Who are we? A practice perspective on network identity

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Abstract

To address the question: Who are we as a network?, this thesis explores how network identity evolves and influences the development of an inter-organizational network over time. Previous research on networks, as social systems beyond the common dichotomous organizational forms of hierarchy and market, emphasizes the vital role of network identity for network development. However, conceptualizations of identity have frequently appeared on an individual and organizational level, but not on a network level.

To address this research gap and to understand the social phenomenon of dynamic network identity building, this thesis examines how the identity of a network evolves over time, the role of reflexive practices in building or shaping the identity of a network, and how network identity building practices can dynamically stabilize network development over time. Inspired by a structuration-oriented practice approach, this thesis investigates the development of network identity by theoretically conceptualizing and empirically reconstructing identity building as a bundle of reflexive practices.

Three research questions are analyzed through a constructivist-based, longitudinal, and qualitative single case study of a Swiss integrated care network (InCareNet) to capture the complex dynamics in network development. Data collection comprises 33 semi-structured interviews, 37 non-participant observations, 153 archival records, and six reflection workshops between the research team and the field partner, InCareNet. The data analysis follows an abductive research approach, iterating between field observations and theoretical insights.

The main contribution of the thesis lies in the development of a process model that elaborates on how network identity building as a bundle of reflexive practices (i.e., the network identity building practices of narrating identity, establishing social locales, involving members, and creating commitment) dynamically stabilizes over time. Based on this process model, the thesis presents three key findings. First, it shows how change can present a vital prerequisite of dynamically stabilizing network identity building. Second, it proposes that network identity building constitutes both a medium and an outcome of reflexive network development. Third, it explains how network identity building can constitute community via continuity.

These findings contribute to the current debates in network literature by recognizing and analyzing the continuous reconstruction of network identity building over time.

Zusammenfassung

Die vorliegende Dissertation untersucht, wie sich inter-organisationale Netzwerke mit Blick auf immer wiederkehrende Identitätsfragen über die Zeit entwickeln. Netzwerke werden dabei als soziale Systeme konzeptualisiert, jenseits der üblichen hierarchischen und markt-orientierten Organisationsformen. Welche Aspekte für Netzwerkmitglieder eine identitätsstiftende Rolle einnehmen, wirkt sich massgeblich auf eine reflexive Netzwerkentwicklung aus. Die Identitätsforschung auf individueller und organisationaler Ebene wird dadurch zunehmend in den wissenschaftlichen Fokus gerückt. Für ein vertieftes Verständnis einer reflexiven Netzwerkentwicklung und somit für erfolgreiche und nachhaltige Kooperation zwischen einzelnen Organisationen bedarf es jedoch weiterer Erkenntnisse auf einer inter-organisationalen Netzwerkebene.

Ziel dieser Arbeit ist es, ein fundiertes Verständnis zu schaffen, wie sich die Identität eines Netzwerks im Laufe der Zeit entwickelt, welche Rolle reflexive Praktiken bei der Bildung und Gestaltung der Identität eines Netzwerks spielen, und wie Identitätspraktiken die Entwicklung eines Netzwerkes im Laufe der Zeit dynamisch stabilisieren können. Inspiriert von einer strukturations-theoretischen Praxistheorie wird die Entwicklung einer Netzwerkidentität untersucht, indem die Identitätsbildung als Bündel von reflexiven Praktiken theoretisch konzeptualisiert und empirisch rekonstruiert wird.

Die Forschungsfragen werden anhand einer longitudinalen, qualitativen Einzelfallstudie eines schweizerischen integrierten Versorgungsnetzwerks (InCareNet) analysiert. Die Datenerhebung umfasst 33 halbstrukturierte Interviews, 37 nichtteilnehmende Beobachtungen, 153 Archivaufzeichnungen und 6 Reflexionsworkshops mit dem Forschungsteam und dem Forschungspartner InCareNet. Die Datenanalyse folgt einem abduktiven Forschungsansatz, der zwischen Feldbeobachtungen und theoretischen Erkenntnissen iteriert.

Als zentrale Identitätspraktiken werden das aktive Involvieren der Netzwerkmitglieder, die Bereitstellung von kommunikativen Räumen, die kontinuierliche Kommunikation von Identität und das Schaffen von Verbindlichkeiten identifiziert. Der Hauptbeitrag dieser Dissertation liegt in der Entwicklung eines Prozessmodells, das aufzeigt, wie sich die Entwicklung einer Netzwerkidentität als Bündel reflexiver Praktiken im Laufe der Zeit dynamisch stabilisiert.

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Abbreviations

COVID 19	Coronavirus disease of 2019
D	Documents
DNA	Deoxyribonucleic acid
DRG	Diagnosis related groups
e.g.	Exempli gratia (for example)
EC	Executive committee
FMC	Schweizer Forum für Integrierte Versorgung
GA	General assembly
GDK	Schweizer Gesundheitsdirektorenkonferenz
GP	General practitioners
HCE	HealthCare Excellence
HR	Human Resources
I	Interview
i.e.	Id est (that is)
IT	Information technology
JWG	Joint working group
MHD	Municipal Health Department
NAO	Network administrative organization
O	Observation
TT	Think tank
US	United States
WHO	World Health Organization

1 Introduction

This thesis investigates how network identity building evolves and shapes network development. This introduction gives an overview of the central aspects of this endeavor by introducing network identity development as the main practical phenomenon under observation and key theoretical concepts used for its examination. This chapter includes six sub-chapters: Chapter *1.1. Research interest – a practical phenomenon as inspiration* positions the study within the network development debate and explains the social phenomenon of a dynamic network identity, which serves as the primary inspiration for the case study. Chapter *1.2. Research questions* introduces the research puzzle and the resulting research questions that this thesis addresses. Chapter *1.3 Methodology and methods of analysis* contains insights into the constructivist research design. Chapter *1.4 Key findings* summarizes the findings of the data analysis. Finally, Chapter *1.5. Theoretical and empirical contributions* reflects on how this case study contributes to theoretical and practical research debates, and Chapter *1.6. Structure and scope of the study* provides an outline of the scope and structure of this thesis.

1.1 Who are we as a network? – A practical phenomenon as inspiration

Organizations increasingly interact through relationships that go beyond the common dichotomous organizational forms of hierarchy and market (Powell, 1990; Williamson, 1975). Thus, joint coordination and regulation of action in inter-organizational networks (networks, for short) have become more complex and relevant for researchers across various sectors (Sydow, Schüßler, & Müller-Seitz, 2015). In this thesis, a *network* is understood as "a social system in which the activities of at least three formally independent legal entities are coordinated in time-space, i.e., there is some reflexively agreed upon inter-firm division of labor and cooperation among the network members" (Müller-Seitz, 2012, p. 108). Making sense of how such networks are developed and governed has turned into a vital topic both in practice and in research (Bourgoin, Laszczuk, & Langley, 2020; Human & Provan, 2000; M. C. Suchman, 1995; Suddaby, Bitektine, & Haack, 2017; Sydow et al., 2015).

Previous research suggests that the role of the identity of social entities represents a vital aspect in the development of a social system as it provides guidance and orientation: "How one acts may depend on who one is, who others think one is, and who one aspires

to be […]" (Albert, 1998, p. 10). Among other things, the identity of social entities can provide meaning and purpose (Dutton & Dukerich, 1991); affect strategic choices and actions (Rindova & Fombrun, 1998); increase loyalty in the form of passion, motivation, and commitment towards a social entity (Stimpert, Gustafson, & Sarason, 1998); build legitimacy (Human & Provan, 2000); support effectiveness and coordination among specialized sub-firms (Dyer & Nobeoka, 2000); facilitate innovative communities (Swan, Scarbrough, & Robertson, 2002); and alleviate system integration in networks (Bradach, 1998). Conceptualizations of identity have frequently appeared on an *individual level* – referring to individual people (Lindgren & Wåhlin, 2001; Mead, 1934; Thomas, 2009) – and on an *organizational level* (Albert & Whetten, 1985; Pratt, 2003; Pratt & Foreman, 2000; Pratt, Schultz, Ashforth, & Ravasi, 2016) in the literature on organization theories. However, considering that an identity constitutes a crucial characteristic of *each* social system (Huemer, Becerra, & Lunnan, 2002; Pratt, 2003), we know surprisingly little about the dynamic evolvement of network identity on a *network level*. Despite a fruitful proliferation of literature on network development, we still lack a thorough understanding of how network identity – as a cohesive force of network development – *develops*, *changes*, and *stabilizes* over time.

The purpose of this thesis is *to analyze the development of a network identity by theoretically conceptualizing and empirically reconstructing identity building as a reflexive practice*. To that end, this thesis conceptualizes network identity building and its recursive interplay with network development over time from a structuration perspective (Giddens, 1984). Thereby, network identity is understood as a structural network property, which emerges from network practices when network members discuss the question: *Who and what are we as a network?* From an organization studies tradition, the answer to this question relates to the three key aspects of identity, namely, the concepts of *centrality*, *distinctiveness*, and *continuity* (Albert & Whetten, 1985).

Network identity building does not occur in a contextless vacuum. Rather, the reflexive actions of network members "are situated in *structural properties at the organization, network, and organizational field level*" (Mitterlechner, 2019a, p. 13). The recursive interplay between reflexive action and structural properties via practices creates dynamic processes that unfold over time. This case study proposes that reconstructing how exactly these dynamic processes unfold can provide an insightful explanation that describes network identity building in inter-organizational relations.

Specifically, we [1] draw on a *processual* conceptualization and understanding of identity (Huemer et al., 2002; Rometsch, Sydow, Kronberger, & Gudergan, 2007; Scott, Corman, & Cheney, 1998), which links research on organizational identity with network-level analysis to elaborate on the dynamic development and stabilizing of network identity. A processual approach, and in particular a practice-oriented approach, is especially suitable to "address questions about how and why things emerge, develop, grow, or stabilize over time, as distinct from variance questions dealing with covariation among dependent and independent variables" (Langley, Smallman, Tsoukas, & Van de Ven, 2013, p. 1).

From a *theoretical* perspective, the study is grounded in three fundamental building blocks.

The first building block is *network development*, which is understood as a reflexive process evolving over time that is constantly produced and reproduced via social practices (Sydow, 2012). This building block provides the main theoretical discussions in which this thesis is positioned and the key debate we aim to contribute to with our findings.

The second building block is *network identity*, which is conceptualized as a dynamic process "routinely created and sustained in the reflexive activities" (Giddens, 1991, p. 52). This building block is closely intertwined with network development, as network identity represents a vital aspect in the development of a network by providing guidance, orientation, and purpose for network practices. Network identity building is understood as a dynamic bundle of more or less reflexive practices.

The third building block is a structuration theory-inspired practice approach as a key analytical lens. The *theory of structuration* by Anthony Giddens (1984) offers an appropriate theoretical foundation in network theory, focusing on networks as social systems characterized by dynamic identity processes of social interaction as the network develops. To understand not only how network identity emerges but also how it is governed over time and across contexts, a structuration perspective conceptualizes network identity as a structural property of a social system, being produced and reproduced via practices. Simultaneously, in these practices, network members' actions

[1] The thesis at hand is exclusively and solely written by the author. However, some of the work embedded in the research process had been part of a larger, year-long research journey. Thus, the author uses the form "we" to accredit the efforts of her colleagues at the University of St. Gallen.

are constantly enabled and constrained by structural properties (Rometsch et al., 2007). As a somewhat general social theory, structuration theory has been widely applied in research on organizational and network development (Feldman, 2004; Rometsch et al., 2007; Sydow & Windeler, 1998; Whittington, 1992). In our specific case, structuration theory provides a suitable foundation for conceptualizing network identity in terms of three key aspects (see Rometsch et al. (2007)). First, it enables a progressive theoretical conceptualization of social practices (i.e., network identity building practices) that explains how contextually embedded practices in networks emerge and how they shape identity processes, thereby shaping the development of social systems. Second, it offers a particularly suitable basis to overcome dichotomous concepts and methodological concerns regarding the duality of structure and agency or the interplay of stability and change (Bouchikhi & Kimberly, 1998; Giddens, 1976). Third, it provides a theoretical perspective that allows the integration of multiple network levels (i.e., the individual level, organizational level, network level, and organizational field level) into an overarching conceptualization of network identity building. This contrasts with, for example, social identity theory, which primarily focuses on the individual level (Ashforth & Mael, 1989; Ashforth & Mael, 1996; Pratt, 2003).

From an *empirical* perspective, the case study at hand illustrates the dynamic development of the InCareNet network [2] and its network identity, as the network grows over time. Specifically created as an integrated care network in 2009, the founding member organizations of InCareNet recorded in their statutes to (a) further develop the health care system of the city and its agglomeration sustainably and in the long term, (b) build up explicitly patient-oriented primary care by aligning interfaces and facilitating innovative forms of cooperation, (c) develop and implement health care initiatives and services that combine a high quality of care with cost awareness, and (d) promote new and pioneering forms of cooperation based on respectful relationships among organizations in the field of health and social care (D-02, InCareNet statutes). Initially, network identity mainly referred to (b) and (c), as the member organizations at that time strongly perceived a joint implementation of integrated care initiatives as *central* and *distinct* for InCareNet's existence and development. However, as the network became larger over time, we observed a remarkable shift with regard to identity building. By 2020, network members had increasingly started to perceive their interactions and

[2] This case study uses pseudonyms and abbreviations to ensure anonymity and to protect the identity of the research partners.

relationships with other network members as the most *central*, *distinct*, and *long-lasting* characteristics of InCareNet as a whole. In contrast to the existing literature on network (identity) development, the thesis at hand shows not only a dynamic and recursive network identity over time but also how network identity changes and dynamically stabilizes over time. Thus, this thesis focuses on the network identity building processes of InCareNet and its interrelation with reflexive network development. The following vignette aims to briefly illustrate this noteworthy identity building process for the InCareNet integrated care network, which is described in more detail in the empirical analysis chapter of this thesis.

In 2009, the Municipal Health Department (MHD) of a large Swiss city selected and invited other healthcare organizations within and beyond the city borders to create a collaboration initiative, finally launching the InCareNet integrated care network. The network was founded to improve and further develop *integrated care* (i.e., coordinating and integrating activities between health and social care providers to overcome inefficient care fragmentations and to enhance care experiences and outcomes for patients and their families (Goodwin, 2016)) with concrete joint healthcare projects as a network outcome in the city and its surroundings. Thereby, both internal and external parties have equated *improving and developing integrated care* with the implementation of tangible and concrete joint healthcare projects or initiatives, such as exchanging skilled staff among network members, creating joint and compatible IT applications, or aligning patient pathways across organizational boundaries.

> *"The idea for the network came from the MHD, to optimize integrated care in [the city] with different stakeholders and implement concrete and tangible projects."* (I-04, EC member, insurance provider) [3]

Furthermore, the expectation that specific projects would be implemented was repeatedly communicated both internally by founding members and externally (e.g., by the city council) in the inaugural meeting, the initial meetings of the founding members, and in press releases.

[3] The brackets after the empirical quotes indicate the following: The first part indicates whether the quote is from an interview (I), an observation (O), or a document (D). All sources are listed in the Appendix A. The second part indicates the role of the interviewee within the network (for example, an EC member). The last part indicates what kind of network member organization it is (for example, a hospital, a nursing home, or an insurance provider).

> *"The goal of InCareNet is to produce results, and the city expects integrated care projects to be realized out of InCareNet."* (I-01, EC member, hospital)

However, since its launch in 2009, the network had been unable to meet these expectations. Despite the constant efforts of InCareNet to be a network that creates and implements something "*tangible*" for integrated care, the network members had not been able to do so for the previous 12 years.

> *"There was an implicit expectation to launch projects in InCareNet, and these expectations did not materialize. This was the trigger for a discussion on the role of the network."* (I-01, EC member, hospital)

What was frequently claimed to be the network's dominant identity, namely, practices of creating and implementing innovative integrated care initiatives, did not come into being on an ongoing basis. This constantly led to unmet expectations from network members and fueled a growing discussion among network members around the question: *Who and what are we as a network?*

> *"It was a crisis of meaning and identity in the network, and the benefit, the added value from the network, was not clear."* (I-25, MHD staff position, MHD)

In addition, network member organizations increasingly started to realize and experience fundamental difficulties in implementing integrated care projects. Many of the challenges that InCareNet faced in implementing their aspiration to produce tangible integrated care projects correspond with previous findings that have already been discussed both in the network literature and literature on integrated care (see also Mitterlechner, Rüegg-Stürm, and Tuckermann (2013a, 2013b) on the improbability of integrated care from a network perspective). Implementing integrated care projects and initiatives is highly challenging, as collaboration in the field of healthcare is characterized by multiple legal, political, financial, organizational, and network-level restrictions (Goodwin, 2008, 2019; Goodwin, Stein, & Amelung, 2021). The thesis at hand offers similar insights and shows that network members are *on a short leash* when it comes to network interaction, thereby emphasizing the improbability of achieving concrete and sustainable outcomes in the field of integrated care.

> *"We have no financial pressure to cooperate here, no financial need. That's why nothing happens."* (I-03, I-06, I-07, I-15, I-17, I-30)

Privately, the members of InCareNet had already realized the high improbability of implementing joint integrated care projects in the city.

> *"It is a mammoth task, a great goal for sure, […] but when you see what the network is supposed to be, it's supposed to be a network that* ***develops*** *long-term and sustainable integrated care…"* (I-10, Secretary InCareNet)

At the same time, network members became increasingly aware of the various resources that network membership constantly requires. As Thomson and Perry (2006) pointedly concluded "[C]ollaboration is costly. The costliest resources of collaboration are not money but time and energy" (p.28). Similar to multiple network studies (see also Human and Provan (2000); Huxham and Vangen (2000, 2013)), the case of InCareNet illustrates that being an active[4] part of a network can be very costly for members in terms of financial, temporal, and other resources. Nevertheless, network members repeatedly affirmed the aspiration to develop "*something tangible*" and attempted to start multiple projects over the years, despite the perceived low probability of success. However, as the network continued to fail to implement integrated care projects over multiple years, the identity of the network incrementally started to change.

> *"We kept asking ourselves, 'What is our task? What should [we] do? What should the executive committee do?' Well, we kept asking the same questions and questioned ourselves."* (I-31, EC member, insurance provider)

Contrary to theory, however, as the network developed, it did not fall apart due to an identity crisis. Rather, it is evident that "*the self-description of the network changed*" (I-25) and that InCareNet's identity dynamically stabilized over time.

> *"It was originally initiated by the city to bring players together to optimize healthcare costs. The network was founded for that reason,* ***but it somehow developed differently****. I still find that quite funny. Due to the fact that the city pulled back a bit,* ***it took a turn and is actually developing in a different direction****."* (I-01, EC member, hospital)

As the network matured, the answer to the question: *Who and what are we as a network?* noticeably shifted. The following empirical quotes illustrate how network members of InCareNet constructed and described this new identity.

[4] In their landmark study, Human and Provan (2000) offer an interesting distinction between "members by name only," which labels members who have no involvement in the development of the network whatsoever, and "active network members," which labels those members who are involved in network activities in one way or another.

> *"In the end, project implementation in the working group was not at all in the foreground. We realized that if we simply understood each other better and the cooperation became better, then that would be an important partial aspect of what we stood for as a network."* (I-31, EC member, insurance company)

Over time, the network identity became increasingly oriented towards the further development of the member community and, thus, towards shaping and enabling relationships among network members as the network became a platform for an open dialogue and knowledge transfer. What at first glance seemed like a capitulation in terms of original aspirations to implement concrete projects had finally created a new basis for (mostly bilateral or trilateral) integrated care initiatives. Network members of InCareNet had increasingly shifted their focus of interest towards the community of network members and thereby to the network itself. In the following empirical illustration, a network member providing ambulatory care explains how she approached a college from the university hospital via phone. She notes that this conversation was possible due to her contact through InCareNet.

> *"If we have an idea, we now know who to approach. […] For example, I am currently in a negotiating delegation for acute and transformational care. I called [Name] from the [hospital] and said, "You're in the negotiations for the hospital. Why does your hospital agree on hospital rates and we are struggling with them? What do you do differently? It's the network connections, definitely."* (I-22, JWG member, outpatient care organization)

As the network grew, network members repeatedly communicated the essence and uniqueness of the network as a space for interactions and a platform for ideas, where an open dialogue and a mutual understanding of each others' positions in the healthcare system were facilitated.

> *"You know each other through InCareNet. You negotiate bilaterally and then you start to do something [...] What InCareNet* ***can do*** *is simply* ***be a networking platform*** *– period. It's somewhere you can also talk about good projects, for example. That's what I find exciting and important, that you can talk about care and then show it to others to encourage them to come up with the idea bilaterally. I* ***no longer have the claim that a project must be carried out*** *within the framework of the network. I don't think that will happen either. But you can exchange ideas. You know each other. You can learn about project approaches that you hear or see from others. So at network*

meetings, you can generate ideas or "plant" ideas in people's heads." (I-23, EC member, professional association of nurses)

Despite the members' awareness that the network was highly unlikely to coordinate integrated care projects and implement joint value creation, they managed through particular network identity building practices to (re)produce a network identity over time, which induced many members to remain a part of the network and to become even more actively involved in recent years.

"The personalities in the network are all, more or less, leader personalities and the network ***provides a space*** *for* ***collaboration in everyday life*** *– InCareNet is very important for providing that space."* (I-23, EC member, professional association of nurses)

To conclude, the core of the above-mentioned empirical social phenomenon comprises InCareNet's dynamic network identity building from a network identity primarily referring to joint project implementation towards a network identity primarily referring to the purpose of community building.

1.2 Research questions

Despite various existing research efforts on network development and organizational and inter-organizational identity, network research nevertheless still lacks a comprehensive understanding of network identity building *over time*. Empirical studies on network identity development that go beyond snapshot descriptions remain scarce, leaving this empirical phenomenon in need of further analysis (Raab & Kenis, 2009). In addition, network scholars call for more systematic research "of both the organizing of whole networks and their production of collective outputs" (Berthod & Segato, 2019, p. 232; Provan, Fish, & Sydow, 2007). Thus, this case study aims to analyze the development and change of network identity by theoretically conceptualizing and empirically reconstructing identity building as a reflexive practice.

We thereby assume that the network identity of InCareNet is not only an outcome of network members referring to manifestations of InCareNet as a platform to exchange ideas and build relationships but also a medium of system reproduction, that is, we consider the dynamic development of the network to be a social system and a vital aspect of stabilizing network interaction. By theoretically conceptualizing and empirically reconstructing identity building as a reflexive practice, we analyze how network

identity, both as *a medium and an outcome of network development*, is reproduced over time.

Thus, to understand the social phenomenon of network identity building in more detail, this case study aims to answer the following research questions:

- *How does the identity of a network evolve over time?*
- *What is the role of reflexive practices in building or shaping the identity of a network?*
- *How can network identity building practices dynamically stabilize network development over time?*

By analyzing these research questions, the case study examines the development and change of network identity as a recursive process, aiming to deepen our understanding of the dynamic development and governance of networks in general.

1.3 Methodology and methods of analysis

We assume that social activities in networks unfold over time and analyze our research questions through a constructivist-inspired, qualitative longitudinal single case study. This research approach is particularly appropriate when studying practices as dynamic social phenomena (Langley et al., 2013). The case study concerns the identity change of InCareNet, an urban healthcare network in Switzerland. The case of InCareNet is particularly revealing since it concerns a network with changing developments regarding the question: *Who are we as a network?*

While the methodological details are described in Chapter *4 Research paradigm and research design*, the following gives a short overview of the key data and analysis steps. We gained research access to InCareNet in September 2013, and data collection comprises semi-structured interviews, participant observation, and archival records. A first round of data collection (conducted by previous researchers and provided for further usage) covers September 2011 to December 2015 and includes 28 interviews, nine participant observations, 32 archival records, and three reflection workshops. A second tranche of data was collected from February 2017 to January 2021 and covers another 39 participant observations, 15 interviews with interviewees from the network, more than 70 additional archival records, and six reflection workshops. We sequentially

employed retrospective analysis up to the time of entering into an ongoing network context and continued with real-time observations thereafter.

Our analysis is based on Giddens' (1984) *structuration theory*, according to which network structures and network practices are in a recursive relationship. Thus, network development is shaped by knowledgeable network actors who build on structural dimensions that enable and constrain actions. Thereby, these structures are either reproduced or transformed by network identity building practices and vice versa. Alongside our conceptualization of networks as a set of inter-organizational, multilevel social practices (Giddens, 1984), we applied an ethnographic-inspired process method following Langley et al. (2013) to identify network identity building practices and analyze their role in an evolving network (Berthod, Grothe-Hammer, & Sydow, 2017). Case studies are particularly suitable for dynamic, practice-oriented settings and for studying research questions addressing the *how* and *why* of a processual phenomenon *beyond space and time* (Langley, 1999). We followed an abductive research approach (Dubois & Gadde, 2002), and we were primarily interested in analyzing the unfolding events of InCareNet's identity building process, using methods of temporal bracketing and visual mapping (Langley, 1999).

1.4 Key findings

Our findings show that network identity is a dynamic process that evolves and changes over time as the network develops.

First, we identify four key network identity building practices – *narrating identity, establishing social locales, involving members,* and *creating commitment* – that shaped and constituted InCareNet's identity building process the most. These network identity building practices dynamically stabilized over time as the dominant reference point shifted.

Second, our process model of network identity building explains how network identity building practices are recursively produced and reproduced as the network grows, by drawing on a structuration theory perspective and on practice approach inspired concepts. In line with previous network identity research, the process model describes network identity building as a recursive practice, constantly reproducing and producing network identity, and thereby network development. Network identity, as a structural

property of the network, in turn, enables and constrains network action and the network members' identification.

Third, the process model offers interesting further implications that contribute to both theoretical and practical debates. A first finding shows that *change* can present *a vital prerequisite of dynamically stabilizing* network identity building. The ongoing change and adaptation of both network identification and network identity beyond the recursive interplay is a vital prerequisite of a network identity building dynamically stabilizing over time. Furthermore, empirical analysis has shown that network identity building constitutes both *a medium and an outcome of reflexive network development*. By constantly referring to – and thereby discussing and reflecting upon – identity-related questions of what is of relational character and central, distinct, and enduring for the whole network, network members not only build network identity but also produce and reproduce the very social practices that constitute a network as a social system. Finally, our findings indicate that network identity building is strongly interwoven with the dimensions of *community* building and with *continuity* building. The dynamic stabilization of network identity building in InCareNet also revealed that continuity building (such as thematic continuity, personnel continuity, or process continuity) was a central prerequisite for InCareNet's approach to building and cultivating its community of network members.

1.5 Research impact – Theoretical and practical implications

This thesis offers three main theoretical contributions and thereby adds new insights to the network development research and literature on network identity.

First, while a few studies have already focused on network identity building and its relation and interdependence with organizational identity building, we still lack understanding in terms of a processual and longitudinal approach on network identity building *over time*. Elaborating on this phenomenon in more detail, the thesis at hand describes how a network development stabilizes through unfolding practices of network identity building and by shifting the reference direction of what the network aims for. This thesis offers a new perspective on concepts of network identity building by conceptualizing network identity building as a medium and an outcome of reflexive network development. In order to do so, it identifies and analyzes network identity building practices, which develop and maintain the network as a relational social system

over time. Thereby, it follows research calls to focus on recursive practices when trying to understand dynamic network development (Berthod, Grothe-Hammer, Müller-Seitz, Raab, & Sydow, 2017; Berthod & Segato, 2019; DeFillippi & Sydow, 2016; Rometsch et al., 2007; Sydow, 2013; Sydow & Braun, 2018).

Second, the thesis enriches the current knowledge of inter-organizational collaboration by analyzing how networks develop, change, and stabilize over time towards dynamic and often multiple purpose-oriented processes. This is in contrast to the majority of existing studies, which elaborate on the transition from non-goal-directed, serendipitous networks towards goal-directed whole networks (D'Aunno & Zuckerman, 1987; Human & Provan, 2000; Raab & Kenis, 2009; Sydow, 2004). Thereby, this thesis deepens our understanding of *who and what* networks *can be* and how they can become a valuable platform for interaction, reflection, and relationship building. Our findings indicate the importance of change in the process of dynamic stabilization of an originally goal-directed network towards a *network for itself*, a network *towards a community of network members* who esteem collaboration for collaboration's sake.

Third, the thesis contributes a more nuanced approach on how the dynamics of network development enable and constrain network action and, in return, how network identity building (re)produces and modifies the structural properties of networks (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017; Keast, 2016; Mitterlechner, 2018; Moynihan, 2009; Paquin & Howard-Grenville, 2013; Reypens, Lievens, & Blazevic, 2021). In doing so, network identity building is strongly interrelated with a network's relationship building processes since network identity building is inherently embedded in the network members' dynamic relationship with each other and exists in and through this community (Czarniawska-Joerges, 1994; Czarniawska, 2000; Huemer, 2004).

Our research also holds important implications for practice by offering a new perspective on dynamic network development and a network's perspective on identity-related questions. It thereby discusses practitioner-relevant questions, including how an integrated care network itself can be a valuable relational-reflexive platform for its network members. The case study furthermore provides concrete insights into how InCareNet as a social system was able to facilitate open-ended discussions among its network members, promote understanding, and reduce language barriers among healthcare providers, or how it provided a fruitful platform for experimenting and exploring possibilities for bilateral or trilateral healthcare initiatives.

1.6 Structure and scope of the study

The overall structure of the study at hand (see Figure 1 for an overview) takes the form of seven chapters, including this introductory chapter.

Chapter 1 – *Introduction* gives a brief overview of the empirical inspiration for this case study and outlines the research problem, the main theoretical concepts, and the methods used to address the research questions. It describes the empirical phenomenon of network identity development in an integrated care network and argues that building identity represents a vital aspect in stabilizing networks as social systems over time. Additionally, it briefly introduces the practice approach as a suitable analytical lens through which to analyze network identity building over time, explicates the research questions and the methodological approach, and summarizes the key theoretical and empirical contributions.

Chapter 2 – *Theoretical foundations* lays out the key literature debates that give vital insights for answering the research questions and building the theoretical foundation needed for data analysis. This chapter introduces our understanding of inter-organizational networks as social systems recursively reproduced via social practices and elaborates on theoretical debates of network identity. After reviewing related work from various research streams, we specifically focus on the practice approach inspired by structuration theory as an analytical lens for this case study.

Chapter 3 – *Research questions and research approach* identifies the research gap and highlights the purpose of the study, namely, to analyze the development and change of a network identity by theoretically conceptualizing and empirically reconstructing identity building as a reflexive practice. Based on the insights of the empirical phenomenon of network identity change and the lack of research in terms of a processual and practice-oriented understanding of network identity, the research questions are contextualized and discussed.

Chapter 4 – *Research paradigm and research design* is concerned with the methodology and methods used for this case study. It elaborates on the underlying constructivist research approach and the applied qualitative research methodology. Furthermore, the chapter presents the interpretative case study design and argues why and how a longitudinal single case study has been conducted. Essentially, the chapter introduces and constructs the conceptual framework guiding the empirical analysis.

Chapter 5 – *Empirical analysis* presents the findings of the research, focusing on three key themes of data analysis. First, the chapter describes and illustrates the practice of network identity building in the comprehensive context of InCareNet's dynamic development through a rich case description. Second, it maps identity building practices over time and contextualizes them in a process map. Third, the chapter contextualizes the four identified network identity building practices in the theoretical framework and elaborates on the stabilizing role of network identity for a network as a social system.

Chapter 6 – *Discussion* provides answers to the research questions by introducing a process model of network identity building. Furthermore, the chapter discusses both theoretical and empirical implications for building network identity and draws on the key role of network identity to stabilize networks as social systems.

Chapter 7 – *Conclusion* draws upon the entire thesis. It provides concluding remarks that tie up the various theoretical and empirical strands in order to elaborate on the main contributions. Furthermore, it explains noteworthy limitations and provides an outlook for further research areas in the field of network identity and network development.

Figure 1 outlines the scope of the thesis by mapping the seven chapters from left (see Chapter 1 in the bottom-left of the Figure) to right (see Chapter 7 in the top-right and bottom-right of the Figure). It illustrates the manifold interrelations of the chapters and that they are built on each other to provide a thorough analysis of the social phenomenon of network identity building.

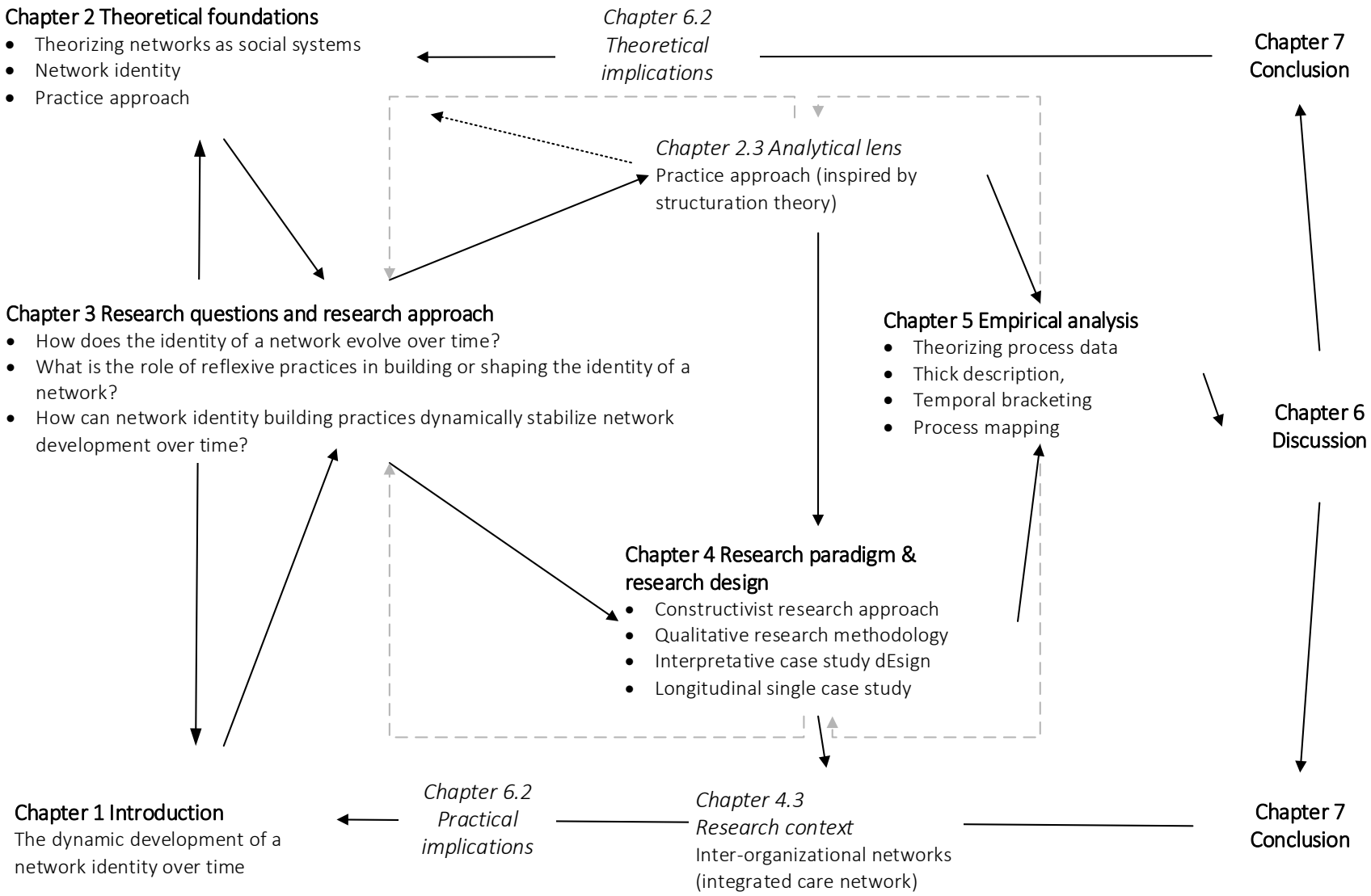


Figure 1 Structure of the thesis

2 Theoretical foundations

This thesis draws on key literature debates in three research fields to develop a theoretical conceptualization of network identity building.

First, the thesis theorizes *networks as distinct organizational forms* beyond concepts of hierarchy and markets with their historical theoretical roots in organization theory (Gulati & Gargiulo, 1999; Provan et al., 2007; Williamson, 1975).

Second, the thesis elaborates on *network identity* as a core theoretical and empirical building block and reviews how network identity has been examined so far in both organizational and network research. In doing so, the focus lies, in particular, on how network identity, understood as a bundle of reflexive practices, emerges and develops over time.

Third, the thesis at hand uses the *analytical lens of a practice approach* inspired by the structuration theory of sociologist Anthony Giddens (1984). Drawing on this analytical lens, the study theoretically reconstructs and empirically describes network identity building as a bundle of reflexive practices, contextually situated and, at the same time, dynamically unfolding over time.

In summary, Chapter 2 provides the theoretical foundations of this study. Chapter *2.1 Theorizing networks as organizational form* sheds light on how networks can be conceptualized as social systems and Chapter *2.2. Network identity – Who are we as a network?* elaborates on the various (organizational theory-inspired) approaches to theorize network identity and organizational identity as a basis for network research. Chapter *2.3 Analytical lens – A structuration theory-oriented practice approach* introduces the analytical lens, thereby providing vital insights into the practice turn in social science and elaborating on how this study conceptualizes network identity building as a reflexive practice.

2.1 Theorizing networks as organizational forms

Joint coordination and regulation of action in networks have become increasingly relevant across various sectors (Sydow et al., 2015). In recent decades, multiple scholars in the field of network research have confirmed that organizations increasingly interact

in relationships beyond the common dichotomous organizational forms of hierarchy and market (Williamson, 1975). Thus, the literature on inter-organizational relations of any kind is quite extensive today and is a continuously emerging and developing field of study (Provan et al., 2007). Making sense of how such inter-organizational relationships are developed, maintained, governed, understood, and evaluated has become a vital topic both in practice and in research (Bourgoin et al., 2020; Human & Provan, 2000; M. C. Suchman, 1995; Suddaby et al., 2017; Sydow et al., 2015).

As inter-organizational relationships are situated in diverse contexts and studied from multiple perspectives, *numerous variations and forms* have been examined by network scholars in recent years. These forms include alliances, clusters, cooperative strategies, mergers, coalitions, partnerships, joint ventures, hybrids, and networks (Provan et al., 2007; Saz-Carranza, 2012). The main debates in the literature to date understand and analyze networks as goal-directed or purpose-oriented, consciously created, autonomous yet interdependent and bounded organizational forms with single or multiple identities and comprising three or more organizations (Provan et al., 2007; Raab & Kenis, 2009; Rometsch et al., 2007).

Being aware of the manifold forms, motives, and terms of inter-organizational relations, this thesis analyzes a *network* and draws on Müller-Seitz and Sydow (2012), who *define a network* as "a social system in which the activities of at least three formally independent legal entities are coordinated in time-space, i.e., there is some reflexively agreed upon inter-firm division of labor and cooperation among the network members" (p.108). This definition of networks is particularly useful in understanding the empirical phenomenon of network identity building, as it includes three critical aspects (see also Mitterlechner (2019a)). The definition:

- Reflects a *processual* and *dynamic* understanding of networks as inter-organizational social systems (Berends & Sydow, 2019; Mitterlechner, 2019a).
- Is based on a *practice approach* and understands inter-organizational networks "as bundles of recursively reproduced practices," that are enabled and constrained by network structures and (re)produce these very structures as the network develops over time (Mitterlechner, 2019a).
- Explicitly focuses on inter-organizational collaborations *with three or more member organizations* ("formally independent legal entities" (Müller-Seitz &

> Sydow, 2012, p. 108)), thereby excluding alternative inter-organizational relations, such as bilateral constructs, which tend to have other relationship dynamics than networks with more than three independent organizations (Sydow et al., 2015).

Networks – as inter-organizational forms beyond organizational boundaries – tend to have more or less collaborative, reciprocal, and open-ended relationships (Powell, 1990). Furthermore, they prove to be complex constructs (Deken, Berends, Gemser, & Lauche, 2018) and inherently instable social systems that are difficult to govern (Majchrzak, Jarvenpaa, & Bagherzadeh, 2015; Milward & Provan, 2006). In light of the well-documented empirical and theoretical challenges of networks, the *dynamic development* of networks as social entities is still surprisingly under-researched. As argued by Berthod and Segato (2019), a consistent demand exists in research, as well as in practice, to better understand how networks *emerge*, *form*, *mature*, and *maintain* over time. Notably, some recent studies have adopted a dynamic perspective on network development and network governance (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017; Berthod & Segato, 2019; Keast, 2016; Mitterlechner, 2018; Mitterlechner & Bilgeri, 2021; Moynihan, 2009; Paquin & Howard-Grenville, 2013; Reypens et al., 2021).

In these studies, network development is understood as "*reflexive network development*" (Sydow, 2001), which implies the following four characteristics (see Sydow, 2001, p. 10). First, network development is an important and everyday task of network management and cannot be permanently entrusted to an external organization. Second, network development is not a linear and controllable process, but rather it is highly dialectical and inherently interwoven with disruptions, surprises, resistance, and its own dynamics. Third, network development as both a theoretical and empirical concept is not a rigid movement, but recursively comes on the agenda of network members (or is taken off it) guided by diverse network expectations. Fourth, network development is not a particular case of deviation from a given state of equilibrium, but rather it presents the normal case of continuous instability and the recursive reproduction of network structures (see also the elaborations of Weick and Quinn (1999) and Tsoukas and Chia (2002) that employ such a processual perspective on the development of social systems).

The aforementioned research has significantly expanded the current knowledge base on network development and has illustrated the dynamic and complex network governance

needed for joint collaboration in such an organizational form. Furthermore, scholars have analyzed that network identity as a cohesive force of network development plays a vital role in the reproduction of networks (Human & Provan, 2000; Raab & Kenis, 2009; Sydow, 2004).

The upcoming sections are structured as follows. Chapter 2.1.1 conceptualizes networks as social systems which are characterized by multiple, interrelated levels. Next, Chapter 2.1.2 sheds light on a processual understanding of networks. Essentially, Chapter 2.1.3 presents selected literature on the development of networks over time.

2.1.1 Conceptualizing networks as social systems

Research on networks has grown considerably over the years as scholars increasingly conceptualize inter-organizational networks "(…) as unique multi-organizational forms that are different from either informal market-based arrangements or formal hierarchy-based organizations" (Milward & Provan, 2006, p. 25). As different organizational forms, networks are characterized as more or less collaborative entities involving independent yet interrelated organizations (Ahuja, Soda, & Zaheer, 2012; Borgatti & Foster, 2003; Majchrzak et al., 2015; Milward & Provan, 2006; O'Toole Jr, 2015; Ring & Van de Ven, 1994). To analyze the dynamic development of networks as organizational forms, network scholars have increasingly conceptualized networks as *whole* networks,[5] meaning, "consciously created and goal-directed networks of three and more organizations" (Raab & Kenis, 2009, p. 198). These whole networks are particularly common in the healthcare sector, where the collaboration of interdisciplinary organizations is needed to integrate healthcare services and align care processes beyond the health system and towards educational and social sectors (Provan et al., 2011).

Inspired by a structuration perspective, multiple network scholars conceptualized such whole networks as *social systems*, that is, as "reproduced relations between actors or collectivities, organized as regular social practices" (Giddens, 1984, p. 25). Networks understood as social systems connect individual and collective network actors and

[5] The network literature refers to whole networks when the unit of analysis is the network as a whole on the network level, rather than on the organizational level (Provan et al., 2007). Analyzing the processes and practices of the whole network provides valuable insights into network development (Provan, Beagles, & Leischow, 2011, p. 3).

thereby unite multiple diverse professions, interests, cultural backgrounds, or belief systems. For many years, the majority of network scholars have portrayed inter-organizational relationships as agile, flexible, diverse, or cooperative systems. However, these perspectives on networks and network development overlook the complex counterforces and dialectics occurring either in sequence or parallel as the network evolves over time. Inter-organizational networks – as any form of social system – are social loci of conflicting forces and dynamics, which constantly produce tensions, dialectics, and contradictions (De Rond & Bouchikhi, 2004; Sydow et al., 2015).

Drawing on Kilduff and Tsai (2003), the majority of the network literature distinguishes between *goal-directed* or *purpose-oriented* networks as opposed to *serendipitous* networks. For example, Raab and Kenis (2009) argued in their synoptic paper on the development of network theory that *networks as social systems develop a network identity over tim*e. The authors introduced the distinction between "[…] serendipitous networks as 'networks an sich' ('networks in itself' (sic!)), which do not develop a collective identity and consciously created goal directed networks as 'networks für sich' ('network for itself')" (p. 199). Making use of this Marxian terminology, they attributed goal- and purpose-directed networks with a common consciousness and the ability to form a separate *network identity* in order to act as a single entity.

2.1.1.1 ***Goal-directed networks***

Goal-directed networks represent "groups of three or more legally autonomous organizations that work together to achieve not only their own goals but also a collective goal" (Provan et al., 2007; Provan & Kenis, 2008, p. 231). These networks are usually formed deliberatively and with the intention to jointly create a network output. The potential to achieve network goals as well as the congruence or goal consensus of network member organizations presents a vital impetus for network collaboration (Provan & Kenis, 2008; Vangen, Hayes, & Cornforth, 2015; Vangen & Huxham, 2012). A fruitful debate on the governance of goal-directed networks has developed in the literature as a result of multiple scholars emphasizing that "goal-directed networks must be governed precisely because they aim to achieve a collective goal" (Iborra, Saz-Carranza, Fernández-i-Marín, & Albareda, 2018, p. 271; Kapucu & Hu, 2021; Saz-Carranza & Ospina, 2011). Early studies proposed three generic modes of network

governance and determined the contingencies under which each mode is optimal (Provan & Kenis, 2008).

2.1.1.2 *Purpose-oriented networks*

More recent studies have adopted a dynamic perspective on networks and found that network development is a highly dynamic process, constantly in flux as networks evolve over time (see Chapter 2.1.2 for a more detailed perspective on a processual understanding of networks) (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017; Keast, 2016; Mitterlechner, 2018; Moynihan, 2009; Paquin & Howard-Grenville, 2013; Reypens et al., 2021).

Based on this debate, network scholars have increasingly conceptualized networks as *purpose-oriented*, (more or less) engineered processes and social systems (Carboni, Saz-Carranza, Raab, & Isett, 2019; Majchrzak et al., 2015). Applying a process or practice perspective, they conceive networks as *dynamic processes*, where network members *reflexively* and *purposefully* collaborate to orient themselves towards a common purpose (Berthod & Segato, 2019; Carboni et al., 2019; Huerta, Casebeer, & Vanderplaat, 2006; Lemaire, 2020; Nowell & Kenis, 2019; Provan et al., 2007). Drawing on generative research regarding the genesis and development of networks, a purpose-oriented network is defined as "a network comprised of three or more autonomous actors who participate in a joint effort based on a common purpose" (Carboni et al., 2019, p. 210). According to Carboni et al. (2019). This understanding of purpose-oriented networks covers four necessary and constitutive dimensions of purpose-oriented networks – network membership, network governance, joint effort, and purpose.

First, the definition starts by referring to a *network membership* dimension. The exclusion of dyadic relationships or other interrelated concepts of non-autonomous actors is in line with the network definition used in this thesis: A network is "a social system in which the activities of at least three formally independent legal entities are coordinated in time-space (…)" (Müller-Seitz & Sydow, 2012, p. 108). Thus, independent of a network's purpose, every network heavily builds on the interaction and embedded relationships of network members. While every member organization has its own mission and objectives alongside those of the network, network members jointly make independent decisions about the collaboration. Membership in this context can be described as "(…) an embedded set of relationships among organizations that make

independent decisions about organizational action, but that create contingencies (both facilitating and impeding) for the interconnected actors. The number of necessary actors in a network is unspecified, but is greater than two" (Carboni et al., 2019, p. 215, originally in italics).

Second, the part of the definition emphasizing the participative aspect refers to the *network governance* dimension. Network governance research presents a vital foundation for understanding how networks as inter-organizational relations coordinate and design their joint activities over time and achieve their purpose. It is a vital dimension in terms of inter-organizational decision-making to shape and design the joint purpose. Network research, and in particular the network governance debate, has identified multiple forms and modes of network governance. Thus, a debate on the governance of goal-directed and purpose-oriented networks has developed in the literature (Iborra et al., 2018, p. 271; Kapucu & Hu, 2021; Saz-Carranza & Ospina, 2011). With their landmark study on modes of network governance, Provan and Kenis (2008) particularly emphasized the pivotal role of network governance structures for network effectiveness and distinguish three generic network governance modes. The authors not only proposed three generic modes of network governance but also determined the contingencies under which each mode is optimal (Provan & Kenis, 2008). A *participant-governed network* is equally governed by member organizations themselves. Therefore, the network depends on the participation and involvement of all network members. A *lead organization-governed network* is characterized by a more central approach, in which one or more lead organization(s) have the legitimacy or sufficient resources to govern the network as a key facilitator. Finally, a *network administrative organization (NAO)-governed network* is governed by a separate administrative entity (Provan & Kenis, 2008).

Network scholars have increasingly employed a dynamic perspective and conceptualized network governance as a highly dynamic process, constantly in flux as networks develop over time (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017; Keast, 2016; Mitterlechner, 2018; Moynihan, 2009; Paquin & Howard-Grenville, 2013; Reypens et al., 2021). Cornforth, Hayes, and Vangen (2015) and Berthod, Grothe-Hammer, Müller-Seitz, et al. (2017) emphasized that these network governance modes "are likely to overlap, co-exist, and change over time" (p. 354) and that network effectiveness may strongly depend on the relationships and various contingencies of

these governance modes. For instance, shared network governance is most effective for advancing network-level outcomes when there are few network members, trust and goal consensus are high, and the need for network-level competencies is low (Provan & Kenis, 2008). By contrast, NAO governance is more effective when there are a moderate number of network members, trust and goal consensus are moderately high, and the need for network-level competencies is high. In their study on purpose-oriented networks, Carboni et al. (2019) drew on these discussions from the community of network scholars and defined *governance* in the context of purpose-oriented networks as "the use of institutions and resources to coordinate and control joint effort across the network as a whole" (Provan & Kenis, 2008, p. 231 cited in Carboni, 2019, p. 217, originally in italics).

