

Corporate Social Innovation in a BOP context

*Social value creation through tacit knowledge exchange in the business-nonprofit partnership
of Philips and Amref*

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ABSTRACT

There is an increasing number of multinationals engaging in Corporate Social Innovation (CSI) in the BOP context, as they see individuals within this context as potential customers and sources of innovation. This study examines the access to care project of Philips in Africa, gaining insights into the social value creation of multinationals through tacit knowledge exchange in business-nonprofit partnerships. This study contributes to the literature by looking into business-nonprofit partnerships in the BOP context, which is rather underexposed. A qualitative deductive research approach of a document analysis and semi-structured interviews with ten employees of Philips and Amref were conducted. The results show that an NGO is a valuable partner and the tacit knowledge exchange forms used within the partnership relevant for CSI consist of knowledge of the local market, engagement with local communities, skills of implementation and relationship with the government of the developing country. Findings reveal that the knowledge exchange result in a sustainable business model of the multinational aligned with the needs of the local community and thereby achieving social value creation. This research pioneers the viewpoint that multinationals learn how to generate social value through partnership experience and thus suggests that multinationals focusing on CSI should engage in partnerships with NGOs or governments.

***Keywords:** Corporate Social Innovation, BOP context, tacit knowledge exchange, business-nonprofit partnerships, social value creation*

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Chapter 1: Introduction

1.1 Introduction of the topic

Access to healthcare is a primary issue and a grand challenge in Africa. The people in Africa live below the poverty line and have concerns about health. These individuals are referred to as the Bottom of the Pyramid (hereafter BOP) (Chmielewski et al., 2020). Moreover, the healthcare systems in Africa face unfavourable health outcomes (Oleribe et al., 2019). The United Nations (UN) formulated Sustainable Development Goal (hereafter SDG) 3 to recognize the complexity and interdependence of the grand challenge of healthcare (UN, 2015). Some of these issues related to access to healthcare are limited health workforce, lack of infrastructure, lack of government investment and lack of technical know-how (Adebisi et al., 2022; Kinfu, 2009; Oleribe et al., 2019). Multinational corporations face this grand challenge, as they operate in developing areas such as Africa. This BOP context can be sources of innovation for the multinational to address market-based solutions for the health problem (Chmielewski et al., 2020; Nguyen et al., 2023). In addition, multinationals have a high visibility subjecting reputational risk, which is a driver for engagement in the social challenge (Dionisio & de Vargas, 2020; Tarnovskaya, 2022).

To address the challenge, multinationals can develop business models with the aim to generate a competitive advantage and simultaneously bring a solution for the societal issue, referred to in the literature as social innovations (Dionisio & de Vargas, 2020). Social innovations transcend geographic, administrative and political boundaries (Niekerk et al., 2021). Corporate social innovation (hereafter CSI) is the concept of social innovation at corporate level. The underlying pinning of the concept is value co-creation of economic and social value (Dionisio & de Vargas, 2020). Social value can be indicated by the societal outcome level outcomes of the innovation generated in the area of healthcare (Niekerk et al., 2021). In addition, to achieve social value creation in the African context, the business model of the multinational must align with the economic and social needs of the local community (Sinkovics et al., 2014).

In order to create social value via CSI, collaborations across sectors are essential. Selsky & Parker (2005) investigated cross-sector partnerships to address social issues that actively engage the partners on an ongoing basis. Business-nonprofit partnerships are referred to as private and social collaborations aimed at addressing global concerns. In addition, the partnerships need to be transformative with the aim of value co-creation (Diaz-Perdomo et al.,

2021). The multinational and NGO exchange knowledge to enhance the social impact of the multinational. The primary implication from the research conducted by Mirvis et al. (2016), will be incorporated in this thesis: ‘CSI practices are interactive and experiential, which requires tacit knowledge’ (p. 5019). Tacit knowledge enhances innovation capability, focusing on CSI (Ganguly et al., 2019). However, this knowledge is produced in action, not codified and comes in technological or cognitive forms, therefore difficult to share (Mulgan, 2006).

The literature describes the engagement of multinationals in partnerships generating CSI (Sanzo et al., 2015; Risso, 2012; Shier et al., 2013). Several scholars investigated the relevance of knowledge exchange in the business-nonprofit partnership (Mirvis et al., 2016; Lyra et al., 2017). A systematic review shows that very few studies have been done on how multinationals learn to produce social value creation through knowledge sharing with partners. In addition, the tacit knowledge is context specific and needs experience by multinationals for the understanding (Mirvis et al., 2016). A recent study has examined the knowledge exchange within a business to business partnership for the production of CSI in developing countries (Saka-Helmhout et al., 2021). Therefore, it is interesting to look at the BOP context and see whether the theories also apply to the knowledge exchange in a business-nonprofit partnership.

In this research, the theories stated above are examined in the access to care project of Philips. Philips is a multinational recognized as a leader in the healthcare industry. Their mission is to work together with partners to enable and expand access to care for communities in Africa (Philips, n.d.). Philips started in 2013 a partnership with the NGO Amref Flying Doctors (hereafter Amref), therefore a business-nonprofit partnership, with the objective to build a business model to sustainably deliver quality health outcomes (Amref, 2021). This partnership lasted for eight years and has been one of the most successful, mostly of the complementary strengths of both parties. Within these 8 years, they piloted a partnership for Primary Care business model in Makueni County (Philips, 2021). Hence, the relevant period for this thesis is 2013 until 2022. The contribution of Philips in the partnership was utilizing advanced technology and providing clinical and consumer insights to deliver integrated, innovative solutions to the grand challenge.

1.2 Research question and objectives

Taken into account the developments regarding CSI and the complex interaction between business-nonprofit partnerships, the question that will be investigated is:

How does the tacit knowledge exchange between Philips and Amref in their business-nonprofit partnership contribute to the social value creation in Philips’ access to care project (CSI)?

In order to answer the main research questions, three sub-research questions are elaborated:

1. *Which forms of tacit knowledge exchange within business-nonprofit partnerships are used for the access to care project of Philips?*
2. *What are the practices and strategies implemented by Philips for value creation within this partnership?*
3. *How is social value created during the partnership by Philips access to care project?*

The objective of this research is to contribute to scientific literature by gaining insights into the tacit knowledge exchange in a business-nonprofit partnership and social value creation of a multinational via CSI. A deductive approach is applied by combining and testing relevant theories, giving an integrative approach.

Particularly, theoretical insights will be provided on the tacit knowledge sharing within a partnership operating in a BOP context. This thesis will not only contribute to this debate, but also adds to the academic debate by examining the theories in a business-nonprofit partnership. This research seeks to evaluate and might even refine the theories studied. Additionally, by getting to know more about the social value creation via CSI, it continues the debate on the value and the necessity to address the grand challenge of access to healthcare by multinationals.

Second, in terms of societal value of this research, this study lies insights into the access to care project of Philips. It provides Philips with practices and strategies implemented for value creation in the partnership. Moreover, the research provides a perspective of the BOP context, describing the currently stand in place and reveals insights into underlying knowledge exchange of a business-nonprofit partnership. In this way, the study provides multinationals in the healthcare industry with the opportunity to learn from successful social value creation via CSI; the case of Philips.

1.3 Outline of the thesis

The thesis is structured as follows. First, the literature review is provided, which offer insights on the current debate regarding CSI, business-nonprofit partnerships and the future agenda. Subsequently, the knowledge exchange within the partnerships is articulated and further integrated in consideration of recent literature and developments in the research context. Further, a chapter is devoted to the methodology. In chapter 4, the results of the study are discussed. As a final point, in last chapter, the conclusion and discussion are presented.

Chapter 2: Theoretical background

The theoretical background provides a systematic review of how scholars study social innovation in the International Business & Management field study. Firstly, the definition of the key concept of CSI in a BOP context is given. Second, an oversight of the social value creation, as outcome of CSI, is discussed. Additionally, cross-sector partnerships, specifically business-nonprofit partnerships, are outlined, discussing its current state. Moreover, an exposition of the knowledge exchange within these partnerships ensues. To this extent, the pivotal concepts underpinning this study is provided.

