory study, more in-depth research is required to determine this. Therefore, further research should unfold these cross-cutting structures more in detail to test how and why those cross-cutting structures are valuable concerning RC in inter-organisational network settings.

Fourth, this study showed that there might be a difference in RC development per phase of a Living Lab. As the focus of this study was not on RC per phase but more on RC in emerging inter-organisational settings, it will be interesting to test those cross-cutting structures per phase to capture this difference.

Lastly, as the context had an emerging character, it was hard to define relations between the cross-cutting structures and RC development. Therefore, longitudinal research is necessary to understand the dynamic relationship between relational coordination and cross-cutting structures.

#### **5.4 Reflection on the role of the researcher**

I conducted this research by myself as a Master student in Organisational Design and Development. Based on my experience, I noted three main points. First of all, I am very thankful that I got the opportunity to research as part of the ongoing project of Buur&Zo. As I was part of an ongoing research project in which several stakeholder groups simultaneously researched their part, I learned to manage my expectations. I have learned to express my expectations very clearly and to keep participants continuously informed of my process. An example of how I did this is sending potential participants an e-mail with the timeframe I wanted to talk to them about. By clearly stating the objective, the added value for the participants and the time schedule, I found the cooperation very pleasant. The vast majority of the planned activities took place as planned. Unfortunately, a significant supplier cancelled. Since this was crucial to the study due to the small number of suppliers, I learned to anticipate quickly. I did this by asking other researchers to include my questions in their conversations with other suppliers. Although writing a thesis in such a complex project with several people involved was a challenge, I was

also able to use the advantages of a more significant amount of data. This ensured that the data quality could still be guaranteed, especially the fairness of the data in this study.

Second, I encountered some challenges related to the complexity of the project. For example, exploratory interviews, where I sometimes had trouble asking more in-depth questions focused on the research because I first had to understand the complex situation. This was also due to the constantly changing environment. I solved this by bringing up specific points of doubt in the focus group to get a clear picture still. I also noticed that by transcribing each interview immediately and taking the findings with me to the subsequent interviews, I sometimes asked suggestive questions. I solved this by asking many questions for examples, which allowed people to tell a lot from their own experience, thus allowing the perspective of the various stakeholders to emerge strongly.

Ultimately, In the focus group, I took on the role of observer. However, because I also supplemented the focus group leader with illustrative examples from the interviews, this sometimes caused me to become too involved in the discussion and to assert my interpretation and position based on the interviews. Because I had recorded the focus group and listened to it again with the notes, I solved this problem by only including objective observations in the analysis and staying as close to the data as possible and thus avoiding interpretations.

## **6. Conclusion**

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This study shows *how* Living Lab participants coordinated work and which cross-cutting structures influenced the development of relational coordination. When coordinating work in emerging inter-organisational network settings, stakeholders were more likely to communicate effectively and build relationships if there was a shared space for representatives of different roles. Moreover, it was found that establishing consultation structures was identified as crucial for organising prevention collaboratively. In addition to these two main conditions, a lack of boundary-spanning activities hindered the coordination of work in emerging inter-organisational network settings. While shared training and selection for teamwork were identified as supportive concerning the development of relational coordination. Furthermore, as a result of organising with various stakeholders and the linked issues concerning registering data, the use of shared information systems was complex and therefore did not strengthen RC. Lastly, there were contradictory statements for relational job design, so it is unclear what influence this has had on building relational coordination.

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## Appendix 1 – information and consent form interviews

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**Radboud Universiteit**



**Research:** *Living labs Sustainable Supply Chain Management in Healthcare (SSCMH) NWO project*

**Responsible researcher:**

Eva Linssen, Radboud University

**Partner research institutes SSCMH research:**

HAN University of Applied Science

Saxion University of Applied Science

VU University Amsterdam

Eindhoven University of Technology

Windesheim University of Applied Science

### **Introduction**

We are asking you to participate in a scientific study. Participation is voluntary. Your written consent is required to participate. Before you decide whether you want to participate in this study, an explanation will be given on what the study entails. Please read this information carefully and ask the researcher if you have any questions.

