

# All that glitters isn't gold

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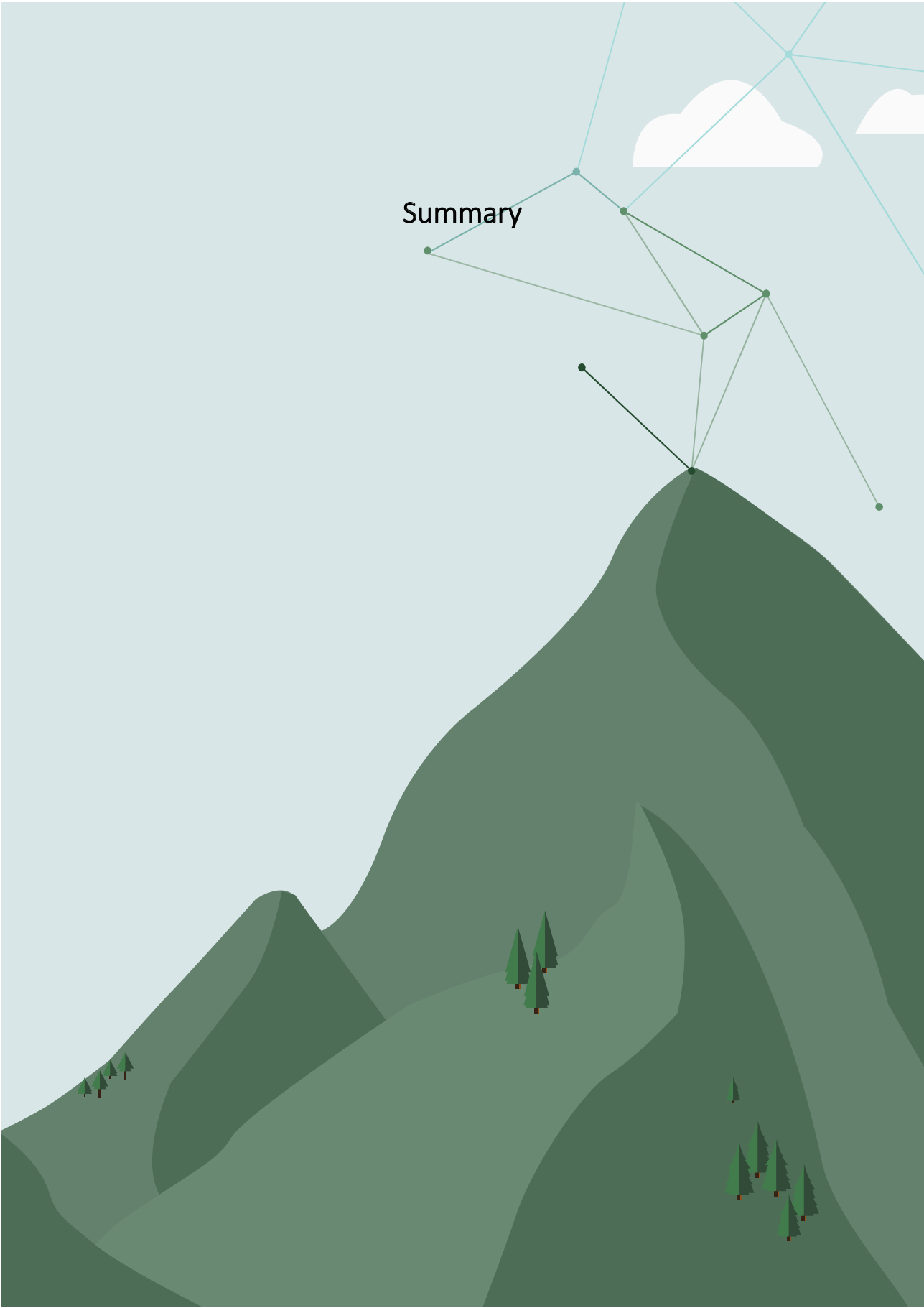
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Summary

Collaboration across organizations and domains has been encouraged by governments to address wicked problems in healthcare and keep health systems sustainable. Consequently, networks in which three or more autonomous organizations collaborate to achieve a common goal have proliferated in the health and healthcare sectors. Since these networks are seen as a solution to healthcare's wicked problems and many resources are spent in and on these networks, it is crucial that they are effective. However, their effectiveness remains limited. Therefore, the overall aim of this dissertation was to provide insights into effectiveness of purpose-oriented networks in healthcare and its determinants, using three research objectives: 1) examine what is already known about the determinants of network effectiveness, 2) examine how specific determinants influence networks, and 3) examine how to systematically assess the determinants of network effectiveness.

**Chapter 1** provides a general introduction of this dissertation, laying the foundational definitions used throughout the dissertation. It explains how the nature of wicked problems leads to the need for multiple stakeholders to be bold in trying to address healthcare's wicked problems and how purpose-oriented networks are seen as (one of) the solution(s) to these wicked problems. The chapter also explains that, even though it is important that these networks are effective, they often fail and lack impact in practice. Additionally, it is explained how purpose-oriented networks have been encouraged by the government specifically in the Dutch setting and have proliferated in the Netherlands over the years.