To answer the research question on ‘how’ the tacit knowledge exchange of a business-nonprofit partnership contribute to social value creation via CSI, a focus on the grand challenge of access to healthcare within a BOP context is explored. Issues of inadequate human resources and lack of technical know-how are associated with this grand challenge (Adebisi et al., 2022; Kinfu, 2009; Oleribe et al., 2019). The concept of grand challenges refers to problems that exceed geographical and economical borders and have an impact on the societies in which they are incorporated (Tarnovskaya et al., 2022). This is further defined in the literature as Grand Social Challenge (hereafter GSC), emphasizing social and environmental issues (Voegtlin et al., 2022).

2.1 CSI in a BOP context

The rise of growing interest in the social field for multinationals started late in the 1990s (Kanter, 1999). Kanter was one of the first scholars who defined the concept of CSI by proposing profitable and sustainable changes for companies. CSI can be defined as: “... *a strategy that combines a unique set of corporate assets in collaboration with other sectors to co-create breakthrough solutions to complex economic, social, and environmental issues that bear on the sustainability of both business and society*” (Mirvis & Googins, 2017, p. 2). Multinationals have high visibility and society expects them to be socially responsible, facing a reputational risk (Dionisio & de Vargas, 2020). In order to achieve both corporate and social objectives, multinationals must balance corporate goals, reputation and strategy with local reality and their social needs. What is important for this study, is that the multinationals operate in Africa. This continent consists of least developed countries, regional differences and lack of formal institutions (Webb et al., 2010). In these countries, individuals live on less than two dollars per day, referred to in the literature as the Bottom of the Pyramid. These individuals can be seen as potential customers. In this way, a business opportunity arises for the multinationals resulting in sources of innovation (Chmielewski et al., 2020; Nguyen et al., 2023).

The BOP approach has been discussed and developed in the literature over recent years. The focus shifted from selling goods and services adapted for the poor to a holistic, collaborative process of poverty alleviation (Webb et al., 2010; Nahi, 2016; Chmielewski et al., 2020). To achieve a collaborative process of poverty alleviation, the social, political, emotional and cultural aspects of the context need to be considered (Nguyen et al., 2023). This poses a challenge for multinationals to develop business models bottom-up to the local community (Sinkovics et al., 2014; Chmielewski et al., 2020). Therefore, it shows the relevance of research into CSI in a BOP context.

2.2 Outcome of CSI: Social value creation

Scholars consider the underlying pinning of CSI the creation of social and economic value, hence value co-creation (Dionisio & de Vargas, 2020; Saka-Helmhout et al., 2021). The creation of social value via CSI has acquired attention in the literature. It manifests as a potential solution to address prevailing social needs that remain unfulfilled by existing actors (Dionisio & de Vargas, 2020). The societal level outcomes can be seen as the output of the social innovation and serve as an indicator of the social value creation. The social value creation can be generated in different areas; education (Yin & Jamali, 2016), governance (Yin & Jamali, 2020), empowerment (Yin & Jamali, 2020; Niekerk et al., 2021) and healthcare (Niekerk et al., 2021). These outcomes are mostly long-term.

This research will focus on the area of healthcare, specified as access to healthcare in Africa. The social value could be created through social innovation by relying on a sustainable business model (Sinkovics et al., 2014; Winterhalter et al., 2017). The business models in the healthcare industry are targeted at patients, clinics/doctors and the healthcare system (Winterhalter et al., 2017). In addition, in the study of Sinkovics et al. (2014), social value creation of multinationals in a BOP context is described by the activity that leads to the attainment of the three core values of development, namely; sustenance, self-esteem and freedom from servitude (Todaro & Smith, 2011). First, the sustenance refers to the ability to meet the basic needs, such as providing affordable healthcare for patients and ensuring that hospitals have access to affordable and operational devices and technology (Winterhalter et al., 2017). Whereas self-esteem encompasses aspects such as dignity and legitimacy. When people are not mobile and live in extreme poverty, it robs their dignity. The last dimension, freedom from servitude, includes the ability to choose from a wide range of options, such as different doctors (Sinkovics et al., 2014). The social value creation is an integral component the business model, indicating change in people's lives that have an impact on future generations.

The value of self-esteem can be seen as an organic outcome of the sustainable business model (Sinkovics et al., 2014). Self-esteem can be characterized by the dimensions legitimacy and dignity. Consequently, the social value creation in this thesis will be described based on these dimensions. Legitimacy, within the context of the BOP, could be understood as the acceptance of the community of the multinational and its practices (Sinkovics et al., 2014). It arises when society considers the output, procedures and structures as desirable and essential. Cognitive legitimacy focuses on what a multinational represent and therefore measures the level of public knowledge about an organization (Diéz-Martin et al., 2021). The aspects for assessing cognitive legitimacy include its products, services and certain structural attributes. Furthermore, patients have the right to be treated with dignity. Dignity, as a multifaceted concept, forms the basis for the duty to respect the patient. This contains the patient's autonomy and choice, reflecting the ability to make informed decisions regarding their care (Henry et al., 2015; Ekpenyong et al., 2021). Other features of dignity in healthcare are respectful communication and the physical environment (Ekpenyong et al., 2021).

2.3 Business-nonprofit partnership

As outlined before, a global social challenge, the access to healthcare, needs to be tackled by various actors due to their size and their global impact (Voegtlin et al., 2021). Cross-Sector Partnerships (CSSPs) address social and environmental challenges. Selsky & Parker (2005) define the CSSPs as: "*Cross-sector projects formed explicitly to address social issues and causes that actively engage the partners on an ongoing basis*" (p. 850). CSSPs between NGO's and businesses are widely regarded by scholars as an essential and potent mechanism for realizing social and economic objectives reflecting social innovations (Dionisio & de Vargas, 2022). The necessity of business-nonprofit partnerships appears to be growing due to the social innovations of multinationals which address challenges in the BOP context. They face challenges in an unfamiliar culture and context with lack of formal institutions. This implicates that multinationals partners with NGO's to deal with doing business with the BOP. These partnerships are a collaboration between the private and social dimension (Selsky & Parker, 2005).

Additionally, the partnerships with the aim for social innovation requires accessing a range of resources and competences that lie beyond the multinational immediate expertise referring to a 'win-win' situation for both partners (Philips et al., 2015; Selsky & Parker 2005). In line with this, the NGO and the multinational contribute to the partnership with complementary capabilities. Concerning social innovations, NGO's provide legitimacy,

connections with the local communities and knowledge of the local conditions of the markets to the multinationals (Dionisio & de Vargas, 2022; Webb et al., 2010). An important outcome of the CSSPs is collective and interactive learning, referred to as interaction value (Sanzo-Pérez & Álvarez-González, 2021). Interactive learning is a driving force of social innovation (Selsky & Parker, 2005; Philips et al., 2015). In addition, the process of interaction and thus learning is crucial for the co-production of knowledge (Dentoni et al., 2015).

Díaz-Perdomo et al. (2021) argue that social innovations demand transformational partnerships between the multinational and NGO, in which both parties commit to delivering change through innovations that improve the lives of those affected. A feature of this partnership is the existence of value co-creation. NGOs are relevant for value creation in the social innovation context due to their advocacy activities to protect or advance the position in the society of people (Díaz-Perdomo et al., 2021). Given this argument, it is crucial to examine to which extent the adoption of a value co-creation strategy between the business-nonprofit can enhance the social impact of the multinational. The strategy implies the participation in different stages of the process, reciprocity between the partners, involvement in the learning process and engagement in the relationship (Díaz-Perdomo et al., 2021). In addition, Bharti et al. (2015) stated that co-production an important element is of value co-creation. This co-production includes the characteristics of participation, involvement, engagement and mutuality. Hence, the business-nonprofit partnerships in this research may be defined by these four dimensions.