Third, the definition of purpose-oriented networks from Carboni et al. (2019) refers to the *joint effort* dimension. Inspired by structuration theoretical concepts, networks can be conceptualized as social systems reproduced via practices and enacted via relationships. Drawing on organizational studies and inter-organizational research, such relationships can be either *dependent*, as might be common in rather hierarchical organizational forms, or *interdependent*, as in the governance form of networks since autonomous organizational actors are still connected in their interaction and outcomes. Bound by the interdependent relations among each other, network member organizations are strongly characterized by a joint effort. Although joint efforts and interdependencies among network members provide important possibilities to create and design network purposes, only a few studies have primarily focused on these aspects (noteworthy exceptions are Provan and Kenis (2008); Braun, Ferreira, and Sydow (2013); Saz-Carranza, Iborra, and Albareda (2016); and Iborra et al. (2018)). The joint effort dimension, therefore, refers to the dynamic network processes and practices to pursue a network purpose jointly as a group of network members rather than as individual member organizations. According to Carboni et al. (2019), the dimension of joint effort in networks can be seen as "(…) relationships between actors resulting from interdependencies that require joint inputs to produce outputs or outcomes. Joint effort can exist on a continuum of voluntary to coerced" (p. 214, originally in italics).

Fourth, the part of the definition highlighting the basis of a common purpose refers to the actual *purpose* dimension. Scholars who suggest an analytical shift from goal-directed networks towards purpose-oriented networks propose that this dimension

drives network genesis and formation. Generally, a network's purpose presents a response to a challenge or problem, which is either presently occurring or a valid future scenario (Milward & Provan, 2006). Purpose-oriented network scholars view networks as multidimensional concepts (Carboni et al., 2019; Goertz, 2006). While variance research focuses on covariation and relationships between dependent and independent variables, process research provides explanations "about how and why things emerge, develop, grow, or terminate over time" (Langley et al., 2013, p. 1). Such forms of inter-organizational relations, which seek to accomplish a common purpose, are particularly common in the field of health and social care (Raab & Kenis, 2009).

Networks can fulfill multiple purposes, depending on the context they are situated in (Milward & Provan, 2006). For example, purpose-oriented networks can be disaster response networks (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017; Moynihan, 2009; Nowell, Steelman, Velez, & Yang, 2018), policy networks to address grand challenges, service delivery or implementation networks (Sydow, Van Well, & Windeler, 1997), networks in the creative industries (Windeler & Sydow, 2001), community capacity building networks (Provan, Nakama, Veazie, Teufel-Shone, & Huddleston, 2003), or integrated care networks (Dessers et al., 2014; Mitterlechner, Hollfelder, & Koppenberg, 2018). Despite the emphasis on the concept of purpose as a concept beyond mere goal orientation, a strong goal-directed understanding of networks remains across the literature on purpose-oriented network development. This is the case due to the fact that multiple scholars argue that the operationalization of a purpose-oriented network includes the achievement of more specific goals (Bryson, Ackermann, & Eden, 2016; Carboni et al., 2019).

Based on these elaborations on *purpose-oriented networks* and their *constitutive dimensions*, this thesis defines purpose as *the main point of reference* for network members in their network identity building practices. A network's purpose (it might also be the case that a network fulfills *multiple* purposes; see Berthod and Segato (2019)) therefore represents the *dominant orientation* and *direction* network actors refer to in their identity-related interaction with each other.

2.1.1.3 ***Serendipitous networks***

The concept of serendipitous networks, as opposed to purposefully created networks, is used to understand loosely connected structures that are neither goal- nor purpose-

directed and come into existence as emergent entities most often through bilateral interactions (Kapucu & Hu, 2020). While serendipitous networks emerge opportunistically (Kilduff & Tsai, 2003), goal- and purpose-oriented networks usually pursue a certain goal and "evolve largely through conscious efforts to build coordination" (Provan & Kenis, 2008, p. 231).

2.1.1.4 *Networks as multilevel systems*

Alongside the direction or orientation of networks, research on inter-organizational networks distinguishes at least six interrelated levels of analysis to study network relationships: (i) the *individual level*, which is a very popular level in social network analysis (Borgatti & Halgin, 2011; Borgatti, Mehra, Brass, & Labianca, 2009; Salancik, 1995) and, in particular, helpful in the study of identity and identification processes from a micro and psychological perspective; (ii) the *organizational sub-system* or *unit level*, which provides insights into how different organizational units within a broader network interact among each other or with the network as a whole; (iii) the *organizational level*, which is a vital perspective when analyzing the relationship of organizational versus network identities; (iv) the actual *network level*, which builds the focal unit of analysis of most network research; (v) the *organizational field level,* which involves adjacent organizations and constitutes a "a recognized area of institutional life" (DiMaggio & Powell, 1983, p. 48); and (vi) the *wider societal context* in which the network is situated (Brass, Galaskiewicz, Greve, & Tsai, 2004; Sydow & Duschek, 2011; Sydow et al., 2015). Figure 2 presents the multilevel perspective on inter-organizational networks.

Although network research has continuously suggested the analysis of network development and network dynamics from a multilevel perspective, in-depth theorizing of networks from several levels remains scarce (Mitterlechner, 2019a). Genuine multilevel perspectives on networks are still more or less absent in both the network literature and network management education and practice (Moliterno & Mahony, 2011; Sydow et al., 2015). However, in recent years, some scholars have provided studies that analyze networks from at least a three-level perspective, including those layers alongside the network level: the *organizational* level and the *organizational field* level (see also Sydow, Windeler, Schubert, and Möllering (2012), Oliver and Liebeskind (1997), or (Mitterlechner, 2019a)).

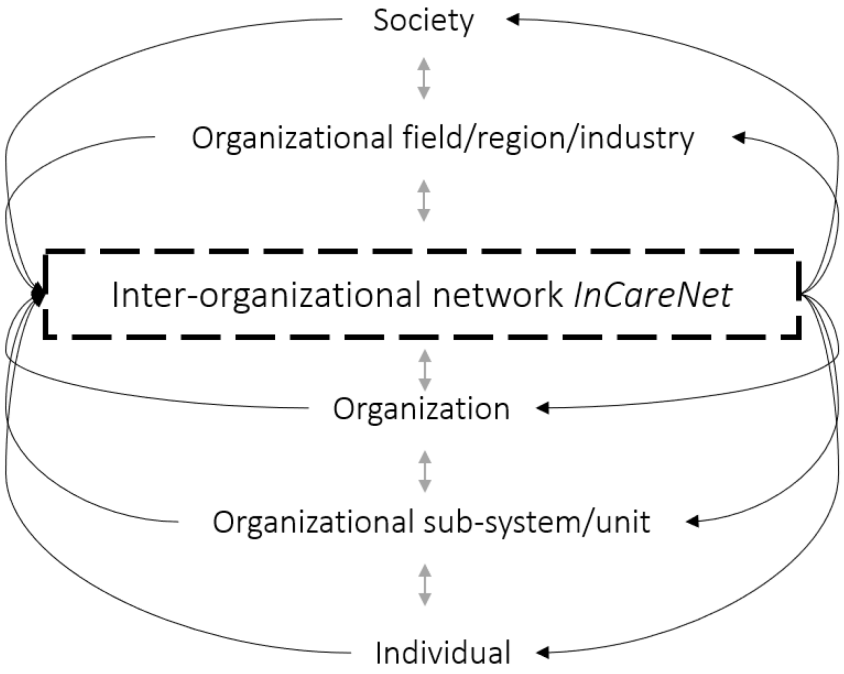


Figure 2 A multilevel perspective on networks (adapted from Sydow and Duschek (2011)

The *organizational level* of networks is a key perspective in network research, as the field of organization theory provides the fundamental backbone of network research (Raab & Kenis, 2009). Inspired by the work of Giddens (1984) and Sydow and Duschek (2011), the organizational level can be understood as a "[…] formal social system governed by hierarchy and exhibiting a certain degree of institutionalized reflexivity" (Sydow et al., 2015, p. 15).

The *network* level of networks is where "[…] network management is primarily practiced" (Sydow et al., 2015, p. 16). For the majority of scholars, the network level comprises the focal level of analysis when studying how networks emerge, develop, transform, maintain, or dissolve.

The *organizational field* level of networks represents the larger context that networks are embedded in (Granovetter, 2018) and can be defined as "those organizations that, in the aggregate, constitute a recognized area of institutional life: key suppliers, resource and product consumers, regulatory agencies, and other organizations that produce similar services or products" (DiMaggio & Powell, 1983, p. 148) A process perspective on networks

As mentioned in Chapter 2.1.1.2, network studies have increasingly conceptualized networks as purpose-oriented, engineered *processes* (Carboni et al., 2019; Majchrzak et

al., 2015). Research on processes focuses on the dynamic evolvement of causal mechanisms over time and "often develops in dialogue with core theories on collaboration and organizing (e.g., on governance, networks, and resources), which are not per se processual in nature" (Berends & Sydow, 2019, p. 12). Applying a process or practice perspective, process studies conceive networks as *dynamic processes* where network members *reflexively* and *purposefully* collaborate to reach a common goal (Berthod & Segato, 2019; Carboni et al., 2019; Huerta et al., 2006; Lemaire, 2020; Nowell & Kenis, 2019; Provan et al., 2007). While variance-based research approaches focus on covariation and relationships between dependent and independent variables without a special focus on time or temporal constructs, process research provides explanations "about how and why things emerge, develop, grow, or terminate over time" (Langley et al., 2013, p. 1). Process theorizing understands processes as sequences of events that describe (inter-)organizational change and development over time. *Processes* in this sense can be *defined* as "a sequence of individual and collective events, actions, and activities unfolding over time in context" (Pettigrew, 1997, p. 338). Process research, therefore, emphasizes the "centrality of time" and its vital importance in organizational and inter-organizational life (Langley et al., 2013, p. 4).

2.1.1.5 ***From static to dynamic perspectives***

Over recent decades, organizational and inter-organizational scholars have increasingly distinguished analytically distinct forms of theorizing processes (Berends & Sydow, 2019; Chia & Holt, 2009; Feldman, 2017; Fortwengel, Schüßler, & Sydow, 2017; Langley & Abdallah, 2015; Langley et al., 2013). These forms have been named and described in multiple ways, and some exemplary research directions are listed below (see also for an overview Feldman, 2017):

- Process theorizing as movement from things/entities and orientation of *being* towards approaches of *becoming* (Chia & Holt, 2009; Tsoukas & Chia, 2002).
- Process theorizing as a distinction between *weak* and *tall* ontologies or *strong* and *flat* ontologies (Hernes, 2007; Seidl & Whittington, 2014). While weak/tall ontologies suggest that activities and practices on a micro-level inherently depend on and shape meso- and macro-level structures, strong/flat ontologies

propose that concepts of distinction or different levels (like different network levels) are meaningless since processes are the dominant unit of analysis.

- Process theorizing as either *substantialist* or *relational* and *evolving* social phenomenon (Langley et al., 2013).
- Process theorizing as a shift from noun-orientation towards *verb*- and *gerund* orientation in research analysis (see for example Chen (2020); Milward and Provan (2000); Mitterlechner (2018); Vangen et al. (2015) and their emphasis on "governing" rather than governance).

These theorizing approaches addressed the pertinent need to understand how networks as organizational forms emerge, develop, and maintain over time, both in theoretical debates (Berthod & Segato, 2019) and in practice (Mitterlechner, 2019a).

Over the years, some guiding assumptions have provided important orientation to conceptualize organizations and networks as complex and dynamic processes (Pettigrew, 1997).

First, social processes occur and can be studied through diverse levels of analysis, and, at the same time, they "are deeply embedded in the contexts that produce and are produced by them" (Pettigrew, 1997, p. 340). Therefore, studying processes is only sensible when considering their *contextual embeddedness*.

Second, studying and analyzing processes involves past, present, and future perspectives. The "*temporal interconnectedness*" (Pettigrew, 1997, p. 341), and thereby the knowledge on how events flow and unfold over time, is an essential aspect for understanding processes both theoretically and empirically. This perspective enables us to view the past (or multiple pasts)[6] as a crucial resource that network actors can mobilize. The past, thus, "is not just an event in the past but is alive in the present and may shape the future"(Pettigrew, 1990, p. 270).

Third, when it comes to analyses of processes, temporal dimensions, contexts, structural properties, and action are all highly interrelated. This perspective is rooted in Giddens' structuration theory and conceptualizes the duality between structure and agency as a key pillar for a processual understanding (Giddens, 1979, 1984; Whittington, 1992, 2010). Since "structure and context are conceptualized not as barriers to action but as

[6] See Chia (2002), Mead (1932), or Kaplan and Orlikowski (2013) for approaches using multiple pasts.

essentially involved in its production," this duality enables actors to mobilize and enact contextual elements of the social system they are embedded in (Pettigrew, 1997, p. 341).

Fourth, studying social processes requires holistic perspectives and explanations of processes instead of linear, rigid, or rather singular descriptions. This means that *context*, *processes*, and *outcomes* are highly interrelated. Understanding *how* and *why* these interrelations occur and develop is a crucial aspect of process analysis (Pettigrew, 1997; Tilly, 1984).

Fifth, and building on the last assumption, process analysis requires a link between processes and outcomes. This approach to analyzing processes reduces complexity since it provides a focal point to investigate the social phenomenon in more detail. Furthermore, to understand the dynamic and recursive process, understanding the outcomes and how they are shaped and reproduced by context and processes is vital (Pettigrew, 1997).

2.1.1.6 ***The need for a process perspective***

Inter-organizational relationships, and in particular, networks as a specific form of relationships, are by their very nature inherently instable and dialectic (Majchrzak et al., 2015). Much of the research on networks so far has analyzed empirical data based on a variance research design (Langley, 1999) and employed a focus on requirements, properties, or outcomes of collaborative relationships from a rather linear and static perspective (Borgatti & Foster, 2003; Goodwin, Peck, Freeman, & Posaner, 2004; Gulati & Gargiulo, 1999; Park, 1996; Salancik, 1995). In recent decades, however, scholars have started to take a process approach, which looks at social phenomena "dynamically – in terms of movement, activity, events, change and temporal evolution" (Langley, 2007). In this sense, a process perspective on networks is both a *specific approach of theorizing* inter-organizational relationships and, at the same time, *a research design to analyze* the dynamic development of networks over time (Berends & Sydow, 2019; Langley & Tsoukas, 2016; Van de Ven & Poole, 1995).

To understand the relevance of processual perspectives in current network research, it is useful to briefly outline the main conceptualizations of (inter-organizational)

processes from a weak process view [7] (Berends & Sydow, 2019; Van de Ven & Poole, 1995). Previous studies frequently examined processes based on a *life cycle* model. This rather linear model represents different (most often four) stages through which network members go as the network evolves and grows. The life cycle process model conceptualizes change as linear, predetermined phases. In their landmark study, Van de Ven and Poole (1995) emphasized that the majority of studies analyzing organizational processes such as decision-making processes or change processes adopt such a life cycle analogy to outline an organic growth and a rather linear and irreversible development. A further approach to comprehend organizational and inter-organizational processes is a *teleological* theoretical lens. This process model explains organizational change as purposeful and engineered cooperation among actors and as the capacity of rational adaptation. It assumes that a social system purposefully develops towards a goal, an outcome, or an end (Van de Ven & Poole, 1995). Alongside the life cycle and teleological process models, *evolution* models aim to explain competitive survival, thus conceptualizing change as something that occurs through natural selection (cf. Das & Teng, 2002). Essentially, a *dialectic* process model illustrates how conflicts between opposing poles create a dialectical process. Despite the focus on dialectic dynamics when analyzing processes, multiple scholars still claim that network research so far has often neglected the crucial role of diverse tensions, such as conflicts, dilemmas, contradictions, or dialectics as important drivers of change in networks. Notable exceptions were provided, for example, by Farjoun (2016); Jay (2013), or Hargrave and Van de Ven (2017). These studies conceptualize dialectic processes of change not as dualistic dichotomies, but as a duality, that is, as interrelated processes that perpetually define and inform one another over time (Benson, 1977; Farjoun, 2010, 2016).

2.1.1.7 *Understanding stability and change from a processual perspective*

A further perspective on process models is the *dynamic interrelationship of stability and change* (Farjoun, 2010). Multiple reviews on the dynamic development of both organizations and networks indicated that stability per se is not implicitly preferred. Rather, the dynamic development in terms of goals, member interaction, and network governance characterize ongoing network processes (Berends & Sydow, 2019;

[7] The thesis at hand employs a weak and tall process view to explore the empirical phenomenon of dynamic network identity building over time.

Majchrzak et al., 2015; Provan et al., 2007). Joint network goals or purposes, for example, are most often unclear in the early years of network formation and emerge, evolve, and are defined (if ever) in the interrelated processes of collaborating (Vangen & Huxham, 2005).

As dynamic social systems, reproduced via practices, networks are *nonlinear* systems involving nonlinear feedback loops (see Arthur (1999)). Thereby, networks are shaped by *stability* and *instability* at the same time (Weick & Quinn, 1999). Dynamic network processes are characterized by both stability and change since they are constantly in flux, questioned, reinterpreted, and reaffirmed as they are reproduced over time (Langley et al., 2013; Rescher, 1996). For many years, the prevailing perspective in organizational studies has conceptualized stability and change as separate, opposing dichotomies. From this point of view, "(…) stability and change, and the practices, processes, and forms that support them, are largely incompatible and mutually exclusive" (Farjoun, 2010, p. 202). However, based on constructivist approaches (Giddens, 1984; Jackson, 1999), scholars have increasingly started to move beyond this dualism to conceptualize stability and change as duality. Contrary to the concept of dualism, duality understands the relationship between stability and change – while analytically distinct – as interdependent, contrary, and, at the same time, complementary. Viewed as a duality, stability can be the outcome as well as the medium of change. Not only can stability and change both represent an outcome and a medium at the same time, but they can also be objectives, performances, processes, or practices at the same time (Farjoun, 2010).

To conclude, the inherent instability (Majchrzak et al., 2015) of networks comes into view when observing routinized practices of network identity building in more detail.

2.1.2 Network development – Social systems evolving over time

So far, network research has produced an enormous number of studies, concepts, approaches, and models regarding how inter-organizational relations emerge, evolve, and maintain in a network context over time, and the amount of research on network development keeps rising (Berends & Sydow, 2019; Kapucu & Hu, 2020). See Provan et al. (2007) for an insightful review, and for notable exceptions that analyze the development of whole networks, see the studies of Berends and Sydow (2019); Koka, Madhavan, and Prescott (2006); Human and Provan (2000); or Mitterlechner et al.

(2018). Amid this richness of studies, we still lack a thorough theoretical and practical understanding of how networks describe themselves as they evolve and how this self-description as a central aspect of network identity shapes their development over time. Research findings suggest that networks – despite their differences in structure or forms of governance – are characterized by similar patterns of development occurring on multiple network levels, such as the organizational level, network level, or organizational field level (Human & Provan, 2000; Provan et al., 2007; Venkatraman, Lee, & Iyer, 2004), Nevertheless, research on the very processes of network development per se and how these processes are interrelated, recursive social phenomena is still scarce (Provan et al., 2007). Furthermore, the notion of *network development* in network research remains a polymorphous concept with diverse theoretical conceptualizations. As a consequence, the terms network development, network evolution, or network dynamics are often used synonymously in the network literature (see also Berthod and Segato (2019); Isett and Provan (2005)).

Over the last couple of years, network research has shifted from cross-sectional towards more *longitudinal* studies of networks (Emirbayer & Goodwin, 1994), in order to enrich our insights into the genesis and dynamic change of networks (Ahuja, Soda, & Zaheer, 2008; Ahuja et al., 2012; Brass et al., 2004; Gulati & Gargiulo, 1999; Müller-Seitz & Sydow, 2012; Paquin & Howard-Grenville, 2013). Other studies conceptualize network development from a *network inertia* perspective, thereby emphasizing the constraints network members experience as the network transforms (Huxham & Vangen, 2000, 2013; Kim, Oh, & Swaminathan, 2006).

Another approach to network development research was suggested by Clegg, Josserand, Mehra, and Pitsis (2016), who recommended further investigating the transformative power of networks regarding dynamic tie changes.

A further central yet still underexplored aspect of network development is the *conceptualization of time.* So far, few studies have explicitly considered temporal concepts, such as how processes are influenced by organizational pasts and futures (Lumineau & Oliveira, 2018). Time not only plays a vital role in explaining the development of networks as social systems from a longitudinal perspective but is also a vital component of multilevel network models (Kozlowski & Klein, 2000; Moliterno & Mahony, 2011). Building on Berthod and Segato (2019), this thesis uses *network development* to refer to the whole process of network birth (i.e., the time frame in which

a network forms and begins to establish itself), network formation (i.e., the time frame in which social practices incrementally emerge as the network grows) and network maturation (i.e., the time frame in which the social practices involved in a network become incrementally more patterned and stable). Furthermore, this thesis understands *network development* as a recursive process over time that expresses how a network as a complex social system is constantly produced and reproduced via practices.

In order to depict how inter-organizational relations and networks develop over time, a closer look at network structures and their recursive interplay with network interaction *at times of crisis* is crucial. To do so, two dimensions of network development have to be taken into consideration – development as an intended and purposefully engineered process on the one hand, and development as an unintended, emergent process on the other (Berthod & Segato, 2019).

2.1.2.1 ***Network development as recurring practices in a purposeful, engineered processes***

In recent decades, the development of networks over time has represented a vital challenge to network research (Ahuja et al., 2012; Borgatti & Foster, 2003; Majchrzak et al., 2015; O'Toole Jr, 2015; Ring & Van de Ven, 1994). A look at the extant research corpus on network development reveals that various network scholars (see for example Berthod & Segato, 2019; Mitterlechner, 2018, 2019a, 2019c; Segato & Raab, 2019) describe network development as a *purposeful, engineered process* inspired by, among others, the work of Langley et al. (2013) and Ring and Van de Ven (1994). Multiple studies analyze this engineered process along three dominant phases: *formation*, *maturation*, and *dissolution* (Berthod & Segato, 2019).

The network development phase of *formation* involves the early years of a network's birth and genesis. Previous network studies suggest network formation practices, which seem to be relevant regardless of the network type or context (Provan et al., 2011; Sydow, 2000). Such practices include selecting potential network member organizations, negotiating members' roles, allocating resources, and defining joint network goals (Berthod & Segato, 2019). Although these practices seem to be particularly relevant in the early years of network formation, studies imply that they continue to play a significant role as the network evolves (Ahuja et al., 2012). Network development involves the development of more or less stable and patterned member

interaction and relations, in particular in times of uncertainty and crisis (Provan et al., 2011).

The network development phase of *maturation* captures practices that occur as network relationships become more patterned. Processes of maturation are characterized, for example, by "(…) membership dynamics that account for the maintenance and stability of membership bases. Specifically, maturation issues relate to practices that explain how networks expand and maintain their existence over time" (Berthod & Segato, 2019, p. 227). A vital element of the process of maturation includes the balancing of network stability and change through *orchestrating* network relationships (McPherson, Ploeg, Edwards, Ciliska, & Sword, 2017; Paquin & Howard-Grenville, 2013). Network orchestration thereby represents the dynamic process of mobilizing resources, know-how, and values of and for network member organizations. A further dominant element is network governance practices to establish "*rules of the game*" (Sydow et al., 2015) or so-called "*housekeeping*" practices (Kanter, 1994). By agreeing to the formulation and implementation of such formal or informal rules, networks incorporate important features of collaboration that *create commitment* and thereby constitute and drive network development. Essentially, the process of network maturation also deals with *external forces* shaping and influencing the network's legitimacy and identity as it grows (Berthod & Segato, 2019; Human & Provan, 2000).

The network development phase of *dissolution* covers practices that essentially may lead to the decline and termination of networks. However, as Berthod and Segato (2019) note, dissolution does not automatically mean failure in terms of network development, but rather a network can decline as its objectives are reached or its purpose becomes obsolete. Furthermore, this phase is closely linked with *practices of evaluation* (Saz-Carranza & Vernis, 2006; Sydow, 2004; Sydow & Goebel, 2001; Sydow & Windeler, 1998). Practices of evaluation include procedures of both monitoring and assessing the performance of individual network members, as well as the efficiency of the whole network (Sydow et al., 2015).

From a process and practice perspective, network development is driven by network practices in all three phases of development. In other words, the network develops through constantly reproduced rules and resources that enable and restrain the agency of network members (Sydow & Windeler, 1998). Network member organizations and their boundary spanners act as carriers of those network practices, usually reflecting the

context in which these practices are situated. The practices enacted by central and active network member organizations may be a cohesive force that significantly drives how the network develops over time (Provan et al., 2007).

2.1.2.2 *Network development as recurring practices in unintended, emergent processes*

Alongside the abovementioned view on network development as rather purposeful, engineered processes, scholars have started to emphasize and analyze the emerging unintended consequences of network action in more detail, since a situated enactment of network practices might potentially evolve differently than originally intended by the network actors (Giddens, 1984).

Based on this understanding of Giddens (1984) and in line with Berthod and Segato (2019), this thesis conceptualizes network development as a *dynamic process*, that is, the reciprocal interplay between structure and agency situated in a context and with the potential of both intended and unintended consequences of this structuration (Giddens, 1984) (see Figure 3). Thereby, we understand network development as an emergent process that can be analyzed, guided by an "[…] inherent analytical tendency to collapse agency and structure into localized or micro-level social practices" (Reed, 1997, p. 24).

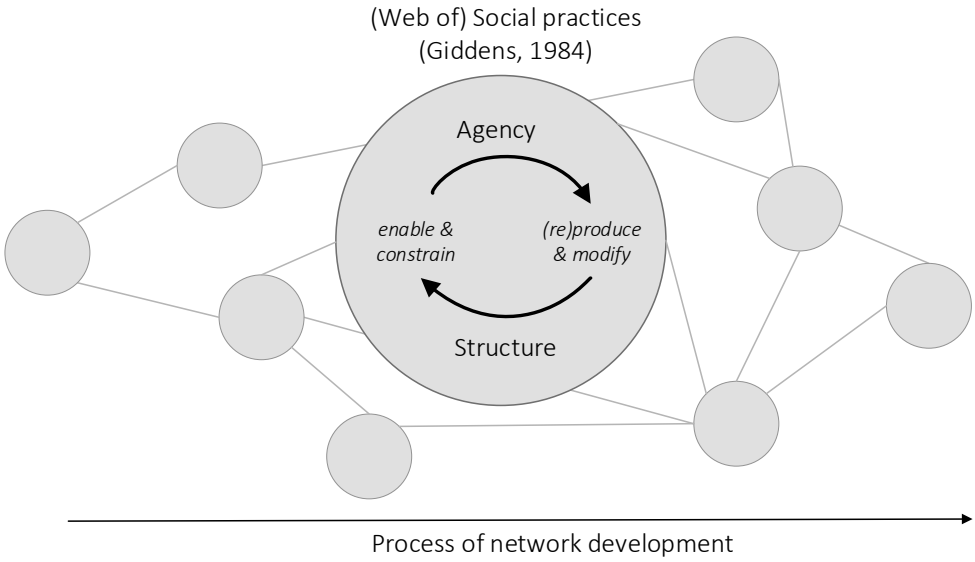


Figure 3 Network development as a dynamic process constituted through the interplay of agency and structure

Diverse studies have taken these potential unintended consequences of network interaction into account when analyzing dynamic network development (Mitterlechner, 2019a; Paquin & Howard-Grenville, 2013; Reypens et al., 2021).

To conclude, engineered network development processes refer to a social entity that actively triggers network formation and are most often of an explorative nature. In contrast, emergent network development describes processes that appear due to an interplay between environmental interrelations and the similar interests of member organizations. Thereby, emergent processes of network development are characterized by a more exploitative nature (Doz, Olk, & Ring, 2000). In a similar vein, De Rond and Bouchikhi (2004), Sydow (2004), and Berthod and Segato (2019) conceptualize network development not as a linear and deterministic process, but as a *process characterized through the continuing evolution and modification of rules and resources*. This perspective on network development understands network development as *inherently dialectical* and characterized by *unintended consequences*.

2.2 Network identity – Who are we as a network?

> *"When discussion of goals and values becomes heated, when there is deep and enduring disagreement or confusion, someone may well ask an identity question: 'Who are we?' […] or 'What do we want to be?'"*
>
> (Albert & Whetten, 1985, p. 265)

Over recent decades, a considerable amount of literature has developed around the topic of organizational and inter-organizational *identity*. Since the landmark study on organizational identity [8] by Albert and Whetten (1985), research on identity within and beyond organizations has significantly increased. Whereas the emergence, development, and maintenance of the identity of organizations have been broadly discussed in organizational studies, identity research on the network level is still surprisingly scarce (Rometsch et al., 2007).

[8] Useful reviews of the different literature debates concerning (inter-)organizational identity research are, for example, provided by Kirchner (2015); Rometsch et al. (2007); Seidl (2016); Vogel and Hansen (2010).

This chapter gives a brief overview of the literature in the field of network identity in three steps. First, the various roots of identity research in organizational theory are introduced. Originally understood as an individual-centered concept, organizational identity was further conceptualized as a dynamic and instable process that evolves over time. Second, the chapter elaborates on what identity refers to at the network level by briefly introducing the few, yet insightful, studies conducted from an inter-organizational network perspective. Third, it offers a theoretical conceptualization of network identity from a structuration perspective. As this approach is employed in the thesis at hand, a separate chapter (Chapter 2.3) on the applied analytical lens will introduce key elements of structuration theory and describe in more detail how network identity is understood as a structural property of a network that emerges from reflexive practices over time. Figure 4 gives an overview of the different identity concepts in organizational studies by mapping relevant research debates of organizational and network identity. It illustrates that the origins of network identity lie in the field of organizational studies inspired by neo-institutionalism.

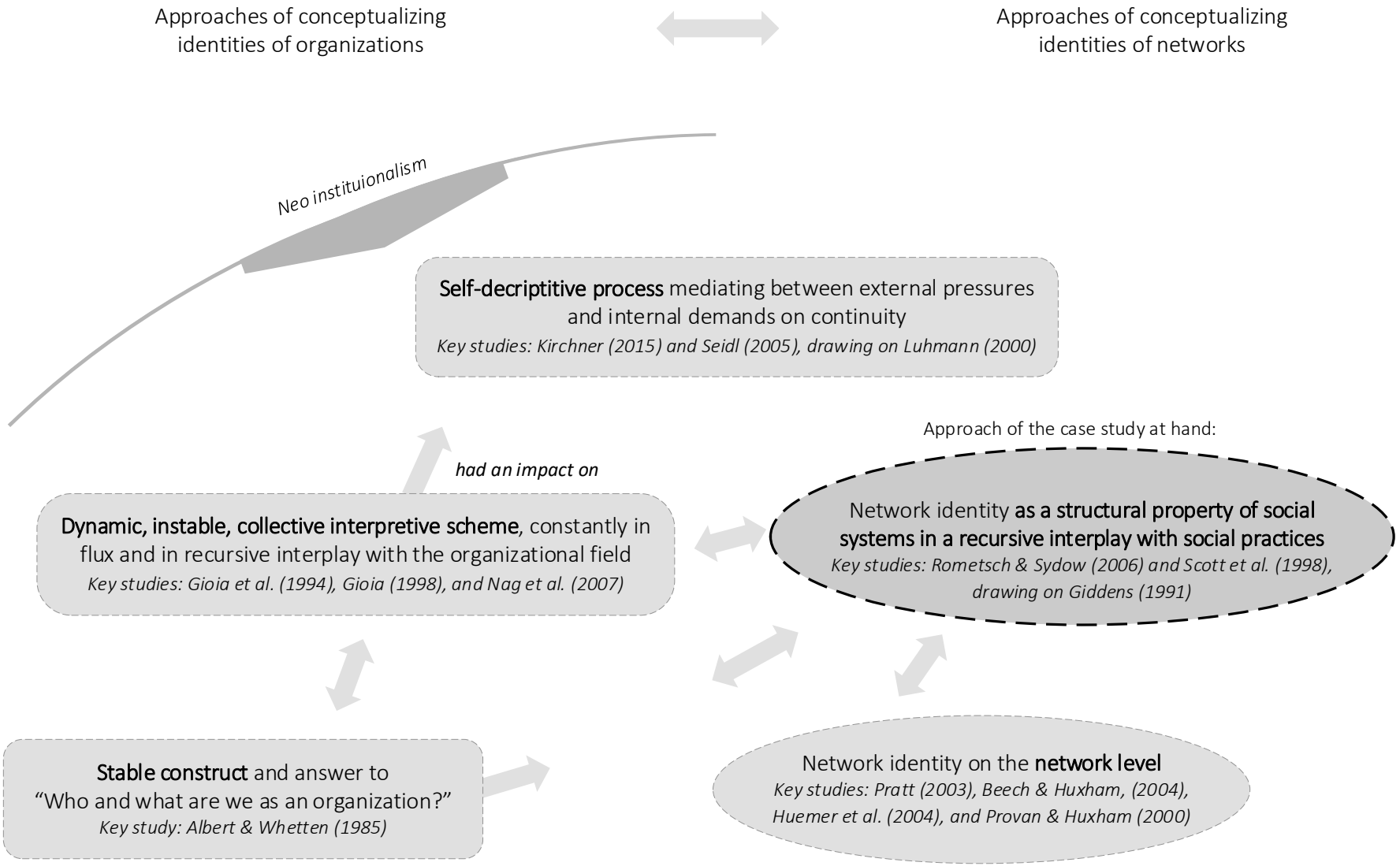


Figure 4 Approaches to organizational and inter-organizational identity building

2.2.1 The roots of network identity research in organizational theory

The existing literature on network identity is largely inspired by both social and organizational identity theory. However, organizational identity research is inherently heterogeneous and shaped by several different approaches and divergent concepts of what identity is and how it emerges and evolves over time. The upcoming sections aim to provide an overview of the relevant debates for network identity building originating in the field of organizational studies.

2.2.1.1 *Deriving from an individual-centered perspective*

The concept of organizational identity has its origin in the theory of social identity [9] (see also Ashforth & Mael, 1989; Cornelissen, Haslam, & Balmer, 2007) and was prominently introduced by Albert and Whetten (1985) in their seminal work on organizational identity as a vital characteristic of an organization. Their approach on how to conceptualize organizational identity served as an important starting point for many of the current identity concepts on both an organizational and inter-organizational level (Hatch & Schultz, 2002; Kirchner, 2015; Whetten, 2006). From this perspective, organizational *identity is understood as a rather stable relational entity* created in interaction with others. Organizational identity is shaped by multiple comparisons in and beyond the organization as a social system and is constituted by *individual-centered* reflections of organizational members towards the questions, "'Who are we?' 'What kind of business are we in?' or 'What do we want to be?'" (Albert & Whetten, 1985, p. 265). Thereby, the answers to these questions relate to the three key aspects of organizational identity introduced by Albert and Whetten (1985) and frequently referred to in identity research thereafter – *centrality* as the central essence of a social system, *distinctiveness* as the uniqueness in comparison to other social entities, and *continuity* as a more or less sustainable and enduring facet of identity over extended periods of time (see also Rometsch et al., 2007). Thus, Albert and Whetten (1985) defined *organizational identity as something which is central, distinct, and enduring about a social entity*. The notion of centrality, distinctiveness, and continuity as key

[9] Social identity theory elaborates on the nature of individual membership categorizations (such as in-group and out-group members), which are usually characterized by values and emotions (Beech & Huxham, 2003; J. A. Cameron, Alvarez, Ruble, & Fuligni, 2001).

characteristics of organizational identity built the origin for the majority of the organizational and inter-organizational identity studies. Building on these insights, scholars have started to examine how organizational members commonly communicate these three characteristics through self-reflexive "narratives about the 'soul' or essence of the organization" (Ashforth & Mael, 1996, p. 21; Rometsch et al., 2007). However, the question remains how an organizational identity as a cohesive force for organizational and inter-organizational development *evolves* and *changes* over time.

2.2.1.2 ***Rethinking organizational identity as a dynamic process***

New perspectives on organizational identity gained popularity through *rethinking the temporal stability and continuity aspect of identity* (Schultz & Hernes, 2013). In doing so, scholars were reconceptualizing the organizational identity as *instable, fluid,* and constantly *reproduced over time* (see also Corley & Gioia, 2004; Gioia, Patvardhan, Hamilton, & Corley, 2013; Gioia, Schultz, & Corley, 2000; Nag, Corley, & Gioia, 2007; Ravasi & Schultz, 2006). In emphasizing the fluid and dynamic nature of identity, this perspective understands identity as a *collective interpretive scheme* (Gioia et al., 2000) and as an "ongoing process of construction, reconstruction, performance, legitimation, etc." (Gioia & Patvardhan, 2012, p. 51). Furthermore, identity is likely to *develop* and *change over time*, as it is "both a dynamic process that unfolds over time and a source of stability" (Hatch & Schultz, 2004, p. 5). Thus, this perspective challenges the initial rather stable constructs of organizational identity. Not only does it understand organizational identity as being constantly embedded in a specific context, but it proposes that recursive relationships with the organizational field can ultimately lead to an adaptive instability of the organizational identity. Identity building thereby is determined within and outside an organization, as both internal and external expectations towards a social system have significant consequences for developing identity and legitimacy (Gioia et al., 2000; Hatch & Schultz, 2002; Kirchner, 2015).

This processual approach to identity situates identity in an organizational context by understanding identity as a dynamic and interdependent combination of processes. Multiple scholars have analyzed this temporal aspect of identity processes as a crucial aspect in identity development. Recent network literature argues that as networks develop, network members try to construct a network identity in a repeated recursive process, to achieve a joint network goal beyond organizational boundaries (Provan &

Kenis, 2008). For example, Pratt (2000) studied how network members repeatedly enacted social network practices, thereby holding the network together and establishing network relationships through legitimacy and network identity building. Hatch and Schultz (2002) argued that organizational identity needed to be elaborated upon in relation to organizational culture and its image "in order to understand how internal and external definitions of organizational identity interact" (p. 991). The authors identified four dynamic processes – mirroring, reflecting, expressing, and impressing – that link the concepts of organizational identity, culture, and image.[10] Another processual study on organizational identity was provided by Schultz and Hernes (2013), who offered a temporal perspective on identity building and developed a framework on how the organizational past was induced in present identity reconstruction. With their elaboration on textual, material, and oral memory forms as key features to shape organizational identity, the authors emphasized the temporality of identity processes. Similarly, Bouchikhi and Kimberly (2003) distinguished between *evolutionary* and *revolutionary identity change*. While the evolutionary scheme described how identity was successively reshaped by strategy and operations over time, the revolutionary scheme illustrated an explicit identity change from within the organization to enable further organizational change. Other scholars conceptualized organizational identities as located in individual and divergent beliefs and perceptions, which are shared and negotiated in a collective process and are oriented towards strategic and operational decisions (Ashforth & Mael, 1989; Dutton & Dukerich, 1991). In addition, studies on the process of organizational identity in terms of continuity and change provided insightful findings in terms of how organizational identity emerges, declines, and resurrects over time (Howard-Grenville, Metzger, & Meyer, 2013). A further approach analyzed identity as continuous discourse or as narrations that develop as the organization evolves over time (Chreim, 2005; Czarniawska, 1997; Humphreys & Brown, 2002).

[10] In their work on the dynamics of organizational identity, Hatch and Schultz (2002) differentiated between organizational culture, organizational image, and organizational identity. They conceptualized organizational culture as "[…] the tacit organizational understandings (e.g., assumptions, beliefs, and values) that contextualize efforts to make meaning, including internal self-definition" (Hatch & Schultz, 2002, p. 996). This understanding differed from the organizational image, which they defined based on Dutton and Dukerich (1991) as a set of perspectives on the organizations from external actors who are the organization's "others." Essentially, they conceptualized organizational identity as a dynamic set of processes interrelating culture and image.

Organizational identity research offers diverse concepts to understand how social entities constantly cope with institutional pressures while simultaneously managing to evolve by facilitating a certain stability over time. Thereby, scholars such as (Weick & Quinn, 1999), Tsoukas and Chia (2002), and Gioia and Patvardhan (2012) understood social systems dynamically changing as the usual state of organizations and stability and a static equilibrium as a deviation from the normal state.

Multiple studies understood identity from a "*historical frame of reference*" (Kirchner, 2010, p. 7). From this perspective, identity represented a "self-referential process, whereby current activities are evaluated according to that which is collectively remembered as being earlier characteristics of the organization" (Kirchner, 2010, p. 7). Thus, elements of organizational identity are produced and reproduced by referring to the organizational past. Another research perspective on organizational identity is inspired by system theory (Luhmann, 2000a) and discusses the pivotal role of the organizational environment from a "*comparative frame of reference*" (Kirchner, 2010, p. 7). This comparative-oriented perspective locates identity within a social and institutional context and underlines the importance of environmental impacts on identity building (Dutton & Dukerich, 1991). While the historical approach focused on *centrality* and *continuity* as continuous features of organizational identities, the latter emphasized *distinctiveness* as a vital reference point. Seidl and Becker (2005) conceptualized organizational identity as a *self-descriptive text* of the organization understood as a social system, which is integrated into organizational decision-making in multiple ways (Luhmann, 2000b; Seidl & Becker, 2005). Scholars drawing on this tradition emphasized that identity mediates between external, environmental requirements and internal expectations on continuity. In doing so, identity building constitutes a continuous feedback process, which evolves between integrative and operational functions, and serves as a vital organizational function for coping with internal and external uncertainties and insecurities (Kirchner, 2015).

Together, these studies have outlined that organizational identity usually emerges based on managerial actions and decisions in the organization's genesis. The identity later *dynamically* develops over time by referring to the institutionalized beliefs regarding the question: *Who and what are we as a social system?* These beliefs are embodied in multiple characteristics, such as core value creation, operating standards and values, organizational structures and activities, personnel, relationships, and cultural aspects,

decision-making practices, or organizational artifacts (Bouchikhi, 1998; Bouchikhi & Kimberly, 1998; Rometsch et al., 2007). Furthermore, a processual understanding of identity describes identity neither as a static thing nor a possession, "but rather as an ongoing state of flux that we enact on an ongoing basis via our constructions and actions" (Gioia & Patvardhan, 2012) p. 53. Although organizational identity processes can evolve implicit in mundane activities, scholars have established that identity questions most often arise and become explicit *in times of uncertainty, crisis, and change* (Albert & Whetten, 1985; Bouchikhi & Kimberly, 2003). As Albert and Whetten (1985) pointed out, "[W]hen discussion of goals and values becomes heated, when there is deep and enduring disagreement or confusion, someone may well ask an identity question: 'Who are we?' […] or 'What do we want to be?'" (p. 265). Thus, in periods of crisis, organizational (and network) members increasingly question organizational and inter-organizational identities and seek new ones (for example, (Albert & Whetten, 1985; Corley & Gioia, 2004; Gioia, Patvardhan, et al., 2013; Gioia et al., 2000; Hatch & Schultz, 2002; Nag et al., 2007; Whetten, 2006).

Furthermore, some debate exists around whether social entities can have *multiple* and even conflicting and contradicting identities or whether conflicts occur due to multiple aspects of a single yet highly complex identity (DeFillippi & Uriarte, 2020; Foreman & Whetten, 2002; Hatch & Schultz, 2004; Pratt, 2003; Pratt & Foreman, 2000).

2.2.2 Selected studies of network identity at the network level

Debates on social and organizational identity have greatly influenced how network identity has been conceptualized so far. However, despite the manifold literature on organizational identity, research on the *identity of inter-organizational networks* has gained very limited attention in recent decades. Nevertheless, a few studies exist that provide valuable insights into the important role of network identity in terms of network development. As networks emerge, develop, and maintain over time, a network identity can give orientation and purpose for collaborative action and can modify network members' actions and behavior (Dutton & Dukerich, 1991). Thereby, network identity can increase members' loyalty and their passion, motivation, and commitment towards a social entity (Godfrey, 1998); build legitimacy through a collective "networkness" (Human & Provan, 2000); or facilitate system integration in networks (Bradach, 1998). In addition, network identity can lead to social knowledge sharing, thereby supporting

coordination and communication beyond organizations (Kogut & Zander, 1996). Network identity has also been linked with network efficiency, as scholars have pointed out that a "strong" network identity with coordinating principles and rules for participation enables coordination among highly specialized member organizations (Dyer & Nobeoka, 2000). In the case of Toyota's production network, research suggested that a joint network identity was established by creating processes of supplier association, problem-solving groups, and voluntary learning teams (Dyer & Nobeoka, 2000). These studies suggested that the logic of organizational identity can be borrowed and is applicable on the network level as members, both on an organizational and a network level, experience a joint sense of purpose.

In terms of the conceptualization of network identity, a rather comprehensive study was conducted by Beech and Huxham (2003). They observed cycles of (rather individualistic) identity formation in inter-organizational collaborations and discussed the impact of those cycles on network management. By looking at processes of identity formation, they provided a picture of complex, interrelated processes continuously shifting over time. In their work, they distinguished between an *essentialist* approach focusing on a relatively stable construct of identity, and a *constructivist* approach focusing on dynamic and fluid identity formation processes. By providing a process model, they aimed to conceptualize identity formation processes by combining both essentialist and constructionist standpoints.

Another study by Huemer, Becerra, and Lunnan (2004) analyzed identity on a network level and provided an identity-inspired perspective on competition and cooperation in networks. They argued that analyzing network identity enables a focus on interdependencies of network *boundaries* on different network levels and their impact on competition and cooperation of networks.

In a similar vein, Bouchikhi and Kimberly (2003) emphasized the importance of identity since it "sets boundaries on how much an organization can change and still remain the same in the eyes of its key constituencies" (p. 21). Although focused rather on organizational concepts of identity, they analyzed how managers can support and guide processes of identity change in and beyond their organizations.

A new perspective on network identity was provided by Huemer (2004), who interpreted trust and a processual understanding of identification and network identity embedded in

a dynamic interrelationship between stability and change. By doing so, Huemer (2004) emphasized that stability and change present key requirements and preconditions for network development processes. His study illustrated that issues in terms of (organizational) identity are strongly interrelated to the development of relationships in and beyond organizations (Czarniawska-Joerges, 1994; Czarniawska, 1997, 2000). Previous identity research was oriented towards a more or less collective and shared understanding of *Who are we?* as a social entity or system. These definitions of organizational identity implied that identity includes those features that members of a social system "feel are fundamental to (central) and uniquely descriptive of (distinctive) the [system] and that persist within the [system] over time (enduring)" (Huemer, 2004, p. 254). Network identification too is understood from a processual perspective.

> *"Network identification is a continuous process whereby actors simultaneously imagine, visualise, and experience identities depending on the boundaries that are drawn, the learnings that are understood, and the set of relationships that are acted upon."* (Huemer, 2004, p. 255)

The landmark study of Scott et al. (1998) conceptualized identity, though still with a strong focus on organizational identity, from a structuration theory perspective (Giddens, 1984). Based on a duality perspective on identity and identification, Kuhn and Nelson (2002) employed a longitudinal approach to examine planned organizational change and the interplay with activity patterns shaping and constructing identities.

Rometsch et al. (2007) further developed this structuration theory perspective on *network* identity and defined identity as a *structural network property* that emerges from network practices when network members discuss the question: *Who and what are we as a network?* In their study, they analyzed network identity from a practice approach and described the network identity of two franchise networks and the recursive relationships with the organizational identities in these two networks. However, the study did not focus on the *development* of these network identities but instead provided a general typology of identity building in franchise networks.

This practice approach perspective on network identity allowed scholars to inquire how network identity emerges, is negotiated and governed, is constructed and reconstructed, and is maintained over time. It set the focus on identity as a processual social

phenomenon, rather than on the features of identity as some form of entity (Gioia & Patvardhan, 2012).

The upcoming section introduces the practice approach as an analytical lens to explore networks as constantly changing social systems. From the perspective of this thesis, networks do not change in the classical sense of freeze, unfreeze, refreeze concepts (Lewin, 1951); instead, they constantly change and thereby dynamically stabilize over time (Farjoun, 2010; Gioia & Patvardhan, 2012; Tsoukas & Chia, 2002; Weick & Quinn, 1999).

2.3 Analytical lens – A structuration theory-oriented practice approach

Rooted in philosophical and sociological schools of thought, organizational and inter-organizational scholars have recently developed a considerable vast amount of research in *practice-based* studies (Langley & Abdallah, 2011). This so-called *practice turn* in the field of social sciences emphasized the potential of practice-theoretic research in and beyond organizations (Cetina, Schatzki, & von Savigny, 2005; Nicolini, 2012; Reckwitz, 2003; Schatzki, 2018; Whittington, 2011). One explanation of this phenomenon in organizational and inter-organizational research is that "(…) phenomena such as knowledge, meaning, human activity, science, power, language, social institutions and human transformation occur within and are aspects or components of the field of practices" (Schatzki, 2001, p. 2) cited in (Nicolini, 2012, p. 2).

2.3.1 The practice approach in social sciences

Rather than speak of one universal practice *theory*, the diverse and manifold conceptualizations of a practice-based view recommend the term practice *approach* as a perspective to overcome theoretical and practical dichotomies with concepts of duality. As Nicolini (2012) already pointed out, a practice-based view "does not stem from a single unified theory of practice but emerges instead from the coming together of several distinct scholarly traditions" (p. 9). The approach offers an alternative ontology, since it understands social reality as continuously constructed by bundles of practices (Schatzki, 2005, 2018). Thereby, the practice approach draws on multiple sociological research traditions including the works of Marx, Heidegger, or Wittgenstein

(Nicolini & Monteiro, 2017). Furthermore, the works of Bourdieu (1977) and Giddens (1987) have been milestones in contemporary organizational and social theory, and more recent studies by Feldman and Orlikowski (2011); Reckwitz (2002); Schatzki (2012), and Nicolini (2009) have been influential in the practice debate.

2.3.1.1 ***What we mean when we talk about "practices"***

The practice approach represents a family of theoretical and practical understandings which view "orderly materially mediated doing and sayings ('practices') and their aggregations as central for the understanding of organizational and social phenomena" (Nicolini & Monteiro, 2017, p. 110). Despite the different nuances of these practice-oriented research directions, some commonalities can be found that provide conjunctive principles to understand what is meant by practices (Nicolini, 2012; Nicolini & Monteiro, 2017).

Processual – the practice approach has a *processual* understanding of social life, emphasizing both *structures* and *activitie*s as equally important for an ongoing reproduction of social systems. While a processual understanding of reality does not necessarily require a practice perspective, there is no practice approach that is not grounded in a processual understanding. Thus, a perspective inspired by a practice approach is deeply committed to the concepts of process theory (Fortwengel et al., 2017) as it understands the world as socially constructed and in a (more or less) dynamic state of becoming (Tsoukas & Chia, 2002). This understanding of practices implies that they cannot easily be *created* by humans and that they are not *determined* beforehand. Thus, while they are the *medium and outcome of human action*, they are not the outcome of human *design*. Rather, social practices emerge in a collective, socio-cultural evolutionary process. Social practices are therefore characterized by routinized processes on the one hand and, at the same time, by the unpredictability of interpretative indeterminacies on the other (Reckwitz, 2003).

