



Value creation mechanisms in a social and health care innovation ecosystem – an institutional perspective

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Abstract

This study explores value-creation mechanisms in an institutionally diverse social and health care ecosystem, specifically through the lenses of institutional logics and institutional work. The research context is the social and health care innovation ecosystem in Tampere, Finland, comprising actors from various institutional backgrounds. The research method is an inductive interpretivist analysis, frequently used in studies on institutional logics. The alternation between empirical data—derived from interviews (n=21), surveys (n=23), and memos (n=71)—and the theoretical framework yields new insights. Specifically, the empirical and the theoretical evidence provides practical examples of value-creation mechanisms, institutional logics, and modes of institutional work in social and health care innovation ecosystems. This article is one of the few papers that integrate institutional logics and institutional work to study value creation in a diverse social and health care innovation ecosystem. It contributes to the existing literature on collaborative value creation and the social and health care ecosystem by identifying how different value-creation mechanisms are manifested as hybridity in the ecosystem and how institutional work fosters collaborative value creation. This study fills a research gap by refining the understanding of collaborative value-creation mechanisms and their institutional underpinnings in social and health care ecosystems, thereby enriching both bodies of literature. These insights promote a nuanced understanding of collaborative value-creation practices in institutionalized settings, with implications for both policymaking and further research.

Keywords Value creation mechanisms · Institutional logics · Institutional work · Institutional theory · Governance · Social and health care innovation ecosystem · Innovation ecosystem

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1 Introduction

Solving the wicked problems of society requires functional structures that transcend organizational boundaries and a broader ecosystem with actors from different institutional backgrounds. A key advantage of such an ecosystem is its ability to utilize diverse resources and combine the conflicting goals and means of the actors involved (e.g., Roth & Vakkuri, 2023; Vakkuri & Johanson, 2018, 2020b; Weaver, 1948). The diversity and complexity of actors and institutions play a key role in solving complex societal problems (Alford & Head, 2017; Daviter, 2019). There is a special need for such problem solving in a rapidly changing society; at a time when the scientific and technological capabilities of societies to solve increasingly vicious problems are improving at a rapid rate, the capacity of institutional models to act in accordance with or support these capabilities remains very limited.

This concerns health and social services as well as climate change management, the multiple effects of urban development, and the reduction of social inequality in society. The value created in ecosystems cannot be determined simply by summing up the separate rationalities of individual actors. Instead, we must look more broadly at the value created by the collaboration, the social impact, and the interactions between the actors.

The need for a cross-organizational approach is evident not only within sectors, but also between them. Public, private, and civil society activities have been considered separate sectors, with the cross-cutting effects having been analyzed in many ways; nevertheless, the governance of the whole has not yet been fully examined (Kooiman, 2003; Williamson, 1999). There is still a lack of understanding of what traditional cross-sectoral institutions, policies, and evaluation models are required when promoting health and well-being in the social and healthcare innovation ecosystem.

This issue has been intensified by many factors, e.g. organization of research into different disciplines, in which case phenomenon-based cross-disciplinary research methods having received less attention (Vakkuri et al., 2021) and assumptions of relatively pure types of “public” or “private” sector activities that would be justified in the governance of complex problems, but whose combinations and blends should be avoided by all means (Jacobs, 1992; Ménard, 2004). This all has led to the situation, where the governance of society’s tasks has been based on only a limited view of the diverse utilization of society’s resources.

The general purpose of this article is to understand the value creation mechanisms—mixing, compromising, and legitimizing—in the social and health care innovation ecosystem (Lepak et al., 2007; Stark, 2009; Vakkuri et al., 2021).

More specifically, we aim to answer the following research questions:

1. How can the different value creation mechanisms of the social and health care ecosystem be understood through the lenses of institutional logics and institutional work?
2. How do the modes of institutional work contribute to collaborative value creation in the context of social and health care innovation ecosystems?

Applying institutional logics (Friedland & Arjaliès, 2021; Haveman & Gualtieri, 2017; Thornton et al., 2012), institutional work (Lawrence & Suddaby, 2006; Zilber, 2013), and value creation (Vakkuri & Johanson, 2020a) as the methodological theories, we examine interview data and a variety of documentary evidence collected for the European Regional Development Fund (ERDF) project of the Health and Social Sector Innovation Ecosystem, which was implemented in the Tampere region in 2019–2021.

This article is structured as follows. The following section introduces the theoretical framework for this research. Second, we present the context, data and methodology of this study (Tampere Region Innovation Ecosystem in Health and Social Care, TRIE). Then, we study institutional logics, institutional work, and value creation mechanisms in the context of TRIE, and bring together the value creation mechanisms of the innovation ecosystem into a coherent structure within the institutional logics, and our contributions to the previous literature of institutional work modes. Finally, we present the conclusions and topics for further research.

2 Theoretical framework

2.1 Approaching value creation mechanisms through institutional logics and institutional work

The highly institutionalized character of the social and health care innovation ecosystem, with its multiple, co-existing, and often conflicting institutional logics, forms the setting for this examination of institutional work and value creation mechanisms. The kind of institutional complexity that arises in an innovation ecosystem can at best generate creative tension (Goodrick & Reay, 2011), although in real life, social and health care systems tend to remain rigid because of the strong professional identities involved (Reay et al., 2017), and adherence to certain institutional logics tends to be strong among individual actors in these environments (Gadolin, 2018).

The theoretical framework of this study consists of the concepts of institutional logics, institutional work, and the mechanisms of value creation. Institutional logics describe *why* actors from different institutional backgrounds have different operational logics and orientations toward collaboration in the innovation ecosystem (cf. RQ1). Institutional work describes *how* actors construct meanings and practices and how they attempt to mitigate value conflicts in the ecosystem (cf. RQ2). Finally, by exploring the reciprocity of value creation mechanisms our framework contributes to understanding the *processes* by which value is created and enacted in an institutionally diverse ecosystem (cf. the inter-linkages between RQ1 and RQ2).

While institutional logics are used to describe the broader building blocks of institutions, the concept of institutional work is more attuned to the study of the micro-practices of a particular ecosystem (Zilber, 2013). Together, these concepts can be used to understand how actors in an innovation ecosystem can organize around a “common institutional logic” (Lusch & Vargo, 2014) and participate in institutional work that can redefine the roles and resources of actors in various ecosystems

(Koskela-Huotari et al., 2016). It is essential to promote the participation of multiple actors in the innovation ecosystem, so that they can create shared value through their institutional work, which is a process that can be defined as “appropriate action by individuals and organizations to create, maintain, and disrupt institutions” (Lawrence & Suddaby, 2006, p. 214).

Friedland and Alford (1991) define institutional logics as “supraorganizational patterns of activity by which humans conduct their material life in time and space, and symbolic systems through which they categorize that activity and infuse it with meaning” (p. 243). Friedland and Arjaliès (2021) continue to conceptualize institutional logics as grammars of valuation that institutionalize goods through institutional objects. They further argue that institutional logic manifests itself in the dialogue between the good and the trinity of the institutional subject, institutional object, and practice.

Institutions, organizations, and ecosystems strive to create value. While this premise may be comprehensible in a society based on rationality, views of value and its creation can be very ambiguous (Vakkuri, 2009). Value is, among other things, a moral statement about what is right or wrong (Stark, 2009). When values are extended to valuations, we can talk about worlds of value creation, which include not only market profit and short-term value, but also long-term value production, which can include one’s home, reputation, citizenship, or greenery. These elements can be measured by efficiency, security, reputation, equity, or environmental sustainability (Boltanski & Thévenot, 2006).