Beschrijving en doel van het onderzoek

### **Description and purpose of the study**

In this project, we will investigate how to improve care logistics at Nijmegen (X) and Deventer (X) sites. We will first focus on the transport of goods. In Deventer, we will also investigate how we can combine this goods transport with offering care services and reducing loneliness. This service will be carried out by a driver who coordinates these three components. In this overarching study by Radboud, we focus on several points. First of all, we want to investigate how the costs and benefits can be shared fairly between the different parties. Second, we will also look at how cooperation can best be set up between the parties involved. Finally, we are interested in how the different concepts can be scaled up in the longer term. With these studies, we hope to contribute to the business model of both concepts to support their long-term success and affordability.

### **What is expected of you?**

In this study, you will talk to one or more researchers from the SSCMH project named above. With your permission, the interview will be recorded using mobile recording equipment. During the introduction of the interview, the expectations and topics will be briefly discussed. Subsequently, several related questions will be asked. The interview will last between 1 and 1.5 hours. If desired, the transcripts can be sent to you as a respondent. You, as a respondent, have the opportunity to have passages removed or edited before fragments may be quoted.

### **What happens with the data?**

Scientists will use the research data we collect in this study for datasets, articles and presentations. The anonymised research data will be available to other scientists for at least ten years. If we share data with other researchers, it cannot be traced back to you.

In this research, audio recordings are made. These recordings will be processed into transcripts, which will then be used by the researcher(s) for the stakeholder analysis. The transcripts will be anonymised, ensuring that the data could not be traced back to specific persons. However, the audio recordings themselves cannot be made completely anonymous due to the unique voice characteristics of individuals. The recordings and transcripts will be stored on Surf Research Drive's secure network drives. The transcripts will be shared with researchers from the SSCMH project.

The internal administration of this study also requires personal data such as name and date of birth. These data are only accessible to the researchers and the data administrator.

We store all research and personal data securely according to Radboud University guidelines.

### **Voluntary**

Your participation in this study is voluntary. Therefore, at any time during the study, you can stop your participation and withdraw your consent. You do not have to indicate why you are stopping. You can also have your research data and personal details removed up to two weeks after participation. You can do this by sending an e-mail to X.

Do you have questions or complaints about the study?

If you would like more information about the study, now or in the future, please contact Eva Linssen (X).

Advice on this research has been issued by the Ethics Assessment Committee Law and Management (EACLM). If you have complaints about the study, you can contact the researcher responsible.

Or

Contact the confidential Academic Integrity Advisors:

Prof. X, via email: X.

For more information about Prof. x: <https://www.radboudumc.nl/en/people/X>.

Prof. X, via email: X

For more information regarding Prof. X: <https://www.ru.nl/english/people/X>

Or

Contact the Committee Scientific Integrity of Radboud University. The secretary of this committee is X, Executive and Legal Affairs.

More information on the Committee Scientific Integrity can be found here:  
<https://www.ru.nl/english/research/other-research/academic-integrity/>

**Statement of consent**

If you want to participate in this study, we will ask you to sign the consent form. Your written consent indicates that you have understood the information and agree to participate in the study.

**Radboud Universiteit**



**Statement of consent**

*Name research:*

.....  
.....

*Responsible researcher:*

.....

***Participant's statement***

I have been explained the purpose of the study. I have been allowed to ask questions about the study. I will participate in the study voluntarily. I understand that I may stop at any time during the study if I wish. I understand how data from the study will be stored and what it will be used for. I agree to participate in the study as described in the information document.

Name:

Date of birth:

Signature:

Date:

***Executive researcher statement***

I declare that I have correctly informed the person named above about the research and that I adhere to the guidelines for researchers as expressed in the Ethics Assessment Committee Law and Management (EACLM).

Name: .....

Signature:.....Date:.....

..

## **Appendix 2 – Interview protocol**

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The interview guides were adapted from previous interviews, and some interviews were conducted in collaboration with other researchers. The various protocols are presented below.

### 1.1 Interview protocol – Supplier A

#### **Introduction**

1. Could you describe a workday or workweek concerning activities for Buur&Zo?
2. What motivated you to participate in the Buur&Zo project?