Directed – the practice approach emphasizes that practices are always organized around and *directed towards an end* (Nicolini & Monteiro, 2017). In other words, practices need a *point or direction of reference* to acquire sense. This direction of reference can be manifold and could include, depending on the practices, a purpose, a concern, or an objective (Rüegg-Stürm & Grand, 2019).

Materialized – the practice approach pays attention to the crucial function of the *body, artifacts*, or *materialized things* in social interaction (Grand, Rüegg-Stürm, & Von Arx, 2010; Grand, Vonarx, & Rüegg-Stürm, 2015; Nicolini, 2012). Practices thereby are embodied or incorporated in bodies, things, or artifacts, that is, a "bundle of material and symbolic properties packaged in some socially recognizable form" (Whittington, 2010, p. 153). Alongside objects and things, practices also *unfold through language* as practices generate a certain repertoire of associated terms and vocabularies (Heracleous & Jacobs, 2008).

Collective – the practice approach emphasizes that practices are *collective* in the sense that they typically *involve multiple actors*, are highly interrelated, and occur in interdependent arrangements. Practice scholars have named these arrangements differently and speak, for example, of *bundles* of practices (Nicolini, 2012), *nexuses* or *assemblages* of practices (Nicolini & Monteiro, 2017), *repertoires* of practices (Feldman & Worline, 2016; Rüegg-Stürm & Grand, 2019), or *webs* of practices (Feldman & Worline, 2016). Thus, practices are not separated or isolated entities but are always *interrelated* with each other and *entangled with both past and future practices* (Chia, 2002).

Contextually (and historically) situated – the practice approach views practices as contextually situated in a specific context and embedded at a certain point in time. Thus, the context matters greatly when analyzing practices since practices refer to the situation in which they are carried out. They are therefore *situational* and *temporally embedded*.

Reflexive – the practice approach rethinks the nature of action, knowledge, meaning, and discourse and thereby foregrounds the role of *reflexivity*. A more in-depth explanation of the pivotal role of reflexivity, in particular, in Giddens' practice approach, follows in Chapter 2.3.3.

2.3.1.2 ***Distinguishing "practice" and "practices"***

Contrary to long-standing organizational theories, such as structural determinism or deconstructive nihilism, the practice approach uses *practices as primary units of analysis* for a social phenomenon, rather than as an object, an individual, or a collective (Whittington, 2010, 2011). From a practice approach point of view, *the social*

phenomenon under observation *is located and surfaces in these very practices* (Giddens, 1984).

To understand the concept of "practices," it is helpful to differentiate the two terms "practice" and "practices" (Reckwitz, 2002).[11] While the term "practice" (in German "Praxis") refers to human action (as opposed to abstract theoretical concepts or cognitive processes), the term "practices" or "*a* practice" (in German "Praktiken/eine Praktik"), represents "a routinized type of behaviour which consists of several elements, interconnected to one other: forms of bodily activities, forms of mental activities, "things" and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge" (Reckwitz, 2002, p. 249). In his work, Giddens *defined social practices* as "ongoing series of practical activities" and "regularized types of acts" (Giddens, 1976, p. 81). Single individuals – in Giddens' vocabulary "*knowledgeable agents*" (see also Sydow and Windeler (1998)) – act as *carriers* and *performers* of these practices (Nicolini & Monteiro, 2017). Thus, these agents are also the *carriers of the network as a social system*, enabling the process of the network's ongoing production and reproduction of network identity building.

The upcoming chapter elaborates in more detail on the specific practice approach of Anthony Giddens and his structuration theoretical understanding of social life.

2.3.2 Principles of a structuration theory-oriented practice approach

In this thesis, we employ a structuration theory-inspired practice approach as an analytical lens and thereby focus on one specific approach among many to understand and analyze practices in social studies. A structuration theory-oriented practice approach is particularly appealing for its bridging character. It enables us to observe what actors are doing and saying not as a mere individual or voluntary activity but rather as a contextually situated, collective practice across time and space (Whittington, 2010).

The core foundation of Giddens' structuration theory as a social theory was an attempt to overcome the dichotomies between a very subjectivist and a strong objectivist perspective of structure and agency. In his work, Giddens (1976, 1979, 1984, 1987, 1988, 1990, 1993) therefore *offered a new alternative*, as he linked social structure to

[11] In his paper elaborating on the theory of social practices, Reckwitz (2002) refers to the helpful distinction in German between the terms "Praxis" and "Praktiken".

human agency and conceptualized the two dimensions in a reflexive interplay (Ortmann & Sydow, 2013; Whittington, 2010). Fundamentally, Giddens (1984) "insists on the primacy of social practices, ordered through time and space. Thus, in one way or another, the human actor is never a discrete individual detached from context, but rather a social being whose possibilities are defined by the practices in which he or she is immersed" (Vaara & Whittington, 2012, p. 288).

To understand a structuration theory-inspired practice approach, some key concepts of Giddens' structuration theory have to be explained in more detail. The following section will elaborate on some essential ideas of this theory to provide a foundation for a structurationist understanding of social practices and, in particular, guidance to conceptualize network identity building as a bundle of reflexive practices.

The backbone of Giddens' practice approach is to overcome dichotomous, dualistic conceptions of contradictory forces and rather conceptualize *social systems* as a web of "essential elements, interdependent, mutually enabling & constituent of one another, rather than separate & opposed" (Farjoun, 2010, p. 203). Structuration theory understands a *social system* as "an observable pattern of relationships among actors" (McPhee, Poole, & Iverson, 2014, p. 75). Such social systems are dynamically evolving as they are produced and reproduced over time via social practices. At the same time, social systems are characterized by dialectics and contradictions, rather than being a deterministic entity for actors within those systems (Whittington, 2010).

Social systems are constituted by the recursive interplay of *structure* and *agency*. However, structuration theory does not apply the term "structure" as an analogy with physical structures external to individual agents, but rather "distinguishes social structure from the social system and defines structure as the rules and resources exploited by agents in producing and reproducing a social system over time" (Jackson, 1999, p. 10). Actors refer to these rules and resources in their practices and simultaneously reproduce these structures recursively over time. Rules in the sense of Giddens are not to be mistaken with common codified rules, but represent rules that are incorporated in the recursive reproduction of social systems (Sydow & Windeler, 1998). The structuration theory distinguishes between *rules of signification*, *rules of legitimation*, and *resources of domination* (Whittington, 2010). Rules of signification refer to rules governing how actors communicate or interact in a social system and "restrict and enable agents to make sense of the context they act in and to communicate

this meaning and their views of ongoing practices to others" (Sydow & Windeler, 1998, p. 271). Rules of legitimation involve a normative aspect and refer to a broad range of formal or legal constraints to informal or unwritten codes of how to legitimize the system's existence as such and the interactions among members. Resources of domination, essentially, include material (such as technology, budget, tools, artifacts, etc.) or nonmaterial items (such as knowledge, processes, social capital, etc.) that actors mobilize in their practices and through which power is mobilized and applied (Nicolini, 2012).

In his works, Giddens (1984) conceptualized *structuration* as ongoing construction, reconstruction, and transformation of structure through enacted and embedded *agency*. He defined structuration as "the structuring of social relations across time and space, in virtue of the duality of structure" (1984, p. 376). This dynamic interplay of social practices shaping structural propositions for managerial action, and this action, in turn, shaping and reproducing the structural conditions, is both inherently dialectic (Benson, 1977) and a motor of change and system development (Berends, van Burg, & van Raaij, 2011, p. 942).

Duality of structure describes that from a structuration theory perspective, the structure is both *a medium* and *an outcome* of the interaction it recursively reproduces, and thus "the structural properties of social systems do not exist outside of action but are chronically implicated in its production and reproduction" (Giddens, 1984, p. 374). Furthermore, this web of practices is embedded in an interplay of structure enabling and constraining agency and vice versa, thereby (re)producing existing and novel practices and contexts. (Benson, 1977; Giddens, 1984; Langley & Sloan, 2011). In this dynamic interplay, social practices (such as network identity building practices) are not reproduced by themselves, rather they are situated in context and enacted, transformed, or reproduced by knowledgeable actors and their enacted practices over time (Berends & Sydow, 2019; Chia & Holt, 2009).

Emphasizing this understanding of *practices as the unit of analysis*, Giddens (1984) concluded that "[t]he basic domain of the social sciences, according to the theory of structuration, is neither the experience of the individual actor, nor the existence of any form of societal totality, but social practices ordered across space and time. […] In and through their activities, agents reproduce the conditions that make these activities possible" (p. 2). This understanding is grounded in the assumption that human agency,

interaction, and decision-making take place in these very social practices and thereby unfold their meaning over time (Nicolini & Monteiro, 2017). Thus, social practices "describe the orderly, regularized aspects of social activities that are stable over space and time" (Giddens, 1976, p. 75).

2.3.3 The pivotal role of reflexivity in Giddens' practice approach

As mentioned before, the majority of practice-oriented scholars view reflexivity as an incremental part of social practices. Thereby, reflexivity – contrary to the rather objectivist- and realist-oriented concept of "reflection" (see (Cunliffe, 2009, 2016) for an elaborated distinction) – is not understood as an objective practice, but as situated in socio-cultural contexts (Nicolini & Monteiro, 2017; Nicolini, Sher, Childerstone, & Gorli, 2004). Practices are therefore – some more, some less – inherently reflexive as they are enabled and constrained by the context and structures they are embedded in and which they recursively reproduce over time (Giddens, 1984).

The pivotal role of reflexivity within structuration theory is rooted in Giddens' understanding of social systems as inherently reflexive entities. From a structuration theory perspective, social activities, and thereby social *practices*, are *recursive* since they refer as practices to previous practices and, by doing so, they inherently refer to the knowledge of the rule of how to produce or reproduce new practices from old ones (Windeler, 2001).

Thus, when Giddens' highlighted that "human social activities are recursive," he focused on the phenomenon that "[…] they are not brought into being by social actors but continually recreated by them via the very means whereby they express themselves as actors. In and through their activities, agents reproduce the conditions that make these activities possible" (Giddens, 1984, p. 2). *Recursiveness* also *differs from circularity*. Circularity describes the return to the same, recursiveness, on the other hand, goes beyond circularity and is the return to the same *or to something that has been changed* (Windeler, 2001).

The notion of *reflexivity* refers to this recursiveness of social activities and represents a crucial quality of social practice. Reflexivity therefore describes that since practices are contextually situated, they permanently adapt to new circumstances and individuals as carriers and performers of practices and constantly and reflexively *monitor their actions*

(Nicolini, 2012). In this sense, reflexivity is a collective, communicative self-monitoring or observation for a distant, zoomed-out perspective (Rüegg-Stürm & Grand, 2019). In his work, Giddens (1984) refers to reflexivity as follows:

> *"It is the specifically reflexive form of the knowledgeability of human agents that is most deeply involved in the recursive ordering of social practices. Continuity of practices presumes reflexivity, but reflexivity in turn is possible only because of the continuity of practices that makes them distinctively 'the same' across space and time. 'Reflexivity' hence should be understood not merely as 'self-consciousness' but as the monitored character of the ongoing flow of social life."* (p. 3)

From this perspective, actors become capable of acting through reflexive social practices, and social practices are only social practices as long as actors (re)produce them in and through their actions (Windeler, 2001).

2.3.3.1 ***Reflexive monitoring as an integral aspect of practices***

The idea of *reflexive monitoring* (Giddens, 1984) goes beyond evaluation practices and describes a phenomenon fundamental to practices. It means that agents inherently "observe in practice what they are doing, the conditions under which they are acting, and the consequences of their actions" (Sydow et al., 2015, p. 19). Reflective monitoring creates the fundamental basis for the development of social systems. In the context of inter-organizational relations, reflexive monitoring ideally allows for the institutionalization of reflexivity at the network level (Windeler, 2001). Thereby, ongoing reflexive monitoring includes the monitoring of not only actions, processes, and events but also their *intended* and *unintended consequences* that constantly emerge as agents act (Sydow & Milward, 2003).

2.3.3.2 ***Unintended consequences of action***

A central aspect of Giddens' (1984) structuration theory is the awareness of unintended consequences. Individual agents are knowledgeable in the sense that they have reflexive capacities to monitor, observe, and understand what they are doing at the time they are doing it. At the same time, these actions are confined by intended and unintended consequences. Since actors' agency, and hence their ability to act, is bounded, it is vital

to understand how the development of a social system may underlie such intended or unintended consequences or become an outcome of the latter (Weaver & Gioia, 1994).

2.3.3.3 *The dialectic of control*

The concept of the "dialectic of control" is a vital component of structuration theory (Giddens, 1984). It sheds light on how humans act on overlapping opposing elements between the organizations and their influence on the construction of collaborative rules and resources (De Rond, 2003). By constraining one-sided (de)constructions of organizational social systems, dialectics of control exhibit a level of uncertainty since *actors can, and may always, act otherwise* (Sydow & Windeler, 1998). In other words, while agency is continuously embedded in rules and resources, it is never determined since actors have the possibility to say no and act differently at any time (Giddens, 1984). In the field of network research, a dialectic of control also implies that network agents are constantly in interdependent relationships with each other (Das & Teng, 2000; De Rond, 2003; Giddens, 1984; Sydow & Windeler, 1998). As networks develop, dialectics of control can "constrain the unilateral construction of social systems and create unpredictability in social dynamics (Sydow & Windeler, 1998)" (Berends et al., 2011, p. 942).

2.3.4 A critical view on Giddens' work

Giddens tried to dissolve the dichotomy of research traditions such as structuralism or intentionalism and promoted a hybrid approach, a *third ontology* to balance structure and agency with his theoretical considerations, and, in particular, with the concept of the duality of structure (Giddens, 1979, 1984, 1987, 1991). While this attempt was a development of the research at that time, structuration theory also faced quite some criticism over the years from both a theoretical and an empirical perspective (Marsh & Stoker, 2010).

First, while Giddens argued that agency and structure are balanced in a recursive interplay, some organizational scholars posit that structure and agency are rather reciprocally constitutive and, in fact, two sides of the same coin (Archer & Archer, 1996). From this perspective, agency and structure are interconnected and interwoven to a degree where distinction is neither possible nor meaningful (Jackson, 1999).

Second, in his theory, Giddens placed the analytical focus on social practices, in which both agency and structure are embedded. For empirical analysis, however, the separate properties of agency and structure are lost due to the strong interconnectedness of the two and, as a consequence, the exact connections between the two can hardly be traced over time (Layder, 2005; Stoker & Marsh, 2002). Therefore, employing a strong structuration approach in practice is rather difficult. Some scholars claimed that Giddens might have "*overintellectualized*" social practices (Schatzki, 1997). Conceptualizing structure and agency as opposite sides of the same coin makes it impossible for researchers to clearly identify and observe both dimensions as an interwoven duality at the same time. Hay (2002a) described this dilemma in his criticism of Giddens and argued that "[W]e may alter our viewpoint to capture the other side, but we cannot view both simultaneously" (p. 120). The recursive interplay and mutual constitution of agency and structure may have been elaborated in detail in theory, but Giddens left unanswered the question of how to practically apply this lens in the field.

Third, another criticism the structuration theory faced was of linguistic and terminological nature. Despite his continuous emphasis that structure and agency build a duality, Giddens spoke of a *duality of structure*, rather than a duality of structure *and agency*. Although this term is rooted in his ontological understanding that structural properties are a medium and an outcome of human interaction, some scholars were irritated by this rather one-sided terminology (Hay, 2002a).

Fourth, Giddens' understanding of duality claimed that "in curtailing the role of social structure, duality-based approaches go too far in the other direction and end up with social theory dominated by individual agency" (Jackson, 1999, p. 10).

2.3.5 Conceptualizing network identity through the lens of structuration

In light of the preceding discussion and criticism, we aim to strongly consider the temporal, dynamic, and processual aspects of network development while taking a moderate position between targeted intervention and uncontrolled evolution (Sydow & Berthod, 2019). With this approach, we are in line with the research of Sydow and colleagues,[12] who call for more practice-based approaches "(…) to the emergence,

[12] Prof. Dr. Sydow and his colleagues in the School of Business & Economics at Freie Universität Berlin substantially paved the way for a reflexive and practice-oriented understanding of network

structuration, and maintenance of goal-directed inter-organizational networks" (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017, pp. 299-300). This dynamic interplay of social practices "forming structural conditions for action, and actions, in turn, reshaping those structural conditions," provides a suitable analytical lens through which to analyze network identity building (Berends et al., 2011, p. 942).

A structuration theory-oriented practice approach as a lens of analysis offers two vital benefits for analyzing *network identity building* over time.

First, by studying how inter-organizational systems are constantly produced and reproduced in interaction via the duality of structure and agency, structuration theory offers a balanced and comprehensive approach for analyzing *network identity* (Rometsch et al., 2007). Going beyond evolutionary, life cycle, and teleological studies, it is well-suited to elaborate on dialectical and dynamic processes of stabilizing in network development over time (De Rond, 2003). A structuration theory-based understanding of networks as social systems helps to conceptualize identity building practices emerging from the duality of structure, as they are constantly produced and reproduced in the interaction of network member organizations. Therefore, examining inter-organizational networks "as structured and recursively reproduced processes, structuration theory focuses on contradictions and dynamics rather than on equilibrium and stability" (Sydow & Windeler, 1998, p. 270).

Second, Giddens' practice approach proves to be highly compatible in current debates on identity in inter-organizational relationships. Various authors in the field of (inter-)organizational studies refer to this theory or to related concepts when analyzing the emergence, structuration, and maintenance of networks and their identities (Berends & Sydow, 2019; Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017; Berthod, Grothe-Hammer, & Sydow, 2017; Clegg, Cunha, & Cunha, 2002; Clegg et al., 2016; Ortmann & Sydow, 2013; Provan et al., 2007; Sydow, 2003; Sydow & Berthod, 2019; Sydow & Duschek, 2011).

development. This thesis builds on this foundation and aims to contribute to the debate on how to analyze and describe dynamic and reflexive network development.

2.3.5.1 *Conceptualizing network identity building as a bundle of reflexive practices*

The structuration theory perspective on networks as social systems constituted in time and space via social practices goes beyond a reified understanding of networks. Considering the activities of network actors as *systemically regulated* and both *contextually and temporally constituted* differs from the common understanding of network development being based on *isolated decisions by top management* and embedded largely externally given contexts of action (Windeler, 2001).

Any network practice is therefore constituted through and by interwoven activities of several individuals and highly interrelated with activities of others. Thus, "any practice is embedded in a web of practices" and consequently, the common units of analysis in practice research are the (web of) practices, rather than individual or collective action (Feldman & Worline, 2016, p. 308).

The following five key terms build the theoretical foundation to *conceptualize network identity building* as *a bundle of reflexive practices*:

- *Social systems*
- *(more or less reflexive) social practices*
- *Network identity as a structural property*
- *Identification as the network members' (inter)action*
- *Network identity building*

All five terms are *polymorphous* and *analytically distinct* yet *empirically interrelated concepts* that have been defined from various theoretical and disciplinary angles. In the upcoming sections, we will shed light on these terms by elaborating in more detail on how they interact and relate, referring to network identity. Table 1 gives an overview of these key concepts, and in Figure 5, the concepts are located in the theoretical conceptualization of network identity from a structuration perspective.

Table 1 Key concepts applied in a practice-theoretical perspective on network identity

Conceptualizing network identity building	
Key concepts from network research	Short description
Social system (a)	Networks as social systems are reproduced relations organized as social practices over time (Berends & Sydow, 2019; Giddens, 1984; Sydow, 2000, 2001; Sydow, Müller-Seitz, & Provan, 2013; Sydow & Windeler, 1998).
Social practices (b)	Social practices are regularized types of activities, constituted via the duality of structure (Giddens, 1984).
Network identity (c)	Network identity represents a structural property of a network that is produced and reproduced by network members' actions related to the question: *Who are we as a network?* These structural properties are identity related when they refer to the *network as a whole*, when they are *relational* and concern rather *central, distinct*, and *enduring* aspects of network development (Rometsch et al., 2007).
Identification (d)	Network identification is the dynamic social process of network member (inter)action, which refers to network-related structural properties (Rometsch et al., 2007).
Network identity building (e) *(understood as a bundle of reflexive practices)*	Network identity building is understood as recursive reflexive practice where agents more or less reflexively refer to, produce, and reproduce identity-related structural properties, and these structural properties, in turn, enable and constrain these very actions (Rometsch et al., 2007).

Inspired by a structuration-oriented practice approach, this thesis conceptualizes networks as (a) *social systems.* Drawing on Müller-Seitz and Sydow (2012), we define a network as "a social system in which the activities of at least three formally independent legal entities are coordinated in time-space, i.e., there is some reflexively agreed upon inter-firm division of labor and cooperation among the network members" (p.108). Inter-organizational entities as social systems are "reproduced relations between actors or collectivities, organized as regular social practices" (Giddens, 1984, p. 25). In this sense, networks as social systems are not structures themselves, but networks rather *have* structural properties (Rometsch et al., 2007). Furthermore, the structuration theory emphasizes that networks as social systems exist in and beyond time

and space and are continuously created and constituted by social practices through the *duality of structure* (Giddens, 1984).

From a structuration perspective, collaborative relationships of inter-organizational networks are produced and reproduced over time via (b) *social practices*. The notion of practices entails the perception that social structures on multiple network levels find expression via contextually embedded and recurrent actions (Berthod, Grothe-Hammer, & Sydow, 2017; Berthod & Segato, 2019). The situated enactment of such organizational and inter-organizational practices includes the potential for diverse processes, with intended as well as unintended consequences for the network as a whole (Berthod & Segato, 2019). In network identity building practices, agents – in the case of InCareNet, these are in particular network member organizations [13] – *more or less reflexively refer* with their actions to identity-related structural properties of the network on the organizational level, on the network level, and on the organizational field level in which the network is embedded in. The theorem of "duality of structure" proposes that on all of these three network levels, structural properties are conceived as rules and resources that are produced and reproduced in social interaction (of member organizations) via modalities of structuration. These structural properties, in turn, continuously enable and constrain network members' actions. During the system reproduction, networks are inclined to create more or less central, distinct, and continuous structural properties, which can be – among other network aspects – a particular system identity that is "collectively perceived, shared, and conceived by the system members (Giddens, 1990, pp. 302-303)" (cited in Rometsch et al., 2007, p. 27).

Thus, the concept of (c) *network identity* concerns the *whole network*. In reproducing network identity as a number of structural properties, agents refer to *centrality* as the essence of the network, *distinctiveness* as the uniqueness in comparison to other networks, and *continuity* as a more or less sustainable facet of identity (Albert & Whetten, 1985). Thus, Giddens-inspired network research understands network identity both as a "process that unfold[s] over time and [as] a source of stability" (Hatch & Schultz, 2004, p. 5). Network identity from a structuration perspective is defined as a "specific structural property of social systems in general and of organizations and inter-organizational networks in particular that has to be produced via organizational and

[13] See King, Felin, and Whetten (2010); Provan et al. (2007); (Rometsch et al., 2007) for similar understandings of organizations as actors.

inter-organizational practices respectively" (Rometsch et al., 2007, p. 22). This view implies a need to look simultaneously at structural properties and at the situated action of network members in order to understand how network identity occurs and develops over time.

The concept of network identity relates primarily to the structural level. In contrast, (d) *network identification* is the dynamic social process of network member *(inter)action*, which refers to network-related structural properties. Thus, it "represents the dynamic social process by which identities are constructed, through which they guide us, and by which they order our world" (Scott et al., 1998, p. 306). This conceptualization of network identification highlights its inherently *complex*, *interactive*, and *communicative* nature (Huemer, 2004; Kuhn & Nelson, 2002; Scott et al., 1998). From a structuration perspective, network identity and identification can be conceptualized as a duality (Rometsch et al., 2007; Scott et al., 1998).

Based on this perspective, network *identity* is *structural* since it is the "medium and outcome of discursive acts" (Kuhn & Nelson, 2002, p. 7). Furthermore, it does not exist merely in the cognition of individuals, rather it presents a property of social network structures. Network members thereby are characterized by the rules and resources they have been able to mobilize and by the social activities they perform. Thus, "identity […] is also to be found within the relationships in the community in which it exists (Czarniawska, 2000)" (Huemer, 2004, p. 225). It presents a source for agents to construct expressions of self-description based on collectively created network identity types, such as "*the network is a lab*" or "*we are a platform.*"

Network *identification*, however, can be understood as a *discursive process* of members' actions, in the sense that it produces and reproduces (i.e., by creating, shaping, expressing, implicating, or transforming) identity-related structural properties through participation in coordinated activities. Activities performed by network members build on identity structures in producing and reproducing sensible activities (Kuhn & Nelson, 2002). In other words, these structured activities not only create individual, organizational, or network identities, but "produce, reproduce, and/or transform the very identity structures on which they are based. Identities, then, are both sources of, and targets for, identification" (Kuhn & Nelson, 2002, p. 7). Thus, from a structuration perspective, network identification is a process of reproducing the network identity

structures (as well as organizational identity structures) to which network members refer in their daily activities (Kuhn & Nelson, 2002; Scott et al., 1998).

The concept of (e) *network identity building*, understood as specific reflexive practices, proposes that structural properties of network identity are reproduced in those practices that (i) concern the *network as a whole*, (ii) are of *relational* nature, (iii) are associated with the question: *Who and what are we as a network?*, and (iv) are about a network's attempt to create self-referential meaning and *self-description* (Rometsch et al., 2007). The practice of network identity building, thereby, informs about how members of a social system collectively *perceive* and, at the same time, *construct* this social system.

Depending on the context, we can distinguish different degrees of connectedness of reflexive practices with identity-related structural properties. Most of the existing practices in a network are *not directly* linked to identity carrying structural properties. However, such practices can be strongly influenced by identity-related network practices and, in turn, influence them. For example, reflexive practices of explicitly narrating the founding circumstances of InCareNet (i.e., how the Municipal Health Department (MHD) initiated a network to facilitate and coordinate joint healthcare projects in and beyond the city borders) refer more *directly* to identity building structural properties than, for instance, practices of network evaluation. The strength or degree of connectedness of organizational and inter-organizational practices with identity-related structural properties, however, depends very much on the context in which the (identity building) practices are situated (Rometsch et al., 2007).

Based on our inclination to conceptualize network identity as both a dynamic process and a bundle of reflexive practices, we take an *identity-as-practice* perspective to capture both the *being* and *becoming* aspects of network identity. Using a DNA metaphor as visualization support, Figure 5 illustrates network identity from such an identity-as-practice approach and visualizes the above-mentioned terms and concepts.

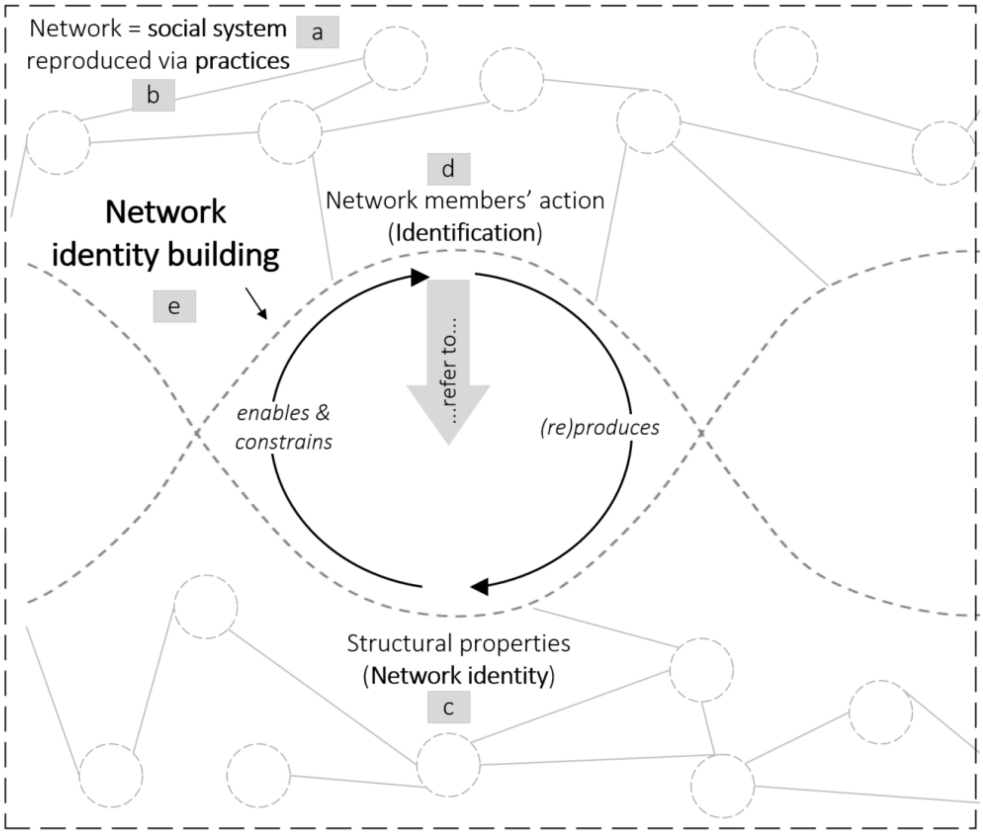


Figure 5 Network identity building from a practice perspective (inspired by Giddens (1984))

A structuration theory-inspired practice perspective on the development of network identity building therefore emphasizes four main aspects. First, it highlights the central role of social practices for system (re)production. Second, it proposes that the constitution of practices takes place via the duality of structure, where agents more or less reflexively refer to and (re)produce structural properties at the organizational level, the network level, and the network field level. Third, it implies a dynamic and processual character of network identity, as network identity has to be routinely created and sustained in a recursive interplay between reflexive activities and structures (Giddens, 1991). Fourth, various practices on multiple levels are influenced by and actively influence identity building practices over time (Rometsch et al., 2007).

2.3.5.2 *Characteristics of network identity building practices*

In line with scholars such as Whetten (2006), Morgeson and Hofmann (1999), King et al. (2010), and Sydow and Windeler (1998), we employ a set of useful and functionally similar concepts from different disciplines and across different levels of analysis (King et al., 2010; Whetten, Felin, & King, 2009). In particular, in the field of network

development with its strong tradition in the organization studies literature, it is common to adopt ideas from other related fields and theories. The practice approach as an analytical lens and the network development literature as key theoretical debate, provide important insights into a practice-oriented and both dynamic and processual approach to network identity building. The following sections provide an overview of the five central characteristics of network identity building practices and the reciprocal relationship between network identity building and network development. The below-mentioned characteristics are similar to, and build upon, the characteristics of social practices introduced in Chapter 2.3.1.

First, network identity building practices are *collective practices* and involve multiple network actors (Reckwitz, 2002; Rometsch et al., 2007). They therefore occur as social, jointly accomplished network practices rather than as a negotiation of identity-related governance activities between individual actors who pursue their individual interests (Mitterlechner, 2018; Provan & Kenis, 2008).

Second, network identity building practices are *contextually situated practices*. This implies that social action within the network cannot sufficiently be understood without considering the structural and temporal context in which it is embedded (Mitterlechner, 2019a; Sydow et al., 2013). On the contrary, network structure does not exist independently of network members; rather, network members refer in their practices to previously established structures and thereby modify and reproduce them over time. In this context, “to reproduce” and “to modify” mean that actors do not simply reiterate practices of the past, but have a capacity to reflexively create alternative trajectories in response to continuously emerging dialectics in network development (Emirbayer & Goodwin, 1994).

Third, this thesis understands network identity building practices as a bundle of *reflexive practices* (see Mitterlechner (2019a) or Sydow (2001) for other examples of reflexive practices). Practice-oriented network scholars have conceptualized and analyzed reflexivity as a vital characteristic of network development, yet they define it in different ways. For example, when discussing how to actually *be reflexive*, Cunliffe (2016) emphasized, from an organization and management studies perspective, the belief that “we are not separate individuals (entities) but we are always in relation to others – with particular persons, communities, history, culture, language, and so on” (p. 742). Furthermore, Mitterlechner (2019a) summarized that reflexivity in practice-oriented

network research is understood "as a conversational, collective, and socio-politically situated practice, through which actors question their traditional practices and thus explore new possibilities for joint action" (p. 70). The aforementioned process of a dynamic interplay between structure and agency is highly reflexive as "all human beings routinely 'keep in touch' with the grounds of what they do as an integral element of doing it" (Giddens, 1990, p. 36). Informed by Giddens' structuration theory, network identity building practices are practices, which "[…] intentionally and reflexively […] shape network processes and relationships in order to coordinate the activities in the network" (Sydow & Windeler, 1998, p. 268).

Fourth, network identity building practices are inherently *dialectic*. As networks develop, social practices are characterized by dialectic tensions, that is, conflicting forces that emerge as unintended consequences of human agency from the recursive interplay between network practices and structure (Langley & Sloan, 2011; Sydow et al., 2015; Sydow & Windeler, 2003). The notion of unintended consequences is rooted both in dialectical perspectives (Hargrave & Van de Ven, 2017; Schneider, 1971) and in structuration theory, thereby referring "to the consequences that would not have taken place if a social actor had acted differently but that are not what the actor had intended to happen (Giddens, 1979, 1984)" (Jian, 2007, p. 6). Thus, unintended consequences can be understood as "[o]utcomes that actors did not intend or prefer; ones that they would change if they could start over and act differently; ones that are surprising, unexpected, or form the opposite of what was originally desired" (Putnam, Fairhurst, & Banghart, 2016, p. 81). Being embedded and situated in specific contexts, network identity building practices are both *pluralistic* and *processual* (Langley & Sloan, 2011). The dialectic characteristic of network identity emphasizes a pluralistic view since it "necessarily implies the co-existence and indeed mutual interdependence of opposing tendencies" (Langley & Sloan, 2011, p. 262). Furthermore, it offers a *processual* view since it focuses on change over time, as "dialectic tensions emerge and evolve, dissolve or reproduce themselves in the context of ongoing social interaction within and among social systems" (Langley & Sloan, 2011, p. 262).

Fifth, network identity building practices refer to the *network as a whole*, are *relational*, and consider what network members perceive as *central*, *distinct*, and *long-lasting* for the network as a whole (Albert & Whetten, 1985). As network identity is not an end in itself, it creates the necessary conditions and designs network coordination in order to

develop a network, understood as a social system, over time (Müller-Seitz & Sydow, 2012).

From a practice-theoretical perspective (Sydow, 2001), we can conclude that *network identity building practices*:

- Are not the result of heroic individuals singlehandedly building and shaping a network's purpose, but a result of network actors' everyday tasks dynamically stabilizing the network's development.
- Are not a stable, linear, or determined entity or concept that can be controlled in principle, but a highly dynamic process with disruptions, surprises, unintended consequences and inherently shaped by the dialectic of control.
- Are not a specific case of a change management tool, but rather a common social phenomenon of dynamically constituting network development through the reproduction of identity-related network structures and the modification of identity building network practices.

2.3.5.3 ***Exploring the relationship between network identity building and network development***

Network scholars have increasingly examined how networks develop over time as purpose-oriented social systems. In recent years, research on network development has started to emphasize the *multiple complexities* that emerge in real-life cases as networks dynamically evolve and change on an ongoing basis (Berends & Sydow, 2019). Structuration theory-oriented approaches understand social reality as constantly *in the making by a recursive interplay of structure and agency*. From this perspective, network development explains a social phenomenon where "[…] knowledgeable actors draw upon structural dimensions that both enable and constrain actions and thereby either reproduce or transform these structures with the help of practices" (Berends & Sydow, 2019, p. 3). This processual network development is thereby neither determined beforehand by pre-existing requirements nor the product of a cautiously implemented managerial design. Rather, network development, understood as a dynamic process, is constantly in motion as the network is inherently instable and changing (De Rond & Bouchikhi, 2004; Majchrzak et al., 2015; Putnam et al., 2016).

Rometsch et al. (2007) have conceptualized and analyzed network identity as a vital characteristic of such a processual network development. In line with Giddens (1984), they understood *reflexive network development* as "a recursive process which is constituted in and through inter-organizational practices via the duality of structure" (Sydow & Windeler, 1998, p. 272).

In this process of network development, *network identity as a structural property of a network is both a medium and an outcome of network development* (Giddens, 1984), that is, the reproduction of a network as a social system (Bouchikhi & Kimberly, 1998). These structural properties can be – among other structural network traits – a (more or less shared) network identity that network members collectively perceive, share, and communicate (Giddens, 1990; Rometsch et al., 2007). As reflexive practices primarily refer to the question of *who we are*, network identity building therefore constitutes networks over time

Figure 6 illustrates the relationship between network identity building as a bundle of reflexive network practices and network development. It outlines the interwoven dynamic over time and conceptualizes network identity building as a constitutive medium and outcome of reflexive network development.

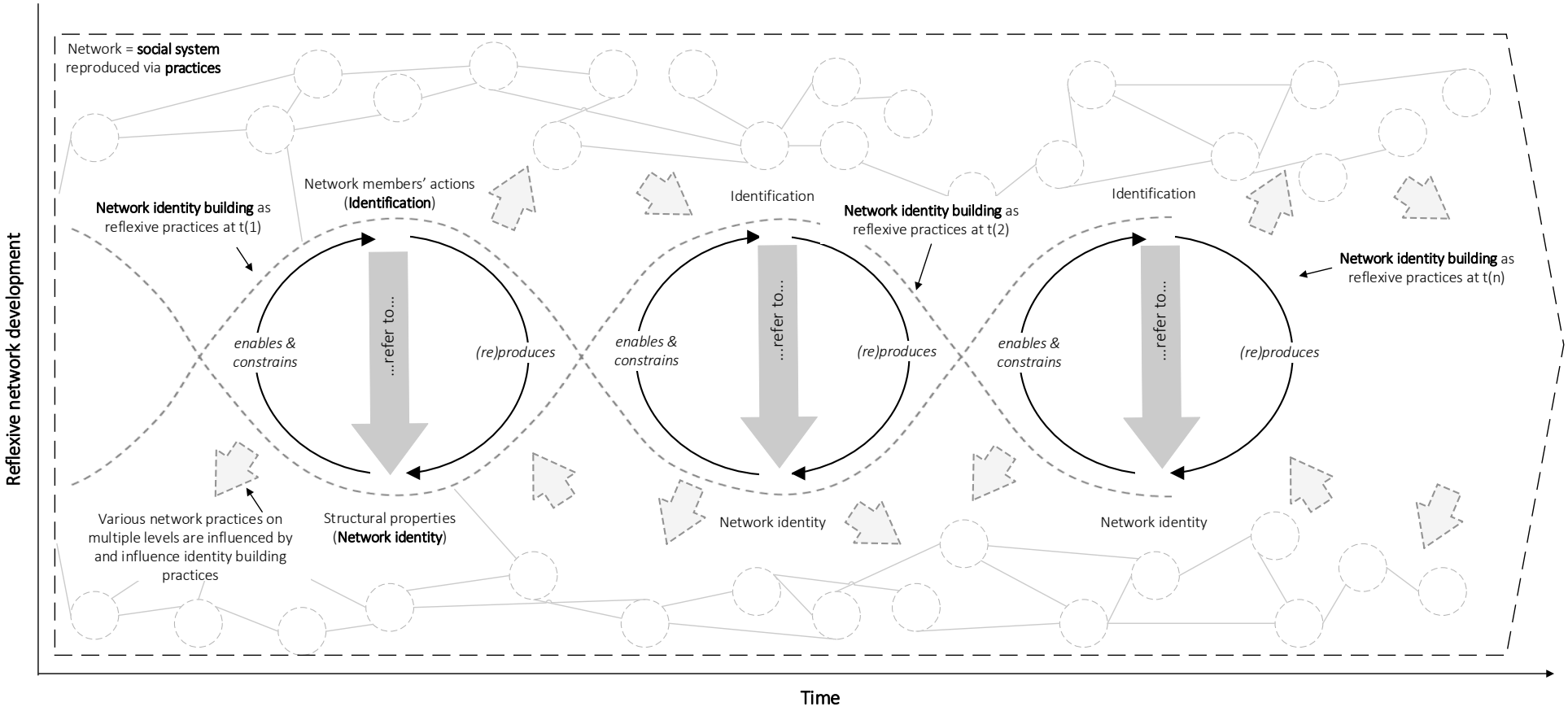


Figure 6 Exploring the relationship between network identity building and reflexive network development

2.4 Summary and outlook to the next chapter

The purpose of this thesis is to analyze the development of network identity by theoretically conceptualizing and empirically reconstructing identity building as a reflexive practice. In order to do so, this second chapter introduced the *theoretical foundations* and provided a review of three main theoretical building blocks to conceptualize network identity. These theoretical building blocks included the *network development debate* as a key foundation to understand networks as evolving social systems; research on *network identity* as a dynamic and vital process within network development; and perspectives of a *structuration theory-oriented practice approach*, which provides a suitable analytical lens to conceptualize and reconstruct *network identity building* over time. The chapter therefore provided three key insights.

First, based on a selected literature review, the chapter *theorized networks as multilevel, social systems*. This understanding of networks as inherently relational, dynamic, dialectic, and instable systems builds the underlying foundation for our research approach and will guide us through all of the following chapters. Furthermore, we have discussed *network development* as a dynamic reflexive process, constantly emerging and developing in light of purposeful, intended, and, in particular, *unintended* consequences.

Second, the chapter reviewed the literature on *network identity*. Thereby, it gave a view into the origin of network identity in the organizational studies research realm and provided an understanding of network identity from a processual and practice perspective. With this thesis, we aim to contribute to the intersection of the two research debates on network development and network identity and add to the growing body of research on network identity *building* from a longitudinal perspective.

Third, we gained insights into Giddens' (1984) *structuration theory-inspired practice approach*, which we will use as a key analytical lens in this thesis. This social theory has been widely applied in research on organizational and network development and offers a suitable theoretical lens with which to analyze the empirical phenomenon of network identity building over time (Feldman, 2004; Rometsch et al., 2007; Sydow & Windeler, 1998). We outlined the core principle of a practice approach and introduced the selected characteristics of a structuration theory-inspired practice perspective. The chapter explained that network identity building, conceptualized from a Giddens-

oriented practice approach, offers an insightful understanding of how network actors reflexively design and organize the *whole* network while referring to what is of *relational* nature and *central*, *distinct*, and *enduring* for network members.

In Chapter *3 Research questions and research approach*, we introduce our research questions in more detail and give an overview of the research approach used in the case study.

3 Research questions and research approach

This thesis is inspired by Kilduff's (2006) notion that "[t]he route to good theory leads not through gaps in the literature but through an engagement with problems in the world that you find personally interesting" (p. 252). The observed empirical phenomenon of dynamic network identity development offers both a pervasive and interesting practical challenge to understand how networks address the question: *Who are we?* and how network identity evolves and stabilizes over time. At the same time, it provides new theoretical findings on the dynamic development of network identity.

Research on network *development* originally focused on individual perspectives rather than on the emergence and development of collective processes. Thus, scholars used to lack network-related concepts to understand network-level interactions (Berthod & Segato, 2019; Provan et al., 2007; Salancik, 1995). Network scholars recommended taking a poststructuralist network approach by retreating from the development of structural principles and the search for truth, towards a more open-ended cross-theoretical exploration (Kilduff & Tsai, 2003).

Research on organizational and network *identity* showed a contrast between essentialist and constructivist conceptions (Beech & Huxham, 2003). While the essentialist perspective focused on identity as a rather static cognitive construct, the constructivist perspective understood identity as a dynamic and conceivably developmental process that is created through interaction. Network research scholars had started to conceptualize the constitution of network identity from a structuration theory perspective as a recursive interplay of agency and structure (see for example Rometsch et al., 2007; Scott et al., 1998). In addition, they explored the interplay between network and organizational identities and discussed the consequences for organizational and network management.

Despite the inspiring research efforts on network identity and how it can emerge from (inter-)organizational practices, we still lack empirically oriented studies that observe the *development* of network identity *over time*. However, as the identity of a network can have a significant impact on the network and its strategic and operative orientation as a whole (Dutton & Dukerich, 1991; Dyer & Nobeoka, 2000; Godfrey, 1998; Human & Provan, 2000; Rometsch et al., 2007), examining how identity develops over time

offers fruitful insights and deepens our understanding of both network identity and network development.

Berthod and Segato (2019) pointed out that it is necessary to analytically reconstruct the development of networks to make sense of contemporary issues of network governance. Nevertheless, empirical studies on network development from a network identity perspective remain scarce, leaving this empirical phenomenon in need of further analysis (Raab & Kenis, 2009; Rometsch et al., 2007).

To advance both research and practice, this thesis takes a fresh look at the notion and concept of network identity and offers an *identity focus on network development*. We aim to better understand the empirical phenomenon of a dynamic and processual development of network identity building over time and its interplay with (more or less) reflexive network development.

In order to do so, we conceptualize network identity from a structuration theory-inspired practice approach – that is, network identity building as a bundle of reflexive practices – and draw on theoretical insights into network development and network identity from the network literature (see Figure 7). A particular focus of interest lies in how network identity building changes and stabilizes over time and in the interrelationship of identity building with network development.

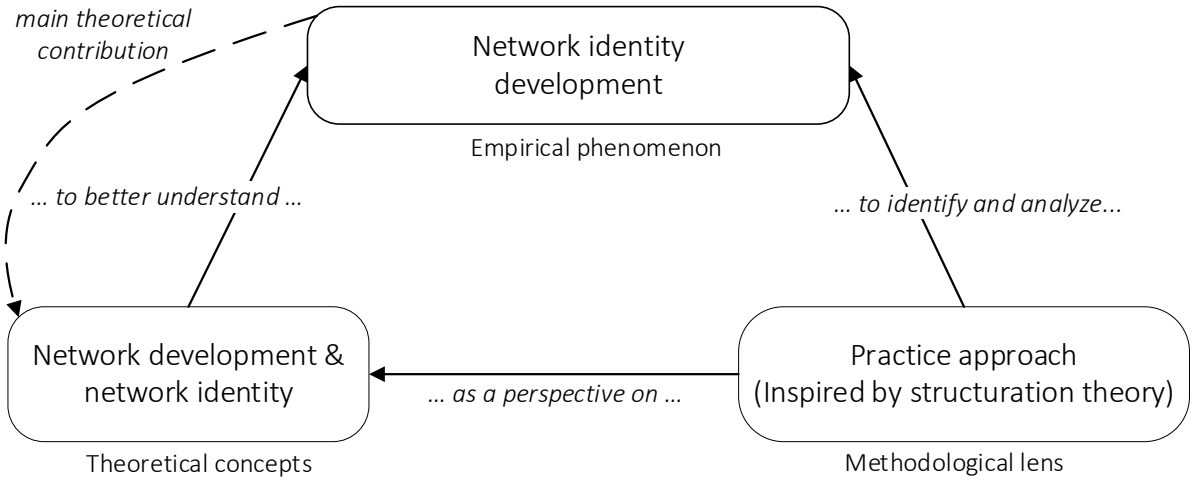


Figure 7 Research approach

In this thesis, a process model of network identity building is developed that can offer a helpful orientation when analyzing both the dynamic development and potential changes of network identity over time. Viewed from a practice approach, network development

is concerned with providing a sense of direction to the inter-organizational practices constituting the network identity.

To address this empirical phenomenon, we pose the following three research questions that build upon each other. The main research question is focused on the empirical phenomenon itself, aiming to understand how the identity of a network evolves over time.

- Research question 1: *How does the identity of a network evolve over time?*

The second research question builds on our understanding of network identity building as a bundle of reflexive practices, aiming to clarify the role of such reflexive practices in building or shaping network identity.

- Research question 2: *What is the role of reflexive practices in building or shaping the identity of a network?*

The third research question focuses on the dynamic stabilizing of network identity building over time and its interplay with network development as a whole.

- Research question 3: *How can network identity building practices dynamically stabilize network development over time?*

By answering these research questions with a process model, the case study examines the dynamic development of a network identity and contributes to our understanding of the processual development and governance of networks.

To explore these research questions, we have conducted a qualitative single case study in the Swiss health care network "InCareNet." The case of the InCareNet integrated care network was selected based on the following four criteria. First, network identity is especially dynamic and challenging in the highly fragmented context of integrated health care since the healthcare field is characterized by a great deal of uncertainty and is largely based on physician-nurse-patient interaction to stabilize fragile patient pathways (Mitterlechner et al., 2013a, 2013b). Second, since InCareNet has repeatedly faced hardships and challenges as the network has developed, it offers insightful opportunities to analyze the role of network governance practices in the light of the dynamic development of network identity over time. Third, the case's fragile history provides a promising opportunity to investigate how networks and their identities can transform over time. Fourth, this case study is characterized by long-standing, excellent

field relations in the form of a reciprocal reflexive research partnership between the University of St. Gallen and InCareNet.

The analysis is based on a practice approach inspired by Giddens' (1984) structuration theory, according to which network structures and network practices are in a recursive relationship. Thus, network development is shaped by knowledgeable network actors who build on structural properties that enable and constrain actions. Thereby, these structures are either reproduced or transformed by network practices and vice versa. This thesis understands identity building practices as a specific form of network governance practices (see Figure 8) and analytically defines these three practices as follows:

- *Social practices* are regularized types of activities, constituted via the duality of structure (Giddens, 1984).
- *Network governance practices* are practices that "(…) ensure that network members support one another, engage in collective action, constructively deal with conflict and efficiently and effectively acquire and distribute network resources" (Mitterlechner, 2018, p. 861).
- *Network identity building practices* are recursive reflexive practices where agents more or less reflexively refer to produce, reproduce identity-related structural properties, and these structural properties, in turn, enable and constrain these very actions (Rometsch et al., 2007).

Furthermore, this thesis distinguishes between *direct* identity building practices (i.e., practices specifically narrating a network's identity) and *indirect* identity building practices (i.e., practices supporting, emphasizing, and reproducing network identity) (Rometsch et al., 2007).