2.4 Knowledge

According to prior research, multinationals can access, exchange and co-develop knowledge through business-nonprofit partnerships (Mirvis et al., 2016). The distinction in the literature has been made between explicit and tacit knowledge. Explicit knowledge is codified and institutionalized, accessible in books or archived in devices (Lyra et al., 2017). However, tacit knowledge is held in person or produced in actions in technical or cognitive forms (Mulgan, 2006). Technical forms are processes and methods. Cognitive forms are individual experiences, beliefs and values. The tacit knowledge is context specific and difficult to transfer, accounting for their stickiness. Furthermore, the knowledge is inimitable and scarce. However, the exchange of this knowledge enhances dynamic- and consequently innovation capabilities of the multinational (Ganguly et al., 2019). Acquiring tacit knowledge is a driver for business-nonprofit partnerships and the presence is reflected in the partnership (Lyra et al., 2017; Dentoni et al., 2015). This thesis therefore focuses only on tacit knowledge exchange between the multinational and NGO.

2.5 Knowledge exchange

As explained in section 2.1, to achieve a social impact in a BOP context the business model of the multinational must align with the economic and social needs of the local community (Sinkovics et al., 2014). Built upon the research of Mirvis et al. (2016), there can be four types of knowledge exchange distinguished between the business-nonprofit partnership that are relevant for CSI of the multinational. By accessing this knowledge, the multinational can align their business model with the needs of the local community. First, the “Know-what” knowledge. This knowledge consists of the features of local conditions in the supply chain or the local market they seek to enter. The NGO’s often possess information about the dynamics and preferences within a specific geographic area or market segment of the developing country. The local market knowledge includes consumer demographics, culture, regulatory and buying patterns (Mirvis et al., 2016; Dentoni et al., 2015).

Second, the “Know-how” knowledge; the knowledge of the implementation of social innovations in an unfamiliar culture (Mirvis et al., 2016). The multinational develops this capability through partnership experience. This experience, and consequently knowledge sharing, is crucial in developing countries, within the BOP context, where resources are limited and counterparts cannot efficiently come together (Saka-Helmhout et al., 2021). Based on the research, which is conducted business to business, the concept of informal governance is introduced: *“learning through partnership experience”* (p. 591). Multinationals derive information and “Know-how” knowledge from the partnership. The collaboration leads to the access of skills to develop new ways of making, selling and distributing of the social innovation in the developing country, hence the implementation. The learning opportunities by partnerships are shown to generate value for both the parties.

Third, the “Know-who” knowledge; the knowledge of engagement with local communities and the gain of legitimacy. This reflects the self-esteem value of social value creation in the BOP context. For the enhancement of the legitimacy in the eyes of society, NGO’s can play a pivotal role (Sanzo-Pérez & Álvarez-González, 2022). They can assist in identifying, contacting and establishing relationships with the society. In line with this, the legitimacy of other relevant stakeholders in the future could be a result of the knowledge sharing of the partnership (Lyra et al., 2017).

Lastly, the “Know-why” knowledge; the knowledge of innovative efforts built on corporate commitment of social purpose (Mirvis et al., 2016). Improved understanding of the social problem could be a boost of motivation for the CSI within the multinational.

These types of knowledge exchange involve mainly tacit knowledge. The multinational needs experience in order to understand and effectively utilize this knowledge (Mirvis et al., 2016). The access of tacit knowledge is challenging, but when achieved, it can lead to the institutionalization of capabilities which enhance future CSI (Mirvis et al., 2016). Drawing upon the literature, the experience of multinationals is argued in business to business partnerships (Saka-Helmhout et al., 2021). This shows the relevance of research into business-nonprofit partnerships. This study will adhere to the knowledge exchange forms outlined by the study of Mirvis et al. (2016).

To further the debate and offer insights into the social value creation of the multinational via CSI, the following conceptual model is developed. Tacit knowledge exchange takes place within business-nonprofit partnership contributing to the social value creation of the multinational via CSI.

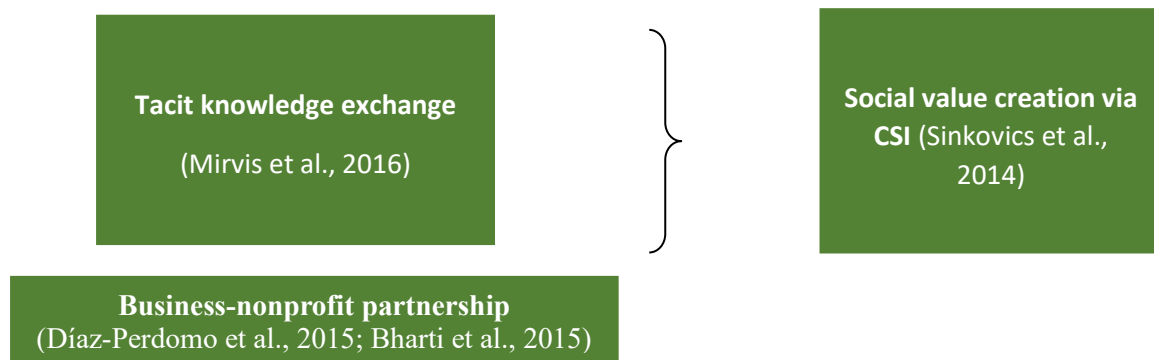


Figure 1: conceptual model

Chapter 3: Methodology

This chapter delves into the methodology aspects of the research. The research design to conduct the study is justified and the operationalization of the concepts is provided. Furthermore, the data collection, including the participant collection, and the data analysis is presented. In closing, the research ethics, which guide the research, are discussed.

3.1 Research design

The study is conducted via qualitative research. To answer the research question on ‘how’ the tacit knowledge exchange of a business-nonprofit partnership influence social value creation via CSI, the study is focused on exploring the social context using pre-existing codes derived from theories outlined above (Woiceshyn & Daellenbach, 2017). In order to test the theories, this study will follow a realist philosophical perspective (Myers, 2020) and a deductive research approach (Woiceshyn & Daellenbach, 2017; Bleijenbergh et al., 2023; Bingham, 2023). The realist approach assumes the existence of an objective reality being observed by the researcher. The task as researcher is to provide explanations for the phenomena and conditions of the study (Justesen & Mik-Meyer, 2012). In addition, the theoretical debates present in the literature form the starting point of the research. General theories are applied to a specific situation through research. Data is gathered to test these theories indicating a deductive research methodology (Woiceshyn & Daellenbach, 2017).

In pursuit of the aim to test the knowledge exchange in a business-nonprofit partnership regarding CSI, a single-case study is applied. A detailed study of a single social unit within its real-life context is provided empirical evidence to make a contribution to the literature (Myers, 2020; Yin, 2003). The case study is focused on the respondents as units of observation during a period of time, as detailed in section 3.2 and an overview is provided in Appendix 1, within Philips as the unit of analysis. The activities of the respondents during the partnership of Philips – Amref in the years between 2013 and 2022 is relevant to discuss.

3.1.1 Operationalization of the concepts

The concepts investigated in this research are tacit knowledge exchange, business-nonprofit partnerships and social value creation. These concepts are discussed in the previous chapter. To make them measurable, the concepts are operationalized in dimensions and indicators.

Tacit knowledge exchange

The tacit knowledge exchange of a business-nonprofit partnership is essential for the multinational to access knowledge to align their business model to the needs of the local community, reflecting social innovation. Based on the research of Mirvis et al. (2016), the knowledge sharing can be divided into 4 dimensions, namely: know-what, know-how, know-who and know-why. Regarding the first dimension, the indicators are composed by the insights of Mirvis et al. (2016) and Dentoni et al. (2015). The indicators of the second dimension follow from the theory of Saka-Helmhout et al. (2021). The theories of Sanzo-Pérez & Álvarez-González (2022) and Lyra et al. (2017) are the basis for the third dimension. Lastly, the indicators of know-why are composed by the use of Mirvis et al. (2016).

Business-nonprofit partnerships

The collaboration between multinationals and NGO's concerning social innovations requires transformative relationships. Drawing from the research of Díaz-Perdomo et al. (2021) and Bharti et al. (2015) four dimensions characterize this relationship. Their indicators follow from the Bharti et al. (2015) theory.