Different institutional logics define what is considered good and desirable. Value creation can mean different things to different people, organizations, and institutions; it is characterized by polysemy and ambiguity. Many of the existing definitions of value creation relate to activities that combine values that have emerged before or are presently at hand. Previous research has focused on three key aspects of value creation. First, value creation is related to actors. Some actors produce value; some use it. Second, the value creation literature determines the forms of value creation. For example, value can be produced, stored, distributed, justified, or balanced. Value can also be given up, intercepted, or subject to competition. Third, the value creation literature has been interested in the results of value creation, which may be combinations or modifications of previous value starting points, as well as, for example, new types of strata or sediments of previous value constellations (Vakkuri et al., 2021). There may also be more factors that refer to the expanded forms of co-creation that have emerged in recent years (i.e., co-creation or co-design; Lepak et al., 2007).

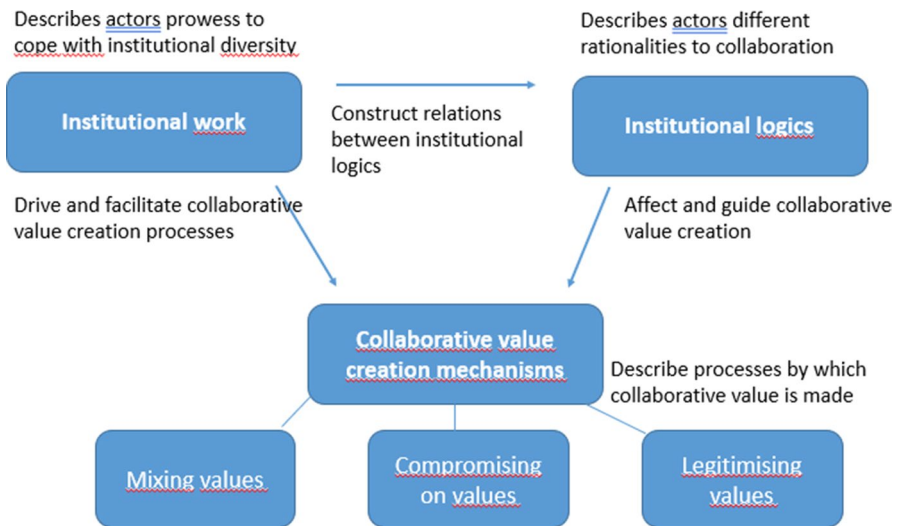
Through institutional work—as “purposive action of organizations and individuals aimed at creating, maintaining, and disrupting institutions” (Lawrence & Suddaby, 2006, p. 215)—collaborative value can be created in an innovation ecosystem. Institutional work of actors is “intelligent, situated institutional action” (p. 219), which is usually needed to integrate potentially conflicting logics in creation and maintenance of an ecosystem membership (Jay, 2013; Pache & Santos, 2013). Institutional work “highlights the intentional actions taken in relation to institutions, some highly visible.. but much of it nearly invisible and often mundane, as in the day-to-day adjustments, adaptations, and compromises of actors attempting to maintain institutional arrangements” (Lawrence et al, 2009, p.1). Institutional work has

proven a useful concept to explore how tensions inherent in competing institutional logics are addressed over time (Deroy & Clegg, 2015; Jarzabkowski et al., 2013; Reay & Hinings, 2009; Smith & Lewis, 2011; Zilber, 2011).

Figure 1 illustrates the approach of institutional logics (Friedland & Arjaliès, 2021; Thornton et al., 2012) and institutional works (Lawrence & Suddaby, 2006) toward collaborative value creation mechanisms (Vakkuri et al., 2021) in an innovation ecosystem. The two research questions (RQs) are symbiotically linked, providing a holistic view of the innovation ecosystem. RQ1 explores the institutional logics and institutional work influencing collaborative value creation in a social and health care ecosystem, while RQ2 examines the transformative role of institutional work in this process. Together, they offer an analytic integration of the enmeshed mechanisms driving value co-creation within the ecosystem. This is the framework for our study, by which we examine the social and health care innovation ecosystem in the Tampere region.

2.2 Value creation mechanisms

Which value creation mechanisms are particularly useful in trying to understand the problem of value creation? Based on previous studies on value creation, three mechanisms are relevant to hybrid settings: mixing, compromising, and legitimizing (Grossi et al., 2022; Vakkuri & Johanson, 2020a). These three mechanisms are



RQ 1: How can the different value creation mechanisms of the social and health care ecosystem be understood through the lenses of institutional logics and institutional work?

RQ 2: How do the modes of institutional work contribute to collaborative value creation in the context of social and health care innovation ecosystems?

Fig. 1 Framework for study: Institutional perspective on value creation mechanisms in a social and health care innovation ecosystem

linked by the fact that they reflect the actor perspective and forms of value creation, as well as the outcomes of value creation. Furthermore, each value creation mechanism contains perspectives that emerge in governing complex societal problems, such as social and health innovation ecosystems that are influenced by hybridity (cf. Ebrahim et al., 2014; Pache & Santos, 2013). With hybridity, we refer to the interplay among public, private and civil society via distinct modes of ownership, parallel but often competing and even conflictual institutional logics, diverse funding bases and various forms of social and institutional control (Vakkuri & Johanson, 2020a).

2.2.1 Mixing as a value creation mechanism

Mixing refers to the blending of public and private value creation. Value mixes may have arisen by default or by conscious design, with an emphasis on benefiting not only paying customers but also communities, stakeholders, constituencies, and the wider society. It can be, for example, a hybrid combination of market, public, and social value, which may overlap and create more value (of a more diverse nature) than would have been possible as separate investments by the actors. Consider, for example, triple-helix forms of cooperation between national innovation systems and universities, local communities, and businesses, which flexibly attach different levels of governance structures to support new knowledge, innovation, and entrepreneurship. Alternatively, one could consider microcredit communities (Ebrahim et al., 2014) that seek to both generate economic benefits for their members and maintain the solidity and interactions of local communities.

2.2.2 Compromising as a value creation mechanism

Compromising as a value creation mechanism refers to an agreement whereby value creation fulfills several objectives simultaneously. Managing these simultaneous and often conflicting goals requires compromise, which means that the parties involved have to be flexible with respect to their own goals. A hybrid organization not functioning at its best in maximizing business profitability, or in pursuing public value goals, is an institutional description of the idea of compromising. It is not a question of implementing the best possible, “optimal” solution when the production of either market value or public value is considered a yardstick. An essential part of understanding the value creation of hybrid governance is the idea that solutions can be used to form a sufficiently good compromise between the two types of value creation. Finnish monopoly companies involved in the sale of alcohol and in gambling are laboratory examples of compromises. In the interests of the profitability of the companies, it would be beneficial to promote the sale of alcohol and gambling, but they should in fact be restricted because of public health and social disadvantages (Marionneau & Hellman, 2020).