#### **Alignment**

3. What do you want to achieve by participating in the Buur&Zo concept?
4. Could you describe the communication/coordination with other participants within Buur&Zo?
  - What do you think is going well? What do you think could be improved?
  - From your role, what do you see as challenges in the coordination with other Buur&Zo participants?
  - How do you deal with the challenges of coordination with other Buur&Zo participants?
  - Buur&Zo involves care, logistics and welfare partners. How does this work in terms of communication?
  - How are decisions made?

#### **Growth and relationships**

5. Could you describe to what extent you are involved in consortium meetings? (Please continue to ask questions about common goals)
6. Could you identify dominant challenges in the cooperation/growth of the project? And what are the main challenges for the future from your perspective?
  - Collaboration, value allocation and growth
7. Do you feel that your contribution to Buur&Zo is seen by other partners in the Buur&Zo project? How is this expressed?
8. How do you look forward to the next phase of cooperation?
9. Did your role change since the start of the project? Explain.
10. Are there any advantages for you as a logistics provider at the moment?
11. How do you see the future of Buur&Zo?

## 1.2 Interview protocol care / welfare / project management

### **Introduction**

1. Could you describe what function you fulfil in the Buur & Zo project?
2. Could you describe a workday or workweek concerning activities for Buur&Zo?
3. What motivated you to participate in the Buur&Zo project?

### **Alignment**

4. What do you want to achieve by participating in the Buur&Zo concept?
5. How does the work you do contribute to achieving these goals and making the project grow?
6. Could you tell us more about how the coordination with other participants within Buur&Zo works?
  - What do you think is going well? What do you think could be improved?
  - From your role, what do you see as challenges in the coordination with other Buur&Zo participants?
  - How do you deal with the challenges of coordination with other Buur&Zo participants?
7. How do you communicate with the other participants of Buur&Zo?
8. Buur&Zo involves care, logistics and welfare partners. How does this work in terms of communication?
  - How are decisions made?

### **Growth and relationships**

9. Who do you think plays an important role in the development of the project? Could you elaborate why?
10. Could you identify dominant challenges in the cooperation/growth of the project?
11. What are the main challenges for the future from your perspective?
  - Collaboration, value allocation and growth
12. How are new partners selected? What is your role in this process?
13. How do you contribute to maintaining cooperation?
  - What are the challenges?
14. What are you proud of regarding your participation in Buur&Zo?
15. Do you feel that your contribution to Buur&Zo is seen by other partners in the Buur&Zo project? How is this expressed?
16. How do you look forward to the next phase of cooperation?
17. Did your role change since the beginning of the project? Explain

### 1.3 Interview protocol – neighbourhood concierges

#### **Introduction**

1. Could you describe what function you fulfil in the Buur & Zo project?
2. Could you describe a workday or workweek concerning activities for Buur&Zo?

#### **Activities**

3. What do you want to achieve by participating in the Buur&Zo concept?
  - How does this tie in with the work and goals of other partners?
  - What do you value in the work you do for Buur&Zo? How does this fit in with your personal values about work?
  - What don't you like about your work?
4. What are the challenges you face? How do you deal with them? While the project continued to evolve, How did your role change from the beginning until now?

#### **Alignment**

5. Could you tell us more about how the coordination with other participants within Buur&Zo works?
  - What do you think is going well? What do you think could be improved?
  - From your role, what do you see as challenges in the coordination with other Buur&Zo participants? How do you deal with this?
6. How do you balance the different tasks you have to perform and deliver? How do you deal with this? What impact does this have on your daily work?
7. Do you feel that partners have different goals within the Buur&Zo project?
  - If so, how do you notice this?
  - What effect does this have on your work?
8. How do you communicate with the other participants of Buur&Zo?
  - Buur&Zo involves care, logistics and welfare partners. How does this work in terms of communication?

#### **Growth and relationships**

9. Could you describe to what extent you are involved in consortium meetings? (Please continue to ask questions about common goals)
10. Could you explain your involvement in the development of the Buur&Zo project?
11. Could you identify dominant challenges in the cooperation/growth of the project?
  - Collaboration, value allocation and growth
12. Do you feel that other partners see your contribution to Buur&Zo in the Buur&Zo project?