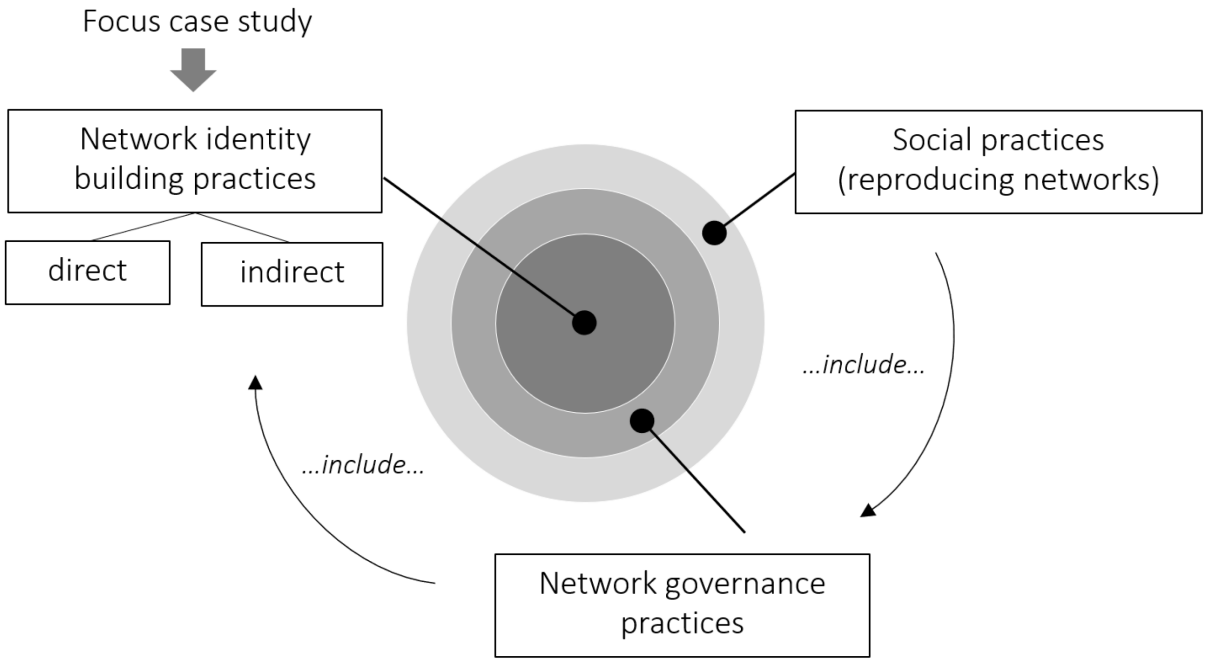


Figure 8 Relationship between social practices, network governance practices, and identity building practices

Drawing on rich empirical data, we reconstructed the dynamic development of InCareNet's network identity over time and identified central social practices regarding the creation and maintenance of relational-reflexive network identity.

4 Research paradigm and research design

This thesis aims to explore the questions of how the identity of a network develops over time, what role reflexive practices play in building and shaping the identity of a network, and how network identity building practices stabilize a network as a social system. The structure of this chapter is guided by six questions (see Figure 9) and will provide an overview of the research design and methods in use in five subchapters.

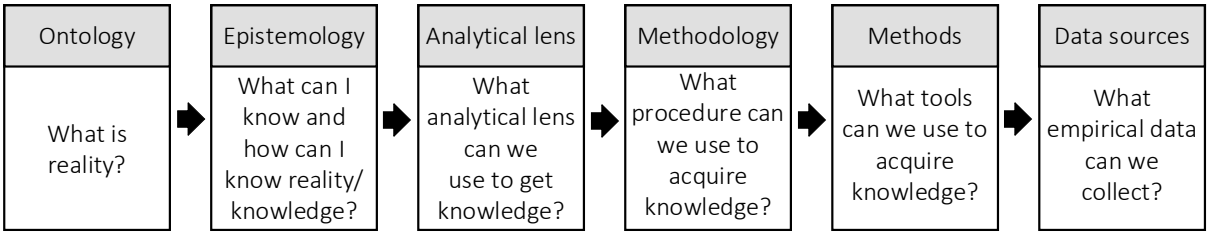


Figure 9 Guiding questions along the research process (Hay, 2002b, p. 64)

Chapter *4.1 Social constructivism as the underlying research paradigm* describes the beliefs and understandings of research upon which this thesis is built (see also the elaboration on interpretive research [14] by Lê and Schmid (2019)) and elaborates on theorizing processes and practice-based research. Chapter *4.2 Research design* introduces the research design – a qualitative, longitudinal single case study. Chapter *4.3 Research context* portrays the research context of the Swiss healthcare system, presents the research case, and elaborates on why this case study in the field of integrated healthcare provides a suitable context to answer the research questions. Chapter *4.4 Data collection* presents the data collection process and gives a first overview of the procedure of data analysis. Finally, Chapter *4.5 Data analysis* concludes by introducing the theoretical conceptual framework used and developed in an abductive process of data analysis.

[14] Gioia (2003) pointed out that by doing interpretive research (not to be confused with interpretation research), "we are signalling that we are intending to study the interpretive processes used by those experiencing phenomena. We are pointedly not saying that we are just offering our interpretations (every organizational researcher does that)" (p. 290). When applying interpretative research approaches, the research aims to articulate and explain to personal experiences and observations of informants in their own words (Lê & Schmid, 2019).

4.1 Social constructivism as the underlying research paradigm

Every research process has to reveal its understanding of reality, of knowledge creation and reality, and provide transparency of its guiding research paradigm (Rüegg-Stürm, 2013). The social constructivist research paradigm underlying this thesis can be understood as a set of basic beliefs or a "worldview," as it describes the nature of the world, society, and reality based on specific principles and assumptions (Guba & Lincoln, 1994). Since research scholars are by nature not able to provide final truthfulness or establish a clear preference for one paradigm over another, such research paradigms are basic beliefs in the sense that in the end, it remains a philosophical debate that "must be accepted simply on faith (however well argued)" (Guba & Lincoln, 1994, p. 107).

Depending on which paradigm a research process is based on, the ontological, epistemological, and methodological consequences differ. Table 2 gives a short overview of the most prominent research paradigms. *Positivist and postpositivist* views assume that an apprehensible or at least imperfectly apprehensible reality exists independent from individual observers. Thus, this view aims to map reality *as it is* and to discover the "truth" by controlling variables and discerning verified or non-falsified hypotheses (Gephart, 2004). *Critical postmodernism* is rooted in the assumption that material and symbolic reality are shaped by manifold cultural, social, economic, or political values, and eventually reified into structures over time (Guba & Lincoln, 1994). The goal of this research paradigm is to transform, emancipate, or criticize by uncovering hidden interests, signs, and symbols (Gephart, 2004).

Social constructivism understands reality as constructed over time, and scholars rooted in this tradition ask questions of how and why social phenomena emerge, develop, maintain, or transform (Langley & Abdallah, 2011; Lê & Schmid, 2019). The upcoming sections focus in more detail on the social constructivist paradigm underlying this research design.

Table 2 Three central paradigms in qualitative research (adapted from Gephart, 1999, 2004; Guba & Lincoln, 1994; Lincoln & Guba, 1985; Lincoln, Lynham, & Guba, 2011)

Paradigm	Positivism and post-positivism	Critical postmodernism	Constructivism (social/relational)
Ontology *(Assumptions about reality)*	Naïve or critical realist; "real" and "objective" reality, understandable by scientific approaches	Historical realism; virtual/symbolic/ material reality shaped by values and crystallized over time	Relativism; people act on meanings, multiple interpretations of the same event, human experiences as unique social phenomena; contextually embedded constructed realities
Epistemology *(Assumptions about the nature of knowledge)*	Dualist or modified dualist objectivist; findings are (probably) true, focus on facts or laws	Transactional/ Subjectivist; value-mediated findings	Transactional/ subjectivist; created and interpreted findings, co-created knowledge
Methodology *(Procedures of inquiry)*	experimental/ manipulative (modified); verification or falsification of hypotheses; largely quantitative methods, uncovering facts Unit of analysis: Variable	Dialogic/ Dialectical; both quantitative and qualitative methods Unit of analysis: Critical incidents, signs, and symbols	Hermeneutical, thick descriptions, dialectical, mainly qualitative, interpretative methods Unit of analysis: Actions (verbal and nonverbal)

4.1.1 Ontological reflections

The rather subjectivist-oriented research tradition of social constructivism and interpretive research understands social reality as being locally and socially constructed over time by individual persons or groups (Berger & Luckmann, 1991; Guba & Lincoln, 1994). Over several decades, multiple forms of constructivism emerged in different fields of study (Rüegg-Stürm, 2013).

This case study is based on *social constructivism* – sometimes referred to as *relational* constructivism – which understands the construction of reality as inherently social and based on relationships (Rüegg-Stürm, 2013). This paradigm assumes that people act on meanings and that social reality does not exist, but is rather constantly created and constructed by multiple situated meanings, interpretations, unique human experiences (Lê & Schmid, 2019). In a jointly and unanimously constructed world, the concept of

truth is relative to the observer and, "do[es] not lie in the facts, but rather in the collective interpretation of the facts" (Gioia, 2003). Social constructivism emphasizes that social reality is permanently emerging and developing, and thus it is an ongoing process of *becoming* (Tsoukas & Chia, 2002). Alongside a continuing interpretation of social phenomena, human beings constantly co-create the social world (Gioia, 2003; Van de Ven, 2007). Individual persons and groups do so "through the medium of language, labels, actions, and routines, which constitute symbolic modes of being in the world" (Morgan & Smircich, 1980, p. 494).

4.1.2 Epistemological reflections

The epistemological reflections underlying this thesis are based on transactional and subjectivist traditions. Social constructivist research aims to understand how reality is co-created by applying mainly qualitative, context-sensitive, and interpretive research designs (Lê & Schmid, 2019; Schwandt, 1994; Van de Ven, 2007). Thereby, both organizational and inter-organizational research can be understood as acts of capacity building rather than traditions of problem-solving approaches (Weick, 2016).

> *"There is no theory-neutral observation, description, interpretation, theorization, explanation or whatever. There is, in other words, no unmediated access to the world: access is always mediated. Whenever we reflect upon an entity, our sense data is always mediated by a pre-existing stock of conceptual resources which we use to interpret, make sense of and understand what is, and take appropriate action." (Fleetwood, 2004, p. 30) cit. in Weick (2016, p. 335)*

Constructivist-oriented data analysis is an iterative and hermeneutical research process and highlights the interrelationship of human actors. According to Grand et al. (2010), constructivist epistemologies include multiple considerations. First, from an epistemological viewpoint, social constructivism challenges the dominant approach of unquestioned dualities "between situated activities and collective practices" (p. 63). Second, network practices are distributed over space and time and situated in particular contexts, rather than solely linked with one specific entity, such as individuals or organizations. Third, the social constructivist research paradigm understands both reality and the creation of knowledge as something permanently evolving and collectively constructed, co-created, and interpreted (Grand et al., 2010).

4.1.3 Methodological reflections

The considerations of social constructivism in the previous chapters have a number of consequences from a methodological point of view (see Rüegg-Stürm, 2013).

Based on a social constructivist understanding of research, field-related and context-sensitive research methods are necessary in order to do justice to the complexity and context-embeddedness of the examined social phenomena (Geertz, 1973, 2000). Consequently, as soon as field-based and context-sensitive research methods are chosen, the need to restrict the units of analysis, that is, to limit the scope of the study to single or comparative case studies, for example, due to restricted resources, might occur (Mintzberg, 1979). Furthermore, scholars have shown that it is important to refrain from hasty decontextualization and generalization of the research results (see Baitsch, 1993). Also, methodological reflections imply the urgency for a greater co-production of knowledge by researchers and actors in the field (see Elden, 1983). In the case study at hand, the co-production of knowledge in the sense of mutually benefitting research and joint learning is made possible by the trustful and ongoing reflexive research partnership with the InCareNet network.

4.1.3.1 *Applying a weak process view*

Based on a constructivist paradigm, and in line with the structurationist perspective (Giddens, 1984), this thesis understands network identity building as "a practised social process, in which structures play the important role of both enabling and constraining individual agents in pursuing [network identity building] as a collective phenomenon" (Fortwengel et al., 2017, p. 5).

A processual perspective (Fortwengel et al., 2017; Jarzabkowski, 2008; Langley, 1999, 2007; Langley et al., 2013; Langley & Tsoukas, 2016; Tsoukas & Chia, 2002) helps the author to understand and explain network development over time. Different to (post)positivist research traditions, which analyze the effect of independent variables on dependent variables, process-oriented theories in the field of networks understand networks as dynamic, and "not only varying over and with time, but as impossible to decompose into variables" (Van de Ven & Poole, 2005 cited in Fortwengel et al., 2017, p. 5)). As a diverse and broad research debate, process research traditions in the field of organizational and inter-organizational development can be distinguished between a

rather *strong process view* (e.g. Tsoukas & Chia, 2002) and a more moderate or *weak process view* (e.g. Sydow & Windeler, 1998). [15] A strong process view emphasizes how organizational entities are fluid processes, constantly "in the making" (Hernes, 2007, p. 15) and in a "process of becoming" (Langley & Tsoukas, 2010, p. 1). Thus, organization studies scholars who apply a rather strong process view understand reality as "composed of events and experiences rather than substantial entities" (Langley et al., 2013, p. 5). A moderate or weak process view, however, complies with both structure and agency and therefore is able to address the dynamic development and, at the same time, the dynamic stabilizing of network governance and thereby network identity building processes across network organizations (Fortwengel et al., 2017).

A weak process view not only conforms with the structuration theory (Giddens, 1984), but also does justice to a multilevel understanding of inter-organizational network action, which is created and enacted through social practices. By applying a weak process view, this study understands practices "as recurring patterns of behavior through which actors enact, reproduce, but also change structures" (Fortwengel et al., 2017, p. 6). By going beyond standard variance research with its dependent and independent variable approach, a structuration-inspired practice perspective recognizes the processual dynamic of network development and the inherent network identity building practices that arise from the interplay of structure and agency.

4.1.3.2 *Discussing methodological consequences*

Appropriate research methods are required for a sound understanding of how network members develop the network and its identity by continuously enacting network identity building practices. These methods have to not only capture and condense complex relational realities but also be able to examine in detail the interplay between and impact on network practices and processes – and vice versa (Langley, 1999; Sydow et al., 2013).

[15] Network identity building research in the context of a weak process view portrays a tall ontology. So-called tall ontologies underlie research that acknowledges the pertinence of multiple layers in inter-organizational processes. From such a perspective, micro-level social practices and activities depend on bigger meso and macro structures and are situated in social systems. In contrast, research based on so-called flat ontologies or strong process views considers concepts such as "inside" and "outside" a system or "higher" and "lower" network levels as meaningless (Fortwengel et al., 2017; Seidl & Whittington, 2014).

Based on the previous elaborations on social constructivism as the underlying research paradigm and on a practice perspective (understood from a weak process view), the following section discusses the main methodological consequences for the case study at hand.

Applying a practice perspective in line with a weak process view means examining the process data of evolving social phenomena over time. This *temporal* aspect is taken into account, as the empirical data is temporally structured and organized longitudinally according to *temporal brackets* (Langley, 1999). This study differentiates three temporal brackets that build on a longitudinal replication of the social phenomena evolving and unfolding over time. The temporal bracketing approach allowed us to analyze the dynamic development of networks and network identity building practices in more detail. In addition, to illustrate recursive practices over time, we *visually mapped* (i.e., illustrated processes using visual tools such as diagrams or tables) the process data chronologically according to relevant dimensions elaborated both from theoretical and empirical iteration processes (see also Fachin & Langley, 2017; Langley, 1999; Langley et al., 2013).

To organize and integrate the processual data, we conducted a *thick case description* (Geertz, 1973) in order to capture a multiplicity of complex situated practices as interplay between network structure and agency.

Another methodological consequence of the research paradigm underlying this case study is to *reconsider the use of arrows and boxes* (Feldman, 2017; Langley et al., 2013). While organization studies most often focus on entities and label boxes in illustrative figures, practices-oriented studies aim to emphasize the arrows to express the (inter)relationships, dynamics, and contradictions. Consequently, practice perspectives are interested in how actions produce specific outcomes over time (Feldman & Orlikowski, 2011). Nevertheless, multiple studies have shown that it is highly challenging to "(…) creatively but accurately project the dynamics of living processes onto the static two-dimensional page (…)" (Langley et al., 2013, p. 8). Despite these struggles, it is vitally important to communicate dynamic and recursive process theorizing based on adequate visualizations that do justice to the empirically observed complexity of networks.

4.1.3.3 ***Employing a practice-based study***

The case study at hand employs a practice-based study inspired by Giddens' (1984) structuration theory as an analytical lens and is based on a processual research understanding (Langley, 1999, 2009) (see Chapter 2.3.5 on the analytical lens of reconstructing network identity building as a reflexive practice). In line with Lê and Schmid (2019), we understand practice-based studies as research designed to "Study[ing] the social practice of actors (what actors actually do) through accounts or observations of situated constellations of practices and actions" (p. 126). This study approach allows investigation and analysis of the socially complex, dynamic, and dialectic nature of network governance (Berthod, Grothe-Hammer, & Sydow, 2017, 2018). Practice-based methodology focuses on the study of complex, recursive, and contextually situated practices distributed over time and space. Its objective is to theorize processes and practices based on a profound and nuanced understanding of the complex and contextually embedded empirical reality (Langley, 2009). Furthermore, similar to other constructivist-based research designs such as grounded theory, ethnographic case studies, or an action research approach, this practice-based study employs a longitudinal single case study "[…] with ethnographically informed data collection to gain rich evidence on strategic processes and practices" (Lê & Schmid, 2019, p. 132). Such a longitudinal approach requires extended engagement in the empirical field "[…] via participant observation, focusing on rich description and preference for mundane, daily strategy activity and/or normative, and symbolic or cultural aspects of strategy" (Lê & Schmid, 2019, p. 133).

To conclude, this case study reflects three key characteristics of practice-based studies. First, the case study required *extensive and prolonged fieldwork*, in particular, through participant observation, and is based on multiple data sources (such as semi-structured interviews, observations, and archival records). Second, the data analysis focused on *patterns of network practices* and recursive interplays of mutual network constitution rather than on individual actions. Third, the study analyzes both events of *contextually situated enactment* and comprehensive, long-term inquiry into how network identity building practices interrelate *across space and time* (Lê & Schmid, 2019). Based on these characteristics, practice-based studies are particularly well-suited to analyze the empirical phenomenon of a dynamic evolvement of network identity building.

4.1.3.4 *Proposing criteria of goodness*

This thesis is rooted in an interpretative, practice-based perspective and aims to generate *theoretical* generalizations rather than statistical ones by identifying and analyzing reflexive network identity building practices (Feldman & Orlikowski, 2011). These *theoretical generalizations* might provide insights and general principles to understand, explain, and guide inter-organizational action in other contexts beyond the healthcare system.

While natural science models generally prefer the testing of theoretically derived hypotheses with research subjects as objects to generate precise knowledge, constructivist-oriented research, and, in particular, a practice-based approach, aims to understand every single case with its unique characteristics. Thus, a practice-based perspective understands research subjects as partners rather than mere informants (Lê & Schmid, 2019). Based on a constructivist and practice perspective towards research, the following quality criteria are applied to ensure the methodological goodness of this study: generative capacity (Gergen, 1978), disciplined imagination (Weick, 1989), trustworthiness (Lincoln & Guba, 1985; Yin, 2003), and ethical considerations (Langley, 2009, 2010).

Generative capacity

Based on the criteria of generative capacity (Gergen, 1978), this thesis aims to facilitate "[…] the capacity to challenge prevailing assumptions regarding the nature of social life and to offer fresh alternatives to contemporary patterns of conduct" (p. 1344). By challenging guiding assumptions in healthcare networks, this study wants to support reconsideration of "taken for granted" concepts of how inter-organizational networks develop over time. Thereby, the thesis furnishes alternatives for social action and aims to enrichen both academic and practical debates.

Disciplined imagination

The thesis at hand aims to ensure plausibility along the research process as essential selection criteria (Weick, 1989). Plausibility, in the sense of "authenticity" (see also Lincoln et al., 2011), therefore played a vital role in this research study, as during the research process, we continuously asked ourselves whether the conjectures were "[…] interesting, obvious, credible, connected, believable, beautiful, or real" in the context of the research questions (Weick, 1989, p. 542).

Trustworthiness, credibility, and transferability

The study focused on four elements to ensure *trustworthiness*, that is, to generate detailed and believable explanations (see Langley, 2009). First, we rigorously followed methodological best practices to guarantee accurate descriptions and reasonable interpretations of these descriptions. Second, we explicitly explained and documented the methodological procedure to offer readers detailed insights into each research step of the study. Third, data analysis included large and detailed amounts of original data and we provided an overview of the data coding procedure. Finally, extensive quotations were used to support, develop, and explain empirically driven arguments.

The study employed multiple quality criteria to ensure *credibility*, that is, to establish compatibility between the constructed realities of informants and those attributed to them (Lincoln & Guba, 1985). First, the study drew on the strengths of different data collection methods and *triangulated the data* through semi-structured interviews, participant observations, and archival documents (Flick, 2020; Pettigrew, 1990). Furthermore, triangulation was supported by using *multiple perspectives* (processual and practice-oriented perspectives) on the data (Mey & Mruck, 2010). Second, we had a *prolonged engagement* in the field and *intensified field observation* until sufficient empirical data had been gathered to reconstruct and analyze the research questions at hand. In total, the data collection represented a persistent observation over seven years (2014 – 2020). Third, the research team received *periodical feedback* from InCareNet on the research approaches in interactive reflection workshops with network members. To further ensure credibility, regular *peer (de)briefings with other researchers* in the field were conducted after each field contact and interview since multiple researchers were collecting data through this field access.

The following measures have been taken to ensure *transferability*, i.e., the extent to which generated findings can be applied beyond the healthcare context or with other research partners, (Lincoln & Guba, 1985). First, to mitigate retrospective bias, a *thick case description* of the case context and (interpretations of) processes has been developed, going beyond simply listing facts and events chronologically. Second, our interview partners were *actively sampled*, and we ensured confidentiality and anonymity by letter.

Ethical considerations

In line with the study of Mitterlechner (2019a), this study applied key ethical measurements. The *confidentiality* of the empirical data and protection of informants was ensured as we anonymized the names of the network and all participant network members. Furthermore, we were aware of the potentially *sensitive information* in the dataset and took measures to protect the integrity and anonymity of the research partners. At the same time, we tried to describe in detail the observations made in the empirical field and from the data to learn and understand the development of network identity building over time (Langley, 2009).

4.2 Research design

To answer the research questions, the author employed a *qualitative, longitudinal single case study* (Yin, 2003) that analyzes a Swiss integrated primary care network. A qualitative, longitudinal single case study was suitable to study the empirical phenomenon of network identity building for multiple reasons.

First, *qualitative* data can offer detailed processual explanations and encourages the application of multiple complementary data sources to generate a comprehensive understanding of the empirical phenomenon (Langley, 1999; Yin, 2003). Furthermore, qualitative research approaches are particularly suitable when analyzing a relatively unknown and under-researched topic, which is the case as the study indicates that network identity building practices dynamically stabilize network development over time. Thus, the focus on qualitative data allows the author to elaborate in detail on complex social dynamics, such as network development, from a goal-directed network towards a network as space.

Second, *case studies* are strongly established in network development research as a means to present a detailed analysis of "*how*" and "*why*" questions regarding complex social phenomena (Eisenhardt & Graebner, 2007; Langley & Abdallah, 2011). A case study design also enables scholars to analyze *dynamic processes* in a specific field of research (Eisenhardt, 1989; Yin, 2003).

Third, this study was developed as a *single case* study since single case studies are a powerful approach in a complex research context. A single case study can richly describe and investigate the process of a phenomenon such as dynamic network

development, and it offers analytical benefits and a rich foundation for theory building (Siggelkow, 2007; Yin, 2013).

Fourth, the author applied a *longitudinal* case study approach to provide rich descriptions of a social phenomenon and to observe how network identity building evolves, develops, and changes over time (Langley et al., 2013; Mika & Stegmann, 2019). A longitudinal perspective allowed us to observe and investigate governance dynamics distributed over both space and time, which is increasingly recommended by network scholars (Müller-Seitz, 2012).

4.3 Research context

The healthcare system, and in particular the Swiss healthcare system, turned out to be an exceptionally suitable context for our case study in order to conceptualize network identity dynamics. As specialization increases among various medical disciplines, healthcare has become an incrementally fragmented system of loosely coordinated services and widely separated activities of primary, secondary, and tertiary healthcare sectors (Amelung et al., 2021; Goodwin et al., 2021). Hence, responsibilities for the treatment and care of patients are not clearly distributed along the patient pathway, and many health care providers are unable to provide all relevant services of patient care, in particular, for diseases with cross-sector demand for treatment (Filliettaz, Berchtold, Kohler, & Peytremann-Bridevaux, 2018; Mühlbacher & Ackerschott, 2007). At the same time, empirical research on healthcare systems worldwide reflects an increasing awareness that collaboration among health and social care providers must fundamentally improve to successfully deal with the growing predominance of multi-chronic diseases, skill shortages, or expanding healthcare costs. Furthermore, healthcare landscapes present hard-to-govern and innovation-hampering systems with multiple sectors, high interdisciplinarity, and expert-driven organizations (den Hertog, Groen, & Weehuizen, 2005). An increasing number of healthcare studies have started to analyze the role of shared sets of values, a common culture, and the recognition of a *shared network identity* to improve relationships with health professionals, patients, and local services (Dolan, Gullery, Hamilton, Meates, & Hamilton, 2021; Goodwin et al., 2004; Miller & De Andrade, 2021; Miller, Dickinson, & Glasby, 2011). Essentially, to achieve the quadruple aim of health care – which involves reducing costs and improving population health, patient experience, and clinician well-being (see also Bodenheimer & Sinsky,

2014; Sikka, Morath, & Leape, 2015) – purpose-driven networks and a processual and reflective orchestration of healthcare services are needed (Amelung et al., 2021; Amelung, Sydow, & Windeler, 2009). In theory and practice, this approach of coordinating and aligning healthcare services (often through purpose-driven collaborations) is commonly described as *integrated care*.

4.3.1 Research setting: Integrated care

The current healthcare structures and tariffs among European countries and in the Swiss healthcare system expose a strong silo thinking (Filliettaz, Berchtold, Kohler, & Bridevaux, 2017; PWC, 2020; Widmer, 2020). However, various studies in the field of health care management claim that the future of health systems lies in increased cooperation beyond single health care providers and across sectors (Edgren, 2008; Mitterlechner et al., 2018). To meet patients' needs, scholars and policymakers recommend that health and social care providers coordinate and integrate value creation processes in inter-organizational networks to enhance care experiences and outcomes for patients and their families (Goodwin, 2016; Minkman, 2017). In other words, it is a requirement to bring together multiple professional organizations, expertise, and skills from the field of cure, care, and health (Nolte & Pitchforth, 2014). These networks frequently establish their own identity as they form a separate organizational entity beyond the participating network member organizations (Goodwin et al., 2004). So far, the term *integrated care* has been defined in various ways, and our understanding of what integrated care *is* and what it comprises is still evolving (Goodwin, 2016, p. 2). Furthermore, it can be observed that both theory and practice lack a clear distinction towards other concepts, such as case management, disease management interventions, care coordination, or collaborative healthcare (Nolte & Pitchforth, 2014). How the multiple concepts of integrated care are understood depends largely on the perspectives and expectations of the various actors who apply them. Despite the lack of a mutual definition of integrated care, it is a broadly accepted approach when it comes to developing people-centered and cross-sectoral health care services, and it is therefore the most promising way to meet the current challenges in healthcare (Ferrer & Goodwin, 2014; Goodwin, 2013; Mitterlechner et al., 2013b). The main focus of this concept lies in integrating services and aligning value creation processes across organizations and beyond sectors, including healthcare, prevention, public health, welfare, and social care.

Thereby, integrated care is characterized as a collective, demanding, and complex achievement. Despite the multiple conceptual frameworks of integrated care, the majority of taxonomies distinguish some key characteristics of integrated care – type, level, process, breadth, degree, and form (see Table 3) (Armitage, Suter, Oelke, & Adair, 2009; Goodwin & Smith, 2011; Leutz, 1999; Nolte & McKee, 2008).

Table 3 Main characteristics and forms of integrated care (adapted from Goodwin (2016))

Characteristics of integrated care	Manifestations
Types of integration	Organizational, service, clinical functional, or clinical integration
Breadth of integration	A whole population health approach or focus on a specific client group
Level of integration	Macro-, meso-, or micro-level
Degree of integration	Across the continuum: loosely coupled, informal linkages, coordination, or full integration
Process of integration	Structural, cultural, social, or systemic
Form of integration	Vertical, horizontal, people-centered, or whole-system integration

This study follows Kodner and Spreeuwenberg (2002), who defined integrated care as "a coherent set of methods and models on the funding, administrative, organizational, service delivery, and clinical levels designed to create connectivity, alignment, and collaboration within and between the cure and care sectors" (p.3). According to the World Health Organization (WHO, 2015), this process-based definition is used by various national institutions to understand and apply integrated care.

4.3.1.1 *Integrated care projects and initiatives*

Shifting value creation from an organizational-oriented approach towards a network-oriented setting who allows healthcare providers to bundle competencies and know-how, optimize interfaces, and reduce redundancies and inconsistencies. Furthermore, it enables them to treat patients more effectively and economically (Mitterlechner et al., 2013b; Theurl, 2005).

Thus, the goal in designing and using integrated care methods and models is to overcome inefficient care fragmentations and to improve people's care experiences and outcomes through the coordination of related service activities (Goodwin, 2016, p. 2). Failure to improve the coordination and integration of healthcare services along the care

continuum "[…] may result in suboptimal outcomes, and available evidence of integrated care programs points to a positive impact on the quality of patient care and improved health or patient satisfaction outcomes" (Nolte & Pitchforth, 2014, p. v). Nevertheless, research on integrated care still lacks proficient evidence on the relative effectiveness of network-level approaches on health coordination and, in particular, on the economic impacts and outcomes (i.e., utilization, cost-effectiveness, and cost/expenditure) of integrated care approaches (A. Cameron, Lart, Bostock, & Coomber, 2015; Exworthy, Powell, & Glasby, 2017; Nolte & Pitchforth, 2014).

Thus, recent literature in integrated care has increasingly started to focus on how the efficacy and success of integrated care innovations can be defined and measured (Amelung et al., 2021; Giger, 2020; Nolte & Pitchforth, 2014). An exemplary study was conducted by Shortell and McCurdy (2009). They analyzed the efficacy of integrated care system engineering initiatives in two large, fully integrated systems in the United States. They found solid evidence that the impact of system engineering approaches was improved by integrating processes, goals, and outcomes. In a similar vein, Ramsay, Fulop, and Edwards (2009) reported on a (limited) evidence base on improved organizational structures, clinical outcomes, and patient experience in their review of the evidence base for vertically integrated care. Other studies discussed the fact that integrated care programs might have positive effects on the quality of care (Ouwens, Wollersheim, Hermens, Hulscher, & Grol, 2005) or emphasized evidence of high performance by integrated care systems worldwide (for example, Asch et al. (2004); Curry and Ham (2010); Feachem et al. (2002); Rosen et al. (2011)). In a systematic literature review of the effects of integrated care initiatives, Baxter et al. (2018) analyzed multiple studies that "indicated evidence of perceived improved quality of care, evidence of increased patient satisfaction, and evidence of improved access to care" (p. 1). Furthermore, they suggested that integrated care models might improve patient satisfaction, enhance perceived quality of care, or enable low-threshold access to healthcare services (Baxter et al., 2018). A recent study from Switzerland discussed the effects of integrated care initiatives on economic efficacy, healthcare quality, and access to care (Giger, 2020).

At the center of the integrated care concept lies the *quadruple aim of healthcare* – reducing costs and improving population health, patient experience, and clinician well-being (Bodenheimer & Sinsky, 2014; Sikka et al., 2015). To provide a level of

performance aimed at this quadruple aim, *healthcare providers* (ideally, in close collaboration with payers, patients, and politicians) coordinate and align healthcare services across sectors (e.g., outpatient primary care) and beyond the entire patient pathway. Collaborating in integrated care networks, these providers most often identify and agree to shared goals, treatment, and support processes or quality guidelines. At the same time, integrated care does not only entail aligned service processes. Above all, it requires *integrated financing and remuneration models* since studies have shown that if organizations are financially responsible, the willingness and commitment to collude and to put the shared vision above their own organizational interests increases (GDK, 2019). To facilitate innovative financing and remuneration models for integrated care in Switzerland, an active and forward-looking role from the Confederation, cantons, and communes is particularly important (fmc, 2018). Further support services on concepts of integrated care can include educational frameworks for interprofessional cooperation, organizational development, and management expertise on how value creation processes in integrated care networks are designed and can be governed (GDK, 2019; Shaw, Rosen, & Rumbold, 2011). Thus, integrated care can be understood as a rich and diverse mix of concepts that includes far more than the actual core value creation of healthcare (see Figure 10).

In a similar vein, Figure 11 illustrates (i) the common structure of traditional health care systems, where providers are loosely-coupled in a largely fragmented healthcare landscape; (ii) the integrated care approach with a value creation process aiming at population health by coordinating and integrating joined activities beyond organizational boundaries, being embedded in the quadruple aim of healthcare; and (iii) a schematic overview of the value creation processes of InCareNet as a web of routinized practices among network members.

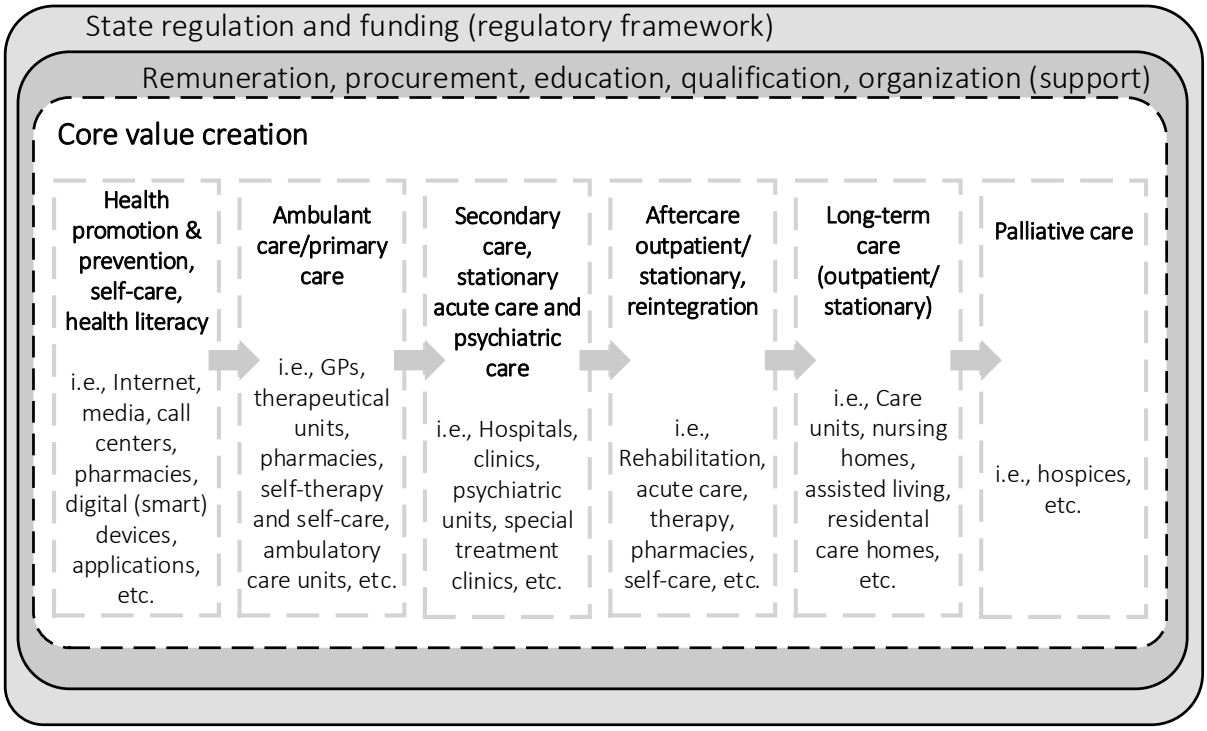


Figure 10 Overview of value creation along the continuum of care (adapted from GDK (2019))

The InCareNet integrated care network analyzed in this study is a purpose-oriented integrated care network, which means that it was "set up with a specific purpose, either by those who participate in the network or through mandate, and evolve[d] largely through conscious efforts to build coordination" (Provan & Kenis, 2008, p. 231). The network's statutes were originally directed at five network-based objectives to align value creation processes. First, InCareNet understood itself as a platform for partners to exchange information and know-how and to maintain and utilize healthcare expertise across institutions and sectors. Second, the member organizations of InCareNet wanted to jointly initiate innovative offers or forms of collaboration to improve the population's health and well-being. Third, the network aimed to offer health literacy and orientation for low-threshold healthcare access. To ensure this, member organizations aimed to focus on integrated, high-quality, cost-effective initiatives, and appropriate measures (e.g., scientific evaluation, quality management, and certification). Fourth, the member organizations of InCareNet intended to define and optimize their inter-organizational linkages and align services along the continuum of care. Fifth, to improve future collaboration, the member organizations wanted to facilitate the use of modern technologies (e.g., electronic data exchange or telemedicine).

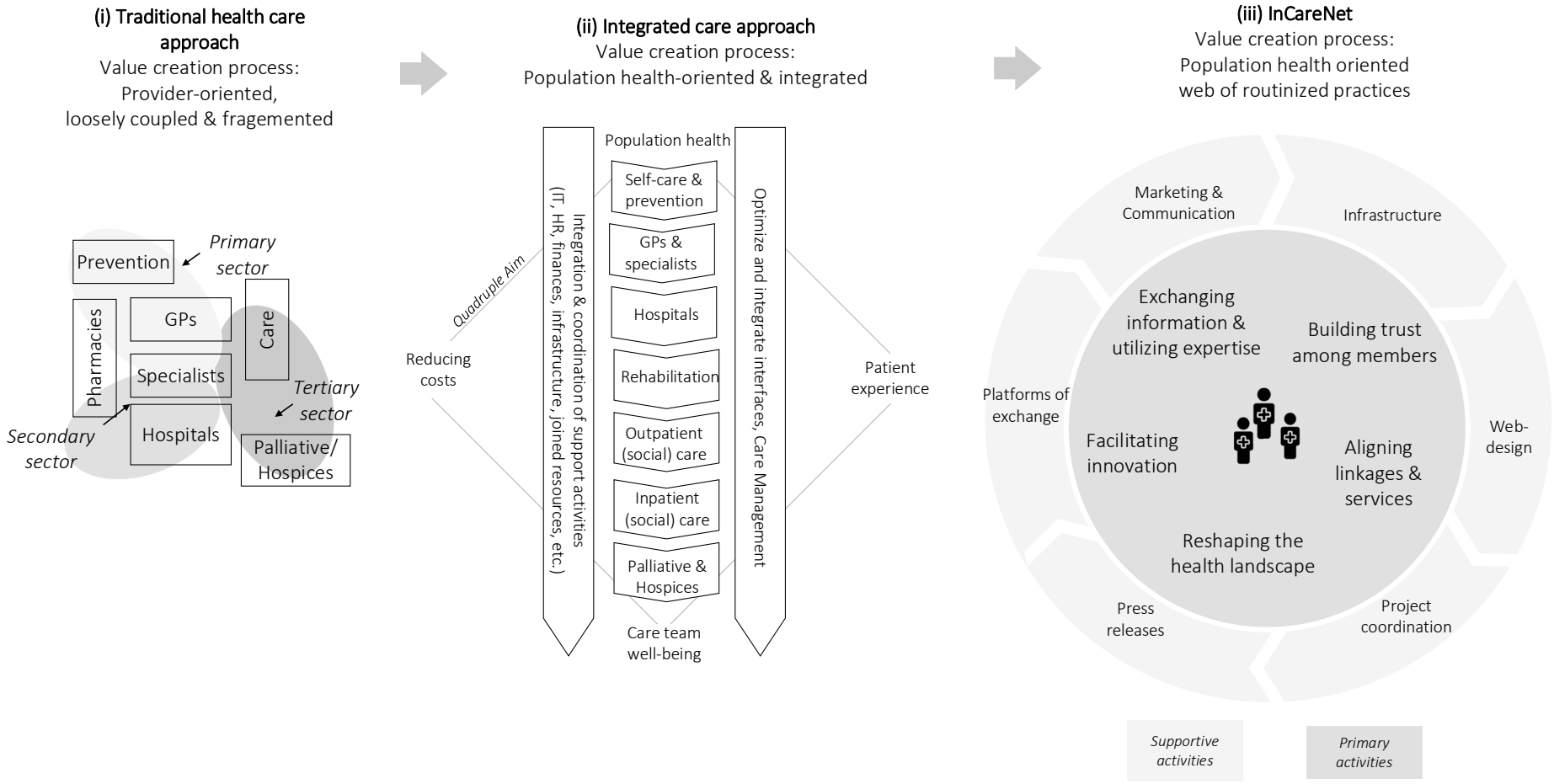


Figure 11 Different approaches to value creation processes in the field of integrated care

4.3.1.2 *Networks as means to accomplish integrated care*

In both the literature on network development (Cristofoli & Markovic, 2016; Mitterlechner, 2018; Provan, Isett, & Milward, 2004) and the literature on integrated care (Goodwin, 2008; Miller, Brown, & Mangan, 2016), inter-organizational networks are discussed as a suitable approach to achieve better integrated care (Miller & Stein, 2020). For example, in their elaborations on how to organize and implement integrated care, Goodwin et al. (2004) consider the question of whether networks are key to achieving integrated care. They discuss the concept of inter-organizational networks as vital means to deliver high-quality care and integrated health and social care services. In a similar vein, Amelung et al. (2009) elaborate on network management in the field of integrated care in Germany. In the literature debate on how to integrate and align health care services, the concept of both intra- and inter-organizational networks is omnipresent and often used synonymously or similarly to the approach of integrated care (Goodwin et al., 2004).

A useful orientation within the integrated care literature in terms of health care, social care, and integrated care networks is provided by Leutz (1999). He distinguishes between three levels of integration: linkage, coordination, and full integration, to categorize integrated care networks (see Table 4 for an overview of the three characteristics). This distinction is commonly used in the field of integrated care to "[…] characterise the degree to which integration involves the creation of a 'loose' network of health and social care agencies or something more structured and hierarchical" (Ahgren & Axelsson, 2007; Goodwin et al., 2004, p. 312; Goodwin, Stein, & Amelung, 2017; Nies, 2004). Another perspective on integrated care networks is to understand the endeavor of integrated care as the purpose of purpose-oriented healthcare networks. Goodwin et al. (2004) proposed that such purpose-oriented health care networks might have a variety of value creation foci, including to:

- Provide or purchase healthcare services through evidence-based care pathways
- Cut costs on multiple levels
- Establish strong decision-making processes
- Share scarce capacity and resources
- Share knowledge, develop ideas, and pilot and promote innovation

Table 4 Intensity of connection between services in integrated care (adapted from Leutz, 1999)

Intensity of connection	Exemplary characteristics
Linkage	• Minimalist approach • Operating within existing processes and frameworks of services • Referrals between organizations • Aligned communication
Coordination (in networks)	• More structured yet still largely separated organizational systems • Focusing on social relationships rather than on strong regulations • Shared resources (clinical information, know-how, etc.) • Managing transitions between settings • Incremental coordination of services
Full integration	• Complete systems overhaul • Long-term to terminal duration • Focuses on comprehensive healthcare programs (care management) • Pooling resources of various systems and sectors

In our InCareNet case study, we observed an additional focus, namely, to *strengthen the network community* to provide a foundation for bilateral and trilateral coordination of care.

To achieve the goals of integrated care, network actors have to bring together and bridge multiple stakeholders including patients, service providers, payers, purchasers, practitioners, policymakers, and decision-makers from the health and social sectors (Amelung et al., 2021). However, the fragmented nature of existing healthcare services remains challenging, and integrated care networks themselves are often "[…] characterized by structural, cultural and professional inertia and, sometimes, conflict" (Goodwin, 2008).

The following sample quote from the integrated care debate illustrates the crucial role of networks in the field of integrated care and addresses both the necessity and the challenges of integrated care networks:

> *"Different forms of network have different advantages and problems, and all require the deployment of strategies that build links and collective commitment. The balance of power between managerial and professional interests requires constant attention to ensure professional engagement within an agreed system of regulation and governance to achieve strategic*

> *change. Networks are certainly no panacea. More often than not, they are complex, dynamic, messy, and difficult to manage. However, it is only through engaging health care professionals effectively through networks that new integrated models of care delivery are likely to be achieved." (Goodwin, 2008, p. 59)*

The tremendous challenges of coordinating and managing integrated care networks are reflected in dialectic network development dynamics (Minkman, 2012). These dynamics are the fundamental driver of integrated care implementations and can be described as changes in processes and practices – how healthcare actors are actually *doing* integrated care (Nuño-Solinís, 2017). The inherent instability (Majchrzak et al., 2015) of integrated care networks becomes apparent when observing these routinized practices of network development in more detail.

4.3.1.3 ***The improbability of integrated care networks***

Persistent challenges (i.e., in the sense of determined dialectic contradictions between opposite elements) to the co-creation of innovative integrated healthcare models are not due to a lack of engagement, goodwill, or capability from healthcare providers or professionals. Rather, these challenges reflect the enormous complexity inter-organizational collaborations face in the healthcare sector. In other words, the coordination of services and resources in the field of integrated healthcare is inherently dialectic and full of contradictions (Mitterlechner et al., 2013a). Various scholars in the field of integrated care have examined the emergence of challenges and tensions in integrated care networks. Auschra (2018), for example, conducted a literature review to identify various barriers to the integration of healthcare in inter-organizational collaborations. In her paper, she described six groups of context-specific barriers – barriers connected towards administration and regulation, funding, network or organizational-oriented interaction, service delivery, or clinical practices. A further systematic literature review by Mitterlechner (2020) on leadership in integrated care networks pointed out that "integrated care networks are social systems imbued with manifold tensions" (p. 7). Other studies on integrated care initiatives examined the dialectic contradictions of collaboration and competition in the field of healthcare (Westra, Angeli, Carree, & Ruwaard, 2017), trust and capacity among network member organizations (Li et al., 2018), divergent priorities or goals among network actors

(Carter, Ozieranski, McNicol, Power, & Dixon-Woods, 2014), or opposing network governance approaches (Cristofoli & Markovic, 2016). The above-mentioned studies on tensions in integrated care networks illustrate that "causalities are non-linear and contingent" (Mitterlechner, 2020, p. 7).

4.3.2 Case selection and field access

InCareNet was founded in 2009 as an association based in a large Swiss city. The city's Health and Environment Department (Municipal Health Department or MHD) initiated the process to found an integrated care network with the aim of establishing new forms of cooperation with partners and promoting integrated care in the city. The original purpose of InCareNet was to strengthen patient-oriented, integrated health care in the city and its surrounding areas in the upcoming years through better coordination among service providers, new forms of cooperation, and innovative initiatives. The network's legal form was an association, and its main organs were the general assembly and the executive committee. As of September 2020, 35 organizations were part of InCareNet, with delegates of 11 organizations being present on the network board. Member organizations included the municipal health department (advisory vote), the municipal pharmacy association, general practitioner associations, health insurance companies, an ethics foundation, and other health and social care providers (see Table 5).

Table 5 35 cross-sectoral member organizations from various disciplines (# of legally independent entities)

Municipal health department (1)	Municipal pharmacy association (1)	General practitioner association (1)	Health insurance companies (3)
Ethics foundation (1)	General practitioner units (GPs) (2)	Regional branch of Pro Elderly and Elderly Centers (3)	Professional association of nurses (1)
Hospitals and medical centers (8)	Municipal outpatient care organization (1)	Education foundations (3)	Other health and social care providers (10)

The case of the InCareNet integrated care network was particularly suitable for this case study since it fulfilled the following four criteria.

First, network identity building processes are especially *complex* and *challenging* in the highly fragmented context of integrated health care since they are characterized by a great deal of uncertainty and largely based on physician-nurse-patient interaction to

stabilize fragile patient pathways (Mitterlechner et al., 2013b). Second, as InCareNet repeatedly faced and challenged hardship and a severe and ongoing *crisis* as the network developed, it offers insightful opportunities to analyze how network identity building practices emerge and stabilize over time. Third, therefore, the case's *dynamic history* provides multiple opportunities to investigate prerequisites for the development of a complex inter-organizational collaboration. Fourth, this case study is characterized by long-standing, excellent field relations understood as a reciprocal *reflexive research partnership* between the HealthCare Excellence research program at the University of St.Gallen and the InCareNet integrated care network.

Due to this mutually respectful and trustful partnership over more than seven years, we essentially had unlimited access to all important informants, events, meetings, internal and external communications materials, and archival records. The two-tier field phase lasted from January 2013 to December 2015 and from February 2017 to May 2021 (the latter field phase was conducted by the author and often in tandem with an additional researcher of our research team). We conducted semi-structured interviews with a variety of network members, including senior managers (board members and/or network members), health and care professionals (physicians, pharmacists, and nurses), and support functions (e.g., management support, project leaders, IT, administrative support, or process consultants).

The case study builds on these first-hand interviews of network informants and multiple field observations of an integrated care network in action over a time span of more than seven years in total. The following sections elaborate in more detail on how the empirical dataset was assembled and analyzed in an abductive process.

4.4 Data collection

Data collection from InCareNet comprised in-depth, semi-structured interviews (approximately 50-90 minutes each); participant observation; and archival records. We collected empirical data during two periods of time. A first round of data collection (conducted by previous researchers and provided for further usage) covers September 2011 to December 2015 and includes 28 interviews, nine participant observations, 32 archival records, and three reflection workshops. A second tranche of data was collected by the author between February 2017 and May 2021, covering another 39 participant observations and approximately 70 additional archival records. In autumn 2020, another

round of semi-structured interviews (12 interviews with informants from InCareNet) was conducted (Table 6 summarizes our data sources. See Appendix A for a more detailed overview). The majority of the data collection was conducted by at least two researchers to ensure objectivity and that important aspects were not missed. All interviews were held in German or Swiss-German, conducted face-to-face or online via zoom (due to the COVID-19 pandemic), recorded, and subsequently fully transcribed verbatim.