Compromises can look very different in hybrid governance environments. For example, in studying social and health affairs in the Tampere region, Rajala (2020) uses the concept of a border object in reference to the operation of the Tampere Welfare Alliance. Private, public, and civil society actors are involved in the activities

of the Welfare Alliance. The joint creation of value by partners from very different backgrounds requires the crossing of formal organizational boundaries, but differences in objectives, measurement methods, and practices make mutual understanding difficult. In this sense, the performance goals created for a hybrid network serve as boundaries between different types of organizations (Star & Griesemer, 1989). Another example of this phenomenon is the concept of “satisfaction,” which is sufficiently general and applies to organizations operating with the different institutional logics of the Welfare Alliance. At the same time, it is also possible to adapt this concept to the detailed needs and expectations of different organizations. It is realistic to think that the Alliance’s own goals will be maintained, but new goals will be built alongside them, guiding the functioning of a new kind of ecosystem. Thus, as actors discuss among themselves their satisfaction goals related to the well-being of citizens, they can establish their actions and begin to understand each other’s views on the terms of performance. This, in turn, can be the first step toward an evolving consensus.

2.2.3 Legitimizing as a value creation mechanism

Legitimizing as a source of value creation refers to outside audiences. In legitimation, the recipient’s interpretation of value creation is of great importance. According to Suddaby et al. (2017), legitimacy arises in three ways. The legitimacy of an action may arise from its long-standing tradition; secondly, the legitimacy may be related to the practice in practice (so-called rational-legal rationale); and thirdly, the community may rely on the ability of able-bodied individuals to perform the task successfully (also referred to as charismatic rationale). For hybrid governance, the public accepts this diverse approach. Universities are an illustrative example of how diverse ways of creating value can come together as a whole. Universities add value to their students by providing valuable skills in working life. They meet societal educational policy goals by adapting to policy regulations and guidelines, and, at the same time, they add value to business in the form of new ways of thinking and innovation (Clark, 1998). In practice, hybrids can seek legitimacy in many different ways. When there are many audiences, hybrids can highlight some forms of value creation and hide others. Loosely coupled hybrid structures are also conducive to fraudulent behavior, in which the public is promised one thing while actually receiving another (Brunsson, 1989).

3 Research context, data, and methodology

The empirical context of this study is the social and health care innovation ecosystem in the Tampere region of Finland. The Finnish healthcare system is based on the provision of public healthcare services to which everyone residing in the country is entitled. In Finland, municipalities are responsible for organizing and financing health care. A municipality can organize services by providing them itself or in collaboration with other municipalities, or by purchasing services from private companies or civil society organizations. Health services are divided into primary health

care and specialized medical care. Primary health care services are provided at municipal health centers. Specialized medical care is usually provided only at hospitals. Municipalities form hospital districts that are responsible for providing specialized medical care in their respective areas. On January 2023, social and health-care services moved from the 309 municipalities and hospital districts to the 21 new well-being services counties. (Ministry of Social Affairs & Health, 2022).

The specific study context, the Tampere region's innovation ecosystem of social and health care, includes both public and private actors: Tampere university hospital, Tampere Heart Hospital (Karvonen et al., 2022) and Coxa Hospital for Joint Replacement (Honkanen et al., 2019), which operate as limited companies and eight other publicly operated hospitals, fifteen primary health care centers, Tampere university, Tampere university of applied sciences, 23 municipalities, Center of Excellence on Social Welfare, the economic development agency of the Tampere region, 2200 ICT companies, 1800 social and healthcare companies, 900 NGOs of social and health care and 520 000 inhabitants. Currently, private providers, corporations, and non-profit organizations constitute a quarter of the region's social and health care services. Despite actors in Tampere's social and health care innovation ecosystem operating independently, a steering group of key representatives works to improve ecosystem functionality.

The European Regional Development Fund (ERDF) project fostered the development of the "Tampere Region's Innovation Ecosystem of Social and Health Care" model. This model, aiming to enhance innovation through cross-sectoral collaboration, patient-centered perspectives, and innovative methods, supplemented the pre-established Health and Social Sector Innovation Ecosystem with additional resources. It also facilitated the data collection for this study. The ecosystem, reflecting its multifaceted nature, incorporates societal interests from public sector actors, commercial interests from businesses, and social and customer perspectives from civil society. The project, conducted from March 2019 to September 2021, focused on improving Tampere's social and health care, particularly primary care services and patient-centered care chains, involving all aforementioned actors.

Our empirical data consist of 21 semi-structured interviews, varying from one to two hours in length and taking place in 2020. The interviewees consisted of strategic directors, research, development and innovation (RDI) professionals, or managers of public, business, and civil society actors in the health and social sector. Besides that, the empirical data consist the survey of innovation ecosystem actors ($n=23$). The interview questions explore four themes: (1) characterization and benefits of the innovation ecosystem, including collaboration, stakeholders, objectives, challenges, and optimal structures; (2) ecosystem management, covering governance, goal setting, new member integration, and collaboration culture; (3) evaluation measures, focusing on ecosystem operation and impact, assessing potential indicators, actor-specific effects, impact validation, and the need for an ecosystem-specific indicator system; and (4) the ecosystem's supporting environment, examining current conditions, required assistance, changes, and potential cultural transformations. These themes are also addressed in the survey, albeit more succinctly. The questions are designed to comprehensively explore the social and health care innovation ecosystem, providing insights to answer our RQs. All but seven interviewees consented

Table 1 Empirical data of interviews and surveys broken down by type of actor

Organization type	Number of interviews	Survey respondents
A. Public	9	12
B. Business	6	6
C. Civil society	3	1
D. RDI	3	4

Table 2 Background of the project team and steering group

	Project team members' backgrounds	Steering group members' background
A. Public	5	3
B. Business/business services	5	3
C. Civil society	0	0
D. RDI	8	3

to having the interviews tape recorded, and extensive notes were taken during the interview and complemented after the interview. The interview material covers a total of 334 pages. The interviews and the survey were conducted in Finnish, and the quotations used in the article were translated into English, preserving as accurately as possible the content they contained.

A summary of the interviews and document sources is provided in Tables 1 and 2.

Further empirical data were obtained in the form of memos from the project team ($n=61$, 192 pages) and the steering group ($n=10$, 34 pages) of the ERDF innovation ecosystem project from 2019 to 2021. The project team involved people from different organizations and institutional backgrounds. Table 2 shows the project team members who participated in developing the project memos, according to their main organizational background. The materials from the municipal and business workshops conducted during the project were used as a source.

To achieve the objectives of this study, we decided to use a qualitative method that commensurate to our study context and contents. Reay and Jones (2016) identified three ways to identify institutional logics from qualitative data: pattern deduction, pattern induction, and pattern matching. In this study, we used an inductive interpretivist analysis based on raw research data (i.e., interviews, surveys, and memos). In this method, researchers capture the underlying logic by displaying as much raw data as they can for one or more logics. The same method is also suitable for identifying institutional work and value creation mechanisms from research data.

In terms of the actual coding process, we started by systematically coding the contents of the interview transcripts and memos for inductive analysis, with the aim of identifying recurring themes. In this initial open-coding phase, we analyzed the raw data line-by-line to mark out sections of interest. The coded excerpts were then

classified based on their thematic similarities during the axial-coding phase. This coding and categorizing process constituted the foundation of our institutional logic pairings. The pairings were performed by grouping together those logics that exhibited significant thematic interrelations or overlaps. In the subsequent selective-coding phase, we integrated these categories to weave a coherent narrative around our identified pairings of institutional logics.

This systematic, multiphase-coding process provided a roadmap from the raw interview data to our findings on institutional logics, institutional work, and value-creation mechanisms. These steps allowed us to reveal the institutional diversity manifested in the TRIE through institutional logics, collaborative value creation through value-creation mechanisms, and the interplay between the agency and the institutions through institutional work. Moreover, alternating between empirical and theoretical data during the analysis process generated new and complementary insights (cf. Orton, 1997; Yin, 2009).