- How is this expressed?
13. What are you proud of regarding your participation in Buur&Zo?
  14. What challenges do you see in the future to make the project grow?

### **Appendix 3 – code book**

This codebook exists of illustrative quotes used in the finding's settings.

<b>Theme</b>	<b>Coding</b>	<b>Illustrative quotes</b>
<b>1. Network building</b> <b>1.1. Pilot 1</b>	<i>1.1.1 importance of a core team</i>	<p><i>I think it is precious that we have a location.– Neighbourhood concierge pilot 1 participant 1 (f). I think it is precious that we have a location. In addition, that the project had already been running for one and a half years. So, we can build on that. We know social team worker x, who has been working in the neighbourhood for 12/13 years. Well, welfare organisation x has been here for five years plus a few years. For example, I visited a resident who lives next door to a volunteer who has worked here with welfare organisation x for twenty years. You have those lines all day long, and we do get much pleasure from that. Certainly, in the beginning, when we were new, x from the social team helped us right away, and that works very well. – Neighbourhood concierge pilot 1 participant 1 (f)</i></p> <p><i>The neighbourhood concierge of the pilot one hub was out and about. They came to the house, and the neighbour opened the door. She was in a panic, and a lot was going on at home. Well, the community concierge also panicked and said: ‘We have to take action because things are not going well at all. So, they immediately called a person from the Social team, and person x got the file and said, ‘no, there is already</i></p>

		<p><i>enough help for her, tell the neighbour she can take it easy. There is already a lot going on around her. There is nothing wrong with her; this is all part of her'. Peace returned. No GP has been called; no 112 has been called. That is how we work together in the neighbourhood, but we know what belongs to whom. – Welfare pilot 1</i></p>
	<p><i>1.1.2 informal contact at the operational level</i></p>	<p><i>The agreement is that we will get x brought to the Hub by our delivery man. Before the start, we have spoken with neighbourhood concierge X and neighbourhood concierge X, the delivery people. To agree on a few things, we have telephone contact with the deliverers next to this. However, that does not go through me but through one of the assistants. Furthermore, they often come at the end of the day to return X as sometimes someone is not at home or patients give something that has to be returned to the pharmacy. So, there is always a brief moment of consultation.- Supplier a</i></p>
	<p><i>1.1.3 Communication lines relationships under development</i></p>	<p><i>I sometimes notice that when I come to give medicine to one of the older people, the door is opened by someone from the home care service of X. I do not want to say that they are your colleagues, but you do work together. Nevertheless, those people have no idea who we are. I would like to get to know them. That they recognise me as we both visit the same people. – Neighbourhood concierge pilot 1</i></p>
	<p><i>1.1.4 role of previously established relations</i></p>	<p><i>In addition, that the project had already been running for one and a half years. So, we can build on that. We know social team worker x, who has been working in the</i></p>

		<i>neighbourhood for 12/13 years. Well, welfare organisation x has been here for five years plus a few years. For example, I visited a resident who lives next door to a volunteer who has worked here with welfare organisation x for twenty years. You have those lines all day long, and we do get much pleasure from that. Certainly, in the beginning, when we were new, x from the social team helped us right away, and that works very well. – Neighbourhood concierge pilot 1 participant 1 (f)</i>
<b>1.2 Pilot 2</b>	<i>1.2.1 hinder as result of external event</i>	<i>In neighbourhood x, a Home Team consultation takes place once every eight weeks. This is a consultation in which the general practitioner, the Social Team and the neighbourhood care worker, who may be x or x or both, meet to discuss signals. That Home Team was always there, even before this project. This Home Team is going well. There is an agreement that the neighbourhood concierges can join, but this consultation has not taken place yet. To say something about whether this is valuable and additional, I think you need to be six months further on. – Social team pilot 2</i>
	<i>1.2.2 importance of introductory talks</i>	<i>I must say that they find us better and better—the case manager of x, the district nurse of x. We get quite a lot of requests now. This is because we have made our acquaintance. They know our face and know where we are because they have been here. However, it just needs time; it will develop. – Neighbourhood concierge pilot 2 participant 1 (f)</i>
	<i>1.2.3 communication lines and relationships in its infancy</i>	<i>For example, neighbourhood concierges took someone to the vaccination centre. While the social team should have passed on the call to the voluntary help service because they drive people to the vaccination centre. However, you see that this</i>