Table 6 Overview of data sources

Source and type of data	**Use in the analysis**
Semi-structured interviews	
First round (not personally conducted by the author) 21 interviews conducted between November 2013 and April 2014, with different member organizations, recorded and transcribed in German	Reconstruction of the network's development over time and construction of an initial case history to identify patterns of identity-related network development
Second round (conducted by the author either alone or with a colleague) Another 12 interviews with member organizations and network representatives	Identification of patterns of network identity building
Participant observations	
First round (not personally conducted by the author)	Triangulation of the data and identification of dynamic development of network identity
Second round (conducted by the author) 37 participant observations (executive committee meetings, annual events, general assembly, project group meetings)	
Archival documents	
First round (not personally conducted by the author) Approximately 100 documents, including multiple meeting minutes, internal statements, leaflets, newspaper articles, website materials, 10 annual reports, and further documents	Triangulation of the data, and identification of dynamic development of network identity
Second round (conducted by the author either alone or with a colleague) Approximately 150 documents, including multiple meeting minutes, contracts, brochures, concept papers, and further documents	

The author sequentially employed retrospective analysis up to January 2017 and continued with real-time observations thereafter. In the following, a more detailed explanation is given on the data sources. We briefly describe every method of data

collection chosen in this case study based on the following questions (a structure inspired by Gutzan (2017)):

- *What* was the method in use?
- *Why* did we choose the method to gather empirical data?
- *Which* sampling approach was applied?
- *How* was the method applied in detail?

4.4.1 Semi-structured interviews

The study conducted qualitative, semi-structured interviews as a widely used and well-developed method in network research to generate qualitative, longitudinal data (Helfferich, 2019; Silverman, 2015).

Explaining why the method was chosen

The research method of semi-structured interviews was particularly suitable for this case study due to multiple aspects. First, interviewing "is a basic mode of inquiry" and thus offers access to people's present and past experiences, thoughts, and knowledge (Seidman, 2006, p. 8). In contrast to quantitative research methods, the purpose of the conducted semi-structured interviews was not to receive concrete answers nor to test hypotheses and propositions, but rather to understand the lived experiences of member organizations as key network actors and how these actors interpret their experiences (Seidman, 2006). Thus, a fundamental prerequisite of a good interview is to be honestly interested in people's doings, sayings, and feelings. Second, conducting qualitative interviews enables scholars to generate rich data accounts. In doing so, researchers have to focus on both the interview *content* (by formulating adequate interview questions to reconstruct certain processes) and the interview *process* (by active listening and an open dialogue that supports the interview at any time during the conversation). Third, we conducted a special form of *semi-structured* interviews since it allowed us greater freedom in how we arranged the questions and enabled us to add follow-up questions as the interviews unfolded (Robson & McCartan, 2016).

Explaining the sampling approach

In the first round of data collection using semi-structured interviews (in 2013 and 2014), a total of 21 interviews were held by the research team (excluding the author of this

study). Interview partners included members of the executive committee, various passive and active network members, and support functions. The interviews lasted between 50 and 90 minutes and focused in particular on the dynamic genesis of InCareNet, the critical challenges and barriers of collaboration, and the future outlook for the network.

In the second round of data collection using semi-structured interviews (between September 2020 and January 2021), the research team (including the author) contacted the research partner (in August 2020) to ask whether a second round of interviews with executive committee members and network member organizations in general would be possible. In consultation with the newly appointed executive manager, the research team identified 15 potential interview partners from the network. We aimed at a diverse interview population and ensured we interviewed network members from different organizational backgrounds (e.g., hospital organizations, nursing homes, GPs, insurance companies, etc.) and different positions within the network (e.g., executive committee members, both rather "active" and rather "passive" network members, and both "new" members and "old" or founding members, etc.). Furthermore, some interviewees in the second round of data collection were also interviewed in the first round of data collection. This presented an ideal opportunity for the research team to map and reconstruct processual dynamics over time. Next, InCareNet's general manager contacted the 15 informants to request that they be available for an open conversation about the development of InCareNet with the research team. Three of the 15 proposed interviewees politely declined the request because of limited time, resources, or retirement.

Elaborating on the specific procedure applied

The author conducted 12 *semi-structured* interviews and had access to 21 additional semi-structured interviews from the previous round of data collection. Thus, a total of 33 interviews were held, transcribed, and analyzed for this case study.

Each interview followed an interview guide (Appendix B), and interviews were prepared in detail beforehand on the basis of existing data materials and the researchers' experience and understanding of network development. The interview guide was deliberately loosely structured and served as a broad orientation rather than a detailed, structured list of questions and topics (see Table 7). The questions in the interview guide were slightly adapted depending on the function and network position of the interview

partner (e.g., whether the interviewee was an executive committee member and/or a member of a joint working group (JWG)).

Table 7 Guiding structure applied for the conducted semi-structured interviews

Semi-structured interview guidelines	
Setting the scene	
(i) Introduction	• Briefly introduce the research approach and the reflexive research partnership with InCareNet • Ensure transparency on the research process • Introduce the interview as an open discussion with a few guiding questions • Emphasize the focus on patterns and dynamics rather than individual activities • Explain the importance of confidentiality and ask for permission to record the conversation
Starting the conversation	
(ii) Biographic background	• Explore the interviewee's career and development • Create an open and relaxed interview setting
(iii) Organizational perspective	• Gain organizational insight on the member organization's perspective
(iv) Network perspective	• Discuss the content perspective, process perspective, and outcome perspective
Closing the conversation	
(v) Wrap up and pending questions or issues	• Ask the interviewee if they have anything to add • Explain the process of anonymization and condensation of the interviews into patterns of network development • Share the outlook on the upcoming research processes

The interview guide contained five main sections. *Prior* to each interview, we (i) gave a short *introduction* and explanation of the interview setting. This section contained a welcome address and a short introduction to our research topic, an explanation of what the interview was about, a brief explanation of the interview guide, and a short comment on formalities such as confidentiality and transcription requests. In the first *official* part of the interview, we (ii) focused on understanding the *biographic background* of the interviewee, their professional history, and their *current tasks and responsibilities* in their workplaces. Next, we (iii) focused on an *organizational perspective* to learn more about the member organization and its relation to integrated care and its role within and towards the health landscape and, in particular, the InCareNet network.

Then, we (iv) shifted towards a *network perspective* and invited the interviewees to talk about the content of the collaboration, the process used for network members to coordinate practices within the network, and key outcomes (those that could already be seen and those that might follow in the future) of the network action. In the process of this historical reconstruction, we asked for key milestones, critical turning points, typical tensions, challenges, dialectics, and adopted or envisaged solutions. Finally, we (v) *wrapped up* each interview by asking each interviewee if they had anything additional to say and offering an outlook on the next steps in the research process.

4.4.2 Field observations

In addition to the interviews, the data collection comprised participant and nonparticipant observation as an important source of empirical data. This method was in line with our analytical lens since direct observations allowed us to study practices contextually embedded in their organizational setting (Gobo, 2008; Jarzabkowski, 2008; Thierbach & Petschick, 2019).

Reflecting on why the method was chosen

The qualitative method of observations acknowledges the complexity as well as the dynamics of inter-organizational settings and thereby the contextuality of network practices. In particular, since the practice turn in social sciences (Cetina et al., 2005; Feldman & Orlikowski, 2011; Nicolini, 2012; Nicolini & Monteiro, 2017), observations as ethnographic methods are applied to "unpack the practices that explain how social structures are performed into organizational existence" (Berthod, Grothe-Hammer, & Sydow, 2017, p. 1). As Langley and Abdallah (2011) mentioned in their paper, asking interview questions might not be sufficient to capture how inter-organizational practical interactions, behaviors, and doings are accomplished over time. Thus, detailed ethnographically-oriented observation allows practice-oriented researchers to capture the recursive nature of network identity building practices. On the downside, this research method is more time-consuming and requires both thoughtful coordination and a trustworthy relationship with the research partner.

Explaining the sampling approach

From January 2017 until the end of 2020, the research team was able to attend all meetings of the executive committee (EC), the "Remuneration" joint working group

(JWG), and other network events, such as the annual general assembly (GA) and the annual network event in autumn.

Elaborating on the specific procedure applied

To identify and observe the actual practices of network identity building at InCareNet, we adopted multiple strategies suggested for fieldwork in inter-organizational network settings (Berthod, Grothe-Hammer, & Sydow, 2017). From February 2017 to September 2020, the research team attended regular executive committee meetings, annual network events, JWG meetings, and the annual general assembly to observe the development of InCareNet as a social system and identify and record processes of reflection and identity building among members. These observations were usually conducted by two members of the research team (including the author). During a meeting or event, the research team sat at the back of the room or the end of a table and quietly made notes on laptops or, in exceptional cases, in handwritten form. In our notes, we documented the doings and sayings observed in the meetings and events as an ongoing description of verbal and nonverbal communication, such as words, gestures, characteristics of the setting, the general atmosphere, or impressions of the meeting. After each observation, the research team discussed the notes, and they were further developed into protocols (see Appendix A for a list of observation protocols). In contrast to the semi-structured interviews, we did not record observations such as meetings or events to ensure an open and natural atmosphere.

Table 8 gives a short overview of the conducted observations and Appendix A presents a more detailed list.

Table 8 Overview of the conducted observations

Type of observation	Number of observations
Executive committee meeting	12
General assembly (annual)	3
Network event (annual)	3
Joint working group meetings	10
Other meetings and project group meetings	5
Audio conference	2
Sounding board meetings	2
Total observations	**37**

Such observational notes and summaries from internal management and strategy meetings, workshops, conferences, and other events include more than 350 pages of digital transcripts.

4.4.3 Archival records

Alongside observations and interviews, qualitative research scholars usually supplement their data with archival records (see Appendix A for a list of archival records). This case study understands such documents as "artifacts of communicative practice," which can be either internal or external, in print or online, in different forms, and for various target groups (Salheiser, 2019, p. 1120). We collected various archival records and material about the development of the network, including internal reports, concepts, email conversations, meeting minutes, PowerPoint slides, presentations, and memos comprising a total of approximately 970 pages at the time of writing.

Reflecting on why the method was chosen

As "*artifacts of communicative practice*" (Salheiser, 2019), archival records propose a useful database for interpretive- and constructivist-oriented research designs. On the one hand, the collected documents were useful as a means of comparing interviewees' narratives about network interaction. On the other, the archival records served as a means to gain a deeper understanding of network identity; building practices; and how network actors organize, communicate, and coordinate identity-related activities. In particular, such documents provided valuable insights into how InCareNet members *narrated identity* over time. Essentially, analyzing archival documents was a useful method of getting access to official discourses and tracing network event chronologies.

Explaining the sampling approach

Archival records have been collected as the research processes evolved over time. Due to our long-standing relationship with InCareNet, we had access to all relevant internal documents and notes. The research partner included us in their internal and external communication, such as all email conversations among board members, invitations to events or meetings, posts of meeting minutes, or other diverse matters of interest or importance. In some cases, the research team proactively asked for access – for example, to lists of attendees at annual networking events – and our research partner then granted us access to the requested archival records.

Elaborating on the specific procedure applied

Due to our long-standing and trustful relationship with InCareNet, we had unrestricted access to various archival records and collected documents such as email conversations, strategy papers, statutes, budget and financial reports, annual reports, conference proceedings, meeting minutes, participant lists, brochures, and other marketing material, and concept drafts.

Both archival records and transcribed observational notes were very helpful in triangulating data and thereby enriching the insights generated through interviews and observations. Inspired by Langley et al. (2013), we observed that longitudinal data, and archival data, in particular, were especially suitable for mapping InCareNet's processes and network development over time and for identifying chronological evolvement, meanings, and narrations within the network. It improved our understanding of how network identity building practices evolved and developed amid dialectic dynamics over time. Furthermore, as pointed out by Berthod, Grothe-Hammer, Müller-Seitz, et al. (2017), archival records "provide important background knowledge about the language and jargon used by the people we observed and interviewed, the regulations they relate to, and other formal structures underlying their cooperation" (p. 357).

4.4.4 Reflection workshops

To better understand the evolvement of network identity in InCareNet, we examined the emergence and development of network identity building practices in the network between November 2009 until December 2020. To continuously reflect upon the empirical findings together with our research partner, we conducted *six reflexive feedback interventions* (in November 2017, June 2018, May 2019, June 2019, November 2019, and August 2021). These reflection workshops were held with our research partner as part of the reciprocal "reflexive innovation partnership" between the University of St. Gallen and the InCareNet integrated care network.

Reflecting on why the method was chosen

The format of a reflection workshop gave us a valuable opportunity to constantly analyze and critically reflect on the collected data and to discuss our insights into the dynamics of network development with our research partner on an ongoing basis. Furthermore, it not only allowed us to further improve and develop the reflexive

partnership with InCareNet but also provided appreciated value for the research partner. Various InCareNet members repeatedly communicated how much they valued these reflexive exchanges and workshops. They emphasized that as a network, they could benefit greatly from these joint reflections. Furthermore, it was a useful method to authenticate and enhance the meaningfulness of our empirical analyses and data interpretations (see Mitterlechner, 2019a).

Elaborating on the specific procedure applied

Five of the six reflexive feedback interventions were conducted with executive committee members (either as part of the regular executive committee meeting or as part of a strategic retreat) and one intervention was held at the annual general assembly in 2019.

In November 2017, after the annual networking conference in October, the research team held a reflective intervention in an InCareNet board meeting in the format of a *reflecting team* (Andersen, 1991; Hoffman, 1988). The reflecting team focused on the recent networking conference and included reflections on the general impression; macro, meso, and micro processual dynamics; conference contents; social architecture; structure of attendees; and ways forward.

In June 2018, the research team provided input at the 33rd executive meeting to reflect upon the launch of the Remuneration JWG and how innovative remuneration models can be developed and initiated.

In May 2019, the research team presented and discussed the reconstruction of InCareNet's historical development at the annual general assembly.

In June 2019, a 75-minute reflection workshop was held in the board meeting to jointly reflect on the network's agenda setting, communicative network spaces, reflexivity and legitimacy, and network governance in general.

In November 2019, the research team shared their observations from the annual networking event in October 2019 and reflected upon the communicative structures on the macro- and micro-level, as well as on the social architecture of the event.

In August 2021, the research team conducted a reflection workshop as part of a strategic retreat with the board members of InCareNet. In this reflection workshop, the participants reflected on changes in the healthcare context on the organizational level, network level, and organizational field level and discussed perspectives of development

for InCareNet's network practices. In particular, the focus was on how to address the organizational field, how to involve members more effectively, how to connect the organizational level and the network level in a more sufficient way, how to stabilize the network's governance practices, and how to facilitate innovation within the network as a social system.

4.5 Data analysis

To identify identity building practices in the context of the InCareNet integrated care network, we gradually transitioned from an inductive to an abductive analytical approach (Alvesson & Sandberg, 2011; Dubois & Gadde, 2002; Klag & Langley, 2013; Langley, 1999; Reichertz, 2007) to "develop new theoretical insights while building on prior concepts where possible" (Deken et al., 2018, p. 1924; Locke, 2000).

Employing an abductive approach, theory emerges via "recursive cycling among the case data, emerging theory, and later, extant literature" (Eisenhardt & Graebner, 2007, p. 25). This abductive approach guided our analysis, enabling us to iteratively gain fresh perspectives on the empirical phenomenon at hand (Dubois & Gadde, 2002).

The *unit of analysis* of this case study is InCareNet as a *network* since "only by examining the whole network can [we] understand such issues as how networks evolve, how they are governed, and, ultimately, how collective outcomes might be generated" (Provan, Fish, & Sydow, p. 480). More precisely, *the unit of analysis is a network as a social system produced and reproduced via practices*. We pursued a strong focus on the network level in the data analysis, while simultaneously considering a more holistic multilevel perspective on networks, which is essential for understanding the dynamics and interdependence of network identity building practices in inter-organizational collaborations. Figure 12 illustrates the InCareNet network and its practices as a unit of analysis.

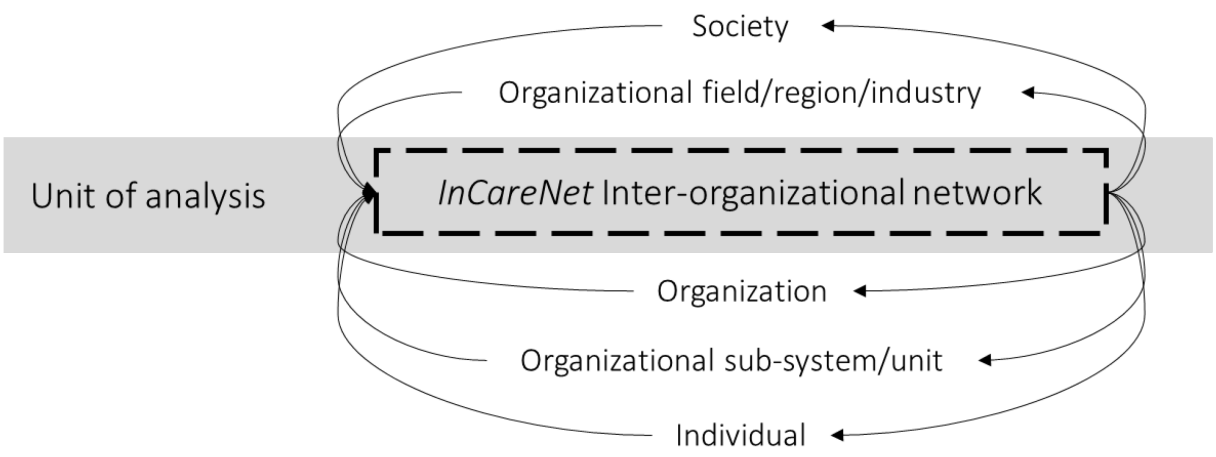


Figure 12 Unit of analysis (adapted from Sydow et al. (2015))

Data analysis was employed along four central, recursive phases (see Figure 13). First, based on a prior review of process, practice, and network research, we (i) *reviewed the collected data* to gain an initial understanding of the inter-organizational InCareNet network as a social system – that is, a bundle of social practices – and to learn more about network practices. Thereby, it was vital to identify and understand social practices and how they are embedded in social locales in the empirical context to generate a first overview of how InCareNet member organizations interacted and operated. Furthermore, based on the empirical review, the author conducted a *thick case description* to aim for a more profound understanding of how InCareNet emerged and evolved over time. Second, we (ii) *reviewed the network identity research* and consulted literature in the field of network development to gain a further theoretical understanding of the data. Inspired by an abundance of empirically interesting dynamics, such as the evolving efforts of InCareNet's executive committee members to facilitate and maintain member commitment over time, we increasingly focused on the specific network-based identity constitution processes and their inherent dynamic development. Third, after *consulting the literature for a better and partly new theoretical understanding*, we (iii) went back to the empirical set of data and identified and mapped network identity building as a bundle of situated reflexive practices. In doing so, we constantly adjusted the gained empirical insights with the three aforementioned literature debates and further developed the practice-theoretical framework of network identity practices. In this phase, data on the change of network identity caught our attention, and we started to look more into how network identity building emerged at InCareNet and how and why it *changed* and *stabilized* over time. Fourth, by identifying reflexive network identity

practices as the network evolved, we (iv) finalized the process model and acquired key empirical findings.

Throughout all four phases, we used Atlas.ti data analysis software in combination with Excel spreadsheet software to code and break down raw data and map emerging processual dynamics of the longitudinal data into temporal brackets (Langley, 1999). The upcoming sub-chapters give a more detailed overview of each phase of the data analysis.

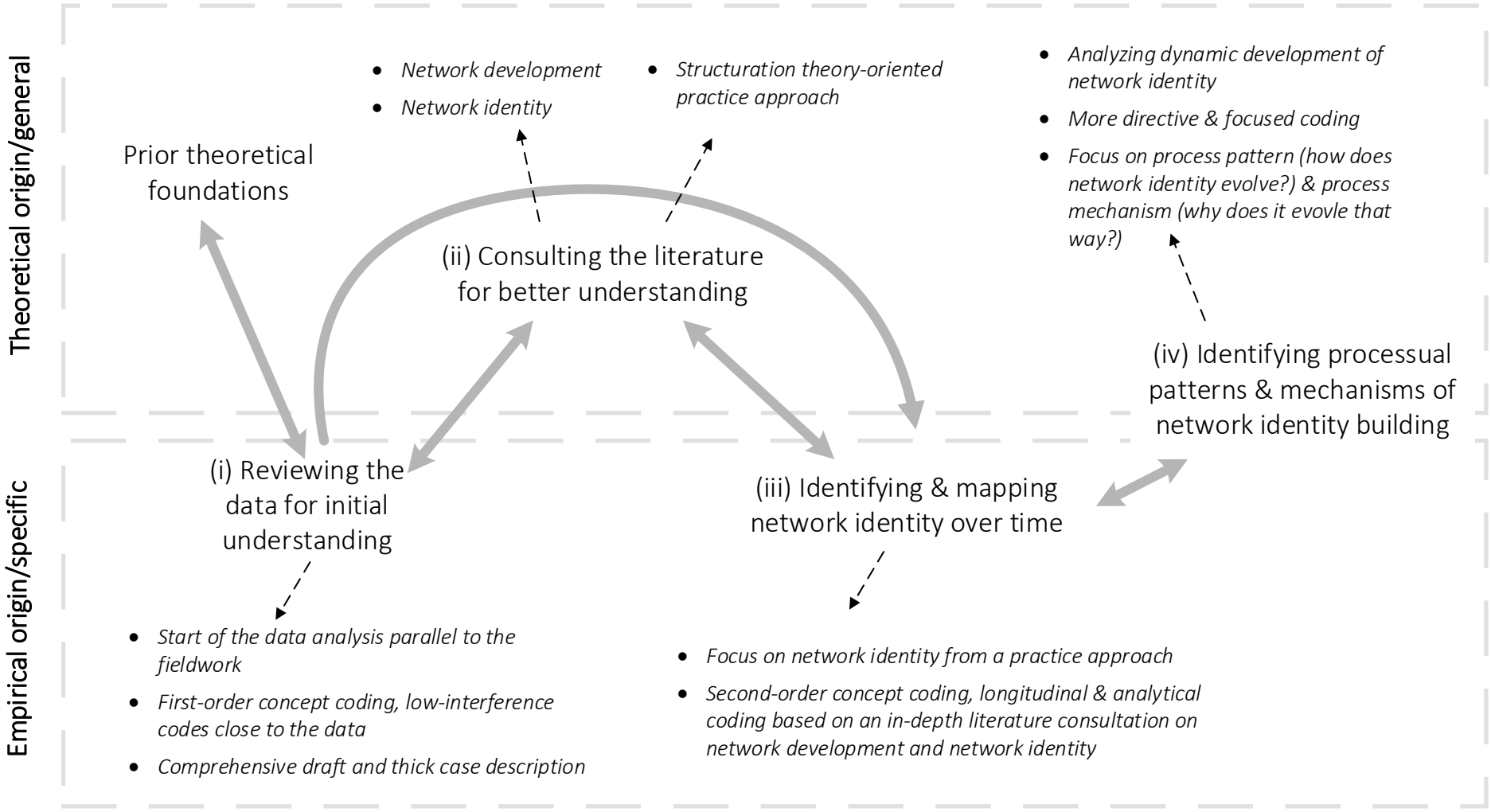


Figure 13 Applying an abductive research analysis along four recursive phases

4.5.1 First review of the recorded data and thick case description

Based on an initial understanding of network identity from the literature, and inspired in particular by a processual perspective on network development (see for example Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017)), we conducted an in-depth case analysis and created low interference codes (approximately 1,700 codes). This in-depth case analysis (Langley, 1999) was strongly based on inductive, low interference codes close to the data and based on verbatim expressions by network actors. This first analysis enabled the author to get an overview and extensive insights into the emergence and development of InCareNet as a network per se, and its network identity in particular.

Next, we clustered these low interference codes into 73 first-order concepts which are – based on previous studies and empirical insights – assumed to be of some relevance for developing and building inter-organizational network identity. For each first-order concept, we assigned an illustrative empirical anchor from the rich case material. Table 9 shows the condensed empirical anchor from the database (translated from German or Swiss-German into English) and the corresponding first-order concepts.

Table 9 First-order concepts and empirical anchors

Empirical anchors (translated and condensed)	**First-order concepts**
A: "Is there a budget for expertise? We could invite an expert…" *B: "That's feasible. We can develop this idea within the JWG."* (O-10, EC meeting)	Exploiting know-how
"In the EC, we decided that we can provide a budget for experts and speakers." (O-17, JWG meeting)	Appreciating external inputs
"We can present the projects briefly at the annual networking event. We can then request feedback from the members and ask: What advice would you give the JWG for the upcoming process?" (O-30, preparation meeting for the annual networking event)	Utilizing members' expertise in the JWG
"If you push a topic in the EC, you have to be able to spend time on it, and if you don't have time, you don't push. However, if there is someone else who supports you, you can still push, even if you have limited time." (I-31, EC member, insurance provider)	Benefitting from support
"We decided to employ a project leader who already has experience, create a new level, and direct interests and trains of thought in new ways." (D-110, JWG meeting)	Hiring a project lead
A: "Could you gather organizational evidence for this idea before the next meeting?"	Employing organizational know-how

B: "Is it prevention in primary care? Yeah, I'll look into it." *C: "I have the documents here."* *D: "I can take them with me and ask [Name] to look at them, but to what extent?"* *C: "Simply to an extent that will give us a basis for further discussions."* (D-110, JWG meeting)	
"At the event, people have to be able to discuss, decide, and prioritize. In terms of content, I can't say much in three minutes." (O-07, strategy network preparation)	Investing resource time to work on a topic
"A comprehensive redesign of the website and the newsletter were prepared and implemented in 2018." (D-122, annual report 2018)	Enabling financial support for the website
"The timing wouldn't be bad to discuss whether an executive manager is needed in addition to the secretarial work. There are different possibilities if we hire someone." (O-36, EC meeting)	Financing new management tasks
"It became apparent that a workload of 20 percent was insufficient for the work to be done. In November 2011, the EC decided to increase the workload of the secretary's office to 25 percent." (D-31, annual report 2011)	Financing administrative tasks
"It is not a goal in itself to be interprofessional. It is actually more about the patient and efficient care and how to improve this in the canton and in the city, and less about how to simply involve everyone." (I-28, JWG member, GP group practice)	Readjusting and balancing network purpose
"That has been a long process. We've had to find ourselves as we detached from the MHD. What is our orientation?" (I-24, EC member, municipal outpatient care organization)	Reorienting network strategy
A: "At the moment, the focus is on the network. The board, as the network, asks the members 'How do we continue?'" *B: "But the members are the network! This is a question of attitude: It needs to be 'As a member, I am the network! How do we continue?' and not 'How do the board members include network members?'"* (O-30, preparation meeting for the annual networking event)	Discussing self-identification
"I don't know why you are afraid to present our ideas. We discussed them a lot and we have a lot of knowledge and answers." (O-31, JWG meeting)	Gaining confidence
"Here are the work packages. We have four meetings, two sub-sessions, a pit stop, a further two sessions, another pit stop, and then the final event or a final document. That's the basic idea." (O-22, JWG meeting)	Providing orientation
"May I intervene here? Today's meeting is about defining how the situation is today (refers to the questions on the slide 'Work packages'). Where is the benefit for the service provider? I would be interested in your opinion, B. Do you see the project as a relief or as a lack of DRG?" (O-24, JWG meeting)	Shaping the focus and network profile

"If you want to involve people, I think it is extremely important to follow up and send out invitations to participants as soon as possible. On which topics do you want to work together?" (D-95, review general assembly 2017)	Taking a process perspective
"I would find it very helpful if you could proceed with a process perspective and set dates according to the content rather than content along the dates. Working with a process-oriented perspective would increase the quality of collaboration." (O-18, bilateral meeting)	Implementing external guidance on process management
"The EC has decided to hire a project leader. Can I ask about your expectations?" (O-19, JWG meeting)	Clarifying expectations
"Some participants do not discuss on the same level ... That is a big challenge. Where is the focus of the network – in practice or in theory? And are the members aware of this? There are a lot of highly competent managers in this group, but sometimes, for a successful implementation, the voice of practitioners is lacking." (I-22, JWG member, outpatient care organization)	Navigating network levels
"The aim of the event is to generate topics and questions for future events." (O-01, EC meeting)	Asking questions
"At the EC meeting last week, A and B [researcher partners] held up the mirror again in a reflection workshop and we noticed that there is still work to do." (O-17, JWG meeting)	Being challenged
"At first, the network was exclusively an MHD project from the city. And the idea was that we have to lead by example and be able to present innovative integrated care projects." (I-11, EC member, municipal outpatient care organization)	Legitimizing network initiation
"The research partner said that the event should be of benefit to the members, not just an occasion for small talk. But we should provide an opportunity for our members to really benefit." (O-10, EC meeting)	Legitimizing action through input
"I think we discussed that for a long time. My understanding is that it's about remuneration models, and we agreed that having clinical evidence is essential." (O-19, JWG meeting)	Arguing based on evidence
"Attendance is one of the cornerstones of collaboration. Of course, substitutions should be possible, but it is also part of being committed to organizing an adequate substitute. Can we agree in general on the commitment to attend meetings?" (O-19, JWG meeting)	Tracking member attendances
"It would be a shame to just attend and listen. As a group, can we support the idea of actively engaging and interacting when we have a meeting? Can we all join in and not just be here?" (O-19, JWG meeting)	Engaging members
"A certain honesty is required to create commitment. If you know you don't have time, then you don't have to give up any liabilities." (I-31, EC member, insurance provider)	Being honest

"Today, several members are missing. It is important that there is a consensus here, that you say, 'This is the consensus now; we are not going back.' This means everyone is allowed to add next time, but the principles are no longer questioned." (D-125, JWG meeting)	Developing consent
"Sticky notes are used at the annual networking event to visualize which members are interested in working on which topic." (O-08, Future Conference)	Visualizing engagement
"At the Future Conference, we prioritized topics with sticky notes at the end. The first topic was funding and the second was patient-centeredness. We are glad that [project leader], as an expert, will support us to pursue this topic in the future." (D-132, annual networking event 2019)	Connecting separate events
"To not mention the two projects at the annual networking event would not do your whole work justice. It was said that all members would get on board and be informed again and again." (O-31, JWG meeting)	Connecting separate platforms
"The topic of patient-centered care was prioritized at the Future Conference. The Future Conference has led to a level of continuity that is almost surprising." (I-27, process consultant)	Establishing a common theme and continuity
"Participants identify important topics for an ideal future scenario and record them on a flipchart. Later, they prioritize four important topics and write them down on cards. They then present these four topics in the plenary and the cards are stuck on a pinboard. Before the break, the participants are invited to prioritize what they consider to be the most important topics on the cards using sticky notes." (D-94, Future Conference meeting minutes)	Prioritizing collaboration topics
A: "Decisions within the JWP are made by the project leader and the JWP." *B: "Who decides what and when must be made transparent."* (D-110, JWG meeting)	Defining responsibilities
"'Rules of the game' for cooperation are discussed [how often the members meet, etc.], and commitments are made. B addresses the expectations and goals by asking: 'What would you like to achieve and when?'" (D-111, JWG meeting)	Formulating and implementing rules of the game
"The EC was reluctant to play the role of the bad guy. But the project leader can play this role and the project leader should lead the meetings in the future." (O-19, JWG meeting)	Clarifying roles and tasks
"I quickly sensed active enthusiasm among our internal people. Let's try it out. Critical voices exist too, but yes, it is an experiment. Let's try it out and we'll see how it goes." (I-22, JWG member, outpatient care organization)	Giving it a go
"It's the idea of trying out a new financing model or just trying out financial compensation models. Yes, it's about experimenting." (I-25, MHD staff position, MHD)	Fostering experimentation

"It is all about how much time you are willing to spend." (O-19, JWG meeting)	Taking time
"The small size of the group enables a constructive meeting. In the bigger working group, only the same four people discuss anything." (D-131, sounding board meeting)	Using different interaction formats
"Using structured moderation and providing the capacity to work is important because we are now so different in terms of our level of knowledge." (O-19, JWG meeting)	Structuring events
"You have received the documents. This is the last meeting, but we still have a lot to discuss. We still have to insert numbers, but I would like you to be able to have a look at it. Do you have any general comments about the paper?" (O-34, JWG meeting)	Preparing and following up meetings
"For the health check project, a network member printed off and handed out PowerPoint slides to all participants in the project group." (O-24, JWG meeting)	Employing visualization tools
"He made many linguistic distinctions in his presentation and presented insights for different terms, such as patient-centeredness or people-centeredness." (O-33, annual networking event)	Getting content input
"Do you differentiate between financing, who puts the money into the system, for example, the state, and remuneration, who receives money for services provided, like a hospital or doctor? It would be helpful to distinguish those two terms. Financing is one thing, but remuneration is another, who pays for the services?" (D-111, JWG meeting)	Identifying critical terminology
A: "Thoughts from the JWG: The hospital 'virtually' provides care beds in the care center." *B: "I do not understand the term 'virtual' in this context..."* *C: "It is actually a mini acute care setting."* (O-34, JWG meeting)	Discussing unclear terminology
"The network can make a major contribution by actually sharpening the terminology. Simply train the different members to ensure that you can understand each other and speak of the same things. The network can provide a platform where you can compare the nomenclature every now and then." (I-28, JWG member, GP group practice)	Challenging mindsets
"With the JWG we have found a vessel where members go beyond a state of consumption of topics. We can use the participating EC members to communicate intermediate results or ask questions that also challenge the results." (O-19, meeting JWG)	Creating an open setting for dialogue
"The important question is whether we are preparing one or two projects. It's not an easy question. My request is that you think for yourself and make notes. You don't have to write them down, but what do you prefer? Think about it quickly and then we'll discuss it." (O-22, JWG meeting)	Giving members a voice

"The short review by A at the beginning of the session was helpful. The last meeting was in April, and the review gave an update to the participants." (O-17, JWG meeting)	Establishing capacity to interact
"We were looking for a more professional approach to organizing and structuring our networking events." (I-31, EC member, insurance provider)	Striving for professionalization
"I think we've made good progress over time, in growing up as a health network. That was quite a process, and now we have become more independent as a network." (I-24, EC member, municipal outpatient care organization)	Becoming independent
"We have become a bit more pragmatic and also a bit more courageous to just do something." (I-31, EC member, insurance provider)	Becoming pragmatic
"It started maybe two or three years ago, when we did the Future Conference, had the projects, and became bolder. Yes, now we just need the budget to hire a project lead." (I-31, EC member, insurance provider)	Becoming bolder
A: "You certainly have more snow than us. *B: "Yes, we have a lot of snow here!"* *A: "How big is the difference in altitude?"* (O-24, JWG meeting)	Engaging in small talk
"B presents the future workshop and potential questions that could be asked there. The aim of the event is to generate topics for future events." (D-79, EC meeting)	Formulating shared objectives
"What is the networking event about? Is it a think tank for the future or a workshop for developing specific projects? We should have a look at the original vision and goals of the network." (D-89, sounding board meeting)	Revisiting the shared vision
"I think the drive is really like that. I don't have to know everyone super well, but I have to find an approach. I don't have to know people personally, but if I need something professionally, then I can approach them. And I think InCareNet has opened this door for me. The network has succeeded." (I-22, JWG member, outpatient care organization)	Generating opportunities
"Most of the participants stay in the room after the meeting, eat some provided snacks, and talk to each other in a relaxed atmosphere." (O-22, JWG meeting)	Eating and drinking together
A: "A broken arm, the left arm, that's a typical reason for hospitalization." *B: "A broken arm of the main hand? It depends with which hand you use the toilet [everyone laughs and there is a relaxed atmosphere]."* (O-31, JWG meeting)	Leavening interaction with humor
"It's about dismantling certain walls. And you can only dismantle walls if you know where a section has to stay and where you can easily make a hole. And if you have to introduce yourself to a new	Attending multiple events

person every time, then the wall simply stays in place much better." (I-29, EC member, GP association)	
"The interactive work in small project groups was very helpful for getting to know the other participants. Now, I recognize network members when I meet them somewhere else." (I-22, JWG member, outpatient care organization)	Interacting in small groups
"In the beginning, they didn't know me at all. They needed time to figure out how I work and whether I was doing well. After that, when I came up with the idea, they had confidence in me." (I-27, process consultant)	Becoming acquainted with each other
"We spontaneously switched to first-name terms at our table. It's about networking." (O-33, annual networking event)	Introducing communication on first-name terms
"We visit new member organizations to welcome them to the network, introduce ourselves, and to exchange ideas." (O-23, EC meeting)	Socializing with members
"We once had an exchange with a city councilor. She asked a question and we invited people to respond and made a dialogue possible." (I-24, EC member, municipal outpatient care organization)	Including policy-level stakeholders
"And what do we do if we cannot implement a project successfully? The cooperation, the way of working together, and our commitment will last. At least we have achieved that ... If we focus too much on the project, we fall back into patterns of consumption." (O-19, JWG meeting)	Addressing and defining failure
"We got over the finding process as we received orientation and input at the Future Conference." (I-31, EC member, insurance provider)	Identifying and getting over a long haul
"We kept asking ourselves: 'What is our job? What is the network supposed to do? What should be the role of the EC members?'" (I-31, EC member, insurance provider)	Challenging network roles
"My question was: 'What roles should we play at the Future Conference and how do we get involved as EC members?'" (O-07, preparation meeting)	Clarifying roles and tasks
"Many thanks to A for this critical input and for reminding us of what the InCareNet wants to achieve in 2025. I think that in future we have to make it possible to discuss during the project contest award." (O-02, general assembly)	Taking criticism
"The discussion was not easy. So, in the end, we all stood there feeling a bit helpless and then decided to look for concrete ideas in two groups. but that didn't work, so we had to postpone the issue." (O-16, EC meeting)	Addressing collective action challenges

Following Langley (1999), we conducted the initial interpretation by coding the data for "descriptions of actors, decisions, and actions to generate an overview of chronological events" (Van Burg, Berends, & Van Raaij, 2014, p. 354).

Giddens (1984) presented processes synchronically, as simultaneous reciprocity between actions and institutions. It is, however, empirically challenging to analyze how actions reproduce or modify structures over time. Consequently, we employed a temporal bracketing strategy (Barley, 1986; Denis et al., 1996) for data analysis, using three phases of network development as key anchor points. *Period 1* comprises the time from InCareNet's launch in 2009 to 2013 and includes the early years of formation and the momentous detachment from the vital role of the Municipal Health Department (MHD). *Period 2* covers the time from 2014 to September 2017, a phase where InCareNet intensively dealt and struggled with questions of identity. *Period 3* covers October 2017 to 2020, a phase characterized by the mobilization of network members through the interactive and prospective "Future Conference."

Langley (1999) elaborated on how temporal bracketing is embedded in Giddens' (1984) structuration theory:

> *"At the heart of structuration theory is the idea that the actions of individuals are constrained by structures (including formal and informal rules and norms) but that these actions may also serve to reconstitute those structures over time. Because mutual influences are difficult to capture simultaneously, it is easier to analyze the two processes in a sequential fashion by temporarily "bracketing" one of them (Giddens, 1984). The decomposition of data into successive adjacent periods enables the explicit examination of how actions of one period lead to changes in the context that will affect action in subsequent periods."* (Langley, 1999, p. 703)

This strategy of making sense of processual data through temporal bracketing fits well with process data complexity and thereby with the chosen nonlinear, dynamic perspective of a weak process view. It is able to deal with comprehensive data, such as feelings, interactions, or events, but needs distinct temporal breakpoints to define phases (Langley, 1999). Furthermore, a detailed single case, such as the case at hand, is considered sufficient since processes have serval phases that can be used to test for replication. Therefore, with temporal bracketing, an initially shapeless quantity of process data is incrementally transformed into a series of phases, where processes and

practices are described as evolving patterns. By analyzing the processual data, "evidence is also drawn together to examine how the context affects these processes, and what the consequences of these processes are on the future context and other relevant variables of interest" (Langley, 1999, p. 703).

4.5.2 Consulting literature for further theoretical lenses and explanations

After critically evaluating the initial coding and the identification of first-order concepts in layer one, we went back to the literature on both dynamic network development and network identity in search of further theoretical explanations. Inspired by theoretical approaches of reflexive network practices, we increasingly focused on social activities directly and indirectly related to network identity.

4.5.3 Identifying four central practices for network identity building

Following the initial coding in phase 1 of our data analysis and the consultation of relevant literature in phase 2, we grouped the empirically derived codes into second-order themes in phase 3. Contrary to the first-order concepts, these second-order themes were inspired both by empirical data and constructs highlighted in the network (identity) literature. Moving back and forth between empirical data and literature, and based on a structuration-oriented understanding of network identity, we searched for underlying aggregated elements and abstracted four aggregated dimensions from the second-order themes, namely, network identity building practices.

These network identity building practices are explicitly *narrating identity*, *establishing social locales*, *involving members*, and *creating commitment*.

Key characteristics to identity building practices

In the following, we explain in more detail how these four practices have been identified.

After the first review of the recorded data and the initial coding rounds, we again consulted the literature on network identity and dynamic development of networks to make sense of the preliminary analysis. This time, the analysis focus was on understanding the change of InCareNet from a network identity strongly referring to the network as an enabler of joint initiatives in the early years, towards a network identity actively referring to the community and relationship building among network actors. Building on theoretical insights from Rometsch et al. (2007) and their structuration-

inspired understanding of network identity, data was re-coded to enable an in-depth analysis of the emergence of reflexive identity building practices over time.

In general, the analysis focused on network members' actions towards answering the question of *who we are as a network*. In addition, the analysis identified produced and reproduced identity-related structural properties, namely, properties that (a) concern the whole network with a focus on the network level; (b) are relational; and (c) tend to be of a more or less central character to the members, enable distinction from other social systems, and show a certain temporal continuity in terms of structural traits. Figure 14 and Figure 15 give an overview of the relationship between first-order concepts on the left side, second-order themes in the middle column, and the four identity building practices on the right side.



Figure 14 Relationship between first-order concepts, second-order themes, and aggregated dimensions

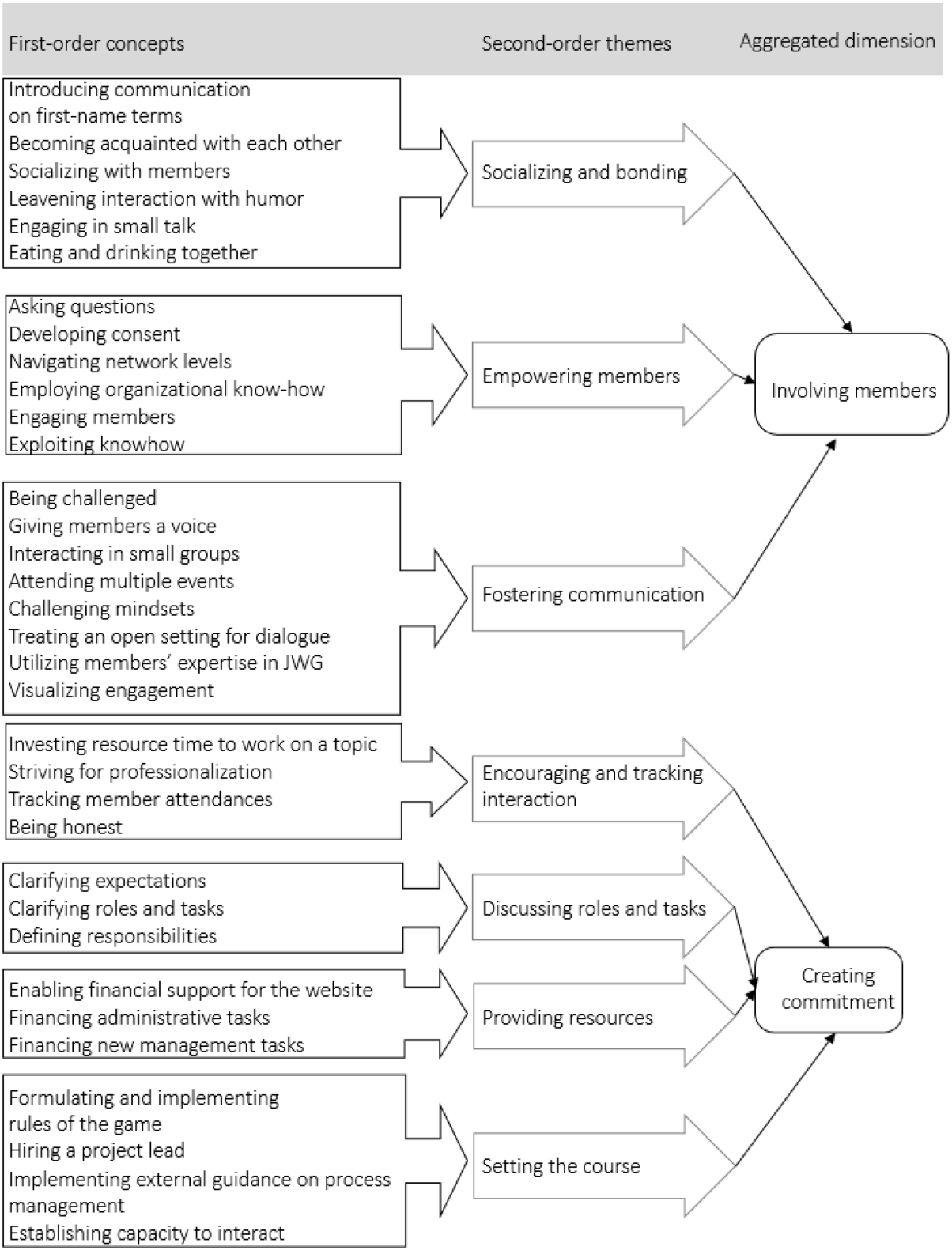


Figure 15 Relation between first-order concepts, second-order themes, and aggregated dimensions (continued)

4.6 Summary and outlook to the next chapter

This chapter gave an overview of our ontological and methodological considerations and the applied methods. The chapter was guided by reflections of ontological, epistemological, and methodological nature.

First, we elaborated on *social constructivism* as an underlying research paradigm and introduced the related ontological, epistemological, and methodical considerations and consequences. We defined social constructivism as a set of basic beliefs that realities are contextually embedded and socially constructed.

Second, we introduced our research design of a *longitudinal, qualitative single case study*. Since we assumed that social activities in networks unfold over time via the duality of structure, this research approach was particularly appropriate when studying practices as dynamic social phenomena (Langley et al., 2013).

Third, we presented our research context and, in particular, our empirical case of a Swiss integrated urban healthcare network called *InCareNet*. We further described our methodological approach and the tools we used to acquire data and knowledge for our research analysis. Data collection comprised *semi-structured interviews, field observations, archival records*, and *reflection workshops*. We also introduced a thorough elaboration of our understanding of research. Thus, we understood our trustful and reciprocal *reflexive research partnership* with InCareNet as a co-production of knowledge in the sense of mutually beneficial research and a joint learning journey.

Finally, we illustrated our data analysis and discussed our *abductive* approach that *iterates between inductive and deductive steps* to make sense of the intricate empirical data. With this abductive approach, and inspired by the approach of Gioia, Corley, and Hamilton (2013) to structure the data, we identified four network identity practices, namely the practices of *narrating identity*, *establishing social locales*, *involving members*, and *creating commitment*.

Chapter 5 *Empirical analysis* describes and contextually situates these four practices in a process map. In first-order findings, a thick case description provides inspiring insights into the development of InCareNet in general, and in second-order findings, the dynamic network identity building processes are analyzed and reflected upon.

5 Empirical analysis

"Every way of seeing is also a way of not seeing –

a focus upon object A involves a neglect of object B." (Burke, 1935)

The famous American literary theorist, rhetorician, and philosopher Kenneth Duva Burke pointed out in his landmark work that every adapted analytical lens inherently excludes other possible perspectives or analytical approaches (Burke, 1935). Thus, while the following empirical analysis aims to offer insight into the observed patterns and dynamics of identity building practices and how these practices can change, stabilize, and interact with each other over time, other social phenomena naturally pass from view.

In line with an interpretive research approach, we present the findings in two steps.

We start with *first-order* findings in Chapter *5.1 Network identity in practice – Description of the case and the practices*, where we describe the process of network identity building practices occurring and shaping the system along the three time periods under observation. Thereby, we aim to gain an understanding of the identity building practices in the case and focus on the richness of practices presented in the case narrative (Gioia & Chittipeddi, 1991). We begin by presenting a descriptive first-order narrative, introducing key aspects and critical events of the case, whilst remaining as close to the research data as possible to illustrate the dynamics of network identity building practices along the evolving network. Following the conceptual framework and the structuration theory-oriented understanding of network identity building practices, this first-order analysis is structured along the four network identity building practices of *narrating identity*, *establishing social locales*, *involving members*, and *creating commitment*. For each description of the four practices, the following three steps are applied. First, the practice is briefly introduced. Second, key aspects of how and why the practice is identity related are presented. Third, empirical examples and anchor quotes illustrate the empirical context and clarify how the practice occurs in the practical context of the InCareNet network.

We continue with *second-order* findings in Chapter *5.2 Network identity building mapped over time* and describe the case of InCareNet in more detail, introducing the network's main characteristics and a short historical overview of its development.

Furthermore, we *thoroughly describe and empirically illustrate the four identified network identity building practices*. By doing so, we provide a process map that explains in more detail the dynamic and interwoven development of identity building practices and sets them into context.

5.1 Network identity in practice

InCareNet is a healthcare network in a large Swiss city, founded in November 2009 and embedded in a highly political and regulative health care landscape. As of 2020, the network consists of approximately 35 network member organizations from diverse fields in the health and social sector. The economic, political, and societal context of InCareNet is characterized by strong competition among service providers, financial disincentives for innovative models of integrated care initiatives, skill shortages, continuous dynamics in the political landscape, and growing financial pressure on healthcare providers both in and beyond the city.

5.1.1 The InCareNet integrated care network and its development

In recent years, the Swiss healthcare system – in common with most European healthcare systems – has increasingly faced complex challenges to provide qualitative and sustainable healthcare (Filliettaz et al., 2018; Giger, 2020). These challenges range from dynamic demographic changes in society and the rapid development of technologies in and beyond the medical fields to an increased tendency towards specialization and the incremental rise in chronic diseases and multi-morbidity (Amelung et al., 2021). Trying to cope with these widespread challenges, the Municipal Health Department (MHD) of the Swiss city initiated the launch of InCareNet in 2009 as an integrated care network with the aim of establishing and promoting new forms of collaboration among relevant stakeholders in and beyond the city borders. Thereby, the guiding principle has been to jointly coordinate cooperation in terms of project implementation and stronger alignment of the multiple and diverse educational, social, and medical services. InCareNet is politically neutral, does not belong to any religious denomination, and is a nonprofit network.

The network's *legal form of governance* is an *association*, and its main organs are the annually held general assembly and the executive committee with its regular sessions at intervals of approximately two months. Chapter 5.1.3 elaborates in more detail on the

various (recent and current) social locales of InCareNet, namely the "vision and structure workgroup," the "executive committee" (EC), the "general assembly" (GA), the "project contest," "annual network events," the "think tank" (TT), and the "joint working groups" (JWGs).