Social value creation

Self-esteem can be seen as an organic outcome of social value creation. This dimension encompasses the dimensions legitimacy and dignity (Sinkovics et al., 2014). The indicators of cognitive legitimacy derive from the theory of Diéz-Martin et al. (2021). The studies of Henry et al. (2015) and Ekpenyong et al. (2021) underpin the indicators of the dimension dignity.

The operationalization can be found in Appendix 3.

3.2 Data sources and data collection

Data for this research was gathered by documents analysis, secondary data, and conducting interviews, primary data. Documents are valuable data sources as they offer evidence of discussions or decisions that have been made (Myers, 2020). Five documents were selected, based on their content, domain and timeframe, reflecting the access to care project of Philips and their partnership with Amref. For instance, the annual plan of Philips provided the mission and vision of the organization and the objectives of the access to care project. In addition, the partnership agreement for Primary Care offered insights in the partnership in the relevant period. Moreover, respondents for the interviews were contacted via email based on their functions which were related to the partnership during the years between 2013 and 2022. Within this, the snowballing method was adopted. In this approach, existing respondents recruit future

respondents (Naderifar et al., 2017). During this process, the General Data Protection Regulation (2016) and the Netherlands Code of Conduct for Research Integrity (2018) were considered and personal data was only collected after people had given their consent. In pursuit of the objective of this research, nine employees of Philips and Amref have been sampled and one of FMO, the Dutch Entrepreneurial Development Bank. FMO provided the financing in the partnership of Primary Care of Philips and Amref. An detailed overview of the documents and respondents, including their function, can be found in Appendix 1.

A combination of document analysis and interviews has been used as methods for data collection to achieve triangulation (Myers, 2012). By conducting interviews, the researcher will gain insights in the experiences, beliefs and values of the respondents regarding the case (Gill et al., 2008). Interviews fits the research objective, since tacit knowledge is held in person and exists in cognitive forms. Specifically, the interviews were semi-structured interviews. These consist of several topics that guide and give structure to the interview, though, respondents can add insights or diverge in order to response more in detail (Gill et al., 2008). The interviews were taken with a peer of the master thesis circle. The explanation for this lies in the respondents' accessibility within a large organization like Philips. Another factor is that the respondents partly worked abroad and had limited time outside their jobs. Both the researchers asked their own questions. The questions of this research can be viewed in Appendix 2. Due to practical circumstances the ten interviews were conducted via teams and lasted between 35 and 70 minutes. The variation in minutes could be attributed to the length of the tenure and the height of the function of the respondents within the organizations of Philips and Amref.

3.3 Data analysis

After reaching data saturation (Myers, 2012), interviews were transcribed and coded using the Atlas.ti software. As a first phase, the transcripts were coded by coding trees with concepts derived from the theory (Bleijenbergh et al., 2023; Myers, 2012). The concepts are operationalized, as described in section 3.1 and can be found in Appendix 3. The data was categorized based on the indicators. These make the connections between the concepts and the empirical material. Following the process, themes were identified based on the dimensions (Bleijenbergh et al., 2023; Myers, 2012). By organizing the data into theoretical categories, the researcher can understand how the data and the findings of the analysis converge with the concepts of the theoretical framework (Bingham, 2023).

During the process of qualitative analysis of the data, emerging topics were also identified. This is the strength of qualitative research that research must embrace (Bingham,

2023). Thus, an inductive analysis was also conducted using a comparative method. The newly analyzed data was compared with previously analyzed data to determine whether it matched the existing codes or that new codes needed to be created (Bingham, 2023). The data which needed a new code, was coded using the Gioia et al. (2012) method. The initial step was open coding, conducted without the use of the theory. After this, the codes were put in categories by seeking similarities to find bigger themes within the data. These 2nd order level of themes are called axial codes (Gioia et al., 2012). The data structure can be seen in Appendix 4.

By using aspects of the approach of Bingham (2023), data was interpreted through both empirical and theoretical lenses. In this way, data was explored whether it aligns with the theory or extends beyond it.

3.4 Research ethics

Considering ethics, the General Data Protection Regulation (2016) and the Netherlands Code of Conduct for Research Integrity (2018) are applied as the drivers of this research. The principles of this conduct; honesty, scrupulousness, transparency, independence and responsibility, will guide the case study.

The principle of honesty is emerged in reporting accurately. In addition, scrupulousness is given by using the relevant scientific method and its implementation is carried out meticulously. Furthermore, full transparency of the research process is applied. Prior to conducting the interviews, informed consent was obtained via a consent form that provided a detailed explanation of the thesis purpose and included a request for explicit consent to record the interview. When doing interviews, participation was voluntary, anonymity was ensured and withdraw was possible at all times. An emphasis was placed on honesty and transparency by discussion of the interview topics beforehand and to give the option to review the transcript or a summary afterwards. In addition, the researcher behaved respectful and professional towards the respondents. During the interviews, the respondents were not interrupted and judged. The last two principles arises in the independent and responsible behavior of the researcher. There is no influence on the researcher choices or guidance by non-scientific scholars.

Moreover, confidential information, interview data or company documents, are not shared with the public unless there is permission to share. The interviews were performed with a peer from the master thesis circle. In order to ensure safe sharing of data, the data was shared via WeTransfer. In addition, the data of the interviews and documents are stored in RIS, which is a closed archive used for internal storage of the Radboud University and will be deleted after seven years.

Chapter 4: Analysis and findings

In this chapter the results of the data analysis are presented. They are analyzed by deriving a tree diagram from existing theory on the concepts tacit knowledge exchange, business-nonprofit partnerships and social value creation (Bleijenbergh et al., 2023). The findings are discussed based on the dimensions within sub-research questions. In the final paragraph, the other findings are addressed that showed minor patterns from deductive work or findings that emerged as patterns from inductive work

4.1 Sub-research question 1: Which forms of tacit knowledge exchange within business-nonprofit partnerships are used for the access to care project of Philips?

In order to answer this sub-research question, the main dimensions identified as patterns in the data are knowledge sharing of know-what, know-who and know-how, which assist Philips to bring their products to the market regarding the access to care project. In the interviews, it seemed that understanding the dynamics of the local market, consisting of the market itself and the target audience, is crucial when launching a product in the developing countries of Africa. The respondents highlight that the perspectives and insights of the customers' needs to be considered for bringing a certain product to work in a specific context. Respondent 8 (Philips) provided a concrete example:

“So what is the local situation, what is a, for example an affordable amount, what is affordable in the local terms. People get by on just a few euros a day, what should insurance cost?”

Moreover, one respondent stated that beyond comprehending the perspectives of the customers, the organization also needs to fit in the context. In her experience, this knowledge resides within Amref. Respondent 10 (Amref):

“And that's the strength of Amref, because Amref itself is African. Yes. They obviously work completely as that culture does, as their norms and values are. So they make sure that it is completely set up, that fits into the context of that community or of that”

Besides the dynamics of the local market of the developing country, demographic factors need to be considered for implementation of the products. Respondent 8 (Philips) underscored this argument:

“Yes, that there are no paved roads, no transport, that there are potholes in the road, that there is a flood every so often. That there are no decent toilets.”

Following-up this statement, the respondent explained that the whole healthcare system is different than in Western countries:

“Is knowledge about the healthcare system in Kenya. And therefore. Because we do have ourselves in contact with that health insurance. Because that way you can really make a sustainable business model. If you make sure that everything is arranged through the insurance. That people don't have to pay a lot of costs out of their own pockets. I think those are things that are very crucial. And these are things Amref has a lot of knowledge of.”

The poorly organization, health insurance and physical facilities without equipment or well-trained health workers, were topics that recurred several times in the interviews. The respondent illustrated that information about the healthcare system is crucial for developing a sustainable business model. It became evident that Amref provides Philips the information and skills of implementing in a developing country. This is acknowledged by different parties.

Respondent 10 (Amref):

“Well, and Amref, which has been around for 70 years now I think, it was born out of the need that basic health care in Africa is incredibly poorly organized.”

Further, strengthening this viewpoint, respondent 7 (FMO) noted:

“I think that Amref was local as an implementation partner, just the most important thing.”