		<p><i>cooperation is still in its infancy; it is new, so that is the challenge. Shaping it, making it run smoothly. That people can find each other. – Project management</i></p> <p><i>Yes, I have already spoken to them, because they are going to talk to everyone. Moreover, I also see them driving around now. I see them regularly; I see the car. – Voluntary service pilot 2</i></p>
<p><b>1.3</b> <b>Pilot overarching</b></p>	<p><i>1.3.1 best practice for collaboration; selecting for teamwork and training</i></p>	<p><i>The four of us also followed a training course, 'the question behind the question', which a prevention worker gave. The four of us (neighbourhood concierges) got to know each other well.– Neighbourhood concierge pilot 1</i></p> <p><i>I want people who are actively involved to see where we can make progress, so the group you are working with, now they are all entrepreneurs as well, see it through. Moreover, they support the shared vision. – Project management</i></p>
	<p><i>1.3.2 communication lines within professions</i></p>	<p><i>It is a team, and yes, sometimes you get messages at eleven o'clock in the evening when welfare worker X is still working late. – Neighbourhood concierge pilot 1</i></p>
	<p><i>1.3.3 relationships between stakeholder groups</i></p>	<p><i>They did not yet know what we could contribute. I felt more like, uh you are not going to do what we are already doing – Neighbourhood concierge pilot 1</i></p>

		<p><i>A bit of time will help us in this respect. Trust is not something you do in a digital consultation. That remains a daily thing, of course. You have to build it up with each other. We did get acquainted digitally. We can find each other through the mail, teams and WhatsApp. But you notice that it is different from physical contact. In one way or another, there is a threshold to indicate that you find something meaningful.</i></p> <p><i>– Care organisation x participant 1a</i></p>
<p><b>2. Role development</b> <b>2.1 Role definition</b></p>	<p><i>2.1.1 Impact of role definition/ task description</i></p>	<p><i>With us (core team), the goals do not conflict. This is because we have made it very clear what belongs to you and what does not. All people have intrinsic motivation. That is the common goal, so welfare in the neighbourhood, looking out for each other, doing something for people, meaning something to people, is the common motive. By making it very clear that neighbourhood concierges are not professional and we are all here for one purpose. We have divided the functions and tasks, which provided clarity. – Welfare pilot 1</i></p> <p><i>I do not understand why role descriptions have provided peace of mind. At least not for me; I do not have a job profile either. I know what to do and whom to contact based on the job text and meetings at the start of my job. - Neighbourhood concierge pilot 1 participant 2 (f)</i></p>

	<p>2.1.2 role definition various stakeholders' perspectives</p>	<p><i>You have care, logistics and welfare that need to be integrated, and the neighbourhood concierges are a new stakeholder group. Neighbourhood concierges connect the three industries, so to speak, yes, they are the centre. – Project Management</i></p> <p><i>The neighbourhood concierges go into the neighbourhood by delivering meals, medicine or other products to get behind the front door. They are just extra eyes and ears in the neighbourhood. Moreover, as soon as they notice something care-related, they link it back to the social team. If it is not care-related, if it only has to do with loneliness or wanting to participate in certain things or going for a walk, it can go directly to welfare organisation x. The volunteers will take it up. However, it will be briefly discussed with the social team. – Welfare pilot</i></p> <p><i>As of 1 February 2021, two neighbourhood concierges started in pilot one, and they now have a different job content than I had. So that means that they indeed deliver, and they signal and then it is picked up by others. – Neighbourhood concierge initial phase</i></p>
	<p>2.1.3 seeing each other as complementary</p>	<p><i>It is a story of complementing each other rather than being involved in taking advantage. With the supply's neighbourhood concierge, contact the elderly and start having a chat with them. During these contact moments, neighbourhood concierges signal things, and if necessary, they pass it on to welfare or care. This depends on</i></p>