InCareNet's *member organizations* include the MHD (advisory vote), the municipal pharmacy association, general practitioner associations, health insurance companies, an ethics foundation, and other health and social care providers. As of September 2020, 35 organizations are part of InCareNet, with delegates of nine organizations being present in the executive committee. In February 2020, the executive committee discussed and decided to employ a general manager (O-36, EC meeting). Before that, an administrative position had supported InCareNet's executive committee and the network in general in all administrative and operative concerns. The network divides its members *into three different member categories*: Category A, Category B, and Patrons. The Category A and Category B members of the network are diverse social and health care-related organizations (e.g., hospitals, outpatient care associations, primary or secondary care centers, elderly care institutes, GP centers, organized alliances of service providers, professional associations in the field of social and healthcare, insurance companies, educational institutions, health care institutions and foundations, and patient organizations) as well as communities (municipalities, cantons). Category A (which carries a 5,000 CHF annual membership fee) covers organizations and institutions with an annual turnover of 5 million CHF or more, and Category B (which carries a 1,000 CHF annual membership fee) covers organizations and institutions with a turnover of less than 5 million CHF. The Patrons category (which carries a 10,000 CHF annual membership fee) covers either natural or legal persons who foster concepts of integrated care and thus support the purposes of InCareNet with a patronage contribution. The network is financed, in particular, through these membership fees and patronage members. Membership to the network is applied for by submitting a written application to the executive committee, which then discusses and decides on the admission of new members. In its statutes, InCareNet describes its main network activities as follows (D-71, InCareNet's statutes revised):

- Establishing exchange platforms for network members to design a patient-oriented and sustainable healthcare system
- Facilitating personal and professional relationships among healthcare providers

- Exchanging ideas and information among network members to improve communication and create synergies
- Organizing and implementing an open dialogue through network events
- Initiating, organizing, implementing, or supporting innovative integrated care projects
- Improving public relations in terms of integrated care

Table 10 presents a comprised outline of key events and periodical meetings of InCareNet since 2009.

Table 10 Historical overview of InCareNet's agenda from 2009 – 2020

Period 1 2009 – 2013 Network birth & formation							
2009 & 2010		2011		2012		2013	
08/11	Conceptualizing an idea	11/01	EC meeting	12/02	EC meeting	13/01	EC meeting
09/11	Network birth and initiating	11/03	EC meeting	12/04	EC meeting	13/03	EC meeting
09/12	Executive committee (EC) meeting	11/03	TT meeting	12/05	GA	13/03	Ambulatory Primary Care joint working group (JWG) meeting
10/03	EC meeting	11/05	GA	12/09	EC meeting	13/05	GA
10/03	Think Tank (TT) meeting	11/06	TT meeting	12/10	Annual event	13/07	Ambulatory Primary Care JWG meeting
10/04	EC meeting	11/07	EC meeting	12/11	EC meeting	13/09	EC meeting
10/04	TT meeting	11/07	City Council Inquiry			13/09	Ambulatory Primary Care JWG meeting
10/05	General assembly (GA)	11/10	Annual event			13/10	Ambulatory Primary Care JWG meeting
10/07	TT meeting	11/11	EC meeting			13/11	EC meeting
10/09	EC meeting						
10/10	Annual event						
10/11	TT meeting						

Period 2 2014 – 2017 Network disorientation							
2014		2015		2016		2017	
14/03	EC meeting	15/01	EC meeting and reflection workshop	16/01	EC meeting	17/01	EC meeting
14/05	GA 2014	15/03	EC meeting and reflection workshop	16/03	Annual event	17/03	EC meeting
14/07	EC meeting	15/03	Annual event	16/03	EC meeting	17/05	GA
14/09	EC meeting	15/05	GA	16/04	Workshop discussion	17/06	Preparation meeting for annual event
14/10	Annual event	15/06	EC meeting	16/05	GA	17/06	Project team meeting for annual event
14/11	EC meeting (reflection workshop)	15/10	2nd annual event	16/06	EC meeting	17/09	EC meeting
14/11	EC meeting	15/11	EC meeting	16/09	2nd annual event		
				16/11	EC meeting		

Period 3 2017 – 2020 Network reorientation					
2017		2018		2019 & 2020	
17/10	Annual event (Future Conference)	18/01	Remuneration JWG meeting 1	19/01	Remuneration JWG meeting 6
17/10	Project team meeting after annual event	18/02	EC meeting	19/02	EC meeting
17/11	EC meeting	18/04	Remuneration JWG meeting 2	19/04	Remuneration JWG meeting 7
		18/05	GA 2018	19/05	GA 2019
		18/06	Project team meeting	19/06	EC meeting
		18/06	EC meeting	19/07	JWG Remuneration meeting 8

18/07	Remuneration JWG meeting 3	19/07	Project team meeting
18/08	Project team meeting	19/08	Remuneration JWG meeting 9
18/08	Remuneration JWG meeting 4	19/09	Project team meeting
18/09	Project team meeting (Telco for annual event)	19/10	Annual event
18/09	Project team meeting (Telco for annual event)	19/11	Remuneration JWG meeting 10
18/10	Annual event	19/11	EC meeting
18/11	Remuneration JWG meeting 5	20/02	EC meeting
18/11	EC meeting		

5.1.2 A brief historical overview

The following section outlines a *brief overview of the historical development* and provides a first processual and contextual description of the network under observation. Thereby, the description is structured along four aspects: (i) central topics and key events of network development, (ii) driving network players, (iii) ideal-typical challenges within and beyond the network, and (iv) key contextual dynamics (e.g., healthcare policy changes or relevant innovations). Figure 16 illustrates these four aspects over time from 2009 to 2020.

Themes/ Temporal brackets	Period 1 2009 – 2013 Network birth & formation	Period 2 2014 – 2017 Network disorientation	Period 3 2017 – 2020 Network reorientation

Central topics	*Starting conditions:*
	• Legitimization and launch of InCareNet in the MHD
	• Search for members and projects
	• One of the first regions with an initiative for coordinated care of different health care providers
	• Initiating a nonprofit association
	• Carrying on with implementing MHD projects
	• Member negotiations
		• Doubts about the strategic and operative network orientation
		• Fear to fail, to position the network within the health landscape/show profile
		• Ongoing search for a strategy after the withdrawal of the city council and the MHD
			• Future conference
			  • Focus on supply in and beyond the city
			  • Prioritization of fields of action
			  • Reflexive and open dialogue among network members
			  • Change of perspective for the first time: process perspective
			  • Formation of the Remuneration JWG
			• Formation of Patient-centered care JWG
			• Establishing an general management position
			• Long-term strategic reflections rather than improvisation from event to event

Driving network forces	• City council • Dep. secretary • MHD (initiator & sponsor) • Executive committee • Project teams • Think tank	• Executive committee	• Executive committee • Members (esp. JWG) → Do tank • Supporting network actors (moderation/process consulting, project leader, research partners) • General manager
Ideal-typical challenges	• Political-regulatory dependencies (e.g., MHD-dependent) • Financial disincentives • Lack of trust among network member organizations	• Intra- and interprofessional hierarchies (big vs. small players) • Lack of leadership in the network	• Political-regulatory uncertainties (e.g., experimentation article) • Clarification of expectations to avoid disappointment of expectations • Network as laboratory, allow experimentation and redefine failure • Uncertainties regarding integration of policy level
Network context organizational & organizational field	• Demographic and epidemiological changes, skills shortage • Fee-for-service • Contract coercion • High competition & fragmentation of services • Swiss DRG • Members participate "in order not to miss anything"	• Declining political support • Member survey, dissatisfaction among network members • Dominant attitude among network members to "wait and see"	• Changes within the city council • Increasing financial pressure on members • Financial disincentives and regulations not optimal for integrated care • Potential for integrated care nevertheless strongly present

Figure 16 Central topics, driving network forces, ideal-typical challenges, and contextual aspects of InCareNet from 2009 to 2020

Period 1 – Network birth and formation (2009 – 2013)

Period 1 marked the origin of the network and its early years of formation. InCareNet's birth lay in an intensive examination of future health care challenges by the city's Municipal Health Department (MHD) in 2006. At that time, the MHD decided to take measures to further develop the city's health care system in a sustainable and integrated way. Thus, the dominant purpose in 2009 was to strengthen patient-oriented, integrated health and social care in the city and its surroundings in the upcoming years through better coordination among service providers, new forms of cooperation, and pioneering initiatives. For this purpose, the MHD initiated the launch of an integrated care network (D-02, InCareNet statutes). The MHD selected and invited other healthcare organizations in and around the city borders to join their initiative, essentially launching InCareNet in 2009 as a network with 19 member organizations. At an official inaugural meeting in November 2009, the delegates of these 19 member organizations formally decided to start a joint, interdisciplinary nonprofit association (D-03, inaugural meeting InCareNet). The network's primary aim was to sustainably develop the healthcare system of the city in the direction of integrated care.

> *"The network stands for an overall process with the aim to create efficient and patient-oriented structures of care through better integration of service providers, and through new forms of cooperation and innovative initiatives."* (D-23, minutes city council)

Key network players in Period 1 were the 19 founding members, which included:

- The MHD as the key initiator
- A municipal outpatient care organization
- A municipal pharmacy holding organization
- Three hospitals
- Four GP associations
- An ethics association
- A service organization for the elderly
- The professional association of nurses
- Two GP group practices
- A healthcare-educational foundation
- Three health insurance providers

At this inaugural meeting, the founding members elected an executive committee and a president of the association. InCareNet selected new network members through networking events to facilitate interaction and to slowly build up relationships among service providers. An administrative position helped to coordinate the association's resources and to plan communication events for the network members. Simultaneously, network governance practices in Period 1 were distributed among a think tank, a strategy commission, and the executive committee. While the think tank prepared strategy content and collected relevant topics to extend within the network, the strategy commission made strategic applications towards the executive committee, which led both decision-making and implementation processes (D-03, inaugural meeting InCareNet).

From 2009 to 2013, InCareNet's governance structure mainly consisted of the executive committee (with delegates from member organizations); the think tank to advise the network and generate innovative ideas to be pursued by the executive committee or by committee members; the strategy commission that made applications in terms of strategy and acted as an interface between the executive committee and the think tank; and, essentially, an administrative position that supported the network in administrative and operative matters.

Despite the implementation of collaborative rules in the form of a network vision and mission statement, bilateral operational links among network members, such as patient referral processes or information exchanges, were still characterized as poorly coordinated and fragile. In this period, the interaction among participating healthcare providers was marked by a year-long turf war and a tendentially rather competitive atmosphere. However, the network managed to implement seven small MHD-initiated projects and started to exchange information among network member organizations in regularly held committee meetings.

By the end of 2013, most of the MHD-initiated projects had ended and InCareNet was not successful in implementing any follow-up projects among network members. Despite the lack of follow-up projects, InCareNet had attracted 26 new network members by the end of 2013. Furthermore, although the network grew constantly in size, the network development dynamics in this period started to indicate rising tensions. As the network was not able to establish successful follow-up projects to facilitate integrated healthcare services, concerns about the original purpose and goal of the

network started to increase. Essentially, network tensions emerged as network members increasingly struggled with the original dominant purpose, the reduced political support for the network, and the few results or outcomes in terms of integrated care initiatives that the network could offer by that time.

Ideal-typical challenges for the emerging network in Period 1 included three main aspects. First, from the moment it was formed, the network faced *strong political-regulatory dependencies* due to its entangled relationship with the city's MHD. Second, the network was embedded in a Swiss health landscape characterized by more or less severe *financial disincentives* for collaborative initiatives, and, consequently, no financial pressure to collaborate existed. Despite the shift of health policies towards more integrated care, the financial framework conditions were not ideal.

> *"The question arises relatively quickly: How do you motivate a patient or insured person to enter such a care model? The possibilities are limited from a purely legal point of view. We have the possibility to offer a different insurance model. But we don't really have any other options, not even from a financial point of view. We are stuck in a relatively rigid system that is difficult to implement, at least on the product side."* (I-07, EC member, insurance provider)

Matters were complicated further by the fact that the network formation at this period was arrested by a lack of trust among network member organizations.

> *"In the end, we are also competitors. We operate in the same field, we should integrate, but we are also competitors. When it's neck or nothing, there is no more integrated care."* (I-08, EC member, hospital)

In terms of the network context during the years of formation, InCareNet was embedded in a rather competitive environment characterized by a high fragmentation of services.

Period 2 – Network disorientation (2014 – 2017)

Period 2 comprised a time where network members faced a *period of disorientation* and *uncertainty* regarding network identity due to multiple aspects. The lack of additional projects intensified doubts and reservations regarding InCareNet's benefits for integrated care innovations in the city in general, leading to an *incremental withdrawal of political support*. Besides the political reservations, member organizations themselves criticized the *lack of transparent communication*, complained about the unclear network identity, and essentially wanted to get more involved in joint network

activities. Over multiple years, InCareNet was not able to launch and implement further collaboration projects concerning the joint coordination of value creation, such as aligning patient referrals or patient pathways or exchanging patient information. Instead, the network members started to focus on building relationships and socializing with each other. However, since InCareNet's structural properties were still mainly oriented towards the creation and implementation of concrete integrated care projects, network members had hardly any social locale to interact and gain trust in each other on a long-term basis. Starting with the "Future Conference" in 2017, a shift in terms of network identity was observed, and, simultaneously, vital bilateral and trilateral collaborations emerged among network members based on the relationships built through community-related activities.

Period 3 – Network reorientation (2017 – 2020)

Period 3 marks a time frame where the network took a vital shift towards more reflexive-oriented network practices. At the beginning of 2017, executive committee members discussed the role of InCareNet in the local health landscape and how the network could become more attractive for network members. They essentially decided to transform the annual network events into an inspiring, interactive platform for members to engage in lively discussion and jointly develop multiple scenarios for future healthcare topics in and around the city (O-01, EC meeting). Thus, the annual network event in October 2017 was held as the "Future Conference", where interesting and urgent topics for the integrated care collaboration in the city could be discussed and prioritized for further action (O-08, Future Conference). This opportunity to actively engage in the operative and strategic focus of the network was highly appreciated by multiple network members. Thus, this conference was perceived by network members as an example of how the network could *orchestrate future interaction*. After the annual network event in 2017, InCareNet incrementally designed and resuscitated further reflexive social locales, such as *joint working groups* that empowered the association's agenda to be processed and intensified interaction among network members. Furthermore, network actors *allocated new resources* in terms of hiring an *external moderation* and a *project lead* for the established workgroups. A joint working group that was created as a consequence of the Future Conference, was the Remuneration JWG. It was established based on the discussions of prioritized topics at the Future Conference. This working group consisted of 13 member organizations and conducted ten meetings in 2018 and 2019. In these

meetings, two concepts of potential primary care projects were developed: a risk-based, interprofessional early detection program and a nursing shelter as a low-threshold, integrated offer for nursing emergencies. In this period, it was evident how InCareNet incrementally changed and adapted its identity building practices in order to engage further network members and design better conditions to collaborate on a content level rather than merely focusing on developing concrete projects or on socializing and bonding between member organizations. In this period, network members increasingly referred to the network as a *platform*, *lab*, or *frame* in which innovative models could be created and relationships could grow and develop. Therefore, the network members recognized the need to reorientate and legitimize the network's purpose and regained confidence in the benefits of their collaboration.

5.1.3 Social locales – the communicative platforms of InCareNet

This case study understands network identity building as a recursive reflexive practice where agents more or less reflexively refer to, produce, and reproduce identity-related structural properties, and these structural properties, in turn, enable and constrain members' actions (Rometsch et al., 2007).

In order to shed light on how network identity develops, practices of identity building were analyzed through an intensive examination of the available empirical data (see Chapter 4.5.3). In the first round of analysis, various *social locales* for identity constitution were identified. This variety of social locales constitute essential communicative platforms to observe and understand identity building practices. Furthermore, *establishing and maintaining* such social locales turned out to be a key identity building practice in itself. Figure 17 presents an overview of InCareNet's main social locales and how they are interrelated with each other.

Such social locales were designed by and for network members to *share* formal and informal *information* among themselves, *discuss* integrated care initiatives, *reflect* on possible cornerstones for collaboration, exchange ideas, or address common challenges and *find* joint or bilateral solutions.

Empirical analysis has suggested that some social locales play a more substantial role in identity constitution than others. In the following, we briefly describe the substantial social locales. We then elaborate in more detail on the *development* of these platforms

over time, the interdependencies among them, and how and why they are related to identity building practices in Chapter 5.2.

The *vision and structure workgroup* consisted of 24 delegates from 22 diverse public and private organizations. The Group was established in September 2008 to support InCareNet's formation, and the delegates met three times to discuss and reflect on the formation of a joint integrated care network in and beyond the city's borders. The group reflected on a suitable legal structure for an interdisciplinary network and prepared various strategic orientations, such as network goals, mission, and vision statements (D-03, inaugural meeting InCareNet).

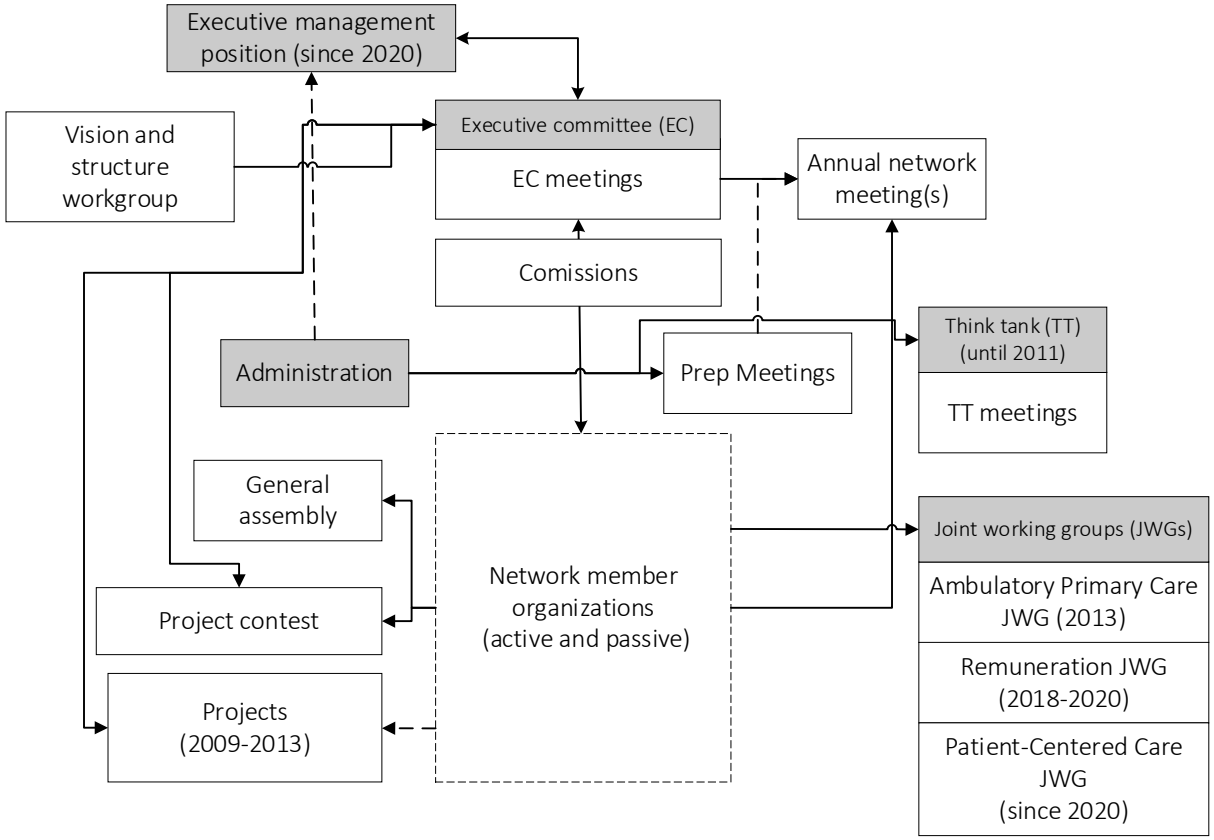


Figure 17 InCareNet and its main social locales for identity constitution

The executive committee is the main social locale and InCareNet's central linchpin. Over the years, the committee's personnel changed slightly, but most of the time, it was composed of between six and 12 delegates from member organizations. The executive committee consisted of the following positions: A president and vice president (from 2017 onwards, a co-presidium was established) and at least four further network delegates (D-02, InCareNet statutes). The term of office for these positions was defined for three years, and after three years, an election took place. The executive committee's

main tasks included the creation of a member address database; designing adequate finance structures; communicative tasks, such as the design of the newsletter, brand, and multiple communication channels (website, etc.); and, most importantly, organizing and conducting periodic network events.

In particular, in the early years of network formation, the workload in the executive committee was structured based on multiple *commissions*. InCareNet's executive committee distributed the collaborative work into six sub-commissions: presidium, strategy, communication, events, administration, and finance (D-04, EC regulations). The most dominant commission for network development was the strategy commission. It was headed by the president of the network supported by six other members of the executive committee.

> *"We have tried to structure InCareNet ... we built a strategy commission and a communication commission, but the strategy commission was actually most important. We then said that something needed to be done and that we should form a think tank that could give us suggestions on what to do, and thus, the think tank was founded, which was composed of rather top-class professionals."* (I-07, EC member, insurance provider)

Another important social locale was the annually held general assembly. Since InCareNet's legal form was a nonprofit association, the general assembly was the main legal body. The general assembly was a formal requirement InCareNet had to establish as an official association. It was conducted once a year to carry out the tasks assigned to it by Swiss law and InCareNet's statutes. Network member organizations in categories A and B had a vote in the general assembly. Patrons of the network, however, were not entitled to vote. While the structure of InCareNet's general assembly was very rigid in the years of network formation, it became much more flexible, interactive, and open for dialogue as the network grew over time (I-05, MHD staff position, MHD; I-14, EC member, GP association).

InCareNet's *annual networking events* provided an essential network platform for network member organizations and those who were interested in topics of integrated care and in the work of InCareNet as an inter-organizational network. The annual events were primarily organized by executive committee members, although other members, for example from JWGs, also supported and contributed to these networking events.

The *think tank* (which existed from March 2010 until the end of 2011) was created to generate and cluster innovative ideas and to support the executive committee. As a guiding advisory board, its role was to contribute to the design of innovative integrated care initiatives by generating novel ideas, designing conceptual proposals, or reflecting on current dynamics and trends in the social, healthcare, and political landscape. The think tank included between eight and 12 members (D-07, TT meeting minutes). However, this platform was not able to deliver any approaches or solutions to develop further. Thus, the think tank as a social locale was dissolved in 2011.

Finally, other central social locales are InCareNet's *joint working groups* (JWGs). Since the network's launch in 2009, InCareNet has created three JWGs: the "Ambulatory Primary Care" JWG (2013), the "Remuneration" JWG (2018-2020), and the "Patient-Centered Care" JWG (since 2020). These three social locales all have different objectives and thematic priorities; however, they also have similarities in terms of size and work processes. While the first JWG included several members of the executive committee, the second and third JWGs also involved other network members beyond the executive committee. The working groups were created by the network members to deal in depth with prioritized topics around integrated care. In addition to a situation analysis, the focus was on possible solutions within the framework of integrated care and the potential role of the network to facilitate and implement innovative approaches. The groups met regularly over an annual cycle and developed ideas based on a lively exchange of information and open discussions.

5.1.4 Practices of network identity building

Based on the empirical data and inspired by Rometsch et al. (2007), we present in Table 11 the relation of social network practices to structural properties of identity and thereby distinguish between *direct* identity building practices (practices specifically narrating InCareNet's identity) and *indirect* identity building practices (practices supporting, emphasizing, and reproducing network identity). However, both direct and indirect identity building practices are rather strongly connected with InCareNet's identity constitution, in contrast to other network practices, which refer much less to identity-related structural properties.

Table 11 Identified network identity building practices

Degree of relatedness	Network identity building practice	Related question(s)
Direct identity building practices	Narrating identity	Who are we as a network?
Indirect identity building practices	Establishing social locales	Where is identity building socially situated and how are these communicative arrangements (re)produced?
	Involving members	Who is the *we* in *who are we?*"
	Creating commitment	How do we commit to action? How are we collaborating?

The empirical analysis has shown that all four practices possess the aforementioned characteristics of reflexive practices of being more or less reflexive, relational, collective, contextually situated, and – since they are recognized as direct or indirect identity building practices – identity related. As we will see in the upcoming sections, the identity building practices themselves are not stable constructs, but instead, they are vivid processes that are constantly and dynamically reproduced as the network develops.

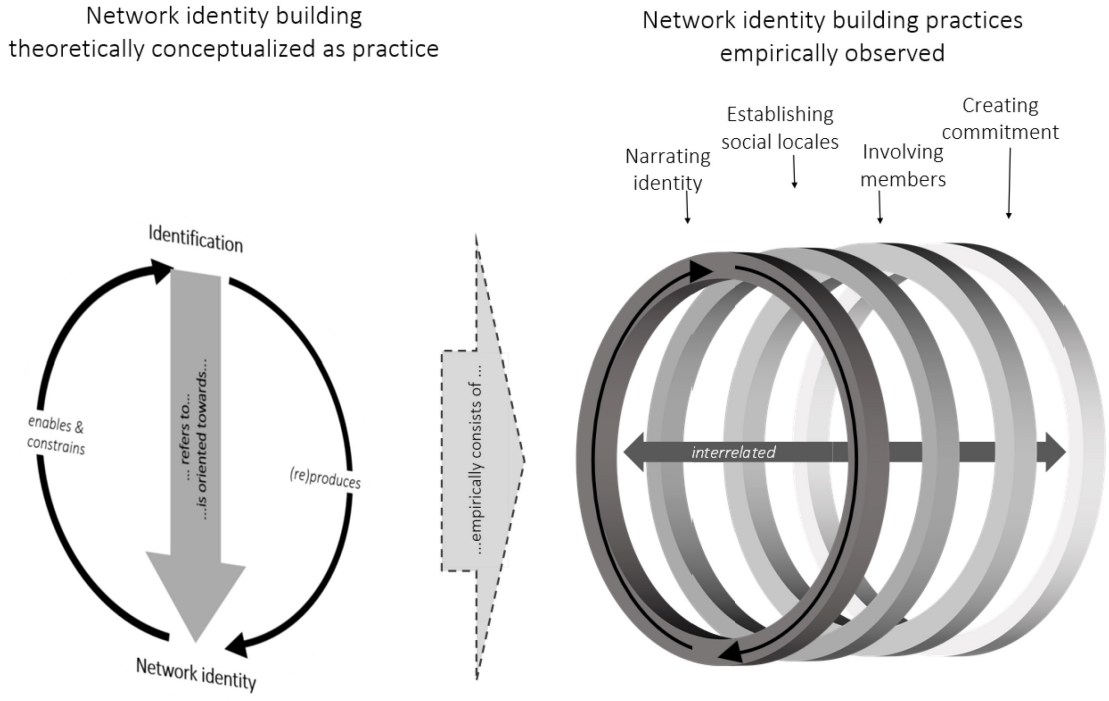


Figure 18 Network identity building theoretically conceptualized and empirically described

Figure 18 connects the theoretically inspired understanding and conceptualization of network identity building as a reflexive practice and the empirically observed and identified network identity building practices of *narrating identity, establishing social locales, involving members,* and *creating commitment.*

Central questions when identifying network identity building practices

It is clear that practices of identity building are highly interrelated and can be observed as "bundles of practices" (Nicolini & Monteiro, 2017). This view is also supported by Sydow et al. (2015) who emphasized that network practices "[…] while distinguishable analytically are related recursively in practice" (p. 18). Thus, network identity building practices – like social practices in general – are not isolated social phenomena, but rather present an interwoven web of practices (Jarzabkowski, Kaplan, Seidl, & Whittington, 2016). However, as practice approach scholars observe social practices in the field, there is a high risk of analyzing practices isolated from their contextual, relational, temporal, or spatial dimensions. This thesis aims to avoid this risk by drawing on key practice approach principles and guiding questions to describe network identity building practices (see Figure 19 for an overview). [16]

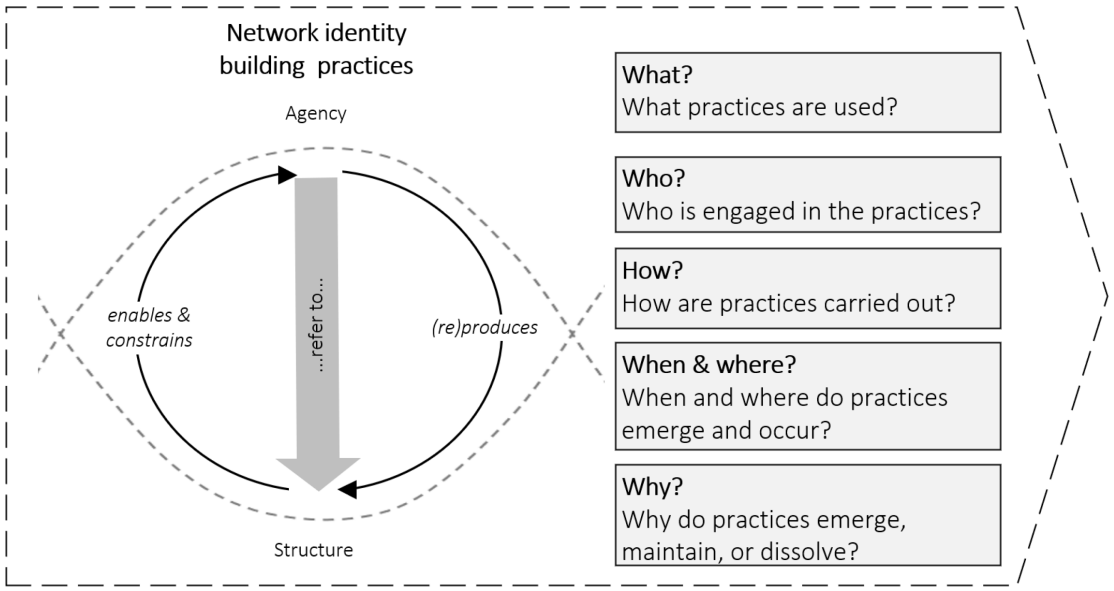


Figure 19 Guiding questions to describe network identity building practices

[16] Multiple practice-oriented studies, such as Feldman and Orlikowski (2011), Schatzki (2012), Gutzan (2017), Whittington (2011), or Sydow and Berthod (2019), accentuate the relational nature of practices. In particular, Jarzabkowski et al. (2016) discussed the pitfalls of analyzing social practices in isolation, underlined the central elements of practice theory, which they call "the what, who, and how of practice," and concluded that outcomes of social practices are based on the interplay of all three elements.

What kinds of practices matter when developing or transforming network identity? Research in the field of network identity usually distinguished between direct and indirect network identity-related practices (Rometsch et al., 2007). Studies on network identity have already elaborated on particular network identity practices such as strongly identity-related practices of narrating identity (Rometsch et al., 2007). The case study at hand identifies *four central network identity building practices* as key drivers for the dynamic development of a network identity: *narrating identity*, *establishing social locales*, *involving members*, and *creating commitment*. In line with other practice-oriented studies, this thesis emphasizes the interdependent nature of practices and analyzes these four network identity building practices each as a *bundle* of practices (Nicolini, 2012; Nicolini & Monteiro, 2017). Thus, the *what* question refers to those four practices that continuously produce and reproduce identity-related structural properties – and thereby network identity.

Who engages in, applies, and transfers identity building practices? Practices can only emerge, unfold, or develop if they are performed and enacted by *practitioners* (Jarzabkowski et al., 2016). Practices are a collective and non-individualist phenomenon; however, individual agents, namely, human beings, act as "carriers of practices" (Reckwitz, 2002, p. 250). Thus, network practices are "[…] enacted through the actions of individuals but are never simply the actions of an individual" (Feldman & Worline, 2016, p. 307). A structuration theory-inspired practice approach understands agents as "knowledgeable" and as always embedded in the *dialectic of control* (Giddens, 1984) (see also Chapter 2.3). Although these knowledgeable agents "are assumed to reflexively monitor their actions, the conditions under which they act (including the actions of others), and the intended and unintended outcomes of these very actions, like most social practices, are anchored in their practical rather than their discursive consciousness (Giddens, 1984)" (Rometsch et al., 2007, p. 25). In the case of InCareNet as an integrated care network, the central agents on the network level are the network member organizations and their individual delegates who participate in any active or passive way in the development of the network. In addition, we view InCareNet as a social system that is (to some extent) independent of the network member organizations and thus a network actor by itself. In this sense, the InCareNet network itself has

collective agency and, as a social system, has a *life of its own* [17] (Ibarra, Kilduff, & Tsai, 2005; King et al., 2010).

How are network identity building practices enacted in practice? When looking at the *how*-related question in terms of identity building practices, the most central aspect is the recursiveness of social action. Network identity building practices, like all social practices, become existent exclusively in action (Giddens, 1984). This means that practices are intentionally or unintentionally enacted in praxis and embedded in their context (Feldman & Pentland, 2003; Jarzabkowski et al., 2016). In their situational actions, agents repeatedly refer to and thereby produce and reproduce specific social practices. Network actors, namely, network member organizations and individuals engaged within the network, become *capable* of acting by referring to social practices, and, in turn, social practices are social practices only as long as actors (re)produce them in and through their actions (Windeler, 2001).

When & where do network identity building practices occur? A further central aspect to consider when observing, describing, and analyzing practices of network identity building is their temporal and spatial dimensions. The data analyses have shown that network identity building occurs from the very beginning of the network's birth and formation and continues to emerge and reshape over the years. However, there are times in the development of InCareNet, like the years after the withdrawal of the MHD as a powerful driver within the network, where we can observe InCareNet struggling to find orientation and answers to the question: *Who are we?* Thus, in line with recent literature on network identity, network identity building practices, especially, emerge in times of crisis and increased uncertainty (Hatch & Schultz, 2002; Huemer et al., 2004; Rometsch et al., 2007).The social locales of network identity building are social locales of the network that primarily enable network member organizations to interact with each other.

Why do network identity building practices occur? The empirical analysis has shown that identity building practices are an inherent part of networks as social systems. In line with various studies, the development of InCareNet reveals that like any other network, InCareNet had to reflect upon the questions of what is central, distinct, and of enduring nature in order to legitimize and continue its work.

[17] See Chapter 2.1.1 for a more detailed elaboration on networks as social systems.

Guided by the *what* question in terms of identity building practices, the following sections will elaborate on the four selected practices. A more detailed discussion in terms of *what*-, *who*-, *how*-, *when and where*-, and *why*-related aspects of network identity building is provided in Chapter 5.2.

5.1.4.1 *The identity building practice of narrating identity*

The most direct identity building practices are those of more or less explicitly narrating identity. This narrative – situated in contextual conditions – is produced and reproduced as a structural property when network members explain and tell actors outside and within the network about the essence of the respective social system (Rometsch et al., 2007). Continuously narrating a network's identity includes telling a compelling *Who are we?* story, in particular at times where the identity of a social system is challenged from both inside and outside the network. Such stories are not only a critical fundament in process research but they also guide our understanding of complex relationships and collective patterns (Pentland, 1999). Narrating identity is the most direct form of network identity building since it directly refers to the question: *Who are we as a network?*

Aspects of how and why the practice is identity related

This practice is directly identity related because it is the most vital constructed self-description of network members in terms of their own story. For example, a network's self-descriptions, such as "*We are a platform to exchange ideas*" (I-23, EC member, professional association of nurses), are likely to influence identity-carrying structural properties and thereby network identity. Furthermore, narrating identity – be it in the form of (autobiographical) texts and shared interpretations of them (i.e., mission and vision statements, statutes, annual reports, and guiding principles), or in the form of verbal statements (i.e., presentations and speeches at network events or joint working group meetings) – present vital drivers to identity building (Rometsch et al., 2007). Applying the criteria of centrality, distinctiveness, and continuity by Albert and Whetten (1985), practices of narrating identity strongly relate to all three of them.

Selected empirical examples

In the network's birth and formation phase, the key communicative network platforms for narrating identity building were, in particular, the inaugural meeting, the first

executive committee meetings, and the annual events for the member organizations and the interested public. Launched and administrated as an association, the 19 founding members understood and described InCareNet as an "*inter-organizational network*" that was created as an answer to upcoming challenges in the Swiss healthcare landscape, in particular, in terms of improving cost efficiency, facilitating the quality of healthcare, and addressing demographic dynamics and long-term multimorbidity.

> *"The network stands for the overall process of improving integration of service providers, developing new forms of cooperation, finding solutions to concrete problems, and implementing innovative initiatives with concrete projects."* (D-23, minutes city council)

In particular, members of InCareNet's executive committee made constant efforts to discuss and explain how InCareNet as a network evolved and how they "*had to take a stand"* and *"had to make it clear that InCareNet is not a municipal sub-organization, but an independent network*" (I-16, EC member, addiction medicine center) as the initiator, MHD, stepped back from its leading role in the network. In the early years of network development, the identification of network members strongly referred to jointly implemented integrated care projects in and beyond the city borders.

> *"The goal of the InCareNet is to produce results, and the city expects integrated care projects to be realized out of InCareNet."* (I-01, EC member, hospital)

As network members referred in their communication, and consequently in their actions, to the central characteristic of InCareNet lying in "*creating something tangible",* they constantly produced and reproduced corresponding network structures. In the early network years, these structural properties included the creation of a think tank to foster innovative project ideas, the specification of a vision and mission statement, and the formulation of statutes to organize and regulate how concrete initiatives could be facilitated.

It can be observed that the self-description of InCareNet as project facilitator and implementor changed over time and, as a consequence, the executive committee adapted the overall strategy of InCareNet during the course of 2014, focusing strongly on the relational exchanges of ideas and experiences.

The introductory speech of a network member at the beginning of the third meeting of the Remuneration JWG presents another empirical example illustrating the practices of

narrating identity. As new participants had joined the group in the third meeting, an executive committee member opened the meeting by briefly summing up and explaining what InCareNet was and what the network stood for.

> *"Let me begin by explaining who we are as InCareNet and what we can offer. We are representatives of organizations. InCareNet is not an organization itself, but an association, a platform, a network. We are not a group that can directly implement, and we also have limited resources, but we are a network that discusses future health-related topics. The network can also be a laboratory."* (O-17, JWG meeting)

This observation reveals a self-description of being a *platform* and *laboratory*, which is further manifested in the operating principles of the Remuneration JWG. In the further course of the third meeting and, particularly, in the fourth meeting of the JWG, the participants allocated responsibilities, discussed objectives, and clarified expectations based on this understanding of being an experimental laboratory. For example, the network members openly discussed the topic of success and failure and how the working group as such may provide vital insights for further collaboration – even without the successful implementation of any initiatives. By explicitly narrating the network identity in the third meeting, the network members therefore produced structures of collaboration within the social locale of the JWG, which, in turn, influenced how network members interacted with each other.

5.1.4.2 ***The identity building practice of establishing social locales***

Network identity building practices occur on multiple and complex communicative occasions. Rüegg-Stürm and Grand (2019) suggest speaking of *social locales* if occasions of communication are more or less routinized and "occur with a *certain regularity* in terms of their *participants*, *venue* or *room*, time and *duration*" (p. 210). Network identity building practices thus require and design communication spaces that enable the association's agenda and inherent conflicts of objectives to be dealt with in the sense of broad-based decision-making. Over time, InCareNet as an inter-organizational network has established and maintained several of these social locales, such as regular executive committee meetings, annual network events, different meeting formats of working groups, and the annual general assembly. Given the variety of social locales in InCareNet, the empirical data suggests a need to examine the role of such routinized spatial and temporal arrangements for network identity building in more

detail. Therefore, the practices of establishing a *social locale* complement the questions discussed in the previous identity building practice regarding *Who are we?* with the question: *Where is identity building socially situated and how are these communicative arrangements (re)produced?*

Aspects of how and why this practice is identity related

The practices of establishing social locales are identity related, as they offer network members communicative occasions to jointly discuss and reflect on their self-description and key network issues. In addition, establishing social locales provides the conditions to enable reflexive conversations among network members and supports binding collaboration – thereby reconstructing structural network traits in terms of network identity. This identity building practice particularly relates to the *continuity* aspect of Albert and Whetten's (1985) characterization since establishing social locales shapes network identity on a long-term basis.

Selected empirical examples

An empirical example of how to establish social locales can be found in the implementation of the network's *Future Conference* in 2017. The issue to establish a new reflexive communicative occasion – named the Future Conference by the network members – was put on the agenda of the executive committee meeting in March 2017. In the meeting, executive committee members discussed how the annual event scheduled for October 2017 could be used as a new interactive network event based on the current needs of the members. Furthermore, the executive committee members valued the idea that annual events as social locales should actively engage rather than merely entertain InCareNet's network members. In 2017, the interactive format of the annual event provided a platform for members to reflect on the different future scenarios they were facing in the Swiss healthcare landscape in general and within their own organizations. The event was prepared by selected volunteers from the network community and moderated by an external consultant. The network members jointly discussed possible solutions and how those solutions could inspire new initiatives.

Establishing social locales also offered a space for experimentation and thereby allowed network members to reflect upon who and what they were as a network.

> *"It was the idea of trying out a new financing model or just trying out financial compensation models. Yes, it was about experimenting."* (I-25, MHD staff position, MHD)

Another important aspect to produce communicative arrangements was the creation of a joint network vocabulary. In a joint working group meeting, for example, the project leader asked participants how they used the key terms "financing" and "remuneration" and financial concepts as they tried to develop an innovative remuneration model concept (O-19, JWG meeting)

The meetings in 2018 indicated that the Remuneration JWG had become an essential social locale, where network members were able to enter into a dialogue with each other and critically reflect on identity-related questions.

> *"And what do we do if we cannot implement a project successfully? The cooperation, the way of working together, and our commitment will last. At least we have achieved that ... If we focus too much on a project, we fall back into patterns of consumption."* (O-19, JWG meeting)

5.1.4.3 ***The identity building practice of involving members***

Probably the most important resource and asset of an inter-organizational network is its member organizations, as collaborative work is inevitably interrelated by a recursive interaction among network members. How these network members are involved or not involved in and through specific network practices, how they actively participate in network activities, or how they shape network development over time by reproducing the network as a social system via practices strongly influences a network's identity (Human & Provan, 2000). The practices of involving members, thereby, describe selected patterns of interaction among network members. In other words, the practices of *involving members* present vital yet more indirect network identity building practices and refer to the question: *Who is the "we" in "Who are we?"*

Aspects of how and why this practice is identity related

The practice of involving members is indirectly yet strongly connected to identity-related structural properties, as membership involvement constitutes how network members perceive and construct InCareNet as a social system. Structures of network member involvement, such as the annually held network events, both constrained and

enabled members' identification with InCareNet. They partially constrained network interaction among members in the early years of network development, when those events were isolated from members' needs and expectations, were not open for the interested public, and hardly offered a platform for a sincere exchange of ideas. However, the annual events also enabled and strengthened identification within InCareNet at times, when they "*encouraged a pragmatic, solution-oriented and open dialogue among network member organizations*" (I-31, EC member, insurance provider). Thus, the moment members were more involved or actively participated, structural properties changed and, consequently, these changes enabled and restrained new possibilities for action. Putting the identity criteria of Albert and Whetten (1985) into use, the practices of involving members mostly relate to the aspect of *centrality* since the network members presented the core of InCareNet's existence.

Selected empirical examples

In the early years of InCareNet's formation, the network was characterized by the strong leading role of the city (a role from which the city essentially withdrew in subsequent years) and by the critical, passive, waiting, and tag-along position held by member organizations.

> *"Many members are part of the network so as not to miss anything."* (I-07, EC member, insurance provider; I-31, EC member, insurance provider)

The network members were able to participate in projects launched by the city and continued by InCareNet but were hardly involved in the actual shaping of the network's operative and strategic development. Thus, although the original aspiration of InCareNet was to use the interaction among network members as a central hub of collaboration, members were not at all or barely involved in network governance practices.

> *"The members were actually not involved. In the executive committee, we kept asking ourselves how we could involve members more and also give them a benefit – but that remains an unanswered question. […] We should have facilitated a dialogue with network members and asked them what they needed and what they wanted."* (I-01, EC member, hospital)

However, other empirical examples suggest that this non-involvement of members was overcome by the reflexive practice of involving members, as the executive committee realized that they had to encourage and enable participation within the network.

Consequently, the executive committee started multiple activities to involve and empower network members. These activities included social community building, empowering members through processual changes, and fostering communication.

Involving members by strengthening the network community involved introducing communication on first-name terms and providing opportunities for members to socialize and engage in small talk by eating and drinking together before and after events and meetings. Furthermore, practices of involving members emerged as processes were adapted to actively exploit the organizational know-how of network members. For example, the project lead in the Remuneration JWG started to give *homework* to the attending members and asked them to obtain information, data, or consent from their organizations or from the respective healthcare professions. Another example of the network identity building practices of involving members is how network actors started to foster interactive forms of communication, thereby enabling reflexive conversations.

> *"The interactive work in small project groups was very helpful for getting to know the other participants. Now, I recognize network members when I meet them somewhere else."* (I-22, JWG member, outpatient care organization)

Over time, such interaction reproduced network identity in terms of self-descriptive attributions, as illustrated in the empirical anchor quote below. In this quote, an executive committee member reflected upon how to overcome a certain adverse and ineffective mentality of consumerism among network members when a participant intervened and recalled the understanding of "we" in the context of the InCareNet network.

> *A: "At the moment, the focus is on the network. The board, as the network, asks the members 'How do we continue?' Maybe it needs more content…"*
>
> *B:* "*But the members **are** the network! This is a question of attitude [from network members]: It needs to be 'As a member, I **am** the network! How do **we** continue?' and not 'How do the board members include the network members?'"* (O-30, preparation meeting for the annual networking event)

In this empirical example, network interaction addressed the understanding of who "We" was in InCareNet.

5.1.4.4 *The identity building practices of creating commitment*

The empirical data analysis has revealed that alongside practices of narrating identity, establishing social locales, and involving members, a further practice significantly produced and reproduced network identity and thereby the social system as a whole – practices of *creating commitment* to action.

A patient-centered integrated care network requires providers to align key practices beyond the daily organizational value creation processes. These alignments can be of diverse nature, such as factual (e.g., establishing common treatment standards, tools, or IT infrastructure), social (e.g., limiting the number of eligible providers), temporal (e.g., timely transfer of patient data), or spatial (e.g., shifting value creation to shared healthcare facilities) (Mitterlechner et al., 2013a, 2013b). In other words, cooperation in networks is accompanied by a partial loss of autonomy of action. Therefore, a central challenge for network governance, and thereby reflexive network development, is to respect the independence of the participating member organizations and, at the same time, to create binding rules for cooperation for the network as a whole. Empirical data from InCareNet underlined that balancing these complex interrelations and dependencies was extremely demanding, but it was necessary to shape and develop a viable network identity. The indirect identity building practices of *creating commitment* focus on how members work together within and beyond network boundaries and refer to the questions: *How do we commit to action?* and *How are we collaborating?*

Aspects of how and why this practice is identity related

The practice of creating commitment is identity related since it strongly supports InCareNet's identity narratives of being a *platform* of exchange or *laboratory* to discuss new ideas or innovative initiatives. By creating commitment, the network members' capacity to interact is facilitated and members regularly attend meetings, events, or calls for action.

Such practices address the aspect of *distinctiveness* in terms of identity characteristics since the commitment of network members to collaborate on an ongoing basis over multiple years and beyond interdisciplinary boundaries provides a unique aspect in the Swiss healthcare landscape. InCareNet thus provides a distinct setting and "*many members are only part of InCareNet and nowhere else.*" (I-25, MHD Staff position, MHD)

"I am not aware of another network like InCareNet, [...] where GPs, care facilities, health insurance companies, and so on sit at one table." (I-30, EC member, insurance provider)

Selected empirical examples

The foundation of the network as an association in the sense of an institutionalized body and legal form was vital to instantly form a *binding framework* for network members. It enabled *equal decision-making rights* among network members and produced *identity-related structural properties* such as institutionalized processes.

"It was a long struggle. We asked 'Do we need a legal form to create commitment? Or only some loose group?' Eventually, we went for an association, in which all partners had equal voting rights and were equally important." (I-02, MHD staff position, MHD)

Furthermore, creating commitment among member organizations incrementally started to play a vital role as network members got more actively involved in governance practices. The formulation of certain rules of the game among network members, such as the expectation that members frequently and actively participate at events or meetings, or the preparation and follow-up work for diverse network sessions, provided an important framework for network identity constitution and fostered trust-building network processes.

The early years of network formation were characterized by a rather low member commitment towards InCareNet. The majority of members reported that they were part of the network "*so that they don't miss out on something*" (I-16, EC member, addiction medicine center) and "*to have a foot in the door*" (I-16, EC member, addiction medicine center; I-29, EC member, GP association). In combination with a lack of member involvement, the first two phases of InCareNet's development (from 2009 to 2017) showed rather an absence of commitment to actively engage in network activities. At that time, a strong commitment for cooperation was neither contributed nor actively required by network members.

"[It is] relatively difficult. It results in long meetings and unclear responsibilities. There is no commitment." (I-28, JWG member, GP group practice)

This shortfall in binding frameworks of interaction was regularly mirrored in low participation rates at network events or meetings. However, the network's annual event

in 2017, which was consciously named as an innovative "Future Conference" based on the ideas and needs of member organizations, marked a vital turning point in terms of creating commitment among network members. In multiple social locales, such as the executive committee meetings or sessions of the joint working groups, adequate forms of commitment for network members were discussed and collectively implemented. One network member described the importance of creating commitment for the network identity and network development in general.

> *"Commitment for the cooperation is simply needed when you want to achieve a common goal. Commitment among members also creates a bit of shared responsibility, […] and so we distribute the responsibility among everyone a little bit, and I think that's what is needed to ensure that when someone gets a task or homework, you can assign it accordingly and rely on it. In integrated care, one of the most common terms I use is commitment. Without commitment, nothing happens. Now we have commitment among network members to stay with [the joint working group] for two years, to attend meetings, to be more committed and critical, to give input, and to work in a more future-oriented way."* (I-31, EC member, insurance provider)

5.1.5 Reference direction(s) of InCareNet's identity building practices

Interpreted as an *act of reflexivity*, network identity is always *directed towards something* (Mitterlechner, 2019b). Thus, network identity building is not an end to itself; rather it constantly concerns and refers to structural network properties as the network develops over time. Scholars in the field of network identity argue that network development constantly tries to address the prevalent questions of a network's self-description, which evolves in settings of network development (Rometsch et al., 2007).