For example, the investigation of the institutional work mode of advocacy began with the examination of the raw interview transcripts and memos. Through an open-coding process, expressions indicating advocacy were identified, such as “building social support,” “mobilizing political support,” “advocating regulatory changes,” or “promoting the innovation ecosystem in the media.” This was followed by the axial-coding phase, where related expressions were thematically catalogued under the larger umbrella of “advocacy,” following the established research literature on institutional work modes. Ultimately, a narrative was constructed during the selective-coding phase, revealing how the innovation ecosystem project served as a conduit for advocacy and significantly contributed to the development of the innovation ecosystem. This systematic, multiphased interpretive process provided an in-depth understanding of each institutional work mode within the innovation ecosystem.

Because our review was conducted at a general level, and we wanted to ensure the anonymity of the interviewees, we used the terms “public actor,” “business actor,” and “civil society actor” in the sources of our citations.

4 Findings

4.1 Institutional logics in the social and health care innovation ecosystem

It was important to identify the impact of the interrelationships of institutional logics on the governance of this particular social and health care innovation ecosystem. To this end, we utilized the ideas of logic pairs (Baroody & Hansen, 2012; Caronna, 2011). This kind of ideal-type pairs is useful for obtaining a theoretical understanding of the logics, even if it often means simplifying certain characteristics of the logics (Thornton & Ocasio, 2008). Exploring all interrelationships between the diverse institutional logics of an ecosystem would certainly be useful (c.f. Batilana et al., 2017; Besharov & Smith, 2014), because “when initiatives combine three or more logics... the possibility for differences in priority orderings is greater than in dualistic contexts” (Mitzinneck & Besharov, 2019, p. 16). For practical reasons, the interrelationships of the logics in this study were examined in pairs. These

pairs of logic presented below have been used in previous research (Funatsu, 2018; Funatsu & Sugiyama, 2017; Furusten & Alexius, 2019; Gadolin, 2018; Jutterström, 2019; Kallio et al., 2021; Zhang, 2021), either in conflict with each other or in parallel. We interpret them both as opportunities to create new and innovative approaches based on institutional logics that are often thought to be contradictory and mutually exclusive, and as problems of governance, management, and accountability, where the conflict between logics causes a particular level of complexity. From the point of view of the innovation ecosystem, it is possible to assess the preconditions for “doing good” from both perspectives. An examination of the logic pairs provided a sufficiently simple methodological approach for this study (Roth & Vakkuri 2023; Baroody & Hansen, 2012; Caronna, 2011).

4.1.1 Public sector logic and market logic

The first pair of institutional logics was public sector logic and market logic. In the case of social and health care, public sector logic is related to the core values of the welfare state—namely, that citizens can live by the prevailing societal standards (Marshall, 1950), and the authorities control “who gets what, when, and how” (Lasswell, 1988). The provision of public services establishes a link between the state and citizens and seeks to ensure that citizens are treated equally in accordance with detailed rules and universal principles (Weber, 1978).

A key feature of public sector logic is social justice, which was strongly reflected in the TRIE data as well. The data emphasized the importance of equality, uniformity, and accessibility of services. In the innovation ecosystem, public sector logic is reflected in the focus on basic research and the solution of abstract problems (cf. Sauermann & Stephan, 2012), as well as in the desire to use technology to achieve societal benefits. The logic of the public sector was emphasized in the responses of the public sector actors, and to some extent in those of the business representatives and civil society actors:

... to ensure the realization of fundamental rights, there is always the fear that if one gets something that the other does not, it is not equal... the fact that everything is done equally does not mean that everyone’s services are the same, but that their needs are met—the key thesis is that equal services should be provided throughout the country. In concrete terms, this means taking into account the need for the service, and it varies everywhere.

- A public actor.

In market logic, society is seen as a marketplace (Friedland & Alford, 1991), with the assumption that cost-effective and high-quality services can best be provided in a market where private service providers compete as freely as possible with each other and sometimes with non-profit and public service providers (Beedholm & Frederiksen, 2019). Users of services are seen as consumers who have the power to regulate the quality and supply of goods and services based on their choices (Smith, 1976). Generally, market logic aims to increase profitability (Thornton et al., 2012). The goal is to generate financial benefits for different stakeholders, and operations are characterized by service demand, supply, pricing, performance measurement,

various incentives, productivity and effectiveness, and customer satisfaction (Harris & Holt, 2013; Reay & Hinings, 2009). In the TRIE data, market logic was visible to corporate, civil society, and public sector actors, but the logic was more pronounced in the responses of business actors:

Another aspect is the business and economic way in which we support the growth and development of the Tampere region. This is happening by promoting the growth potential of these different companies.

- Business actor.

There is a lot that civil society actors have to offer to the value-based perspective. NGOs are used to measuring benefits and values, and we have accumulated know-how of what really benefits customers and the different actors in the ecosystem, and can create financial and customer benefits as a result.

- Civil society actor.

4.1.2 Civil society logic and state logic

The second pair of logics is that of civil society and the state. Civil society logic manifests itself as an emphasis on social goals that seek to meet the social and economic participation needs of communities (Roy et al., 2013). This logic emphasizes social value and a holistic approach to collaboration with other ecosystem partners. There is a social and communal ethos in the logic of civil society that emphasizes empowering citizens and staff at all levels. This logic also manifests itself in the use of human resources, and volunteers are often used to providing services to complement them. Generally, this logic emphasizes the democratic participation of staff and user communities and the empowerment of civil society (Vickers et al., 2017). The logic of civil society is a concept close to the community logic defined by Thornton et al. (2012), which is based on welfare capitalism and focuses on increasing community well-being by adopting practices that facilitate democratic participation. Civil society logic was clearly visible to civil society actors as well as others. The logic of civil society was often approached through NGO networks and volunteering. The themes of active citizenship and different forms of civil society activism also came to the fore:

Relatives of mental health patients are a multidimensional group; the age range, for example, is large. The aim is for relatives to be better taken into account in public services in many ways. In this process, civic engagement has not yet materialized. Civil society partners and volunteers are needed, because otherwise, the goals will not be achieved.

- Civil society actor.

There are a lot of things that are set in motion by civic activism, in that some people have come up with something and others get involved, and then suddenly there is civic activism that makes things happen.

- Public RDI actor.

While the logic of civil society emphasizes the autonomy of organizations and the empowerment of public entities, state logic focuses on political direction and

control. The logic of the state is close to the logic of the public sector described earlier, but it places particular emphasis on the management of national interests. State logic is based on the norms of national citizenship, following a strategy of widespread community good and deriving its authority through bureaucratic domination (Thornton et al., 2012). State logic focuses stakeholders' attention on the possibilities of using technology to develop and expand the actions of government institutions (Davidson & Chismar, 2007; Faik et al., 2020). In the TRIE data, different innovations and the use of remote technologies were justified by actors from different backgrounds in terms of national interest and the sustainability of national systems. In addition, synergies between state logic and civil society logic were also sought to achieve broad societal values and social goals:

Our country is so small and we have so few euros that it would be worthwhile to develop it from the national point of view, and not to make terribly small solutions.

- Business actor.

It is said that we are only driven by the benefit of the Tampere region, or only for the benefit of the people of our own region ... but we have to think about this nationally, and, of course, we will do so.

- A public actor.