		<p><i>what is needed. You can see very clearly that it is an extension of each other in cooperation and if you start spreading that message, suddenly a lot more is possible.</i></p> <p><i>– Project Management</i></p>
	<p><i>2.1.5 role of IT and sharing information</i></p>	<p><i>You are subject to a great many laws and regulations—especially privacy-sensitive information. The care workers are not allowed to share medical data, and that makes it difficult. On the other hand, it is more or less a lack of time for care workers. – Care organisation x participant 1a</i></p> <p><i>It is simply not possible for the neighbourhood concierge to go into the neighbourhood without background information. Information has to be shared. There is no other way to help these people. – Welfare pilot 1(f)</i></p> <p><i>You can solve it together in a safe way. Maybe not according to the rules, but with integrity and according to the duty of confidentiality. Otherwise, you cannot do what you do. – Welfare pilot 1 (f)</i></p> <p><i>Well, what we are doing now takes a lot more time than I thought it would. That is the transfer of information to align addresses and delivery routes. We have 140 patients per week, and sometimes there are exceptional circumstances. For some</i></p>

		<i>deliveries, you have a specific route for Buur&amp;Zo, which is another route. So, we are still quite busy transferring that well. - Supplier a</i>
	<i>2.1.6 importance of suppliers in collaboration</i>	<i>We noticed in the initial phase that the delivery moment is a very natural moment to literally come in with someone. Look, if you, as a care provider, are standing in front of the door wearing a jacket, so to speak, nobody wants care. When you come to the door with a package, because you've brought medicine, that's literally what we get back from the concierge the first time, then the front door opens slowly. The next time, the door opens a bit further, well the third time, she says do you want to have a cup of coffee, so to speak. The delivery moment has simply become a very important contact moment as well – care organisation x participant 2</i>
<b>2.2 Identity challenge</b>	<i>2.2.1 conflicting identities stakeholders</i>	<i>The different goals between logistics, welfare, care and project management are not in line. You notice that as a neighbourhood concierge because you have meetings or hear that project management decides that it can be done just like that. We then sometimes feel like 'yes, but if we want to do this in this way (for example, more medicine deliveries), then the whole welfare aspect is gone. While that is what we stand for. On the other hand, we do have the realisation that you do need those suppliers. It is just a matter of finding the right balance every time. - Neighbourhood concierges' pilot 1 and 2</i>

		<p><i>I think that a concept can only continue to succeed, in my opinion, at the moment that it has added value for every participant somewhere. As soon as there is no added value for one party, they will undoubtedly drop out, so you must constantly look together. As yes, where is the value for each part? So, I am also talking about healthcare, welfare, suppliers, of course. – Care organisation x participant 2</i></p>
<p><b>3. Condition 1 – shared location</b></p>	<p><i>3.1.1 role of physical proximity</i></p>	<p><i>The advantage is that we are under one roof, that we meet each other —the low threshold, the accessibility. I do not have to call, and I do not have to e-mail; I do not have to go somewhere. That is just a walk-in as ‘oh you know’ or how often I pick up the phone and pass it on. This kind of things gives added value. It supports to react quickly and also intervene on time– Social team pilot 1</i></p> <p><i>Organising together face-to-face to coordinate things, that is a prerequisite. – Care organisation x participant 1a</i></p> <p><i>You just see that such a place in the neighbourhood, where there is activity, where the coffee is ready. Yes, that is a kind of magnet. If you do not have that magnet because it is either closed by Corona or just not there at all, it becomes more complicated.</i></p>

		<p>– <i>Neighbourhood concierge pilot 2 participant 1 (f)</i></p> <p><i>Yes, it is easiest and most organic if you are both in the same location and, well, if you drink a cup of coffee together to catch up and get to know each other, but also if you can easily switch if you come across something strange. Then you can immediately approach someone. – Care organisation x participant 1a</i></p>
	<p><i>3.1.2 role of organisational proximity</i></p>	<p><i>That will be the biggest challenge: the welfare, attention for people, and suppliers stuck with times. And then, there is the project organisation that wants to close the business case. That is a long way off because if you start making many deliveries, well-being will be in trouble. – Welfare pilot 1</i></p>
	<p><i>3.1.3 importance to show results to involved stakeholder groups</i></p>	<p><i>Person x says I need a report. As he needs to be able to show and justify this internally again. That he is putting money into prevention and the WMO and the WLZ, what they are allowed and what they can do - Project management</i></p> <p><i>We need to show that neighbourhood concierges signal so that other parties benefit and also the prevention part, what return that will bring in terms of decrease of care consumption. – Care organisation x participant 2</i></p>