From the document analysis, a different aspect of knowledge exchange emerged. It appeared that Amref put great emphasis on engagement with the local communities. The empowerment of local communities is shared within Amref's vision. A document about the partnership for Primary Care (Mijnen, 2024) notes:

“Its vision is to create lasting health change in Africa through improving the health of the people by partnering with and empowering communities, and by strengthening health systems.”

The vision shows a bottom-up approach of Amref and this approach was adhered to in the partnership. By adding prospects of local job employment, engagement with the locals took place within the access to care project. Philips stated the lessons learned from Amref in another document (Mijnen, 2024):

“But also empowering community healthcare workers and increasing local employment opportunities. Those last two were hurdles we may not have been able to overcome without Amref.”

Given the statements above, Amref can help in identifying, reaching out to and establishing relationships with the society. While Amref accentuate their role of enhancement of legitimacy in the eyes of society and reputation for Philips, respondents of Philips highlight that the multinational already has a status within Africa. Respondent 5 clarified:

“Well, Philips generally has a very good reputation in Africa and also in Kenya. Philips has also been in Africa for almost 100 years. And in Kenya for more than 60 years. So they had factories there as well. So the Philips name, is a name that is very well known in Kenya in this case.”

The respondent stated that Philips already has a brand name and reputation in Africa. In his opinion, Amref mainly assisted in establishing an approach towards the very low communities, small villages they never have visited as Philips.

In conclusion, at the national level, Philips encompasses legitimacy and brand recognition, but at the regional or grassroots level within the country, Amref has the knowledge of and engagement with the local community and is therefore a valuable partner for Philips. Additionally, evidence shows that Amref is locally relevant and shares knowledge of the local market and provides information on access of skills of implementing in a developing country, which lead to the introduction of Philips products into the market. Therefore, tacit knowledge exchange of the local market, know-what, of the local community, know-who, and of skills of implementation of the product in the developing country, know-how, are used within the partnership of Philips and Amref for the access to care project of Philips.

4.2 Sub-research question 2: What are the practices and strategies implemented by Philips for value creation within this partnership?

To answer this sub-research question, the analysis identified four main dimensions: participation, engagement, reciprocity and involvement. Findings from the document analysis mainly presented practices related to the dimensions involvement and engagement implemented by Philips. For instance, an audiovisual (Mijnen, 2024) about the partnership states that the shared vision and alignment of goals of the partnership are ...:

“The Partnership for Primary Care aims to improve the health of the people living in Makueni by addressing all aspects of the health system: Access to Primary Care, quality of health service delivery, prevention, community engagement, financial sustainability and system efficiency in a replicable and scalable way”

This audiovisual was used to give an insight into the partnership by addressing the shared goals, risks and responsibilities. Throughout the years, the vision and goals were multiple times evaluated, to ensure alignment between the partners. A document about the business-nonprofit partnership (Mijnen, 2024) specifies:

“Over the years we’ve been partnering on Universal Health Coverage, we’ve had to come back to the table several times and rethink our approach”

In the interview analysis a tendency arises in the alignment of goals between Philips and Amref. It appears to be challenging to work together as a business and nonprofit. Respondent 9 (Philips) implied this nature of the parties as reason for the tendency:

“For Philips it is of course necessary that it is not, yes because they say so, just charity work but that it is also really just visible to also just make it a business model. And I think that's what sets them apart and at Amref it's obviously a bit more about really making an impact and helping others. And at Philips, I think that's secondary anyway.”

Another respondent of Philips explained that Philips, as a commercial company, aims to sell products at the lowest possible price. Consequently, the number of people working on the products should be kept as low as possible. The respondent compared this approach to that of an NGO, noting that NGOs can independently decide how to allocate their funds and in what way. These statements indicate that Philips objective is to develop a sustainable business model within the BOP context primarily to generate profit, with making an impact and creating social value being secondary priorities. Amref recognizes this and senses this tension within the organization. Respondent 6 (Amref) captured these and shared:

“A lot of people were curious whether this will be a success and indeed Philips has the best intention or to just make a profit in the end.”

Despite the doubts within Amref about Philips’ intentions, it becomes clear that Amref shed light on the willingness to learn and growth of Philips. Respondent 10 offered the following insight:

“I got a very dedicated person from Philips who was also very driven to start setting up something together. Really a strategic collaboration where we were really going to develop together. Where we are complementary.”

The insight gives the impression that both Philips and Amref were willing to invest time into the partnership and were prepared to establish a strategy in which they could learn from each other.

Other practices that were carried out and showed evidence were the equal contribution of resources, shared responsibilities and open and transparent communication covering the reciprocity dimension. The annual report of Philips 2019 shared the responsibilities of the partnership of testing an innovative model for primary care. Amref is responsible for health worker training, while Philips is responsible for providing the necessary health technologies. Furthermore, several respondents elaborated on the importance of cocreation and the joint practices towards it. Notably, respondent 3 (Amref) put weight on adhering to a schedule. With a clear undertone he expressed:

“So that if one partner didn't do what they were supposed to do on time. Then there is delay or preventing the other partner from coming in and doing their bit.”

The partnership for primary care was characterized by open and clear communication. Words as transparency and trust were mentioned in every interview. This transparent communication is a practice implemented by Philips for value creation. Respondent 9 (Philips) highlighted the trust:

“Ultimately, that partnership is just as strong, as you trust each other. So in the end, you would also prefer that you talk as one party in Africa. So that Philips talks, on behalf of Philips and Amref. When Amref talks, it's also on behalf of Philips and Amref.”

Another aspect that emerged of the open and transparent communication, is its necessity at all levels of the organization. Amref stressed the fact that expectations should be expressed at the highest level, the tactical level and in the field.

A practice that could have been improved by Philips is the collaborate decision-making process. Overall, the experience with this process seemed somewhat negative. Respondent 7 (FMO) underscored:

“No, we had very poor governance I must say, so we had very, yes there was really just no governance.”

In addition, it appeared that the governance of the partnership was with Philips, but that there were no clear guidelines on decision making within this governance. Respondent 5 (Philips) stated in this regard:

“There was no formal decision moment. So in that respect, when you see how much time and effort has been spent on it, yes, that was a lot. While the governance from the organization was a bit with Philips.”

Overall, Philips carried out different practices within the partnership with Amref. Although there seemed to be some tensions regarding the alignment of goals and collaborate decision making, both parties invested with time and resources in order complement each other. This is nicely summarized by respondent 10 (Philips):

“If you want to go fast, go alone. But if you want to go far, go together.”

The most recurring approach was the open and transparent communication, therefore I carefully state that this practice has led to value creation in the partnership for Primary Care.

4.3 Sub-research question 3: How is social value created during the partnership by Philips Access to Care project?

The outcome of the access to care project of Philips is social value creation. The dimensions of cognitive legitimacy and legitimacy were identified as patterns in the data. From the document analysis, it appeared that the partnership for Primary Care adopted a holistic approach and targeted the supply and demand side of primary care (Mijnen, 2024). The holistic approach was reflected in the consideration of all aspects of care, ranging from products, training of health workers to health insurance. The supply side focused on the quality of the products and services, whereas the demand side prioritized the training of health workers and provided the communities with information. Moreover, the physical comfort and safety is stressed in an audiovisual about the partnership (Mijnen, 2024) and this impact is visible:

“The patients are appreciating the fact that all services are under one roof, with the equipment of Amref and Philips.”

The quality of the products and services, as well as their ease of use, as mentioned above, were also highlighted in the interviews. One of the many examples, respondent 10 (Amref):

“And it was incredibly beautiful to see how that clinic had all the right people walking around. It looked super professional. And it's completely full of patients who knew exactly where they needed to be and why they needed to be there. They were well installed. And properly monitored. And also vaccinations come into play there. Checking babies. So everybody's very well run clinic you see. And that's just very nice to see. Yes, how nice that it has brought so much impact”

Given the fact that patients were aware of where and why to seek care, they considered the primary care, as output of the partnership, as desirable and essential. The presence of staffed

and well-equipped clinics, could enhance patients physical comfort and safety, reflecting dignified care. Respondent 3 (Amref) noted:

“So when this is all put in place, we realize that all of a sudden women would walk in for their first profiling. They would not be sent to private facilities. That led to belief in the system.”