4.1.3 Professional logic and managerial logic

The third pair of logics is professional logic and managerial logic. The legitimacy of professional logic is based on the expertise of professionals (Andersson & Liff, 2018; Blomgren & Waks, 2015), which is promoted through social and health education, peer reviews, and clinical guidelines (Van de Bovenkamp et al., 2017). The professional logic of social and health care professionals entails the intrinsic motivation to treat the patient in the best possible way (Byrkjeflot & Jespersen, 2014). Responsibility of the right decisions for the individual patients and clients is built into the professionalism of social and health care professionals. The narrative of expertise is dominated by a strong focus on health issues, training, and patient-related details:

It's about breaking down the boundaries of professions, which is going to be perhaps the biggest challenge in this ecosystem. The goals of health and social services, and then the perspectives of the professions within them, will determine the position of your profession in the ecosystem. And these professions largely define this ecosystem.

- Public actor.

In managerial logic, there is a focus on organization, performance, continuous improvement, and quality of health care (ten Dam & Waardenburg, 2020, cf. the concept of corporate logic, e.g., Berente & Yoo, 2012; Butler, 2011; Faik et al., 2020). In social and health care, many business principles have been adopted in recent decades (Reay & Hinings, 2009), particularly with regard to management practices. Performance management tools, process management, and cost control

methods (Bode et al., 2016), as well as metrics and tools to improve organizational efficiency, have been incorporated (McGivern et al., 2015). Increased regulation has brought quality control and transparency to social and health care (Van de Bovenkamp et al., 2017). The managerial logic appeared in the TRIE data in those interpretations where the more effective achievement of the goals of the organizations was perceived to be in conflict with the rigidities of change caused by professional logic:

Whether it's digitalization or something like that, we're so rigid in our own way of doing everyday work, and it's pretty much profession-driven these days. We should get the professions involved to innovate new ways of working, even then rewarding them for doing so.

- Public actor.

By employing the concept of logic pairs, we illuminate the simultaneous conflicts and synergies, notably the possibilities of co-existence between public-sector and market logics. Moreover, our analysis expounds on the equilibrium between civil-society and state logics, emphasizing the interplay of community activism and state policy. The exploration of professional and managerial logics sheds light on the juxtaposition between professional autonomy and managerial control.

4.2 Value creation mechanisms in the social and health care innovation ecosystem

The value creation mechanisms of the innovation ecosystem—mixing, compromising, and legitimizing—are clarified here through practical examples of identified pairs of institutional logics: public sector and market logic, civil society and state logic, and professional and managerial logic originating from the ecosystem data.

4.2.1 Value mixing

Value mixing appeared with the logic pair of *public sector logic* and *market logic* in the contents and results of the TRIE project (i.e., in those matters that each team member considered important in the project from their own institutional perspectives). The project included work packages that develop the operation of the public service system (e.g., models for the implementation and effectiveness of care and service chains) and promote profitable health and social services businesses (e.g., the Testbed model, which provides testing environment services to companies). The outputs of the project were reported in the form of an operating model for the development of patient paths (public sector logic), a business cooperation model, and the numerical results of various collaborations with companies (e.g., the number of products and services piloted with companies on the new innovation platform in the spirit of market logic). The different perspectives were able to be combined and often resulted in more than the sum of their parts, often even after long discussions.

Value mixing appeared with the logic pair of civil society logic and state logic, for example, in substance abuse services, where more effective services can bring

about improvements in the well-being of clients in need of treatment and their relatives, as well as a reduction in the problem of significant financial and human losses to social savings. This issue was discussed in several steering groups of the TRIE project, which were recorded in their memos as general discussions:

The importance of research into the effectiveness of health and social services has been highlighted, especially with regard to substance abuse services. Effectiveness is a megatrend that will hopefully provide the tools to better evaluate social and health care services in the future, both for the customers who use the services and their relatives, and for the financial sustainability of society.

- Steering group memo 03/2021.

Value mixing that appeared with the logic pair of professional and managerial logic manifested itself, for example, in the forms in which the performance of health and social services was assessed. For example, the surgical department uses clinical indicators (e.g., complication measures, number of readmissions, and laboratory values) and metrics to evaluate organizational performance and effectiveness (e.g., surgical operations lead times, operating room utilization rates, referral processing times, and access to treatment) in parallel.

4.2.2 Value compromising

Value compromising appeared with the logic pair of public sector logic and market logic, particularly in the preparatory and final reporting phases of the TRIE project. The budget for the project had to be squeezed into the agreed-upon framework, and the various actors had to reach a compromise on how the money should be distributed. The opposing sides were the entities that developed the operations and objectives of the public service system (public sector logic), and those that promoted profitable business in social and health services (market logic). After many meetings and workshops, a compromise was reached on the distribution of money and the text of the project application. The goals of the project included formulations that were not considered by anyone to be a priority, but acceptable to all. It was decided to distribute the money equally between the different functions.

The discussion also took place during the final reporting phase of the project, when the final outputs of the project actors from different institutional backgrounds had to fit into the same final report. The memorandum of the project team mentioned the following:

We discussed at length the relationship between Chapter 1 and Chapter 3 of the final report (ecosystem description and the business collaboration model) and the tension between them. Different perspectives and understandings were raised on how the relationships between the different sections should be written, and how each has understood their role in describing the innovation ecosystem. The meritorious and enriching perspectives of actors from different backgrounds must be reconciled to find the necessary compromise in the final report.

- Project team memo 56/61.

Value compromising appeared with the logic pair of civil society logic and state logic, for example, when civil society actors provided statutory social and health services. Civil society actors will then have to compromise on their own agenda for social and sometimes political change and adapt to the norms of the statutory social and health care system in terms of service production. They may also have to focus partly on activities outside their own core agendas for the services they produce as service providers. At the same time, however, through service contracts, they receive resources for their activities, in which their core interests are also involved:

[Local government units] provide, for example, welfare information and information on service systems that have been in short supply over the years. Our service system works when a customer has a problem, but promoting health and well-being does not work the same way.

- Civil society actor.

In the logic pair of professional and managerial logic, making value compromises could be observed, for example, in the PirKATI project launched by the City of Tampere in 2021, which develops “operating models for technology-assisted living at home. The aim is to develop, expand and evaluate the effectiveness of a digital platform that combines home and remote care services.” The value trade-offs were reflected in the project’s objectives, which were aimed at providing both professional and organizational benefits through the technologies operating on the platform:

The goal is to achieve new, platform-connected technologies by introducing and using positive well-being effects for customers, caregivers, and healthcare professionals; increasing staff well-being; reducing site costs; and creating an evaluation model to assess impacts.

- PirKATI application, 2020.

4.2.3 Value legitimizing

Value legitimizing appeared with the logic pair of public sector logic and market logic, for example, in the emphasis of the TRIE project’s municipal and business workshops for different audiences on the project’s goals and contents. In the municipal workshops, the project was presented from the perspectives emphasizing public sector logic and related to the work of municipal employees, while the business workshops emphasized market logic and business-oriented goals and perspectives:

At the heart of the TRIE project are the patient chain of type 2 diabetes prevention and treatment and the substance abuse service chain. To address these issues, customer paths are developed together, the introduction of customer paths is supported, and their implementation is evaluated.

- Summary material for municipal workshops.

Value legitimizing appeared with the logic pair of civil society logic and state logic, for example, in the cooperation between the Tampere Biobank and the

patients' civil society organizations for neurological diseases, lung and rheumatic diseases, and mental health research. The collaboration bulletins addressed a message to patient organizations highlighting the health and well-being effects of the collaboration on sample donors, their relatives, and patient groups. The press releases also contained a message emphasizing national benefits, how Finnish biobanking has attracted interest at the international level as well, and how Finland can be called a top country in biobanking (Tampere Biobank, 2020a, b). The message of the press releases was emphasized in different ways when communicating to different audiences.