		<p><i>We have experienced numerous times that we have given feedback to suppliers and benefited from it. X, who then either gives us the wrong medicine or far too much. We have all given feedback and done that. We now have almost weekly contact with supplier a, and we provide feedback—the same for the meals. Every time the empty boxes are taken away, we contact and talk about the meals and how much people like them. So, I notice that supplier x, in this case, is pleased with it. That feedback, I know for sure, is also added value for the supplier. – Neighbourhood concierge pilot 1 participant 1(f)</i></p> <p><i>Well, for example, they came to a patient and, uh, he had been given medication, but he did not take it. So, there was a whole supply there, and then the district coach asks, 'shouldn't you take it' 'no, she says I do not have to take it and how that works because we do deliver it and order it in one way or another, but it is not taken. You do find out then as an example or, uh, what I told you before, in terms of side effects, of course, that someone experiences specific symptoms; I do have a few examples of that. However, I find that difficult to estimate whether that makes a difference because of Buur&amp;Zo and the quantity. - Supplier a</i></p> <p><i>I sometimes get lovely messages from project management saying that medicine was brought to a lady and product x was collected from you. In terms of efficiency, that</i></p>
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		<p><i>is, of course, super. In terms of communication, I am told immediately, and I like that.</i>  <i>– Supplier b</i></p>
	<p><i>3.1.4 importance of representative of different roles situated at the shared location</i></p>	<p><i>I found that a condition for myself was that the neighbourhood concierges were linked to the social team. Why? Otherwise, you create a line next to the social team where you both have your social map while there was already something here. It is better to complement each other than to have something running parallel that does not communicate with each other and comes to the door of the same people in the same neighbourhood. So that was somewhat of a condition in my mind that I said it is possible to have Buur&amp;Zo and neighbourhood concierges. The condition is that it is connected to the social team and that they are the ones who are in charge, they have file information, they are professionals, they know, and they have already put everything in place in the neighbourhood. So, neighbourhood concierges are just an excellent addition to that.</i>  <i>– Welfare pilot 1</i></p>
<p><b>4. Condition 2 – consultation structures</b></p>	<p><i>4.1.1 planned shared meetings</i></p>	<p><i>I do miss consultations, also that I am curious about what you are doing. From my perspective, we need to organise once a fortnight with the four of us, including the owner of the welfare organisation as coordinator. Just shortly discussing what you</i></p>

		<p><i>are doing, how you are doing it, and which challenges you face. I did miss that. – Neighbourhood concierge pilot 2 participant 1 (f)</i></p> <p><i>That word 'feedback'. This is something that we often have together. We should also perhaps consult more with x from voluntary services. A resident died recently who was very well known to welfare organisation X but whom we did not know. So, I think some coordination is still needed there. That we know who is already known here. – Neighbourhood concierge pilot 1 participant 2 (f)</i></p>
	<p><i>4.1.2 boundary spanning activities</i></p>	<p><i>The difference is indeed what did not go well and what I had in mind was that I do not have the time to sit on top of it. For example, to organise two or three consultations a week. Once in pilot 2, once in pilot one and once in plenary together. The management also ended up here, and that management, yes is excellent, but if you have two companies, you lack the time, and everyone starts doing their own thing and look at it in its way. I think we did the right thing, OK, if you go into the neighbourhood, then at least you know where you need to go. We put the volunteers around it in pilot 1. However, structural consultation and planning did not get off the ground, at least on my part. The social team did, and they have weekly client meetings with neighbourhood concierges in pilot 1. – Welfare pilot 1(f)</i></p>

		<p><i>We told her owner welfare organisation) that she gives feedback or is the contact person for the neighbourhood concierges. But in the rush, she is running up against her limits. Well, extra help is needed with coordinating so for the operational matters back and forth. It's just nice to have someone who can take care of that. – Project management</i></p>
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