The dimension of dignity, specifically the patients autonomy and choice, showed a pattern in the evidence. Respondents mentioned several sides of this autonomy and choice. First, the informed consent, to ensure that patients receive information about their medical conditions. Philips and Amref came up with strategies to overcome challenges related to language barriers or literacy levels. This indicates social value creation as it enables patients to make knowledgeable decisions about their care. Respondent 8 (Philips) gave an explicit example:

“We have made a very simple card set with illustrations so that a community health worker, a local person, whom we have trained for this purpose on the basis of those cards, can start a conversation with the pregnant woman.”

Second, the geographical distance and absence of availability of clinics or specialists, which reduces the autonomy and choice of the patients. A respondent of Philips explained that these were issues they had to deal with. Respondent 5 (Philips) stated in this regard:

“To make sure, how can I get that care close to my home or do I have to travel all the way to a big city, to get the care I need for myself and my child. So that is primary health care, and these are issues that we have been confronted with.”

It appeared that Philips, together with Amref, came up with various innovations to surmount these obstacles. In doing so, the innovations were aligned to fit in the context of the BOP. Respondent 9 (Philips) described a specific innovation:

“So what I think they ended up doing was to be able to set up some kind of live connection. Between a hospital where there is then a specialist doctor who can interpret ultrasounds. And then someone locally visiting those different people.”

A last thing that can be noticed within the dimension of dignity is, that there is some evidence about the way patients felt about the care. The health care workers were trained to treat and communicate with the patients in a certain way and this could be signaled as a positive social impact on the local communities.

Respondent 1 (Amref) stated:

“That people still came to that clinic from far away, because care was uhh... delivered there in a certain way. And that is mainly about respectful care. Apparently that is not so common, and we had really instilled in them that you have to treat people nicely, and so on and so forth, and that that is considered very pleasant”

Finally, the social value creation of Philips of their access to care project emerged in two ways. The quality of the products and the ease of use ensured that patients came to the clinics for desired healthcare. This combined with the physical comfort and safety that they had experienced, resulted in patients that came back to the clinics. Additionally, the patients autonomy and choice improved due to the innovations and practices carried out in the partnership.

4.4 Other findings

4.4.1 Minor patterns from deductive work

Based on the operationalization, some minor patterns were identified in the data. A knowledge exchange form that showed minimal evidence of use within the business-nonprofit partnership of Philips and Amref, with regard to the first sub-research question, is the know-why knowledge. This form consists of knowledge about the social problem of the CSI, in this case access to care in Africa. According to the interview analysis, only two respondents noted that there were workshops given about the access to care project and partnership with Amref. However, these workshops were voluntary and there was no evidence of attendance of the workshops by employees.

Second, some practices carried out by Philips for value creation, regarding the second sub-research question, were not mentioned or not given much consideration. Specifically, within the involvement dimension, for instance the flexibility and adaptability of Philips. In a way, Amref has helped Philips adapt to the BOP context through the tacit knowledge exchange, but this practice is not clearly named within the evidence. Moreover, a minor pattern was identified for task completion, which could be attributed to its overlap with other practices.

Lastly, the social value creation of Philips during the partnership could be viewed in the dignity aspect. The social impact of respectful communication was only occasionally reflected in the evidence. This may have included the fact that patients were not interviewed, so it only emerged from the experiences of Philips and Amref, as second source.

4.4.2 Emergent patterns from inductive work

During the process of qualitative analysis of the data, an emerging topic was identified. Based on inductive coding, a new finding showed a pattern which could not be described by the existing codes: the relationship of Amref with the government of, in this specific case, Kenya. The data structure can be viewed in Appendix 4. Within the respondents' narratives, it became evident that Amref has a solid interaction with the government. Respondent 1 (Amref) even asserted that Amref could influence the decision-making of the government:

“We have a very good especially in Kenya I think, but also in other countries a very good contact with governments, so both local governments and national government, so we have a strong lobbying power.”

Respondents primarily highlighted the experience and familiarity of Amref with the government of Kenya. Through maintaining contact, seeing each other and getting acquainted, Amref builds a network. Therefore, the partnership served not only as a mean to introduce Philips to the local market or to engage them with local communities, but also as an opportunity to familiarize them with the government. Respondent 5 (Philips) underscored this argument:

“But we had little relationship, especially in primary health care, with the governments themselves. This can be the local government in a province, but it can also be the national government. So Amref was able to do a lot of good things to introduce us to that level.”

Moreover, several respondents emphasized the trust between the government and Amref. It resulted in a good relationship by building upon this trust, working on it and ensuring that it continuous to run smoothly. One of the respondents gave a concrete example of this trust by the fact that Amref and Philips, throughout the collaboration, could have a coffee with the minister of Health in Kenya at any given time. Respondent 10 (Amref) deeply accentuated the trust:

“The government and the population both trust Amref very well, very strongly.”

Additionally, Amref's relationship with the government assisted Philips in the access to care project beyond the partnership. The partnership created legitimacy in the eyes of the government for Philips, thereby bringing on board a new stakeholder. Respondent 5 (Philips) illustrated this statement with a specific example:

“We had the example project in another county in Kenya. And so that was referred to at that time together with Amref. And Amref already had a project running there in Makueni county.”

So he knew the locals well and he introduced us as part of the project we are working with together. And because they had all that trust, we were already hired, they have a partnership with Philips, so we trust them too.

In summary, the relationship of Amref with the government emerged as a new finding. Amref assisted in contacting and establishing a relationship of Philips with the government of Kenya. This reflects the know-who knowledge exchange form between the business-nonprofit relevant for CSI, in this case the access to care project of Philips.

Chapter 5: Conclusion and discussion

5.1 Conclusion

As illustrated by this study, insights into social value creation of the multinational through CSI in a BOP context have been gained by examining the tacit knowledge exchange within a business-nonprofit partnership. The research question of this study will be answered: *How does the tacit knowledge exchange between Philips and Amref in their business-nonprofit partnership contribute to the social value creation in Philips' access to care project (CSI)?*

The research reveals that an NGO is a valuable partner for social value creation via CSI of the multinational. This organic outcome of the business model shows evidence when it follows a bottom-up approach, therefore aligning with the local community. The tacit knowledge exchange within the business-nonprofit partnership relevant for CSI takes different forms. The NGO possess insights of the local market and provides information of access of skills of implementation of products of the multinational in the developing country. These innovations, which are demonstrated by concrete examples in the analysis, adjusted to the healthcare system in Africa, results in improved patients autonomy and choice. Moreover, while the NGO assist in engaging the multinational with the local community, they also familiarize and introduce them to the government of the developing country. The NGO establishes trust of the multinational with the government, due to their relationship with them. This can be seen as a new finding and extension within the know-who knowledge exchange form used for CSI.

The empirical examination of the business-nonprofit partnership regarding CSI showed some blended perspectives. It appeared to be challenging to work together as a business and nonprofit, as differing priorities between the NGO and the commercial multinational, led to tendency in the alignment of the goals and shared vision. Moreover, there were no formal guidelines on the collaborate decision-making process within the partnership. This lack of clarity led to a waste of time and efforts spent on making decisions, described as poor governance. A practice that was perceived as positive, was the open and clear communication of the multinational in the partnership. By being transparent, there emerged shared responsibilities, equal contribution of resources and the willingness to learn and growth by both parties. The implementation of these practices contributed to value creation by complementing each other, yielding in well-equipped physical clinics staffed by trained health workers. In this way, according to the objectives of the partnership, all services were under one roof, reflecting the physical comfort and safety among patients.

In conclusion, the tacit knowledge exchange between the business-nonprofit partnership lead to the alignment of the sustainable business model of the multinational to the needs of the local community in the BOP context, thereby achieving social impact and value creation. This approach enables multinationals to learn how to generate social value through partnership experience.