Value legitimizing was reflected in the pair of logic of professional and managerial logic, for example, in the way the medical profession was able to get doctors to record the diagnostic codes of the patients in the agreed-upon way. The reform did not take place with the authority of a senior manager utilizing managerial logic, but with the professional authority of a lead physician who led the physicians to act in the way that the organization wanted. The reasoning according to management logic was not affected; professional authority (logic) was needed to speak to the doctors in a language they understood and appreciated (cf. Gadolin, 2018):

A bigger reason to get more money to area was that there was [the name of the person and his organization] as the leader. It's not the general manager, it's the chief doctor who, with his professional authority, forced the doctors to record the codes as agreed upon. The money for each area is based on the morbidity of the residents, and the morbidity is based on recording.

- Public actor.

Table 3 illustrates how value creation, framed by the interplay of public, private, and civil-society interests, is orchestrated by coordinating the relationships among diverse institutional actors. The interaction between professional and managerial logics in standardizing diagnosis recording exemplifies the roles played by different institutional actors in value creation. Content generation and result reporting in the innovation ecosystem project highlight the inherent contradictions among the actors involved in the value-creation process, representing the opposing public-sector and market logics.

Our analysis enhances the literature on the value-creation mechanisms used in social and health care innovation ecosystems by defining three core mechanisms—value mixing, compromising, and legitimizing—and explaining their manifestations in varying institutional logics. By transitioning from theoretical assertions to real-world applications via the examination of the TRIE project, our analysis uncovers the complexity and nuanced dynamics of value creation, challenging monolithic views and possibly paving the path for comprehensive future analyses.

4.3 Institutional work in social and health care innovation ecosystem

This study explores the institutional work performed by multiple actors (Lawrence et al., 2013) in the TRIE and their influence on the value creation of innovation ecosystems. After coding, it became clear that there were seven institutional work

Table 3 Summary of the institutional logic pairs and value creation mechanisms in the social and health care innovation ecosystem

Value creation mechanisms	
Institutional logic pairs	
	Mixing
Public sector logic & market logic	Mixing the public sector logic and market logic in the content and reporting of results in the innovation ecosystem project
Civil society logic & state logic	Value-based substance abuse services provide both social and economic savings by increasing the well-being of clients and their relatives
Professional logic & managerial logic	In the surgical department, professional and organizational performance metrics run in parallel
	Compromising
	Legitimizing
	Communication of the RDI project based on the target group
	In joint projects of patient organizations and public healthcare, different messages are delivered to different target groups, emphasizing social and national benefits
	Utilizing professional authority so that doctors record the reason for treatment and the diagnosis as agreed upon in the health care context

categories (cf. Kjellberg & Oldenmark, 2021; Lawrence & Suddaby, 2006; Yin & Jamali, 2020) that were extensively discussed by interviewees and in the memos. The dominant types were as follows: *Advocacy*, *Constructing Identities*, *Educating*, *Goals Co-alignment*, *Connecting to Regional and National-Level Discourse*, *Enabling Work*, and *Valorizing and Demonizing*, which are discussed below.

In their systematic literature review of studies on institutional work, Lawrence and Suddaby (2006) identified three categories of institutional work: creating, maintaining, and disrupting institutions. Below, we describe the forms of institutional work that occurred in the TRIE, divided into creating (*Advocacy*, *Constructing Identities*, *Educating*, *Goals Co-alignment*, and *Connecting to Regional and National-Level Discourse*) and maintaining categories (*Enabling Work*, *Valorizing*, and *Demonizing*) and based on the types of institutional work that appear in the research literature (Yin & Jamali, 2020; Kjellberg & Oldenmark, 2021; Lawrence & Suddaby, 2006). Institutional work related to the disrupting category did not appear in the research data.

The emphasis on institutional work in creating institutions and maintaining work categories in the research data is partly explained by the fact that a new social and health care innovation ecosystem is about to be built in this region. Therefore, the institutional work related to the disrupting category was less at issue.

4.3.1 Advocacy

Advocacy implies the mobilization of political and regulatory support through direct and deliberate techniques of social suasion (Lawrence & Suddaby, 2006). In the TRIE project, internal advocacy between various ecosystem stakeholders manifested itself when there was a need to reach a consensus on the project's contents, resource allocation, and publication of outputs. Various ecosystem stakeholders tried to find administrative, political, and social support for their views through persuasion or pressure. Advocacy was evident throughout the project, although it was especially salient at the beginning and end of the project. Each project team member advocated for issues based on their own institutional backgrounds and organizational perspectives. There was also substantial advocacy on the part of the innovation ecosystem project team members who advocated the ecosystem mindset to each other and outsiders:

[Name of the team member] opened the project team meeting by encouraging all project team members to engage in win–win–win collaboration and to build a common innovation ecosystem that is more than the sum of its parts. Different skills and different thinking styles can lead to something that no one can achieve alone. You are what you share. Let's share our expertise and learning together.

- Project team memo 1/61.

Advocacy also emerged when project team members advocated the new practices to health care providers through suasion to adopt new ecosystem approaches and tools (e.g., a customer segmentation operational model and application). The TRIE project professionals strived to convince health care managers and professionals of

the benefits of using the segmentation model and application through advocacy, training, and distributing encouraging material and easy-to-use manuals. This work was not very successful, due to the COVID-19 restrictions and the inability to convince health care managers and professionals of the benefits of a new operating model. However, according to our interpretation, the innovation ecosystem project itself seemed to become a vehicle for advocacy by providing opportunities to mobilize political, administrative, regulatory, and social support for the innovation ecosystem, even though, due to the rigidities of social and health care, no major changes could be achieved.

4.3.2 Constructing identities

Constructing identities means defining the relationship between an actor and the field in which that actor operates (Lawrence & Suddaby, 2006). Identity construction is an action in which actors' belief systems are reconfigured. The construction of identities as a form of institutional work is central to creating institutions because identities describe the relationship between an actor and the field in which that actor operates (Bourdieu & Wacquant, 1992).

The shift toward a social and health care innovation ecosystem requires large-scale organizations, such as hospitals, municipalities, and universities, to develop an approach that integrates different actions under a common identity. As a representative of a public RDI actor stated, "The ecosystem should affect the way we build something together, something better, like our home care integration platform. No one could have built it alone." A business actor added, "We each have our own organization and its goals, but in an ecosystem, we should have a mentality to build something better together, in the long-term and across organizational boundaries." These remarks also illustrate the intention to construct a distinct identity as innovation ecosystem professionals within and across fields.

Innovation ecosystem individuals and organizations in the Tampere region were attempting to construct their identities as catalysts and platforms for better social and health care through innovations and other RDI actions. In the TRIE, they achieved this by promoting RDI and a developer identity through team meetings, workshops, seminars, stakeholder events, websites, and social media.

4.3.3 Educating

Educating innovation ecosystem actors in the knowledge and practices that they need to engage in new practices or new institutional structures is "an important form of cognitive work because the creating of new institutions often involves the development of novel practices" (Lawrence & Suddaby, 2006, p. 227).

Educating manifested in the data as an effort to legitimize social and health care innovation ecosystems among professionals, administrators, and politicians. Educating took the form of training when the TRIE professionals trained all the willing members on some key outputs of the project, such as the co-development model. Training was offered to all health center managers and developers in the Tampere region. This kind of education involves actions designed to change the abstract

categorizations upon which meaning systems depend and to build new meaning structures that support the ecosystem. The wider effects of this will be seen later, but in the short term, no significant changes were observed.