A closer look at identity building practices reveals that network action and structure are constantly in a dynamic and recursive interplay. According to Giddens' structuration theory (Giddens, 1984), network actors *refer* to identity-related structures in their practices, thereby producing and reproducing them over time. Thus, the structural properties of a network operate as vital *reference orientation* for identity-related practices. However, the observed network identity building practices vary over time regarding their main direction of reference.

For example, network identity building practices after the Future Conference (in October 2017) incrementally referred to structures of community building. At this highly interactive event, member organizations discussed future scenarios for the health landscape in the city and prioritized topics they would like to discuss and elaborate on in more detail in the upcoming months. The topic that most interested the members was the financial aspects of future integrated health services. Thus, in order to discuss and experiment with how innovative financial and remuneration models could be established, network members met on a regular basis in a joint working group.

One of these initiatives included developing a project outline for a "nursing shelter" service. A nursing shelter is a supervised overnight place that is created and embedded in a nursing home. The aim of this integrated care initiative was to provide a low-threshold, integrated offer for nursing emergencies. The project included multiple network members such as hospitals, care units, nursing homes, general practitioner units, and financiers like health insurance companies or the Municipal Health Department. It aimed to prevent the hospitalization of elderly patients who needed more intensive care at short notice – for example, because of flu or a urinary tract infection.

Our empirical data analysis revealed how network identity building practices, such as involving members, refer to the structural properties of allocating resources and formulating rules to coordinate nursing home facilities, primary care services, and elderly patients in need of overnight accommodation. Members of the joint working group frequently emphasized in their meetings that they would be open to an experiment, and they identified the nursing shelter as a suitable opportunity to give this integrative approach a go.

> *"I quickly sensed active enthusiasm among our internal people at the nursing home when I told them about the idea. Critical voices existed too, but yes; it was an experiment. We decided to try it out and see. The overhead costs are low, we can control it, we can do it."* (I-22, JWG member, outpatient care organization)

Another example of how network identity building practices at InCareNet refer to structural properties of community building can be observed in several meetings of the Remuneration JWG. An executive committee member, who participated in the Remuneration JWG, introduced the cause of this social locale, thereby indirectly also narrating InCareNet's network identity.

"After the introductory round, A explained why the joint working group came together. It's about an open and objective dialogue and about strengthening mutual understanding. The working group would like to overcome organizational interests and break down silos in order to strive for an appropriate incentive system and better patient care. The aim is to identify opportunities, work out a specific remuneration proposal for [the city], and implement a joint pilot project." (O-11, JWG meeting)

At the same time, we observed that InCareNet members faced an inherent challenge to communicate the integrative approach upon which the network was founded. Furthermore, members struggled to convey the benefit of network participation to potential future member organizations (Doz et al., 2000; Paquin & Howard-Grenville, 2013). In particular, in the initial network years, network members repeatedly asked the question: *What is the value and purpose of InCareNet?* Thereby, they constantly tried to identify and recall the networks' foundation and the essence of its identity.

5.2 Network identity building mapped over time

"Stories are process theories in waiting.
And process theories are stories told systematically."
(Gioia & Patvardhan, 2012, p. 58)

In the previous chapter, *first-order* findings were discussed based on a thick case description and detailed elaboration of the four key identity building practices occurring as the InCareNet network developed over time. In the upcoming section, we tell the story of InCareNet's identity development in a systematic way and introduce the *second-order* findings. We provide a process map that explains in more detail the dynamic and interwoven development of identity building practices and sets them into context.

This process map of the development of InCareNet and its network identity (with the periods of (i) network birth and formation, (ii) an ongoing disorientation phase involving an identity crisis, and (iii) a reorientation in terms of network identity) does not claim to be a complete and detailed representation of a given reality. Rather, in the sense of Burke (1935) and based on a practice approach inspired an analytical lens, the description focuses on essential patterns and dynamics with regard to identity building practices.

The practice approach as an analytical lens enables us to elaborate on the interrelatedness and interdependent dynamics of network identity building practices and social practices in general. Identity building practices are not only situated in a network context but also interwoven and entangled with each other and with other (non-identity-related) network practices. For example, most often, establishing a social locale goes along with the practices of involving network members. By establishing a joint working group, such as the Remuneration JWG, network members created a platform to exchange their ideas on innovative remuneration models and work jointly on solution approaches or discuss experimental thoughts on how to address remuneration challenges. Based on our understanding of the phenomena, both practices relate to network identity building and are practices in their own right, yet they depend on each other and are at the same time embedded in the network's context. Thus, when observing network practices, namely, what network actors are actually doing and saying, "[…] we never encounter practices in isolation, and to think of a specific practice we must foreground it by bracketing its relationships" (Nicolini & Monteiro, 2017, p. 112).

5.2.1 Mapping identity building practices over time

Period 1 comprises the initial network years from 2009 to 2013 and focuses on the starting condition and formation of the InCareNet integrated care network. Period 2 includes the time from 2014 to October 2017 and describes a network period of identity crisis, where member organizations frequently questioned and discussed the network's identity. This period is characterized by a high amount of uncertainty for the network actors regarding how to design and coordinate a network that benefits members and how to develop the network further. Period 3 covers the time from October 2017 to the end of 2020 and is characterized by a critical shift in network identity building as increased reflexive network design practices enabled network members to coordinate interaction effectively, utilize critical network resources, and provide direction and orientation by focusing on a processual perspective on network action.

In Figure 20, we map the four identity building practices over time along the three temporal brackets and show key relations between the practices.

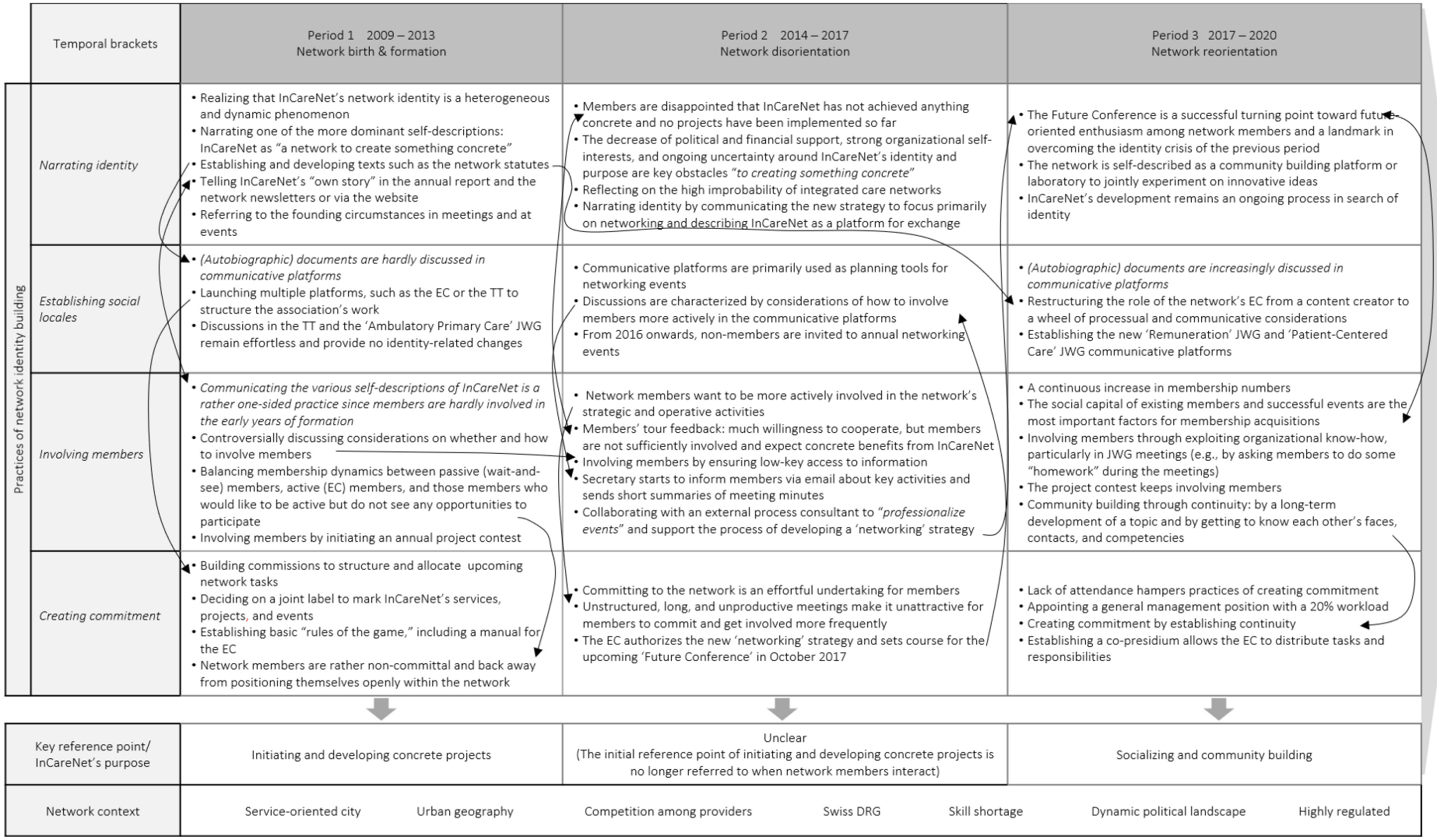


Figure 20 Mapping the four identity building practices over time

5.2.2 Period 1: Network birth and formation (2009 – 2013)

The years from 2009 to 2013 were characterized by a dynamic phase of initiating a suitable (legal) form of collaboration by gaining and maintaining political support to continue the implementation of integrated care initiatives and by acquiring and developing trustful relationships among network member organizations. The period of InCareNet's birth and formation was particularly important as central identity-related structural properties set the course for the further development of network identity building.

5.2.2.1 *Contextual aspects*

In 2009, the Swiss healthcare system was shaped by various developments in terms of financial, demographic, professional, medical, and technical challenges. These challenges involved (i) new models of remuneration and financial regulations (Widmer, 2020); (ii) the continuous lack of skilled workers for healthcare providers, in particular, in the field of primary care (and due to these financial challenges, the careful design of the pre- and after-care phase grew in importance); (iii) the rising average age of the Swiss population and, as a consequence, the ongoing increase in multi-morbidity and chronic diseases (Filliettaz, Berchtold, Koch, & Peytremann-Bridevaux, 2021; Filliettaz et al., 2018); and (iv) a lack of financial pressure to cooperate, align and re-design value creation processes with a short- or medium-term perspective. Furthermore, analyses of future healthcare trends showed that the first point of contact patients had with the health system was shifting away from GPs as gatekeepers towards emergency wards of hospitals as primary contact points. Thus, new forms of cooperation were required. In addition, the Swiss population was increasingly calling for healthcare services according to their individual needs (D-01, presentation idea of InCareNet).

Prior to the official network launch, further organizational level and organizational field level aspects shaped the antecedents of InCareNet's birth and formation. Rooted in political and financial considerations, the network was initiated by the city's Municipal Health Department (MHD) after an intensive discussion of future healthcare challenges. In 2006, the management of the MHD decided to take measures to further develop the city's health care system in a long-term and sustainable manner towards more integrated care (D-23, minutes city council). Thereby, InCareNet's primary objectives were quite

compatible with the common quadruple aim of healthcare (Sikka et al., 2015), which was (i) to better coordinate healthcare for patients due to aligned services, new forms of cooperation, and efficient and patient-oriented care structures; (ii) to reduce costs by developing innovative and cost-conscious solutions; (iii) to improve the overall health of the (Swiss) population through public health improvements, such as increased health literacy; and (iv) to foster interdisciplinary projects and build up relationships among service providers, thereby improving the working conditions within the healthcare system. When it was launched in 2009, InCareNet aimed to be a network following a holistic and processual approach to healthcare. In Period 1, InCareNet was a network of diverse actors in and beyond the healthcare system, and its key target group for potential members was organizations such as hospitals, nursing associations, nursing centers or elderly care facilities, associations of service providers, insurance companies, educational institutions, health leagues, health foundations, GP centers, patient organizations, or nonprofit organizations related to social determinants of health. The MHD, as prime initiator, was strongly involved in the network from the beginning with seven pilot projects.

5.2.2.2 ***The development of network identity as the network emerged***

The following sections will analyze *how* the four central network identity building practices in InCareNet emerged and developed in the early network years. Furthermore, the sections will pursue the question of *who* enacted the practices under observation and questions of *where* and *when* those four practices occurred within the years from 2009 to 2013. Essentially, the sections will reflect on the development of network identity building in Period 1 to sum up the interdependent relationship among the four elaborated practices.

5.2.2.2.1 Narrating identity

From the moment the network was founded, InCareNet's network identity was both multifaceted and multi-layered, and was essentially shaped by the numerous diverse actors (in terms of different political interests, financial possibilities, and content-related focal points). Thus, from the beginning, there was *no uniform* or *homogeneous story* when considering the question: *Who are we?* On the contrary, the diverse member composition in InCareNet led to a rather *heterogeneous understanding of what the*

network stood for and what future paths of development might be. Since political considerations played a crucial role in the launch of the network, some member organizations narrate the network's identity as strongly embedded in and dependent on political rules and resources.

> *"The network is the city's sales department for its new projects."* (I-03, EC member, medical association)

In conversations about the central aspects of InCareNet's origin and its distinct way of collaborative interaction in Period 1, member organizations, such as the main GP association, underlined that InCareNet was initiated by the MHD of the city, a circumstance which strongly characterized the network genesis and early years of network formation.

> *"The network was strongly influenced by the MHD. The projects [implemented by InCareNet] were MHD-internal projects, financed by the MHD, and within MHD structures. Practically all projects at the beginning were MHD projects."* (I-02, MHD staff position, MHD)

Other network members emphasized the integrative and novel aspect of InCareNet to foster integration among service providers and build up inter-professional relationships among the various network member organizations.

Narrating identity through key network documents

Founded through the legal form of a nonprofit association, the textual narrative about the essence of InCareNet played a crucial role in terms of network identity building. The *founding stories* of how the network member organizations positioned the network identity within the existing healthcare structures are documented in written and oral explanations of what distinguished InCareNet from other Swiss integrated care networks. In particular, the *statutes* of InCareNet provided an essential identity-related structural property at the network's birth. At the inaugural meeting in November 2009, the participating delegates of the 19 member organizations defined InCareNet's statutes and thereby decided on the strategic and operative future orientations of the network (D-03, inaugural meeting InCareNet). Furthermore, the founding members developed a *vision statement* and created an *operational manual* for the work of the executive committee. The following excerpt of the vision statement illustrates the self-description of InCareNet at that time.

> *"As a think tank and central platform for all stakeholders, InCareNet develops the foundations for a sustainable and patient-oriented healthcare system serving the population of the city […] and its agglomeration. At InCareNet, new and pioneering forms of collaboration are created on the basis of a culture of respect. InCareNet is a growing, learning, and changing structure."* (D-14, vision and mission statement)

Another network identity narrative was produced by the founding members with a *mission statement* that addressed seven central dimensions that constituted InCareNet's identity. In a nutshell, these dimensions were a joint *identification* with the InCareNet network, *participation* as a crucial aspect of collaboration, a respectful and transparent *working method*, honest *communication*, an understanding of InCareNet as a *learning organization* open for experiments, an *orientation* towards improving quality of care and reducing costs, and *trustworthiness* (D-14, vision and mission statement). Figure 21 comprises these seven dimensions of InCareNet's mission statement.



Figure 21 Mission statement of InCareNet by 2009 (own graphic)

At the inaugural meeting of InCareNet in November 2009, further structural cornerstones were decided. The nineteen founding member organizations elected a vice-president and agreed upon a collaboration with a medical association to install a secretary with a workload of 20 percent. In addition, the MHD allocated a staff member to support InCareNet with strategic and operative issues. This position, with a 20 percent workload, included various organizational and content-related tasks, especially with regard to communication, projects, and events. Furthermore, the meeting included the election of the members of the think tank and the allocation of the following executive committee responsibilities: presidium and vice-presidium, communication, events and networking, finance and accounting, strategy, and personnel and administration.

Using communicative channels to narrate identity

In InCareNet's birth and formation phase, the *annual reports* of the network provided a vital communicative channel to narrate how InCareNet was founded, what circumstances led to its strategic and operative orientation, and what projects the network was implementing at the time. Each year since then, these annual reports – including the network's budget – have been presented to and authorized by the members at the general assembly. After authorization, the reports have been sent to all network members and uploaded to the public area of InCareNet's website.

Furthermore, InCareNet created and sent electronic *newsletters* to members who specifically registered for them. These newsletters provided an identity-related structural property of InCareNet since they offered a channel to communicate the self-descriptions of InCareNet as an innovative and ongoing process and as a system that was constantly evolving. For example, in the first newsletter in 2010, the president of InCareNet explained how a *canceled* project (initiated by the MHD) was *part of a culture of innovative projects*. This narrative could have been encouraging network members not to be disappointed by further potential pitfalls or experiences of failures.

> *"The three new projects A, B, and C have been launched, while project D was the first project to be canceled. The latter may be unpleasant for those involved, but it is simply a part of a culture of innovative and lively projects."* (D-11, newsletter)

By 2013, the electronic newsletter was sent to the registered members and to around 600 health and care providers in and beyond the city borders. In addition, from 2013 onwards, the executive committee started to include and promote organizational events

and updates from individual member organizations in the newsletter – if communicated and wanted by the member organizations.

Another network identity-related structural property in Period 1 was the *joint label*, which was created to mark services, projects, events, and further activities of network members (D-24, newsletter). The label "InCareNet" referred to the distinct values of InCareNet as an integrated care network (see the seven dimensions of the mission statement mentioned earlier in this chapter) and distinguished projects, events, or integrated care initiatives which "*are in line with the philosophy of InCareNet*" (D-31, annual report). In contrast to the project contest – which was open to the interested public, meaning non-members could also participate – the granting of the label required that at least one InCareNet member organization was involved in the activity (D-31, annual report).

In the years from 2009 to 2013, the InCareNet *website* represented a further communicative channel where InCareNet as an integrated care network narrated its story and how it operated. Some internal documents, such as meeting minutes and photos of the events, were published in the restricted members' area of the website, meaning they were only visible for network members with passwords, while other information, such as the vision or mission statement, was visible to the general public.

Narrating identity through the verbal statements of member organizations

Network identity building frequently occurred through the verbal statements of member organizations during presentations or speeches at network events or in various network meetings. After the MHD, a key initiator in the formation of the network, stepped back from its leading role in 2012, InCareNet's executive committee made constant efforts to discuss and explain how InCareNet as a network evolved and how they "*had to take a stand"* and *"had to make it clear that InCareNet is not a municipal sub-organization, but an independent network*" (I-16, EC member, addiction medicine center). Shaped by the result-oriented project implementation of the city, identification of network members strongly referred to jointly implemented integrated care projects in and beyond the city borders.

> *"The goal of InCareNet was to produce results, and the city expected integrated care projects to be realized out of InCareNet."* (I-01, EC member, hospital)

When asked why they participated in the network, members stated that *"[we are] part of InCareNet, because we would like to be actively involved in innovative projects*" (I-22, JWG member, outpatient care organization). In addition, the expectation that specific projects should be implemented was repeatedly communicated both internally from founding members and externally (e.g., from the city council).

> *"The network stands for the overall process of improving integration of service providers, developing new forms of cooperation and implementing innovative initiatives."* (D-23, minutes city council)

As network members referred in their communication and consequently in their actions to the central characteristic of InCareNet bring in "*creating something tangible*" (I-01, EC member, hospital), they constantly produced and reproduced corresponding network structures. In the early network years, these structural properties included the creation of social locales, such as the think tank, with the aim of fostering and, essentially, implementing innovative project ideas.

5.2.2.2.2 Establishing social locales

In the first years of network formation, multiple *social locales* were launched *to coordinate and develop interaction* among network members. Thereby, the inaugural meeting in November 2009 represented a crucial communicative occasion for the official birth of InCareNet. The participating delegates of the 19 member organizations set the course for further strategic and operative network actions, not only by developing identity building documents, but also by creating social locales where identity-related issues, concerns, and decisions could be reflected and discussed (I-03, inaugural meeting).

Establishing social locales by structuring the association work

In their first meeting in December 2009, the executive committee discussed the expectations of the founding members towards the network and the future direction of impact. The participating executive committee members jointly agreed that a key expectation of the network was to break down existing barriers and improve the mutual understanding needed to align healthcare services.

> *"Everyone agrees that it is important to break down barriers in the health sector, to create transparency, to break down cemented structures, to use existing ties, and to*

network. InCareNet should address problems so that solutions can be found in the committee or bilaterally." (D-05, EC meeting)

Furthermore, the participating members started to define rules of collaboration, which involved a vote to decide the president and vice-president of InCareNet, the creation and allocation of six commissions (presidium, communication, events, finance, strategy, and administration), and the creation of the network's regulations and rules regarding auditors and fundraising. Furthermore, in their first meeting, the executive committee decided on an annual network calendar. This calendar included a general assembly each year in spring and (at least) one annual networking event for network member organizations in autumn. It was decided that meetings of the executive committee would be held periodically, approximately four times a year, with alternating member organizations as hosts.

In the second and third meetings of the executive committee, the committee members registered InCareNet as a *trademark* and discussed the annual network calendar of events as well as the development of the ongoing MHD projects.

In the fourth meeting, the executive committee members decided on a *joint label* to mark services, projects, events, and further activities of network members (D-13, EC meeting). The "InCareNet" label referred to the *distinct values* of InCareNet as an integrated care network and distinguished projects, events, or integrated care initiatives that were *"in line with the philosophy of InCareNet*" (D-31, annual report). In particular, the wording of the label and the future awarding were discussed in the fourth meeting. Among other things, it was stated by the meeting participants that InCareNet itself did not initiate projects, but only awarded the label (the label should refer to projects conducted "*in*" the network instead of projects "*from*" the network) (D-13, EC meeting). Furthermore, in this meeting, network identity building was directly discussed when a participating member elaborated on how one of the MHD-initiated network projects had to be canceled due to a lack of support from the practice partners and financial disincentives (D-13, EC meeting).

For the fifth meeting of the executive committee, InCareNet's strategy commission developed a strategy paper called *Strategy InCareNet* that had two main pillars. First, the strategy paper discussed the general network focus on network activities and long-

lasting processes of service alignment among and beyond network member organizations.

Table 12 Overview of executive committee meetings in Period 1

Executive committee social locale in Period 1 (2009 – 2013)		
Meeting	Time	Key topics
1	Dec 2009	- Discussing expectations of the network and the rules and resources of interaction among executive committee members
2	Feb 2010	- Planning the annual event cycle with general assembly and think tank meetings - Registering InCareNet as a trademark
3	April 2010	- Discussing ongoing MHD projects - Strategy commission reports of its first session
4	Sept 2010	- Discussing the InCareNet label - Introducing the idea of a project contest
5	Jan 2011	- Presenting the Strategy commission's strategy paper - Planning and organizing network events
6	March 2011	- Discussing feedback from member organizations regarding a lack of involvement for non-executive committee members
7	July 2011	- Presenting the strategy commission's report on activities - Presenting reports on updates from the member organizations
8	Nov 2011	- Discussing central identity-related questions on what InCareNet can and should be - Increasing debates on the role of the think tank
9	Feb 2012	- Discussing question of how to implement concrete projects
10	April 2012	- Reflecting on the future development of InCareNet
11	Sep 2012	- Elaborating on InCareNet's communicative practices - Presenting reports on updates from the member organizations
12	Nov 2012	- Questioning of annual events by executive committee members
13	Jan 2013	- Discussing the status quo in terms of primary care and the need for action to implement or support innovative initiatives
14	March 2013	- Ongoing debates on the primary care landscape in the city
15	Sept 2013	- Establishing that members expect more integrated care initiatives - Presenting reports from the Ambulatory Primary Care JWG
16	Dec 2013	- Establishing that InCareNet is not noticeable enough and that members are not sufficiently involved and engaged - Discussing the request to cancel the Ambulatory Primary Care JWG

Second, the strategy paper presented four strategic objectives: developing membership dynamics, networking, initiating integrated care projects, and understanding InCareNet

as a learning organization (D-16, EC meeting). In the meeting, the strategy paper was discussed and authorized by the executive committee.

In March 2011, at the sixth meeting of the executive committee, another identity-related issue emerged. A committee member shared some feedback she had received from a network member organization that "*the network is far away and elusive. Any member who is not an executive committee member receives hardly any information from InCareNet – apart from the news in the newsletters*" (D-18, EC meeting). Based on this feedback, the executive committee members discussed the role of InCareNet and whether network members were in debt to the executive committee to bring or fetch the goods.

Moreover, the then president of the network emphasized that InCareNet did not "*set sight on its own projects.*" The idea to ask member organizations at the next general assembly in 2012 about their needs and expectations, was shut down by the then president of the Network since "*a request show of different ideas from the members is not a desirable outcome for the Executive Committee*" (D-18, EC meeting).

The seventh meeting of the executive committee was particularly characterized by two aspects. First, the participating member organizations *decided to conduct the project contest annually* since "*the project contest is a result that InCareNet can show and it creates added value*" (I-06, EC member). Second, the members reflected on the role of InCareNet regarding project implementation. They considered that all the projects implemented during Period 1 originated through the MHD, meaning they were MHD projects rather than InCareNet projects: "*The projects of InCareNet were launched by the city. The network itself has not quite grown up yet*" (D-22, EC meeting). However, other participating members claimed that they were embedded in a highly political, fragmented, and competitive-oriented healthcare landscape, and the fact that network member organizations even talked to each other was already a good sign.

InCareNet's *think tank* as a social locale was discussed at length in the eighth meeting of the executive committee. Participants of the think tank reported that the think tank as a platform had unclear tasks and collaboration with other commissions or with the executive committee was ambiguous. One think tank member claimed that the six meetings had been interesting and many ideas had been discussed; however, the conversations remained on a very abstract meta level.

"The think tank was just too far away from the praxis, too far away from the grassroots. They had some good thoughts, but it was out of touch with reality. It needs a practical source." (I-03, EC member, medical association)

Other members were disappointed with the lack of concrete outcomes the think tank had generated.

"The directionless thinking in the think tank has led us nowhere. Fifteen eminent professionals sat around the table and nothing happened." (I-08, EC member hospital)

The think tank was originally supposed to provide inputs, ideas, and suggestions, and it had "*a certain amount of fool's freedom.*" It was the idea "*that the network thinks and the executive committee acts.*" For network members, it was important to strike a good balance between a "*helicopter vision*" and a "*feasibility perspective*" (D-20, annual report), and think tank members suggested a need to focus primarily on learning from each other, gaining a common understanding of the tasks, and creating a basis of trust. However, its members started to claim that innovative initiatives to implement concrete projects should come from network member organizations themselves rather than being provided by the think tank or the executive committee. In addition, the think tank lacked a common understanding of integrated care. Consequently, the executive committee decided to stop the activities of the think tank in November 2011.

Table 13 Overview of think tank meetings in Period 1

Think tank social locale in Period 1 (2009 – 2013)		
Meeting	Time	Key topics
1	March 2010	- Discussing the tasks and working methods of the think tank
2	April 2010	- Elaborating on a mutual understanding of integrated care
3	July 2010	- Identifying the biggest cost drivers in healthcare and elaborating on modulation options
4	Nov 2010	- Reporting and discussing various projects in the field of integrated care
5	March 2011	- Discussing coaching and disease management projects outside of InCareNet
6	June 2011	- Elaborating on a pilot project outline

Alongside the discussion on how to proceed with the social locale of the think tank, the executive committee meeting in November 2011 strongly elaborated on network identity questions. The nine participating executive committee members discussed identity-related questions of what the network *can* and *should* achieve. Thereby, the following questions were asked by participants:

- Does it make sense to use the annual networking events and the general assembly for networking purposes and to promote projects through the project contest?
- How can InCareNet fund potential projects? Are there any potential sponsors?
- Has the intended relationship and trust building already been achieved?

The discussion concluded by debating on two diverging perspectives among the participants that InCareNet was either (a) like *a midwife to support project ideas*, or (b) rather a *facilitator for relationship building* and, at the same time, a *generator of initiatives* and projects (D-25, EC meeting).

The idea of a networking event (the upcoming annual event in 2012), which involved members more interactively and went beyond a consumer attitude, was only partially accepted by those present.

At the end of the meeting, participants did not agree on a mutual future orientation for how to involve or not involve member organizations and how to deal with the controversy of initiating or not initiating concrete projects. Essentially, the president of InCareNet emphasized that network members continued to have the expectation that "*something finally will happen in the network. And then I always say: what are you waiting for? We are all InCareNet; the members should initiate something [rather than waiting for the executive committee to do so].*" (I-16, EC member, addiction medicine center).

The executive committee continued to discuss the added value of InCareNet and future network activities in the tenth, eleventh and twelfth meetings. Furthermore, the topic of communication was argued in more detail since an evaluation study monitoring InCareNet had pointed out that communicative practices in InCareNet hardly existed.

The four remaining executive committee meetings in Period 1 in 2013 were characterized by (i) a lively discussion on the status quo in terms of primary care and the need for action to implement or support innovative initiatives in and beyond the city

borders (the "Ambulatory Primary Care" joint working group (JWG) was established thereafter); (ii) feedback that members expected more initiatives from InCareNet in the field of integrated care, (iii) complaints from network member organizations towards the executive committee regarding the lack of information (in particular, members criticized the fact that it was not clear *who* the members of InCareNet were, *what* InCareNet *stood for*, what kind of network action InCareNet took, or *how* member organizations interacted); and (iv) an ongoing debate on membership development and how member organizations could be involved and engaged in future years. Network identity-related questions were discussed, in particular, in the sixteenth meeting, when the head of the Ambulatory Primary Care JWG requested that the project be canceled due to "*a lack of energy*" and the "*large effort that would be necessary*" (D-43, EC meeting).

Organizing and conducting network events

Further central social locales alongside the executive committee meetings were the annual general assembly and the annually held networking events. Both platforms provided an opportunity for network members to periodically discuss and communicate identity-related questions. However, the general assembly, in particular, had been a quite formal and administrative event in Period 1, with limited space and time for both active interaction and collective reflection on network identity-related issues among network members.

Table 14 Overview of general assemblies in Period 1

General assembly social locale in Period 1 (2009 – 2013)		
Meeting	Time	Key inputs
1	May 2010	- Inputs on the regional network "Health Economics" and a regional integrated care project
2	May 2011	- Award ceremony of the project contest
3	May 2012	- Award ceremony of the project contest
4	May 2013	- Award ceremony of the project contest

The following quote illustrates the impression of a network member, who reflected on the general assembly in 2013:

"The last association event in spring, the general assembly, was like a state event. It was completely exaggerated. Everything was quite formal..." (I-05, MHD staff position, MDH)

InCareNet's annual networking events provided a further essential networking platform for network member organizations and were, at that time, exclusively for InCareNet member organizations, meaning they were not open to the interested public. In Period 1, the annual network events provided an important space for network members to mingle and exchange with each other and to build up relationships among the community of members.

Table 15 Overview of annual networking events in Period 1

Annual networking events social locale in Period 1 (2009 – 2013)		
Meeting	Time	Key inputs
1	Oct 2010	Electronic integration in the health sector – curse or blessing?
2	Oct 2011	Integrated Hospital – Innovative solutions for shaping the treatment process chain
3	Oct 2012	DRG – TOP or FLOP? Experiences from 300 days with the new clinical finance model

Each event was organized and planned by the executive committee and was held annually in October. The agenda varied only slightly each year with a two-step agenda of a keynote presentation on a topic suggested by the executive committee members and a short exchange in small groups thereafter. At the annual event in 2012, delegates from the local media were invited to the event.

Establishing social locales through launching a joint working group

In 2013, no annual network event took place as the executive committee decided to pause the networking-oriented annual event in favor of working jointly on a topic in the field of outpatient primary care (D-37, EC meeting). Thus, the executive committee decided to initiate the Ambulatory Primary Care JWG. This joint working group was founded, after a network member representing a GP association came forward in March 2013 to discuss the critical ambulatory care circumstances driven by an aging and decreasing GP workforce. Led by a regional (non-MHD) hospital, that was a member of the executive committee, seven members of the executive committee created the joint working group to look more closely at outpatient primary care in the city and its surroundings.

"[The Ambulatory Primary Care JWG was built] to go beyond talking and to try to concretize what we can initiate. We really wanted to make something tangible. And then two or three people found each other and said, 'Ok, we'll work on this; we'll push it further and think it through.'" (I-11, EC member, outpatient care organization)

In addition to analyzing the status quo of outpatient primary care, the group looked at sustainable solutions within the framework of integrated care and the possible role InCareNet as a network could play in such approaches. The JWG met a total of four times (see Table 16). They exchanged information and discussed initial ideas to establish a joint health center led by the participating network member organizations.

Table 16 Overview of meetings of the Ambulatory Primary Care JWG in Period 1

Ambulatory Primary Care JWG Social locale in Period 1 (2009 – 2013)		
Meeting	Time	Key topics
1	May 2013	- Assessing the status quo of current infrastructure, patients' needs, and expectations
2	July 2013	- Discussing and reflecting on two potential approaches: playing a rather passive role or a more active role in implementing primary care initiatives
3	Sept 2013	- Reflecting on how a primary care center could work, after feedback loops with the executive committee
4	Oct 2013	- Further planning of the primary care center with concrete options

In their meetings, the participants reflected on potential approaches to building a joint primary health center in the city. After two feedback rounds with the executive committee, the Ambulatory Primary Care JWG created a proposal to launch a primary health center by October 2013 and started to plan further steps to include other network members in their debates and discussions. After the fourth JWG meeting, the group's head approached a university hospital to collaborate on the primary care center. The university hospital was also a network member organization of InCareNet and was planning a similar initiative with a primary care center in the city center. However, the university hospital was not interested in cooperating with InCareNet, and so the Ambulatory Primary Care JWG was terminated at the request of the JWG head and by the authority of the executive committee at their sixteenth meeting.

5.2.2.2.3 Involving members

A network's identity is strongly influenced by how the network actors perceive themselves as a social system and whether and how the members are involved in the development of the network. At the end of the day, network members are the very ones who recursively reconstruct *through their relational actions* what is of *central importanc*e for the network, what *distinguishes it from other integrated care networks*, and whether or how it can be *maintained on a long-term basis*. By doing so, the network member organizations as social actors constantly reproduce and produce the network itself. Analyzing the empirical data of InCareNet at hand suggested that the answer to the question: *Who is the "we" in "who are we?"* strongly focused on the executive committee in the early years of network formation. Members outside this leading circle were hardly involved in any interaction and mainly consumed content at the two annual events (the general assembly and the annual networking event). Despite this focus on the executive committee, and thereby on the founding members of InCareNet, several organizations joined the network in Period 1, leading to a constant increase in network members (see Table 17).

Table 17 Number of network member organizations in Period 1

	InCareNet in Period 1 (2009 – 2013)				
Year	2009	2010	2011	2012	2013
No. of member organizations	19	21	22	25	26

By 2013, 26 organizations (of which 12 member organizations were part of the executive committee) from diverse disciplines and fields in the healthcare landscape had joined the integrated care network.

(Non-)Involvement of members

InCareNet's birth and formation phase included workshops where members worked on the vision, objectives, mission statement, and structure of the network. However, during this time, and later on, there was no reflection (on the basis of a jointly developed understanding of the problem) on a joint network vision with regard to the future design of integrated health care.

Stray network members, in particular, those who were already represented in the executive committee or a founding member, participated in one of the MHD-initiated network projects, which had been launched by the city and continued by InCareNet.

However, participants in these projects were hardly involved in the actual shaping of the network's operative and strategic development. Thus, although the original aspiration of InCareNet was to use the interaction among network members as a central hub of collaboration, members were not at all or barely involved in network governance practices.

Despite some traces of member involvement in the early years of network birth and formation, broad and long-term member involvement within InCareNet was therefore still scarce. Network interaction among members was constrained as the members' expectations or needs were not included in the planning and organizing of the annual network event or the general assembly. Furthermore, those events were structured in a way that primarily focused on an (often) external keynote presentation and updates on various administrative network tasks.

As a consequence, InCareNet's membership dynamics in Period 1 were characterized by the *strong leading role of the city*, a "*critical, waiting, and passive*" majority of members who tended to see themselves in a "*follower role*" (I-03, EC member, medical association; I-07, EC member, insurance provider), and *limited opportunities for interaction* for those members who actually wanted to engage more actively.

Strongly led by their own organizational interests and structures, various members in Period 1 were very reluctant to engage in the newly built network.

> *"Most of the members do not want to commit themselves to anything concrete, at least not at the moment. For whatever reason, so far, sitting at one table and developing something together has been almost impossible. The reluctance of the individual member organizations is quite astonishing. Not the delegates themselves – they are committed to the discussions and debates – but the link towards their member organizations is difficult. The member organizations are not engaged or interested in making an attempt to develop an initiative. We lack a bit of courage to tackle something tangible."* (I-11, EC member, municipal outpatient care organization)

Such a membership constellation provided a rather difficult basis to jointly reflect on the future of health care in the region and to redesign integrated care initiatives in an active-creative process. Furthermore, these structures led to ongoing uncertainties and

controversies in terms of whether and how to involve members in the existing network activities.

> *"The members were actually not involved. In the executive committee, we kept asking ourselves how we could involve members more and also give them a benefit – but that remains an unanswered question. […] We should have facilitated a dialogue with network members and asked them what they needed and what they wanted."* (I-01, EC member, hospital)

At some point, a proposal was made in the executive committee to elaborate on how to better involve members on a long-term basis. Although the network president at that time claimed in the executive committee that members could contribute ideas and launch new projects whenever they wanted, he disapproved of the idea that InCareNet should be a network initiating or supporting projects itself.

However, other empirical examples suggested that this non-involvement of members was overcome by the reflexive practice of involving members, as the executive committee realized that they had to encourage and enable participation within the network if they wanted the network to continue to exist. Thus, the executive committee started to create multiple prerequisites to incrementally involve and empower network members.

These prerequisites included a stronger focus on socializing at the annual network events and the annual general assembly. Furthermore, the prerequisites included the empowerment of members through processual changes such as creating the social locale of the Ambulatory Primary Care JWG.

The possibility for members to participate in projects

Members were partly involved in the MHD-initiated and fully funded integrated care projects at the beginning of the network formation, especially through participating members of the executive committee. These included projects focused on:

- Living with long-term illness: caring for elderly people at home
- Case management, tirage, and crisis intervention: Support for mentally ill people in cooperation with or at the interfaces of hospitals, GPs, and other healthcare providers

- Individual socio-medical solutions: outpatient assessment and care for people with dementia on request from the police, GPs, neighbors, or others
- Competent social counseling for patients: Volunteers accompany people affected by health and social problems
- A health center at the emergency center of a local hospital

Network members were thus able to participate in the integrated care projects initiated by the MHD and continued by the network but were hardly involved in the discussion about the future of health care in the region.

Involving members in the "member tour"

Another example of the identity building practice of "involving members" emerged in 2013, when the then newly elected network president "*went on a meet and greet tour to all member organizations to get to know them better.*" He described this "*member tour*" as a valuable opportunity to learn about the needs and expectations of the network members.

> *"As the new president, I first wanted to get to know our network and its members better. During a 'tour' to all the members who were not already known to me from the executive committee, I was able to learn a lot about what our members did and establish what issues they were particularly concerned about, what they expected from the network, and what they could contribute to InCareNet."* (I-16, EC member, addiction medicine center)

The then president of InCareNet explained that at the executive committee meetings, participants frequently discussed the network's added value for network member organizations and how member organizations could both actively engage in the network's work and, at the same time, be engaged through network structures.

> *"I got the impression that InCareNet couldn't do much. Who was InCareNet anyway? From the members' point of view, it was probably the executive committee, but ultimately it was the members. The members had to do it [facilitating integrated care]; the executive committee couldn't do it. InCareNet had not been able to provide any benefit. Our members gained no benefit from it. What we did in the network was conduct a general assembly and an annual networking event with a reception, and we didn't really do anything else. That's when the discussion started. How could we*

generate a benefit for our members? Consequently, the working group on primary care came into being." (I-16, EC member, addiction medicine center).

Involving members through a contest for integrated care projects

From 2011 onwards, InCareNet launched a project contest "*to support the goals of InCareNet*" and to foster innovative initiatives and models of integrated care. Each year, network member organizations were able to submit their entries and a jury of diverse healthcare professionals within and beyond the network borders evaluated and judged the submitted projects. The award ceremony took place each spring at InCareNet's general assembly. The project competition was intended to promote integration projects, but also to make existing innovative projects more visible and thus encourage and inspire other players in the field of healthcare to become active as well. Furthermore, InCareNet felt confident that "*concrete projects always form good points of contact. Knowledge of ongoing and planned projects also promotes networking in the health sector*" (D-31, annual report). Nine organizations submitted applications for the project contest in 2011, five made submissions in 2012, and seven applied in 2013.

5.2.2.2.4 Creating commitment

The network identity building practice of creating commitment enabled network member organizations to both respect the organizational identities and independence of each participating member and create binding *rules of the game* for joint collaboration. In the early years of InCareNet's birth and formation, few practices of creating commitment were evident.

Structuring network tasks

InCareNet's founding members decided to govern InCareNet in the legal form of a nonprofit association. Furthermore, they decided to establish three different member categories: Category A, Category B, and Patrons. Category A included organizations and institutions with an annual turnover of 5 million CHF or more, Category B included those with an annual turnover of less than 5 million CHF, and the Patrons category covered natural or legal persons who financially and ideationally supported the idea of InCareNet. While network member organizations in Category A and Category B had a vote in the annual general assembly, Patrons did not. Furthermore, in one of the first executive meeting sessions, six commissions were built to structure and allocate the

upcoming network tasks among network members (D-03, inaugural meeting InCareNet).

First, the *presidium commission* (consisting of the network president and the vice-president) chaired the executive committee and the InCareNet network as a whole. The president represented InCareNet externally and the position served as the main point of contact for the network as a whole. The president's responsibilities lay in preparing and chairing executive committee meetings, creating and presenting annual reports, negotiating with network partners, concluding contracts, and handling legal issues. In principle, the entire executive committee decided by an absolute majority of the members present on all business of the network that was not reserved to the competence of the general assembly or the auditors according to the law or InCareNet's statutes. In the event of a tie, the president had the casting vote.

Second, the *strategy commission* was responsible for making applications regarding InCareNet's strategy to the executive committee. Furthermore, it was responsible for developing network activities to facilitate network interaction and acted as an interface between the executive committee and the think tank. However, according to the participating members, the distinction in terms of responsibilities and tasks towards the think tank was unclear in Period 1. The chair of the strategy commission was InCareNet's president, and six further executive committee members participated in this commission.

Third, the *communication commission* initiated and further developed communication channels, such as the website and a periodic newsletter for all network member organizations, and addressed issues regarding InCareNet's brand and label.

Fourth, the *events commission* led the planning and organization of network events, in particular, the general assemblies and the annual networking events. In addition, this commission aimed to foster relationship building among network member organizations.

Fifth, the *HR & administration commission* was responsible for questions regarding insurances and personnel. Furthermore, the commission supported InCareNet's secretary, which managed all administrative issues, such as internal communication among network members, sending online invitations for meetings and events, maintenance of the members' database, and other secretarial work.

Finally, the *finance commission* was responsible for opening a bank account and all tasks regarding accounting and network funding (through membership fees or patronage contributions). Participants in this commission led InCareNet's financial planning and asset management.

Establishing "rules of collaboration"

The executive committee regulations were authorized in the first executive committee meeting in December 2009, and they included main rules governing how members should collaborate and interact in the central social locale of InCareNet. The executive committee regulations comprised a total of eleven articles, including general remarks, key tasks and responsibilities, and the decision-making practice of the executive committee. These regulations provided an important framework for future actions and constituted the foundations of the executive committee as a social locale. Figure 22 gives a brief overview of the different articles. A more detailed list is attached in Appendix C.

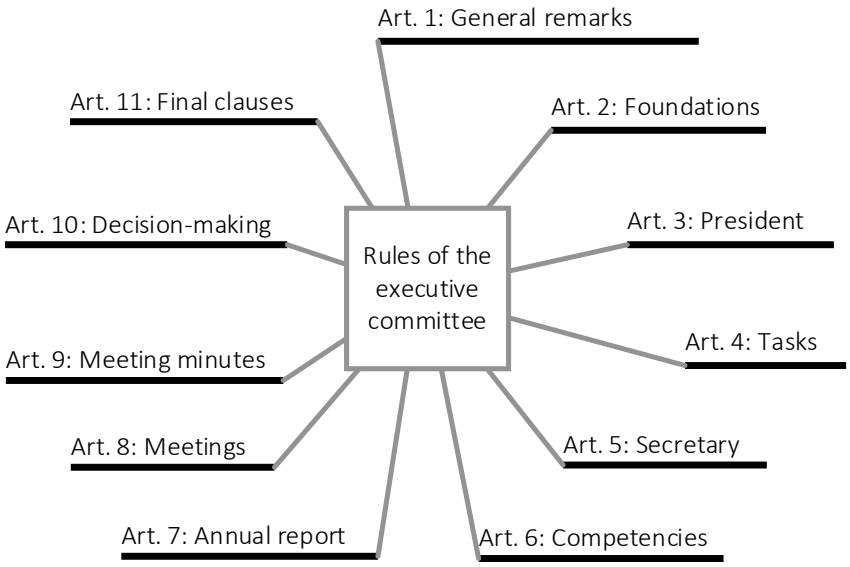


Figure 22 Executive committee regulations

Creating commitment to not commit

The city initiated and strongly supported InCareNet – both on a financial level and with personnel – during the birth and formation phase and concretized, specified, and prioritized the network's orientation by incorporating existing MHD integrated care projects into InCareNet's agenda. However, even during this initial phase, there was no real opportunity for network members to actively produce and reproduce the identity of the network. In addition, many members had reservations about positioning and

committing themselves too strongly to the network (both in terms of content and politics).

> *"People always act as if we are all in the same boat, but that's not true at all. The network is characterized by hard-core organizational self-interests and competitive thinking."* (I-08, EC member, hospital)

Many network members neither wanted to position themselves clearly within the network nor wanted to make any long-term commitments in the form of shared value creation processes through integrated care projects or initiatives. Other network members (in particular, the smaller and less powerful members in terms of financial possibilities and size) were part of InCareNet since they searched for publicity and wanted to position themselves in the field of integrated care. Through membership of InCareNet, they hoped to become more visible (I-07, EC member, insurance provider).

The withdrawal of the city as a financier of projects and the expiry of its incorporated integrated care projects created a vacuum in terms of network content. There were limited possibilities to actively participate in the development of the network and, at the same time, the dominant wait-and-see and defensive attitude of many members led to frustration and resignation on both sides. The commitment to jointly innovate new models of care, create out-of-the-box patient-centered services, or actively foster relationship building processes was not particularly high in the early years. Another reason members were hesitant to commit in the initial phase of the association was the lack of trust among the network members.

> *"Many people have told me that they don't really know the other members, institutions, and representatives. People don't know them at all and don't really know what they do. On the other hand, there are some among them who want to make themselves known so that they are more likely to get patients. There are a lot of interests involved."* (I-16, EC member, addiction medicine center).

5.2.2.3 ***Summary and key reflections on Period 1 (2009 – 2013)***

InCareNet's initial years were characterized by multiple heterogeneous narratives regarding the questions of who and what InCareNet was as a network. Some members saw the network's identity clearly characterized by the dominant role of the MHD and narrated the network's identity as strongly embedded in and dependent on political rules

and resources. Other members primarily narrated the network's identity as an ongoing process and an opportunity to "*dismantle walls and barriers*" between each other.

These diverse narratives were mirrored in the autobiographic documents the network's founding members developed in the initial years. Multiple authors have indicated that autobiographical documents and communicated interpretations of such documents play an important role in identity constitution (Czarniawska-Joerges, 1994; Czarniawska, 1997, 2000). These studies, which emphasized the importance of (autobiographical) texts, their contextual conditions, and the collective and reflexive interpretation of those texts, support the empirical patterns that were evident in the initial years of InCareNet's existence. However, as InCareNet grew over time, those identity-constituting documents hardly played any role in the further development of InCareNet's identity and were almost never discussed or reflected on in any social locales. Nevertheless, that slightly changed in Period 3, when these texts occasionally came back into focus.

In terms of other narrating practices in Period 1, the executive committee kept telling InCareNet's story as being a newly founded integrated care network "*to align services*," "*improve relationship building*" among network members, and "*build bridges*" among members in the *annual report*, in network *newsletters* or via the *website*. Furthermore, network members constantly *referred to the founding circumstances* in meetings and at events. To gain some capacity to act, InCareNet's founding members launched multiple platforms such as the executive committee or the think tank to structure the association's work. However, despite the efforts and the numerous discussions, the think tank and the newly launched Ambulatory Primary Care JWG remained without any outcome and were canceled within Period 1 of the network's development. In contrast, the executive committee has remained the central social locale of InCareNet throughout its existence.

Although these social locales were established in the first years of network formation, they served, in particular, as vessels for exchanging information. In addition, they functioned as a coordination hub for planning and organizing upcoming network events rather than as a platform for reflection on and debate about integrated care challenges or opportunities to act and engage as a network. In addition, in Period 1, opportunities to reflect on the network's strategic development were very rare. Little work was done by members between meetings, and the central participants of the executive committee were repeatedly absent from meetings. The lack of a contextual attractor when the MHD

projects came to an end and the association lost substance in terms of content led to a period of increasing uncertainty about the network's identity.

The foundation of an association in the sense of an institutionalized vessel was important in the genesis phase of InCareNet in order to quickly bring the members into a binding framework, decentralize voting rights from the MHD, and build trust in the association's work (statutes, departments, finances, etc.). As MHD pilot projects were already "*in the pipeline*" (I-05, MHD staff position, MHD), entering into a substantive dialogue with the new members was not a priority for the network back then. Thus, the main reference point of network identity building practices in InCareNet was very much oriented towards the MHD projects. The MHD internally defined pilot projects for the association very early on, and these projects were then either taken over or continued by InCareNet. In later periods of network development, no further projects were formally launched by InCareNet as the MHD withdrew as the key financier from the network and remained with a department staff position within the executive committee.

Communicating the various self-descriptions of InCareNet was a rather one-sided practice in the beginning. Members of InCareNet were neither strongly involved in the network's work as such nor involved in strategically or operatively shaping InCareNet's network development outside the executive committee meetings. However, some traces of the network identity building practices of involving members were still observable in Period 1, in particular, through members' involvement in the MHD-initiated projects, mutual conversations with members and the network president, and the project contest.