5.2 Discussion and theoretical implications

This study contributes significantly to existing knowledge, by conducting a research of business-nonprofit partnerships with a focus on CSI in a BOP context. The study of Saka-Helmhout et al. (2021) examined the implementation of social innovations in a developing country within a business to business partnership. Moreover, earlier research of Mirvis et al. (2016) distinguished knowledge exchange relevant for CSI of the multinational in a business-nonprofit partnership. By evaluating these theories, this study provides understanding of the use of relevant tacit knowledge exchange forms for CSI in a BOP context, where the findings largely align with the existing theory. For instance, the NGO shares information about the local market relevant for implementation of the products in the developing country and is an important link for engagement with the local community of the multinational. However, minor evidence was found for one form of the knowledge exchange of the theory of Mirvis et al. (2016); the know-why knowledge of the social problem. The theory state that this knowledge exchange builds upon the corporate commitment of social purpose. Voluntary workshops were held within the business-nonprofit partnership, but no statement can be made on whether this has boosted the motivation of CSI, in this specific case the access to care project within Philips. Moreover, after comparing the findings with the theory, a new finding emerged form inductive work that extends existing theory. The relationship of the NGO with the government of the country has emerged as a new finding and a refinement of the theory of Mirvis et al. (2016). Therefore, this makes it a groundbreaking research and expands the theoretical framework of tacit knowledge exchange within partnerships.

Delving into existing literature of value creation within business-nonprofit partnerships, transformative partnerships, four dimensions with practices and strategies were explored (Díaz-Perdomo et al., 2021; Bharti et al., 2015). This research shows which practices lead to value creation in this specific context and which are given less attention. Implementation of practices such as willingness to learn and growth, shared responsibilities, equal contribution of resources and open and transparent communications by the multinational contribute to value creation

within the business-nonprofit partnerships. In addition, the social value creation of the CSI is considered by evaluating the concepts of cognitive legitimacy and dignity. The findings regarding the cognitive legitimacy align with the existing research of Diéz-Martin et al. (2021), providing insights into the social impact of the multinational, viewed to be desirable by society. Findings present that well-equipped physical facilities with trained health workers improved the quality of access to care of patients. Lastly, dignity is a multifaced concept and this research focused on the studies of Henry et al. (2015) and Ekpenyong et al. (2021). The findings mainly support the theory of Henry et al. (2015) by showing innovations that enhanced informed decision-making about care, thereby improving patient autonomy and choice.

All in all, this research enhances the understanding of how multinationals learn to generate social value through knowledge sharing with partners by examining the theories of tacit knowledge exchange within a business-nonprofit partnership in the BOP context. Additionally, it goes beyond evaluating and testing relevant theories, refining the theory of Mirvis et al. (2016), which sets it apart from other studies.

5.2 Practical implications

Practically, the findings of this thesis could be useful for Philips and for managers within multinational companies. This study entails significance for Philips as it provides insights into the access to care project. It sheds lights on practices and strategies that Philips implemented for value creation within the business-nonprofit partnership. For instance, the open and transparent communication of Philips created trust between Amref and Philips. However, the implementation of a collaborative decision-making process in the partnership could have improved the value creation. Philips should set clear guidelines of this process in a future partnership, in order to foster effective decision-making.

On a larger scale, as multinationals view individuals in the BOP context as potential customers and sources of innovation, there is an increasing number of them engaging in CSI within this context. They could for instance partner with an international or local NGO for implementation of their products in the developing countries. Understanding the dynamics of the local market and community is crucial for establishing a sustainable business model in this BOP context. Most importantly the findings have shown that multinationals learn how to produce social value through partnership experiences. Managers in multinationals may therefore consider collaborating with local parties, NGOs or the government.

5.3 Limitations

The previous paragraphs state how this research contributes to the existing knowledge and the practical implications. Nevertheless, this thesis does not come without limitations. First, reflecting the deductive research approach, the theories present in the literature form the starting point of the study (Woiceshyn & Daellenbach, 2017; Bleijenbergh et al., 2023; Bingham, 2023). Data was gathered to test these theories. This may result to focusing on data that support the theoretical expectations while overlooking data that contradicts them. To counter this researcher bias, emerging topics were identified in the data and new codes were created if the data couldn't be described by existing codes (Bingham, 2023). Despite the fact that these interpretations are subjective, they can enhance the credibility, ensuring that the findings are as objective and unbiased as possible.

Second, ten interviews were conducted with employees of Philips, Amref and FMO. One of the reasons of this limited size, is the limited accessibility of the respondent within the organizations. Particularly within Philips, the respondents were working from abroad or they had a high position which made them difficult to approach. Besides the accessibility of the respondents, many of them declined the invitation for an interview, for the reason that they had busy work schedules. Another reason is the constraints of time inherent to this study. The limited sample size issue was resolved with analyzing more documents in a triangulation effort.

Lastly, after conducting the first three interviews and incorporating feedback from the literature review, the theories defining the concepts of the business-nonprofit partnership and the social value creation within this research were adjusted. It was also observed during these interviews that the questions were difficult to answer because the operationalization of the concepts covered many aspects. The responses from first three interviews, with the use of the initial theories for the two concepts, were included in the analysis, influencing the construct validity. However, the questions were refined over time, reflecting an iterative process between theory and empirical data (Myers, 2012; Bleijenbergh et al., 2023).

5.4 Recommendations for future research

This study sheds light on directions for future research. First, a detailed study of Philips access to care project within the African context is provided. By including multiple cases in the study, the contribution to the theory will increase greatly (Myers, 2012; Bleijenbergh et al., 2023). In addition, in a comparative case study a more comprehensive understanding of the patterns

connected to a specific social phenomenon can be developed (Bleijenbergh et al., 2023). The cases could consist of multinationals operating in other contexts, expanding the scope of the research. Moreover, the study should take more time to conduct the research, which would make it possible to perform the comparative case study.

Second, a recommendation for further research is to broaden the study's scope by exploring the beneficiaries of the social value creation, thereby reaching a different category of people. This would involve employing another data collection method. For instance, conducting field work in the local context, such as in Kenya, could capture the experiences and perceptions from the beneficiaries and therefore the social impact of the CSI may better be established. This will require a new research line by modifying the research question and following an inductive approach.

Next to that, a suggestion for further research to Philips or other multinationals is to research other partnerships regarding CSI. The research of Saka-Helmhout et al. (2021) state that multinationals learn through partnership experience. For instance, a collaboration between a business and the government; a public-private partnership. The results show that having a relationship with the government facilitates the process for social innovation within the BOP context. Additionally, healthcare is a public good and therefore the government can be an important partner for multinationals within this industry.

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Appendices

Appendix 1: Data sources

Table 1: Documents

<i>Document name</i>	<i>Organization</i>	<i>Type of document</i>
<i>Partnership for Primary Care</i>	Amref	Flyer
<i>Partnership for Primary Care</i>	Amref	Audiovisual
<i>7 secrets to transformative partnerships</i>	Philips	Website
<i>Annual report 2019</i>	Philips	Official report
<i>Annual report 2019</i>	Philips Foundation	Official report

Table 2: Respondents

<i>Respondent</i>	<i>Organization</i>	<i>Function</i>	<i>Date of interview</i>
<i>Respondent 1</i>	Amref	Part of the ventures team	10-04-2024
<i>Respondent 2</i>	Philips	Part of the Connected Primary Care solutions Venture	12-04-2024
<i>Respondent 3</i>	Amref	Involved in public private partnerships in Africa	25-04-2024
<i>Respondent 4</i>	Amref	Part of the ventures team	22-04-2024
<i>Respondent 5</i>	Philips	Part of the Eastern Africa team	25-04-2024
<i>Respondent 6</i>	Amref	Trainee. Researched the business-nonprofit partnership of Primary Care	10-05-2024
<i>Respondent 7</i>	FMO	Part of the sector of Healthcare	06-05-2024
<i>Respondent 8</i>	Philips Foundation	High function within Philips Foundation	22-05-2024
<i>Respondent 9</i>	Philips	Trainee. Researched the business-nonprofit partnership of Primary Care	28-05-2024
<i>Respondent 10</i>	Amref	Part of the partnerships team	30-05-2024