Changes could, however, be seen with co-development projects between companies and public healthcare. For example, with the introduction of an operating model for the remote weighing of patients with heart failure, patients and health professionals were trained in the use of the new devices and familiarized with the customer and process benefits. This exemplifies the interplay of public, private, and civil-society interests, wherein the coordination of the relationships among diverse institutional actors may facilitate a fruitful amalgamation of resources.

4.3.4 Goals co-alignment

In goal co-alignment, actors come to understand that different goals could be compatible or competitive. Goals co-alignment occurred in the TRIE, for example, when a managerial physician acting as a chief physician worked to make physicians understand that the adoption of managerial goals would also help achieve the goals of the medical profession. Similarly, goal co-alignment emerged when civil society actors adopted goals in line with state logic.

Goals co-alignment also emerged when the project reconciled the different goals of the public, business, and civil society ecosystem actors. For example, involving businesses and NGOs in the development of digital services enabled new types of development resources, brought forth new types of device and service innovations (e.g., heart failure consultation model and application), and helped develop public service activities and deliver better services.

It is worth noting that goal co-alignment also turned out to be important work for enabling motivation and commitment to innovation ecosystem partners:

The health and social sectors face many challenges. Problem solvers (e.g., public and private RDI actors) want as clearly defined problems as possible and clear common goals that they are expected to solve or achieve. This increases the interest of actors in problem solving. The goal is common, as the problems to be solved are those that have arisen in the area of the ecosystem (province), but the solutions to them are often scalable nationally and internationally, which is in the interests of companies.

- Steering group team memo (09/2021).

4.3.5 Connecting to societal-level discourse

As part of the strategy to legitimate the innovation ecosystem, the TRIE project team took advantage of the steering group meetings and organized various regional and national seminars and workshops to introduce and engage key people in the society to engage in ecosystem thinking and understand the important themes of the innovation ecosystem. Seminar topics included value-based healthcare, customer segmentation, ecosystem management, business collaboration models, and implementation management. By establishing connections with regional and national-level

discourse, the innovation ecosystem actors highlighted the importance of the innovation ecosystem and created the pressure and desire for the TRIE organizations to change their own thinking and practices.

Getting involved with highly legitimate actors and integrating organizational practices with those of the innovation ecosystem helped introduce new ecosystem-level practices. An example would be the introduction of indicators to measure ecosystem performance under three main headings: ecosystem prowess, strengthened partnerships, and know-how/new innovations. In addition, a regional Testbed operation was launched in cooperation with the national Testbed platform to bring together scattered operators under a single brand. Other ecosystem operating models are likely to be introduced when Finland's largest health and social sector reform is launched in early 2023.

4.3.6 Enabling work

Enabling work refers to the creation of rules that facilitate, supplement, and support institutions. This may include the creation of authorizing agents or new roles needed to carry out institutional routines or divert the resources required to ensure institutional survival (Lawrence & Suddaby, 2006).

In the TRIE case, this involved the initiatives of new technology platforms to facilitate new public–private–academia co-development. As a public RDI actor phrased it, “What is needed is a platform that brings together and makes public the real needs of social and health care, the ‘Needs Bank’ that companies and researchers can see on a common open platform.” In social and health care, several technologies are widely adopted. However, there is a need for integrative platforms that enable the ecosystem's collaboration. As one public actor stated, “The home care integration platform enables the intelligent integration of a wide range of medical devices and remote monitoring devices so that the nurse or doctor can really use them in their daily work.”

TRIE is preparing the key contents of the innovation ecosystem as part of the provincial reorganization of the production of health and social services, which will start in 2023. The individual who led the TRIE project had been appointed for this preparatory work, and several people from the TRIE project are also involved in the preparations. Their task is to ensure that the key contents of the innovation ecosystem become part of the new provincial health and social services organization.

4.3.7 Valorizing and demonizing

Valorizing and demonizing refer to the processes of repeatedly providing demonstrations of what is good and bad; thus, they become normative foundations of actors (Lawrence & Suddaby, 2006) in their efforts at promoting and illustrating benefits associated with the desired institutional logic. For instance, in the TRIE, a competition was held between health centers to assess the recording practices of doctors and nurses, thus valorizing their major contribution to the health care system. Such public recognition provides a clear indication to other individuals of what kind of effort is appreciated. The health care compliance reminders—for example,

a message under the Communicable Diseases Act that vaccinated staff must treat patients with a predisposition to severe COVID-19 disease—are demonizing examples, as these reminders provide a clear indication to other individuals of what kind of actions should be refrained.

All actors participating in the TRIE project considered the project successful and showed the potential for public and private collaboration for better social and health care and increased business in the region. They shared this narrative repeatedly at various events and communication channels, and it was further reinforced by positive appraisals by the ERDF funder, the ministry, and the project steering group. Furthermore, by providing funding, the City of Tampere, the Tampere University Hospital, and the Council of the Tampere Region have played an active role in valorizing RDI activities by letting people develop and research future health technologies, vaccine research, and new governance models.

Table 4 summarizes the appearance of institutional work in the previous literature and the TRIE research data. It illustrates the answers to our question, how can we understand the modes of institutional work in the context of the social and health care innovation ecosystem? To structure this understanding, we utilized previous research in conjunction with the TRIE data. Based on our interpretation, the seven institutional work modes presented in table could be identified in our social and health care innovation ecosystem.

Our analysis bolsters Lawrence and Suddaby's (2006) model with empirical evidence and uncovers the interconnectivity among different types of institutional work by elaborating on the seven categories of institutional work in the health and social care innovation ecosystem. It provides a new understanding of institutional change and offers practical implications for stakeholders.

5 Conclusions and topics for further research

The purpose of this study was to describe value creation mechanisms through the lenses of institutional logics and institutional work in the context of an institutionally diverse social and health care innovation ecosystem. First, in doing so, the study highlights the interplay, interactions, and contradictions of public, private, and civil society interests. Based on our analysis, value creation in such a context is about coordinating not only the aspirations of a number of individual or multiple professional groups, but also the relationships between actors with different institutional origins, logics, and work modes. The difference in institutional origin sometimes obfuscates the interaction, and at other times enables a fruitful combination of resources.