Part 1 of this dissertation answers the first objective and includes **Chapter 2**. It describes a scoping review on the determinants that lead to effectiveness of purpose-oriented networks, specifically in the healthcare sector. In total, 283 determinants are identified in the literature, which are clustered into 30 groups of determinants. Most determinants focus on the processes within networks, such as trust, leadership, and the goal of the network. Less focus lies on the structure of the network, such as the network composition and the governance structure, and the context of the network, such as the institutional environment and resource munificence. The results show that these determinants are often studied in a net-effect way, disregarding the complex mechanisms that underly networks. Consequently, it is argued that future research should study which configurations of determinants lead to network effectiveness to also eliminate determinants that may not always be necessary. The results also show that network effectiveness is often operationalized as a process measure such as network members' perception of how effective the network has been to date, meaning studies have mainly

identified determinants of 'good' collaboration and not the determinants that lead to actual outcomes. It is crucial to understand which determinants lead to outcomes given the importance put on networks to address healthcare's wicked problems.

Part 2 of this dissertation answers the second objective and includes three empirical studies. **Chapter 3** is a qualitative study aiming to understand how network actors perceive network effectiveness in practice and how this influences their behavior. Network members as well as representatives from government and regulatory agencies are included in the study to understand the perspectives of different stakeholders. The results of the study show that, while actors believe improvements in hard outcomes equate to network effectiveness, they argue the goals and outcomes of networks are temporal in nature and are hard to quantify. Consequently, they assess a network's effectiveness based on the collaborative process and a feeling of the network being able to contribute to the network's goal. However, even if they believe a network is not effective, they continue to participate in the network because actors believe in networks as the solution to wicked problems in healthcare, but also (continue to) participate in networks to conform to pressures and expectations in the environment (i.e. normative and coercive institutional pressures). Consequently, networks in healthcare seem to be at least partially adopted to gain organizational legitimacy and actors show institutionalized behavior, meaning they do not reflect on the effectiveness of their participation in networks but take this behavior for granted as the norm. The study urges actors to critically reflect on the effectiveness of their networks to assess whether resources spend in the network are actually contributing to healthcare's wicked problems.

**Chapter 4** is a qualitative, longitudinal case study investigating the effect of a policy change, the Integral Care Agreement (IZA; *Integraal ZorgAkkoord*), on existing purpose-oriented networks in the Netherlands. Three rounds of interviews and continuous observations and document analyses were performed over a period of almost five years enabling the comparison of the network before, during, and after the implementation of the IZA. The results show that the IZA led towards the development of a new network at the level of the network administrative region, covering two previously existing subregions, each with their own networks. This added an additional governance layer, or a 'network-of-networks', creating managing and governing challenges. Additionally, this put pressure on the legitimacy of the existing subregional network, that had to redefine its goal and composition. Furthermore, the results show that a divide was created between subregional network members that did participate in the new, regional

network, and those that did not. Organizations that did participate in the new network questioned their participation in the subregional network because the new network better fit with their catchment area and would thus be more efficient. Organizations that did not participate in the new, regional network also questioned their participation in the subregional network because they felt a lack of transparency from the other organizations and were unsure whether the goal of the subregional network was still aligned with their organizational goals. The study highlights the need for government and policymakers to better align policy (and future development of the IZA) with existing structures in practice, as well as proper monitoring the transformations induced by the IZA.

The final study related to the second objective, **Chapter 5**, is a qualitative, longitudinal case study researching a leadership transition in a network. The longitudinal nature of the study allowed to compare the situation before the leadership transition, the process of the transition, and the situation after the transition. The study aimed to understand how a leadership transition unfolds and how a network responds to the transition. The study findings show that the process of an unexpected leadership transition can take a long time, open a power vacuum in the network, and affect the dynamics such as trust between network members and the network composition. The study also shows that a lead-organization can emerge not only based on organizational characteristics, but also based on individual characteristics, in which case the structure may be less stable. Many covert conversations as well as decision-making processes seemed to occur outside of formal network meetings, showing that the influence of formal leaders, though they lack formal hierarchy, may be larger than previous research suggest through nudging and leveraging.

The third objective of this dissertation, examine how to systematically assess the determinants of network effectiveness, is answered in **Chapter 6**. Here, an extensive review is performed on the questionnaires used to assess the determinants of network effectiveness, comparing the healthcare specific literature to the general management and organizational literature. The study aims to review the psychometric properties of the included questionnaires and to provide recommendations to increase uniformity in the use of questionnaires across studies to allow comparison of studies across settings. The results show that the healthcare literature is fragmented. Studies use different questionnaires for the same determinants, and usually rely on unvalidated questionnaires, often constructed for the sole purpose of a single study. This is in contrast to the general management and organizational literature, where validated

questionnaires are used frequently. The results also show that a redundancy on questionnaires with good psychometric properties are available covering a wide range of determinants. The study concludes with recommendations on the use of questionnaires when studying network determinants and urges future research to employ the same questionnaires.

The final chapter, **Chapter 7**, includes the general discussion of this dissertation. The main findings of these studies are presented, followed by scientific reflections and research recommendations. Finally, recommendations for policy and practice based are provided.