Appendix 2: Interview questions

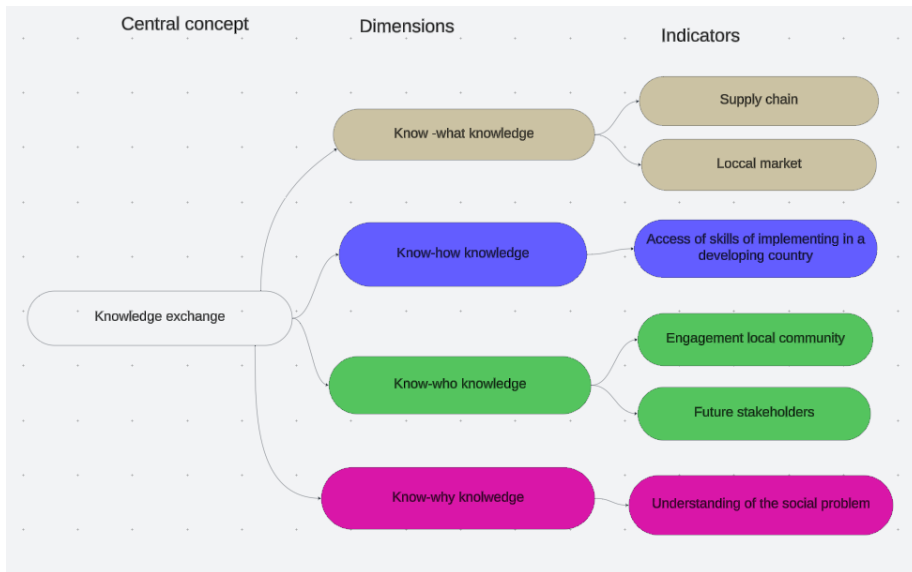
General questions:

1. Could you introduce yourself?
2. For what time period were you a part of the partnership for Primary Care?
3. What was your role in the partnership for Primary Care?
4. What were your daily tasks? Have you been in Africa?
5. What were the goals within the partnership for Primary Care?

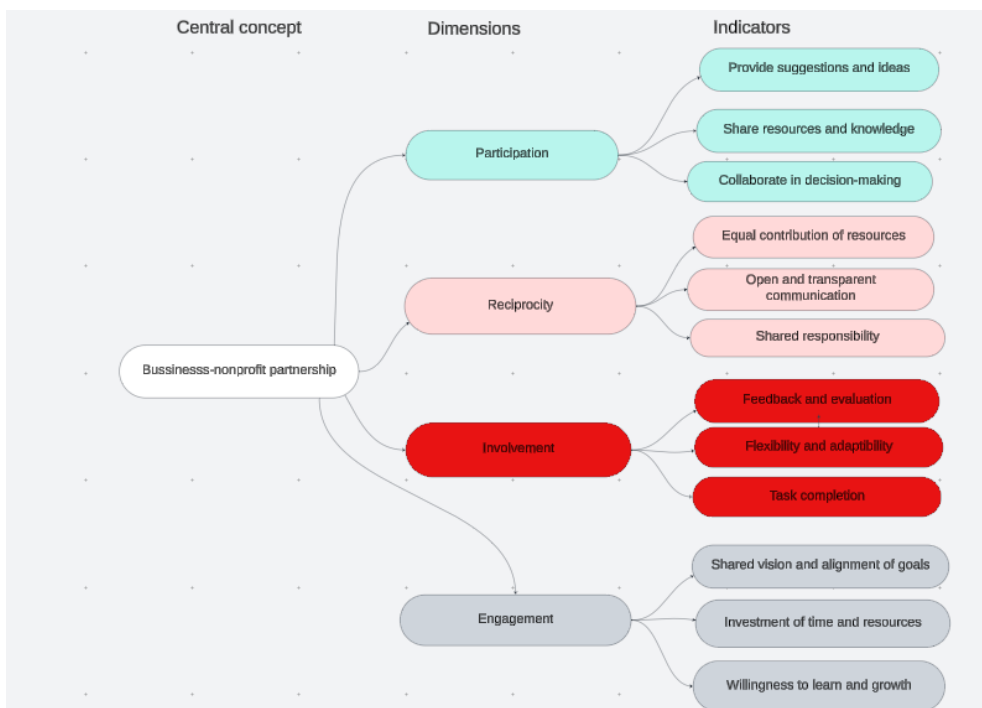
Specific questions:

- Would you say that a partnership between a multinational and NGO was relevant and valuable for achieving the goals the goals as just described? And why?
- Could you describe why Philips/Amref partnered up with Amref/Philips?
- Would you say that both parties share the same vision?
- To what extent were all stakeholders aware of the vision and goals of the partnership?
- What is your experience of the decision making process in the partnership?
- To what extent were resources shared between the parties?
 - Could you give specific examples?
- Would you say that the partnership has led to greater awareness among the local people for Philips/Amref?
- What has been the social impact of the Access to care project/the partnership for Primary Care?
 - Could you give specific examples?
- The partnership ended in 2022. Could you say that Philips/Amref learned from the partnership with Amref/Philips?
 - To what extent did it lead to new stakeholders for Philips?

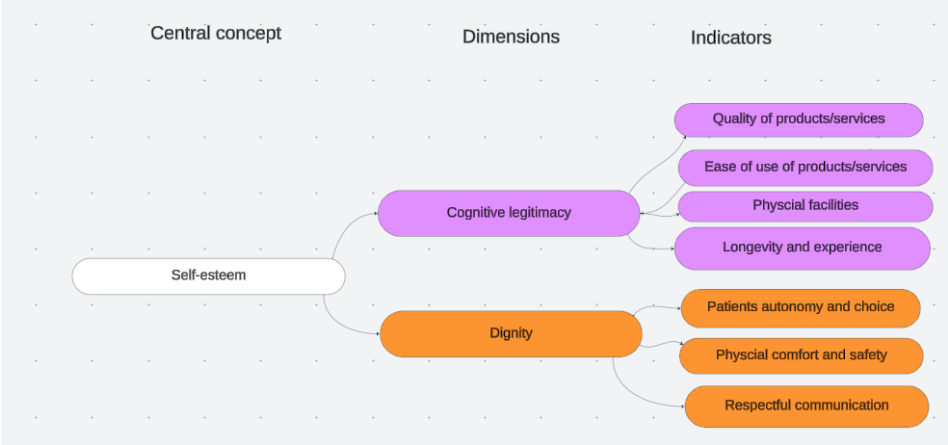
Appendix 3: Operationalization *Tacit knowledge exchange*



Business-nonprofit partnerships



Social value creation



Appendix 4: Data structure

Open	Axial	Theme
<p><i>"Uhh... and, we have a very good especially in Kenya I think, but also in other countries a very good contact with governments, so both local governments and national government, so we have a strong lobbying power."</i> Respondent 1</p>	<p>Experience and familiarity with the governance of Amref</p>	<p>Relationship with the government</p>
<p><i>"But we had little relationship, especially in primary health care, with the governments themselves. This can be the local government in a province, but it can also be the national government. So Amref was able to do a lot of good things to introduce us to that level."</i> Respondent 5</p>		
<p><i>"And Amref is already familiar with that local government and already has a contact and someone who has the network. That obviously goes a lot faster because you have to go and see who should I have, get acquainted, build a relationship. It just streamlines the process I think."</i> Respondent 9</p>		
<p><i>"Well, I do think, I think our Amref relationships with the government and also the trust that the government has in us that helped a lot."</i> Respondent 1</p>		
<p><i>"We had the example project in another county in Kenya. And so that was referred to at that time together with Amref. And Amref already had a project running there in Makeni county. So he knew the locals well and he introduced us as part of the project we are working with together. And because they had all that trust, we were already hired, they have a partnership with Phillips, so we trust them too."</i> Respondent 5</p>	<p>Trust of the government in Amref</p>	
<p><i>"The government and the population both trust Amref very well, very strongly."</i> Respondent 10</p>		