While our empirical analysis has primarily emphasized the positive potentials of collaborative value creation and institutional work, we fully acknowledge the importance of the problems and complications in value mixes and compromises in social and health care ecosystems. For instance, when patient organizations adopt goals in line with state logic to promote objectives that are important to them, they concurrently have to “betray” their core values (e.g., values of equity and heterogeneity) and replace them tactically with other values (e.g., equality and homogeneity). This

Table 4 Institutional work modes and our contributions to the previous literature

Institutional work modes	How does our analysis contribute to the previous literature?
Advocacy Lawrence & Suddaby, 2006; Kullak et al, 2022	<i>By showing examples of how advocacy can support the building of an innovation ecosystem with internal and external work in institutionally diverse social and health care context</i> <i>The innovation ecosystem project itself seemed to become a vehicle for advocacy by providing opportunities to mobilize political, regulatory, and social support for the innovation ecosystem</i>
Constructing identities Lawrence & Suddaby, 2006; Kipnis et al, 2021	<i>By defining the construction of an innovation ecosystem in terms of an identity with the intentions to be recognized as a catalyst or platform for social and health care innovations or other RDI actions</i> <i>Identity construction for an innovation ecosystem requires actors to develop an approach that integrates different actions under a common identity</i>
Educating Lawrence & Suddaby, 2006; Kullak et al., 2022	<i>By identifying education as an important element in changing the mindset and altering the boundaries of meaning systems among innovation ecosystem actors</i> <i>Practical manifestations of education as a form of institutional work in the study context</i>
Goals co-alignment Yin & Jamali, 2020; Kjellberg & Oldenmark, 2021	<i>By emphasizing that goals co-alignment for actors is an important element in creating motivation and commitment to innovation ecosystem partners by creating the understanding that different goals could be compatible or competitive</i>
Connecting to societal-level discourse Liu et al, 2016; Yin & Jamali, 2020	<i>By expressing examples of connection to societal-level discourse, which creates pressure and the desire for regional and national-level actors to change their thinking and practices so that they are more favorable to the innovation ecosystem</i> <i>Becoming involved with highly legitimate actors and integrating organizational and innovation ecosystem practices helped introduce new ecosystem-level practices</i>
Enabling work Lawrence & Suddaby, 2006; Kullak et al, 2022	<i>By showing that that the necessary support for the development of the innovation ecosystem requires the enabling of physical resources—like technology platforms—and human resources, like the drafters and implementers of new operational models</i>
Valorizing and demonizing Lawrence & Suddaby, 2006; Bulut, 2019	<i>By expressing practical examples of valorizing and demonizing in innovation ecosystem, where expressing positive and negative cases show the normative foundations of an institution</i>

kind of trading of values can have adverse consequences in social and health care practice. Although governmental and civil society actors share an interest in public goods, which should facilitate value compromising between them, our analysis

shows that institutional conflicts continue to exist in the background of the compromises reached.

This same example opens up interesting perspectives for our theoretical discussion of the institutional approach, in which conflicts are a widely examined area. The institutional approach recognizes that the treatment of issues in the institutionally diverse social and health care ecosystem is often based on the coexistence of contradicting logics and on managing the tensions between them. As institutional theory explains the tendency of the system toward equilibrium and order, the concepts of institutional logics and institutional work complement it by adding aspects of processes and patterns of change and interest-driven behavior. In our empirics, a developmental problem-solving perspective was emphasized, which may be related to the fact that the innovation ecosystem of our context is under development and just in its initial stages. Therefore, the creative and sustaining modes of institutional work were emphasized, while disruptive forms were not observed in the data.

Even in the situation of change, no significant change was noticeable in the core institutional logics of the actors, as they were instead characterized by conformity, stability, and isomorphism. An interesting topic for further research would be to determine the permanence of the institutional changes generated by collaborative value creation and institutional work in the ecosystem's life cycle and time. Researchers could also explore how it is possible to bring about changes in the more difficult issues of healthcare, such as unequal social and health care systems or rigid professions, through institutional work and joint value creation mechanisms. For example, problems with system-level funding models—which can be seen as the system's inability to prepare for and anticipate changes in service needs—can cause inertia, which requires several simultaneous, systematic, and long-term forms of institutional work and collaborative value creation to overcome.

Second, this study points to the processual nature of institutional development. Despite the biological framework (cf. Chakraborty, 2021), the formation of an ecosystem into a functional whole is hardly a natural process akin to evolutionary progress, but is instead an indeterminate social process, which necessitates a fair amount of negotiation to reach the alignment of goals, work processes, and evaluation criteria. In our study context, the membership of an ecosystem provided a platform for individuals and organizations to engage in collective institutional work for joint efforts. In practice, the joint framework allowed for issues of budget allocation to be resolved by combining professional performance with the organizational performance metrics of aligning patient interests with the statutory standard of healthcare. The acquisition of national recognition for the innovative efforts of the ecosystem was instrumental in diminishing opportunistic interest advocacy and in building a sense of togetherness among the participants. Together, these developments were enabled by inclusive negotiations aimed at consensus over the main operating principles.

In this article, we explored different manifestations of value creation mechanisms, institutional logic pairs, and institutional work modes as they applied in the study context. For instance, the state logic in promoting equality of service and legally stipulated procedures does not automatically conform with the business logic in its value capturing efforts or with innovative, but non-confirming procedures within

non-profit organizations. In the innovation ecosystem, collaborative value is created by integrating the resources of actors from different institutional backgrounds. Modes of institutional work contribute to creating, maintaining, and disrupting institutions, which drive and facilitate collaborative value creation processes. Institutional diversity in innovation ecosystems—the co-occurrence of multiple and potentially conflicting institutional logics—affects and guides collaborative value creation by diluting the guiding force of institutions and activating an attitude of problem-solving and innovative thinking among actors.

Consider a hospital that has organized its processes based on the healthcare logic only and which does not take into account professional logic. Such a hospital could fail to capture the interests of healthcare professionals because their interests rely on different institutional logics. Alternatively, a hospital may be organized based on professional logic and thus may not take into account health care logic. As a result, it may fail to achieve national uniformity in healthcare services and costs. Therefore, we have a need for institutional work as a process of changing institutions and driving and facilitating collaborative value creation mechanisms between conflicting institutional logics.

Our study contributes to the institutional literature on collaborative value creation in hybrid ecosystems, moving beyond the dominant business and technological viewpoints of prior studies (e.g., Botti & Monda, 2020; Frow et al., 2016; Randhawa et al., 2021). Unlike Altman et al. (2022), we focus on the social and health care sector. We investigate the idiosyncrasies of value-creation mechanisms in a heterogeneous institutional context, involving actors representing public, private, and civil-society interests and diverse institutional logics. Our study employs a tripartite framework of institutional logics, value creation, and institutional work, enriching the understanding of the dynamics of value creation and the roles of institutional work therein, an aspect underexplored in previous studies. In practical terms, our findings offer insights to the stakeholders involved in social and health care innovation ecosystems, elucidating how to negotiate diverse institutional logics, undertake varied institutional work, and effectively co-create value.

Collaborative value creation brings actors from different institutional backgrounds to the same side of the table to find solutions to institutional logic conflicts. For example, with value-based substance abuse services, NGOs and businesses can provide both social and economic savings, increase the well-being of clients and their relatives, and strengthen the financial sustainability of society. When all actors have to commit to the same goals, such value mixing requires a lot of work. These findings can also serve to stimulate actions in the practical field. The results related to the building of an innovation ecosystem and the need to institutionalize collaboration could serve as a guide for policy makers, managers, and other ecosystem actors interested in promoting innovations in the context of a hybrid innovation ecosystem.

For future research, it would be worth observing rejected institutional work—how actors could have undertaken institutional work to create an innovation ecosystem but have refrained from doing so—as this could play a major part in preventing its entrenchment. Presumably, actors can also contribute to the outcome of an institutionalization struggle by rejecting institutional work.

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Declarations

Disclosure of potential conflicts of interest First author is doctoral researcher. Besides that, he is working in local University Hospital as a development manager. He worked as a project manager in a project where the social and health care innovation ecosystem, which was the research context of this study, was built and during which the interview material used in the study was collected and memos were written. Co-authors are working professors at the same university as first author. The authors declare that they have no other conflicts of interest.

Research involving human participants and/or animals All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies involving animals performed by any of the authors.

Informed consent Informed consent was obtained from all individual participants involved in the study. Informed consent was asked from the all interviewees at the beginning of the interviews. Each interviewee was asked for permission to transcribe the interview material and use it for academic research purposes.

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