InCareNet had to balance membership tensions related to the practices of involving members more actively in the network activities. On the one side, members complained about the lack of opportunities to actively engage and participate in governance practices. On the other, individual members of the executive committee claimed that many network members were part of InCareNet "*to consume*" and "*to be entertained by the executive committee*," an attitude that the executive committee strongly disapproved of. At the same time, the then president of InCareNet was against an open dialogue with network members to collect their ideas and preferences. The lack of active member involvement in the early years of InCareNet's birth and formation led to controversial discussions and considerations in the executive committee meetings on whether and how to involve members at all.

Concerning network commitment, various members in Period 1 were very reluctant to engage in the newly built network since it constantly gave priority to its own organizational interests and structures. This lack of member engagement and commitment, in turn, had the potential to frustrate the more engaged members of the executive committee. One executive committee member described the situation as follows:

> *"The members are not doing anything. The only ones who work are the members of the executive committee. Not a single project has been proposed or initiated from members, except one from [name], but that organization is now also in the executive committee."* (I-08, EC member, hospital)

However, the *project contest* provided an important opportunity to involve network members and thereby develop an identity-related structural property of InCareNet since it was a distinct feature of other networks in the healthcare landscape. Thus, it was decided at the seventh executive committee meeting (in July 2011) that a project contest would be conducted annually from then on.

5.2.3 Period 2: Network disorientation (2014 – 2017)

The years from 2014 to 2017 were defined by an ongoing process of disorientation and uncertainty in terms of network identity building. These years marked a time of growing controversy around *who* InCareNet was as an integrated network and *what* it stood for. Questions started to increase among network member organizations about what InCareNet *should* and *could* do in view of its contextual embeddedness, limited resources, restricted scope of action, and lack of both financial and political power. Continuously bothered by these questions, InCareNet as a social system *struggled to develop its own network identity* in these years and decided to primarily focus on *networking*. This sole focus on networking, however, was contrary to the original manifold objectives of InCareNet, including those to initiate diverse integrated value creation processes and launch innovative projects of integrated care. By the beginning of 2017, the executive committee essentially decided to launch the new format called the "*Future Conference*" as an annual networking event and thereby incrementally overcame this phase of identity crisis.

5.2.3.1 ***Contextual aspects***

By 2014, the InCareNet network was still enabled and constrained by more or less the same financial, demographic, professional, legal, and technological developments of the Swiss healthcare system as it was in Period 1. As it did in its initial years, InCareNet's work faced legal regulations that disincentivized integrated care rather than encouraged it (in particular, from a resource perspective). Furthermore, network members continued to claim that "*InCareNet [was] characterized by hard-core self-interest and power camps of the members*" and that "*this constantly got in the way of cooperation*" (I-01, EC member, hospital). Members pointed out that the political situation at that time "*punished*" integrated care since it "*cost money and time*" for members to collaborate with each other on a long-term basis. It comes as no surprise that neither money nor time was available in excess for network member organizations.

5.2.3.2 ***The lack of network identity development during times of crisis***

As in the previous chapter, the next sections will elaborate on the development of network identity building practices in more detail. The chapter will focus on *who* enacted the four identity building practices under observation, and it will elaborate on the questions of *where*, *when*, and *how* those four practices occurred between the beginning of 2014 and October 2017. At the end of the chapter, we will briefly summarize and reflect on the development of network identity building in Period 2.

5.2.3.2.1 Narrating identity

In Period 1 (2009 – 2013), InCareNet's executive committee members initiated several approaches to ideate and produce concrete project ideas. These approaches included the launch of a think tank, the creation of a strategy commission to foster reflections on InCareNet's strategic orientation, and the regular meetings of the executive committee.

Despite these structural network properties in Period 1, InCareNet was not able to achieve one of its key objectives: to foster and implement concrete integrated care initiatives beyond those projects initiated and funded by the MHD. Thus, the network was unable to initiate or implement a multilateral joint coordination of value creation among its network members. Therefore, at the beginning of Period 2, members claimed that they "*have not achieved anything tangible*" and that "*concrete projects have not*

succeeded." Although the network was growing in numbers and the most influential and well-known organizations in the field of healthcare in and beyond the city borders were all part of the network, member organizations still observed that "*[d]espite good-faith efforts, nothing has yet been put on the ground in InCareNet*" (I-07, EC member, insurance provider).

In several meetings, executive committee members discussed how numerous organizational-level and network-level obstacles repeatedly blocked the joint coordination of value creation and thereby hindered InCareNet's attempts to "*achieve something tangible*." First, one aspect that made it difficult for InCareNet to launch new projects was the decrease in political support combined with a diminishing political interest in the work of InCareNet. This was, in particular, the case when the MHD withdrew from its dominant role in 2013, and when a non-MHD-employed person became the president of InCareNet.

> *"In the beginning, we were 'moved' by the MHD rather than being active ourselves."* (D-52, reflection workshop)

Second, the organizational barriers of network member organizations that prevented the implementation of integrated care remained too high (see Auschra (2018))). Integrated care initiatives were complex, very effortful, and costly in terms of financial support, expertise, and personnel. At the same time, external financial and regulatory pressure for healthcare providers to initiate innovative models of cooperation still hardly existed among the participating organizations. Thus, after five years of participation in the network, members increasingly realized the high improbability of generating, implementing, and maintaining innovative integrated care initiatives when embedded in the environmental structures of the Swiss healthcare system.

> *"In the beginning, there was the euphoria of the new. Then came the disillusionment. [...] It had always been a goal to create our own projects, but then we realized it was not at all easy [to accomplish]."* (I-09, EC member, MHD)

Third, the executive committee members were in agreement about neither the network's added value for its members nor InCareNet's future role in the city's healthcare landscape. This uncertainty about who they were as a network, what the network could offer its members, and how to proceed as a network was reflected in the tentative network identity building practices in Period 2.

> *"People have perceived that there's actually an implicit expectation that projects will emerge and grow, and when that doesn't happen, it does make you wonder, why [be part of the network]? […] And there have been discussions regarding the meaning of this network."* (I-01, EC member, hospital)

As a consequence, network members engaged in the executive committee, as well as those not actively involved in network activities, expressed their disappointment at how InCareNet was developing and the lack of added value for InCareNet's members.

Unmet expectations and identity crisis

As the network grew, it became apparent that the different network member organizations had divergent expectations in terms of their participation in InCareNet. Whereas some members (especially the MHD and some of the founding members) initially saw InCareNet as an important opportunity to jointly pave the way for integrated care in the city, other members were in more of a passive position and concentrated on the potential networking benefits they could gain from participating in InCareNet. There were implicit expectations from all sides – from the MHD as initiator, from the founding member organizations, and from the remaining rather passive organizations – that projects would be launched within the frame of InCareNet.

> *"There was a crisis of meaning and identity in the network, and the benefit, the added value of the association, was not clear."* (I-25, MHD staff position, MHD)

However, when these expectations were not met after several years of network interaction, it was "*a trigger for a discussion about the role of the network*" (I-25, MHD staff position, MHD). Within this discussion, across multiple executive committee meetings, members addressed the question: "*What can an informal network like InCareNet do, and what can't it do?*" (I-08, EC member, hospital).

Narrating identity by communicating the new strategy

Bothered by this question of what an informal and voluntary network such as InCareNet could actually do, the then network president, in collaboration with the network's strategy commission, developed a proposal to adapt InCareNet's strategy and its central focus. The central aspect of this new strategy was that the future direction of InCareNet should focus primarily on networking and socializing rather than on pursuing the development and the implementation of the network's own projects or initiatives. Thus, after repeatedly discussing the role and value of InCareNet for its network members, the

then network president *communicated the adaptation of InCareNet's strategy* and, thereby, the *new self-description* of InCareNet in the annual report in 2014.

> *"InCareNet adapted its strategy during the course of 2014. The association as such could neither "implement" integrated care nor lead individual projects; only the members among and with each other could achieve this. Based on this realization, our strategy changed to focus more on networking. In addition, we now want to position InCareNet as a pool of experience for the public sector and thereby benefit from a mutual trusting exchange,"* (D-60, annual report)

Furthermore, at the annual networking event in October 2014, executive committee members announced InCareNet's new strategy to primarily focus on relationship building. It was argued that the new strategy was an outcome of a situation of dissatisfaction and the mutual agreement that there was a need for action.

> *"The previous strategy was that projects were the critical point. But the projects overstretched our resources and they overstretched what we could do. The new approach is different. We want to be there for the members and the public sector; we want to be a sparring partner and promote networking, build trust, cooperate, and grow closer to each other. The 'project' part is not part of the strategy anymore."* (D-50, annual networking event)

At the network event in October 2014, InCareNet positioned itself for the first time primarily as an *exchange platform* for network members and as a pool of experience vis-à-vis the public sector.

Minor adjustments to the statutes in 2017

At the general assembly in May 2017, the network members of InCareNet decided to adjust four minor aspects in the statutes. First, the institution of "auditors" was not needed for the governance of InCareNet, so this term was deleted without substitution. Second, for reasons of practicality, the members reduced the time period for sending out invitations to the annual general assembly from six weeks to 10 working days. Third, an addendum was added at the general assembly section, stating that resolutions could be passed by circular letter. Fourth, the article on the entry in the commercial register was canceled since an entry was not obligatory for InCareNet (D-87, general assembly).

5.2.3.2.2 Establishing social locales

By the end of 2011, the social locale of the think tank was discontinued due to a lack of outcome and because of numerous concerns from participants about the usefulness of the platform. However, network members kept other identity building platforms such as the executive committee with its periodical meetings, the annual general assembly, and the annual networking events in Period 2. In the time from 2014 to mid-2017, these social locales were not primarily used as a platform for discussion, open dialogue, and reflection on the network identity and future orientation strategies, but rather as a planning tool for upcoming events.

Maintaining the executive committee platform as a key locale for identity building

At the seventeenth meeting of InCareNet's executive committee (in March 2014), the participants decided to put the Ambulatory Primary Care JWG on hold. The executive committee members concluded that there was no interest from other partners (beyond InCareNet's boundaries) to collaborate in the working group project to build and launch a joint healthcare center. Furthermore, it became clear that "*InCareNet is not able to run a healthcare center by itself. The network can initiate it; however, it has to be forwarded to a partner eventually*" (D-44, EC meeting).

Furthermore, the participating members discussed InCareNet's future strategy based on some vital developments at the end of Period 1. The network president prepared a written summary called "*InCareNet strategy – Basis for discussion*" to be discussed at the executive committee meeting in March 2014 and with the strategy commission thereafter. This strategy paper included the following aspects.

First, the strategy paper briefly outlined the challenges InCareNet faced at the beginning of Period 2. These challenges were, in particular, the withdrawal of the MHD as the key financier and dominant network actor, the limited resources of InCareNet at that time, the lack of project initiatives, the missing benefit for network members, and the high yet unmet expectations of the latter.

Second, the strategy paper delineated the current status quo in InCareNet based on the network statutes, in particular, InCareNet's objectives and key activities. Furthermore, it listed the network budget and its financial capacities. By 2014, the capital of the network was approximately 160,000 CHF.

Third, the strategy paper proposed three different possible network scenarios to pursue from 2014 onwards. The *Minimum* scenario included the possibility that MHD was going to reduce further financial and personnel support (i.e., the patronage and the department staff position) for InCareNet, and thereby new sponsors had to be found. In that case, the network would interact on a minimum basis, merely focusing on conducting the general assembly, the annual network event, and the project contest. The *Basis* scenario assumed that a minimum of personnel resources was available and that InCareNet could proceed as usual, focusing on relationship building among and beyond network members, developing ideas and foundations for initiatives, and initiating and fostering integrated care projects. Finally, the *Bonus* scenario involved the creation of a management office to professionally support InCareNet in terms of funding, communication, processual coordination, and strategic orientation.

At its eighteenth meeting (in July 2014), the executive committee favored the *Basic* scenario and discussed in more detail the new direction of InCareNet, focusing on relationship building rather than on the creation and implementation of tangible network projects. In contrast to the strategy proposal of 2011 (D-16, EC meeting), in July 2014, the adapted strategy proposal of the strategy commission consisted of the following elements:

- InCareNet is a network to facilitate internal *relationship building*, the exchange of ideas and expertise among network members, and the building of trust among each other.
- InCareNet is a network that positions itself as a *think tank* and *sparring partner* of expertise for municipal and cantonal decision-makers.
- InCareNet is a network that *supports projects* of member organizations, yet it does not initiate projects as a network due to limited resources.
- InCareNet is a network that is open to *collaboration and exchange with other networks* in the Swiss Healthcare system. (D-48, EC meeting)

At the nineteenth meeting (in September 2014) and the twentieth meeting (in November 2014), the participants discussed the current developments InCareNet members were facing in terms of regulatory changes in the Swiss DRG system and how the implementation of DRG in hospitals and care centers affected hospital admissions and the duration of stay, and the planning and organization of the upcoming annual network

events and fireside talks. Furthermore, at the twentieth meeting, the participants agreed that the annual networking event provided important added value for network members to mingle with each other and interact in an informal and open-ended dialogue. In addition, an executive committee member presented a newly initiated integrated care project among three network member organizations (an insurance company, a regional hospital, and a rehabilitation center). Another identity-related issue was discussed in terms of distinction from other networks. Due to another healthcare network having a similar name to InCareNet, InCareNet discussed the possibility of an entry in the commercial register. However, the executive committee decided not to do so due to the costs and the limited added value of such an entry (D-53, EC meeting).

A refection workshop was held at the executive committee's twenty-first meeting in January 2015, and the workshop continued at the twenty-second meeting in March 2015. In this workshop, the participants elaborated on identity-related questions in terms of who InCareNet was as a network and what it stood for. In an interactive dialogue with us as research partner, they reflected on key dynamics from the past years of network development and considered concrete steps for the further development of the network (D-55, EC meeting and reflection workshop).

The main topics at the twenty-third meeting (in June 2015) included (i) organizing and planning the upcoming annual event in October, as well as potential fireside talks; (ii) discussing the trend of the MHD to further "depoliticize" InCareNet as a network, which meant single departments of the MHD becoming members of InCareNet rather than the MHD as a political institution; and (iii) reviewing the reflection workshop held in the January and March sessions. By doing the latter, an in-depth discussion emerged on what was central, distinct, and of long-lasting impact for InCareNet. The network's president summarized his thoughts on the reflection workshop and claimed that he was personally frustrated since "*InCareNet is not moving. There is no concrete implementation of integrated care and members are passive and in a standby mode*" (D-61, EC meeting). In his review of the reflection workshop, he described InCareNet as being stuck in a hamster wheel without any progress in previous years (see Figure 23).

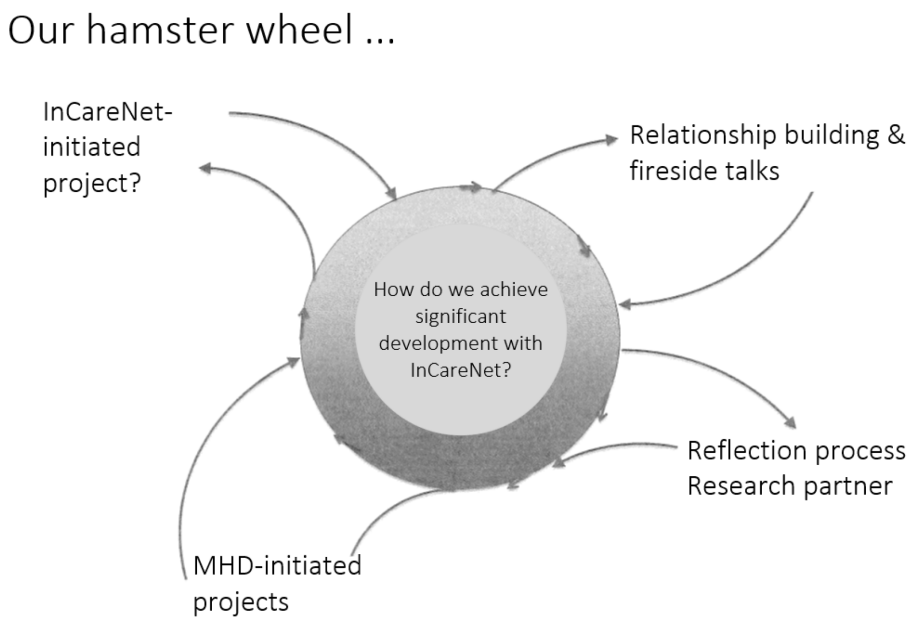


Figure 23 PowerPoint slide shown by the president of InCareNet at the 23rd EC meeting (slightly adapted and translated into English)

Another aspect discussed was how to involve members in a more active and long-lasting way beyond the annual networking events.

> *"Members should actively work on relevant issues, and they can be activated at the network events. However, InCareNet is more than an event planning organization. Can we do more as a network – with the same amount of effort?"* (D-61, EC meeting)

Furthermore, the president claimed that merely conducting an annual project contest and arranging annual networking events to enable members to mingle and exchange ideas were not sufficient for a network such as InCareNet. The participating members also added for consideration that InCareNet had agreed on a new strategy and that it should not be discussed further.

> *"We have a new strategy; the focus lies on networking among the members. We can't keep on discussing this basic issue again and again."* (D-61, EC meeting)

Ultimately, the executive committee decided at its meeting in June 2014 to invest in mobilizing network members and "*to shift network activities away from the executive committee to the network members in general*" (D-61, EC meeting).

To do so, three members of the executive committee started to obtain offers from external consultants for processual support. These members suggested hiring a consultant to facilitate the network development, in particular, by structuring,

moderating, preparing, and reworking the annual networking events. Thus, the annual networking event in October 2015 was supported by external moderation in form of a process consultant and the executive committee decided at its twenty-fourth meeting (in November 2015) to continue the collaboration with the external consultant.

In the next four meetings of the executive committee (in January 2016, March 2016, June 2016, and November 2016), the participating members planned the upcoming events, exchanged some lessons learned from the previous general assembly and from the first fireside talk, and decided to invite non-members to the annual networking events from then on. This approach was intended to open up the events to a broader target group and thereby strengthen InCareNet's public image and its role in the health landscape of the city and beyond.

By 2017, the executive committee members had forged a new path and decided to plan an all-day networking event supported by an external process consulting organization. By the twenty-ninth meeting (in January 2017), the strategy commission had developed a new paper on InCareNet's networking strategy for the upcoming years from 2017 to 2019. A more detailed elaboration of this development of InCareNet's networking approach at the beginning of 2017 is described in the upcoming section on the network identity building practices of creating commitment in Period 2.

In the January 2017 meeting, the executive committee discussed and authorized the approach to establish a "networking" project group to launch a different format of the annual event in October, namely an all-day, well-prepared, and moderated program (focusing on the needs and interests of the member organizations), and the topic of "future in healthcare in the region" to give direction to the upcoming network activities. This interactive, structured, and result-open event was a novum in InCareNet's history and became an important turning point in the development of its network identity.

At the thirtieth executive committee meeting (in March 2017), members of the executive committee primarily planned the upcoming network events, such as the general assembly in May 2017 and the Future Conference planned to be held in October 2017. In this meeting, InCareNet's annual report for 2016, the annual financial statement, and the network's budget for 2017 were unanimously recommended for approval.

Table 18 Overview of executive committee meetings in Period 2

Executive committee social locale in Period 2 (2014 – 2017)		
Meeting	Time	Key topics
17	March 2014	- Discussing the future direction of InCareNet based on a strategy paper - Planning the annual agenda (update)
18	July 2014	- Discussing and approving the new network strategy
19	Sept 2014	- Discussing new regulations in terms of the Swiss DRG - Planning the upcoming annual network event and fireside talks
20	Nov 2014	- Presenting an integrated care initiative with two executive committee members - Reviewing the annual network event in October
21	Jan 2015	- Reflection workshop with a research partner
22	March 2015	- Reflection workshop with a research partner (continued)
23	June 2015	- Organizing and planning upcoming events - Discussing the trend to "depoliticize" InCareNet - Reviewing the previously held reflection workshop
24	Nov 2015	- Discussing the replacement secretary - Short presentation from a member about its organization (University hospital) - Discussing the proposed external process consultant
25	Jan 2016	- Short input on the current dynamics in the Swiss healthcare system - Organizing and planning upcoming events - Discussing the option of an executive management position
26	March 2016	- Planning the upcoming general assembly - Authorizing InCareNet's annual report
27	June 2016	- Discussing lessons learned from the general assembly in May 2016 and the fireside talk in April 2016 - Planning and organizing the upcoming annual event
28	Nov 2016	- Planning and organizing the upcoming annual event
29	Jan 2017	- Discussing how to proceed with InCareNet's strategy development - Planning an all-day event for autumn called the "Future Conference"
30	March 2017	- Preparing for the general assembly in May 2017 - Reflecting on previous and future network development - Planning and organizing the Future Conference in October 2017

Maintaining the social locale of annual networking events

From 2014 to 2017, InCareNet conducted four general assemblies for its member organizations. Each assembly was held – as in prior years – in May, and, on average, 50

delegates of network members attended each assembly. Table 19 provides an overview of the four conducted general assemblies in Period 2 from 2014 to 2017. After several years, InCareNet established a pattern for structuring and conducting the general assembly. While the main focus of the general assembly in Period 1 (from 2009 to 2013) was to conduct a members' meeting in line with InCareNet's legal form of an association, it became slightly more interactive and engaging in Period 2 and Period 3 (from 2014 onwards).

Table 19 Overview of general assemblies in Period 2

General assembly social locale in Period 2 (2014 – 2017)		
Meeting	Time	Key topics social program
5	May 2014	- House of Health – How and why integrated care takes place - Opportunities and risks – a critical assessment of integrated care
6	May 2015	- Reflections on the development of InCareNet since 2009
7	May 2016	- More personal responsibility for patients – obligation or excessive demand?
8	May 20117	- Diversity in action – Dealing with generations X, Y, and Z

In Period 2, the agendas of the annual general assemblies primarily included four parts.

Part 1: The network president and the executive committee commissions informed the network members regarding standard *agenda items of a general assembly*, namely, information about ongoing activities, the annual report, the network's budget, and the current membership status (who joined the network and who left). Finally, the participating members vote to authorize the minutes, the budget, and the report of the previous assembly.

Part 2: A *keynote presentation* regarding a current challenge in the field of integrated care introduced moderated discussions.

Part 3: The nominees of the *project contest* were presented by the executive committee and the award ceremony of the project contest took place.

Part 4: A *reception* took place at which member organizations were invited to linger and exchange ideas and news. Thus, network members aimed to use this social locale in a similar way to the annual network event in autumn as for a space to exchange knowledge and build relationships.

In particular, during InCareNet's fifth general assembly in May 2014, the participating executive committee members emphasized several times that in the upcoming years, InCareNet wanted to strengthen member engagement in order to create a basis of trust among member organizations. Table 20 shows a typical procedure and course of events of a general assembly in Period 2 from 2014 to 2017.

Table 20 Typical agenda items of InCareNet's general assemblies in Period 2 (2014 – 2017)

General assembly InCareNet
Part 1 – Official actions
1. Welcome and introduction by InCareNet's president 2. Recording attendance 3. Election of a vote counter 4. Approval of this year's agenda items 5. Approval of the minutes of the previous general assembly 6. Annual report 7. Annual financial statement 8. Review InCareNet activities and outlook 9. Budget and audit report 10. Proposals of member organizations 11. (Election of new executive committee members or a new president) 12. Varia 13. Closing of the official part of the general assembly
Part 2 – Input: Keynote Agenda items
- Keynote presentation (external or internal from member organizations)
Coffee Break
Part 3 – Project contest Agenda items
- Presenting the jury - Presentation of the nominated projects by the nominees - Award ceremony
Part 4 – Socializing & networking
- Networking and reception

At the annual networking event in 2014, the executive committee and the then president of InCareNet introduced the new network strategy to focus solely on socializing and networking among members. Thus, this social locale remained as a place to mingle with other network member organizations and to build relationships at the event dinner. However, some members claimed that real community building did not happen at these

events, and they were frustrated with the disorientation of InCareNet's network development.

> *"No more new projects were launched. This is also an expression of the fact that nothing new was added – apart from new members. It was more a matter of maintaining the vessels."* (I-15, EC member, MHD)

Table 21 Overview of annual networking events in Period 2

Annual networking events social locale in Period 2 (2014 – 2017)		
Meeting	Time	Key topics
5	Oct 2014	- Discussion of new network strategy - Three members present their organizations
6	March 2015	- Two member organizations present their organization in a short presentation
7	Oct 2015	- Feasibility and boundaries in health care – impact on patients and on the value creation process
8	March 2016	- Electronic health record
9	Sept 2016	- Healthcare and migration

Experimenting with the social locale of fireside talks

To exchange expertise, ideas, and know-how with the public and political authorities, in 2014 InCareNet launched a new format called a "*fireside talk*".[18] According to executive committee members, these fireside talks should provide a platform to exchange know-how and ideas with local politicians. Thereby, the platform should represent a space for open and unbiased discussion and a constructive dialogue among multiple healthcare experts. However, in Period 2, only one fireside talk was held by InCareNet (in January 2016).

5.2.3.2.3 Involving members

The network trend of growing in size continued from 2014 to 2017, and by 2017, 28 organizations from the healthcare field and from the social, educational, and political sectors had joined InCareNet as network members.

[18] In German, the format was known as "Werkstatt-Gespräch"

Table 22 Number of network member organizations in Period 2

	InCareNet in Period 2 (2013 – 2017)			
Year	2014	2015	2016	2017
No. of member organizations	26	27	28	28

While the main focus in terms of member involvement was on the executive committee in Period 1, the lack of involving the broader network community in strategic and operative network concerns started to backfire in Period 2. Network members who were not actively involved in any network activities increasingly complained about the lack of communication, the limited updates they received regarding what was going on within InCareNet and who was part of it, and the inadequate possibilities to co-create the development of the network.

First feedback loops and reflections on the member tour

In 2013, the newly elected president was keen to meet and engage with network member organizations in order to learn more about their needs, expectations, and ideas for network interaction. Thus, he held an hour-long meeting with each member organization that was not already represented in the executive committee. In 2014, 15 organizations were not part of the executive committee, and meetings were held with 14 of those 15 organizations. The following summary presents some key insights from these conversations (D-44, EC meeting).

Positive aspects mentioned by network members:

- Willingness to cooperate and idealistic support exist among members
- Need for action is present; members are increasingly realizing that something will and must change in the Swiss Healthcare system
- The will to collaborate and to initiate integrated care models is there
- Members want to get to know other member organizations and to position their own institutions within the network activities

Potential developments mentioned by network members:

- Members are not sufficiently involved in the network
- The healthcare system is still characterized by strong competition and a focus on organizational self-interests
- Trust among network members is still underdeveloped and should be improved

General feedback:

- Members expect concrete benefits from InCareNet
- Members do have ideas and want to redesign the system; however, they lack the necessary resources on all levels
- InCareNet is a "sideshow" in the daily business of the member organizations

The member tour gave important insights into what was perceived as central for the network members and revealed several expectations from network member organizations that "*something should happen in the network*." What exactly should happen, however, was not clear in the discussions between the network president and the new members. The meetings revealed that InCareNet represented a *blackbox* and "*many members did not understand what the network actually does*" (D-44, EC meeting). It was unclear to some members what InCareNet stood for and how it operated. In particular, the members repeatedly asked for a stronger focus on networking and requested more information about the network. As a result, a short protocol was sent to the members after the sixteenth executive committee meeting and the executive committee members agreed to create opportunities for members to express themselves through working on a topic (D-44, EC meeting).

Involving members by ensuring low-key access to information

From the very beginning of InCareNet in 2009, network members were hardly integrated into the network's governance. Over the years, some members proposed ideas for involving network members in a more integrative and active way. For example, it was suggested that the newsletter should be automatically received. By 2014, however, members still had to register separately to receive the newsletter, even as registered InCareNet members.

Furthermore, members' voices were raised to ensure easy and low-key access to network information, and thus the secretary started to communicate short memos and summaries of meeting minutes via email to member organizations.

From 2013 onwards, multiple network members expressed a wish to be more actively involved in the network.

> *"Most of the members would like to engage more actively in the work of InCareNet. However, it is unclear how they can do so."* (D-44, EC meeting)

The president's conversations with those members revealed that they were neither informed of what was going on in terms of network interaction nor did they know how to participate in projects. At the same time, the network members – particularly the smaller and less powerful ones – complained about their lack of manpower, scarce financial possibilities, and the limited resources they had to foster integrated care initiatives.

Increasing member interaction at the network events

In the executive committee meetings in spring and summer 2014 (the twenty-first to twenty-third meetings) the discussions on InCareNet's *key challenge to involve the members more* in network activities continued. The executive committee members agreed upon the following objectives for future annual network events:

- Annual events should serve as a periodical platform for exchanging ideas and know-how and building trust among the diverse healthcare actors
- Members should be able to meet each other in an open atmosphere
- Know-how and expertise should be shared among network members
- Members should be able to discuss current and practical challenges to their own daily businesses

To facilitate interaction among network members, the executive committee decided to get external support for moderation and process management at the event. Thus, from the annual event in October 2015 onwards, the network collaborated with a process consultant.

5.2.3.2.4 Creating commitment

Only a few practices of *creating commitment* were evident in the initial years of network formation. However, in Period 2, from 2014 to the mid of 2017, more identity building practices emerged regarding how network members interact with each other and whether and how they *commit themselves* to the InCareNet network.

Committing to the network as an effortful undertaking

As the network developed, network interaction continuously required high levels of resources from the network members, and members claimed that the effort to engage in InCareNet "*in addition to a full-time workload was very high*" (I-10, Secretary

InCareNet). Furthermore, an executive committee member conceded in the reflection workshop in 2015 that all executive committee members had "*a lot on their plates*" and that they had "*limited time and limited financial resources*" (D-54, EC meeting and reflection workshop).

Other aspects that aggravated the reproduction of member commitment in Period 2 were the mostly insufficiently structured meetings of the different social locales and the lack of transparent responsibilities among those participating in the platforms.

> *"To get involved in InCareNet is difficult. There are long meetings, unclear responsibilities, and no commitments. I can't really afford to get involved with my existing workload."* (I-28, JWG member, GP group practice)

Committing to InCareNet's new "networking strategy" and to the future

For the thirtieth executive committee meeting in March 2017, a concrete project plan was developed by the strategy commission with support from the external process consultant. This project plan included key aspects to further develop InCareNet's new strategy to primarily focus on networking among member organizations and outlined the following aspects:

- Status quo
- Overall goals for the *networking* strategy concept
- Key project goals
- The originator of the strategy
- Project organization
- A milestone and time/process map
- Required resources

The document indicated that InCareNet's new networking strategy focused on socializing, community building, networking, and open exchange among members in order to create a foundation of trustful relationships for cooperation in the network. Thereby, InCareNet was understood as a *platform* offering diverse communicative loci such as the general assembly, the annual networking events, the fireside talks, and the executive committee meetings. It was planned that the primary topic of the upcoming event would be "The future of healthcare in the region". Furthermore, the executive committee members wanted to explicitly open the annual networking event in October

2017 for organizations beyond the network to jointly identify the most important opportunities and challenges of the future healthcare system.

The overall goals of this new strategy were trichotomous. First, the project aimed for a stronger and more stable relationship both in terms of network *content* and network *relations* over time. As a consequence, the members' commitment towards InCareNet needed to be strengthened. Second, a further goal of the project was to position InCareNet within the topic of the future of healthcare as a "*unique network*" that reflects on the future of healthcare in the region. The idea included the notion of members and non-members participating at the annual networking events, and the interested public benefitting from InCareNet's added value for the local health landscape. Third, with the new "networking" strategy concept, InCareNet fulfilled one of its key purposes in the network's vision statement: to strengthen the relationships among healthcare players and thereby the healthcare landscape as a whole. The time frame of the strategy concept included the years from 2017 to 2019.

In terms of responsibilities for planning and implementing the networking strategy concept, the main tasks were divided into four areas. The executive committee was responsible for the final strategic decisions and for periodic feedback loops on the strategic orientation of the project. The core project group of four network members and one external process consultant was in charge of generating ideas and concepts, and decision-making for the executive committee. InCareNet's secretary provided administrative support to the project team. Essentially, it was planned a sounding board would be established with multiple diverse network members to reflect and complement ideas and event concepts. Figure 24 illustrates how the new networking strategy concept was structured.

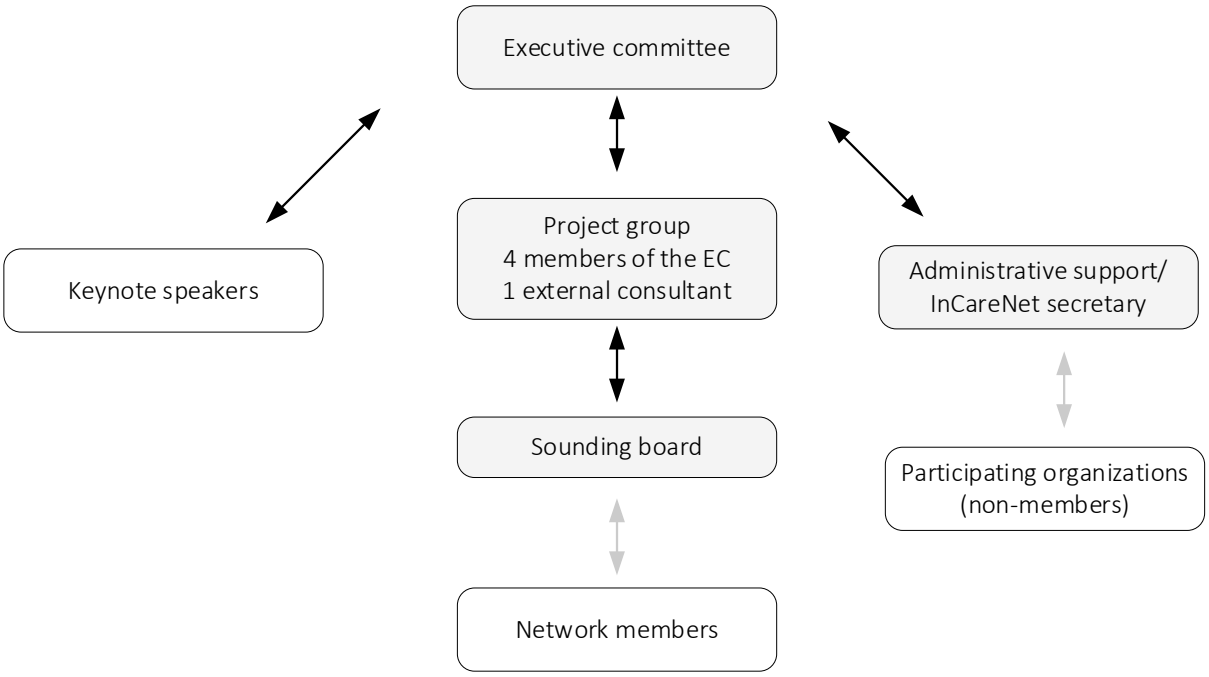


Figure 24 Organizational chart for structuring the new “networking” strategy concept

To implement the networking strategy concept in an efficient and effective way, the project group presented a project plan for phase 1 in 2017. This project plan (illustrated in Table 23) mapped six work packages and the respective milestone for each package over time and indicated who would be responsible.

Table 23 InCareNet's "networking" strategy concept 2017 – 2019 (project plan for phase 1 in 2017)

	What?	**When?**	**Who?**
1	**Preparation**	**March**	PG
	Assign project & develop project plan	01.03.2017	NM1 & PG
	Discuss the project in the project group	20.03.2017	PG
	Discussion and decision to proceed in the EC	28.03.2017	EC
	General assembly (separate planning)	28.03.2017	EC
I	MILESTONE: Finalized project assignment and project plan	03.04.2017	EC
2	**Developing a program for the "Future Conference" on October 4, 2017**	**April/May**	
	Brainstorm ideas for content and keynote speakers	28.04.2017	PG & EC
	Develop a concept for the event	28.04.2017	PG & EC
	Reach out to potential keynote speakers	01.05.2017	NM1 & EC
	Confirm 1-2 keynote speakers	15.05.2017	NM1 & PG
II	MILESTONE: Approx. program for October 4 fixed	15.05.2016	PG
	Recruit members for the sounding board	03.04.2017	NM1 & PC
	Hold first meeting of the sounding board	May	PC
	Review the first sounding board meeting	May	PC & PG
	Define the objectives and the format for the "Future conference"	May	PG
	Define a detailed event program	June	PG & NM1
	Request credits for advanced education for the event	June	NM2 & NM1
	Discuss the detailed program with the executive committee	28.06.2017	EC
	Second meeting of the sounding board	End of August	PC & NM1
	Review of the second sounding board meeting	End of August	PC & PG
III	MILESTONE: Detailed program for October 4 fixed	28.06.2017	EC
3	**Promoting the event and sending invitations**	**April-July**	
	Prepare mailing lists of members and interested organizations	03.04.2017	NM1 & Sec.
	Prepare a concept to take the register	03.04.2017	Sec.
	Send a save the date to member organizations via email	03.04.2017	NM1 & Sec.

	Send individual invites to specific organizations	03.04.2017	EC & NM1
	Update information on the website	10.04.2017	Sec.
	Debate the topic at the general assembly	16.05.2017	PG & EC
	Send info-shot to members after the general assembly	22.05.2017	NM1 & Sec.
	Promote the event	29.05.2017	NM1
	Set the meeting agenda for 2018	28.06.2017	Sec. & NM1
	Send a personalized program and agenda to potential participants	29.06.2017	NM1 & Sec.
	Upload the info material online	29.06.2017	Sec.
	Send reminders	10.07.2017	Sec. & PG
IV	MILESTONE: Minimum of 50 registered participants for the event	17.07.2017	PG & Sec.
4	**Participants and speakers before and after the event**	**Sept/Oct**	
	Send reminders to participants	04.09.2017	Sec. & NM1
	Inform and brief speakers	04.09.2017	NM1 & PC
	Prepare script	18.09.2017	PC & PG
	Organize and hold a preparatory meeting before the event	18.09.2017	PC & NM1
	Thank and pay speakers	05.10.2017	NM1 & PG
	Update information on website	06.10.2017	Sec.
	Send reminders to participants	09.10.2017	Sec. & NM1
5	**Event**	**October**	
	Rent rooms	01.01.2017	Sec.
	Rent additional meeting rooms, if necessary	28.06.2017	PG & Sec.
	Order catering	Sept	Sec. & NM1
	Organize (digital) equipment	End of Sept	Sec. & PC
	Finalize presentations	03.10.2017	NM1
	Organize gifts for speakers	End of Sept	Sec.
	Print list of participants and name badges	03.10.2017	Sec.
	Prepare material for the workshops during the events	04.10.2017	Sec.
	Prepare technological support (laptop, projector/screen, etc.)	04.10.2017	Sec.

	Record content (in writing, photos, flips, etc.)	04.10.2017	Sec. & NM1
	Thank and pay premises/catering	05.10.2017	Sec.
V	MILESTONE: Complete successful Future Conference event	05.10.2017	PG
6	**Evaluate event and prepare project agenda for 2018**	**Oct/Nov**	
	Reserve and rent premises for 2018	03.07.2017	Sec.
	Create and evaluate event documentation	09.10.2017	Sec. & NM1
	Evaluate contents	16.10.2017	PC & PG
	Discuss evaluation with project group	Oct/Nov	PC & PG
	Prepare project ideas and proposals for 2018	13.11.2017	PG & EC
	Present and discuss ideas in the EC	15.11.2017	EC
VI	MILESTONE: Complete evaluation of 2017 and proposals for 2018	15.11.2017	PG & EC
	Legend		
	Sec. Secretary PG Project group EC Executive committee PC Process consultant NM1 Network member 1 (staff member from the MHD) NM2 Network member 2		

5.2.3.3 *Summary and key reflections on Period 2 (2014-2017)*

The identity crisis in InCareNet was grounded in multiple network development dynamics. The lack of new, InCareNet-initiated projects intensified doubts and reservations regarding InCareNet's benefits for integrated care innovations in the city in general, leading to an incremental withdrawal of political support. Members were increasingly disappointed and claimed that InCareNet had not achieved anything tangible and that no projects had been implemented so far. Thereby, the decrease in political and financial support, strong organizational self-interests, and ongoing uncertainty regarding InCareNet's identity were frequently mentioned by member organizations as key obstacles "*to creating something tangible.*"

Besides the political reservations, member organizations criticized the lack of transparent communication, complained about the unclear network purpose, and essentially wanted to get more involved in joint network activities.

Alongside these critical concerns, after five years of participation in the network, many members increasingly realized the high improbability of generating, implementing, and maintaining innovative integrated care initiatives when embedded in the environmental structures of the Swiss healthcare system. Consequently, a network member reflected that InCareNet as a network had to revise its ambitions to shape the healthcare landscape in the region.

> *"We have to be more modest with the ambitions of InCareNet. A lot is achieved if it is a meeting platform, a facilitator that eases bilateral topics. Everything else does not work."* (I-07, EC member, insurance provider)

The discussion at the twenty-third executive committee meeting (in June 2015) revealed that InCareNet was not able to produce joint projects by itself. However, it was possible to implement smaller bilateral and trilateral initiatives of network members due to increased trust among members.

> *"The 'big shot' makes us all unhappy; there can be no such thing. [Integrated care] happens through many small steps, sometimes also steps backward, and everyone contributes a small step."* (D-61, EC meeting).

Furthermore, a discussion emerged that another widely known Swiss integrated network faced similar challenges and was in the same situation as InCareNet in terms of ongoing uncertainty regarding their self-description and their role, tasks, and legitimacy as a network. Thereby, questions arose regarding how InCareNet was different and distinct from the other integrated care network, and the executive committee members agreed that a local platform was needed to facilitate community building among the network members and foster mutual understanding between them.

> *"The healthcare system functions without us; InCareNet does not automatically have legitimacy to exist. But a local platform **is** needed. The relationships and mutual understanding are particularly valuable. There's no other space, no other medium to meet people like this. But there are no **tangible** benefits of being part of the network."* (D-61, EC meeting)

Based on the lack of tangible benefits for the network members, the executive committee kept narrating InCareNet's identity by communicating the new strategy to focus primarily on networking. To foster InCareNet's new strategy, the executive committee authorized the project plan for the networking strategy concept. This project plan

included six milestones for the project phase leading up to the Future Conference. By facilitating the relationship building among the network members, the executive committee aimed to position InCareNet as a platform for socializing and establishing contacts with other healthcare actors in the same city. The then network president communicated this new direction at the annual networking event in 2014, in the 2014 annual report, and at the general assembly in 2015. After the executive committee decided at the seventeenth meeting in March 2014 to redirect InCareNet's activities towards networking and socializing, the remaining social locales were primarily used as planning tools to organize and upcoming networking events rather than as spaces for discussion, open dialogue, and reflection on the network's identity and future orientation strategies. Furthermore, InCareNet's events were not connected with each other, since a common and long-lasting theme or case of action was still missing.

Despite these networking efforts, network members who were not actively involved in any network activities increasingly complained about the lack of communication, the limited updates they received about what was going on within InCareNet and who was part of it, and the inadequate possibilities to co-create the development of the network. Thus, from the beginning of 2016, network members were informed via email about InCareNet's key activities and received short summaries of the meeting minutes of executive committee meetings.

A key turning point in InCareNet's strategic orientation was the collaboration with an external process consultant to "professionalize events" and to support the process of implementing the networking strategy in 2017. Over the years, this process consultant became an important sparring partner and provided essential processual guidance to facilitate community building in the network.

5.2.4 Period 3: Network reorientation (2017 – 2020)

The development of InCareNet from 2017 to 2020 was strongly influenced by the network's Future Conference held in October 2017. This interactive and future-oriented event was a landmark for the further development of the network and strongly influenced network identity practices in Period 3.

5.2.4.1 *Contextual aspects*

As in the two previous periods, alongside network-level practices, organizational field level aspects characterized the network development of InCareNet from 2017 to 2020. For example, multiple financial regulations and tariff models continued to present a strong disincentive to align value creation processes and jointly collaborate in terms of integrated care initiatives. Such regulations included that tariff models differed in the outpatient care sector, the in-patient care sector, and the rehabilitation sector, and an overarching compensation or remuneration was not possible. However, the financial pressure to collaborate was slowly increasing since healthcare providers incrementally felt constrained to "tighten their belts."

> *"I notice that the economic pressure has become much harder, in particular, for hospitals. And I think sooner or later it will also affect other areas as well, for example, long-term care."* (I-24, EC member, municipal outpatient care organization)

Furthermore, the political landscape transformed, and a new city councilor of health was elected in 2018. From an organizational level point of view, the primary focus of the member organizations' actions remained on each individual organization itself. Thus, concrete collaborative initiatives were considered possible and desirable only if they produced a clear benefit and added value for the participating organizations. In addition, the healthcare landscape was still shaped by rather fragmented value creation processes (I-23, EC member, professional association of nurses).

5.2.4.2 *The development of network identity in a phase of reorientation*

Period 3 was characterized by questions concerning the future of healthcare in the region of InCareNet. The launch of a new *Remuneration JWG* with 13 network members was particularly incisive in terms of InCareNet's development. The working group was established as a consequence of the Future Conference in October 2017 and represented the main driving force of InCareNet's identity development from 2018 onwards. A closer look at the dynamics of InCareNet's network identity building practices revealed that after a time of crises, the network was able to stabilize by focusing on the new reference point of community building among network member organizations.

5.2.4.2.1 Narrating identity

The time from October 2017 to the beginning of 2020 marked an observable change in InCareNet's processes of self-description. Whereas network identity building practices were rather restrained and noncommittal in prior years from 2013 onwards, the annual network event in 2017, conducted as the Future Conference, and its preparation and post-delivery processes were strongly characterized by a spirit of optimism and future-oriented enthusiasm.

When preparing for this landmark event, the executive committee members revisited InCareNet's statutes and autobiographical texts to have a look at the original vision and goals of InCareNet (O-05, strategy networking preparation).

Entering a new chapter – InCareNet after the Future Conference

Multiple network members perceived this event as the "*best event of InCareNet so far*" and claimed that "*it led to a cultural change in the network*" (I-22, JWG member, outpatient care organization). This cultural change was described as a positive movement towards a more open approach regarding the involvement of network members, an increased commitment to develop a topic from a long-term perspective, and the aim to structure meetings and events in a more effective way. As a consequence of this positive movement, network members started to look ahead and prioritize topics and loci for future cases of action rather than look backward and continuously struggle with the question of who InCareNet was as a network. By doing so, members also reflected on potential pitfalls and openly addressed *failure* and its acceptance as important aspects of implementing integrated care initiatives. For example, during meetings of the Remuneration JWG, it became clear that in the end, the implementation of a remuneration model was not the main or only focus of the working group, but rather the exchange with other members, and thereby generating a mutual understanding, was perceived as a central and long-lasting aspect by network members. On different occasions, members described how they perceived the network now as a space for "*experimenting*."

> *"It was the idea of trying out a new financing model or just trying out financial compensation models. Yes, it is about experimenting."* (I-25, MHD staff position, MHD)

InCareNet's new narratives of a "*cultural change*" in the network due to the innovative and positive Future Conference led to changes in its structural properties. For example, based on a shared understanding of InCareNet's role and the network's scope of action, the participants of the Remuneration JWG allocated responsibilities among each other and discussed basic rules of interaction in the meetings. Furthermore, they started to explicitly clarify and communicate the expectations toward this social locale of InCareNet – an important and identity-related network practice that was rather uncommon in previous years.

In addition, the provision of human and financial resources (i.e., the collaboration with an external consultant) to facilitate the processual development of the network and to foster professionalization of these processes was very much appreciated and considered a "*valuable support for progress*" (I-31, EC member, insurance provider).

Further development in the network's self-description was evident as network members repeatedly mentioned in various network meetings (such as the meetings of the executive committee) that although InCareNet was not able to implement concrete projects, strengthening the relationship building among network members and thereby facilitating bilateral or trilateral agreements and smaller pilot projects created an immense benefit for the members.

Narrating (a new) identity – through a change in InCareNet's understanding of governance

In Period 3, the self-description of InCareNet, and, in particular, the description of the executive committee as the main body of the network, changed. In prior years, again and again, expectations were formulated by network members that the executive committee as a social locale might function as a project facilitator and as the main driver for promoting, funding, or implementing integrated care initiatives among network members. However, as the network developed over time, it became clear that InCareNet as a voluntary and loosely governed integrated care network could not and did not want to fulfill that role of being a project animateur.

> *"A few projects emerged from the Future Conference, and in these projects, people were actually interested in the topic and committed to doing something. We no longer had the pressure in the executive committee to design and perform any kind of theatre*

on stage. We were able to let that perception go." (I-24, EC member, municipal outpatient care organization)

Executive committee members repeatedly spoke of being more "*pragmatic*," being a "*bit more courageous to actually do something*," and also spoke of InCareNet becoming "*more independent as a network*" (I-24, EC member, municipal outpatient care organization). After the Future Conference and its impact on how network members engaged with each other and opened up to socialize and discuss their innovative approaches, many members reaffirmed their understanding of InCareNet as a valuable platform of exchange and "*a network to think about integrated care issues*."

Stabilizing the self-description of InCareNet as a networking platform

In Period 3, InCareNet's network identity became more and more oriented towards relationship building among network members and the *member community* itself. Thus, the focus of interaction shifted towards the understanding of the network, which provided a valuable space to initiate bilateral or trilateral collaboration.

"[The insurance company] has done something with the [Hospital] through InCareNet. The network is a good place to get to know each other for such bilateral agreements. The network provides a space for collaboration in everyday life. InCareNet is very important for providing that space." (I-23, EC member, professional association of nurses)

These initiatives on a bilateral or trilateral level provided important benefits for individual members and were among the most appreciated outcomes according to the majority of network members. Furthermore, network members claimed that the network's *self-description changed* over time in the sense that questions regarding InCareNet's legitimacy stopped.

"There are small steps in the development of the network, but at least the association still exists and the questions as to whether it is needed at all are no longer there. The self-description of the association has changed." (I-25, MHD staff position, MHD)

Practices of narrating identity were also frequently enacted in the various meetings of the Remuneration JWG. In the first three meetings, some participants were still joining the group and, therefore, an executive committee member, who was also participating in the joint working group, briefly summarized and narrated what the InCareNet network and the joint working group actually were and stood for in the third meeting in July

2018. The following quote below illustrates that InCareNet members understood the aspect of being a platform to exchange innovative ideas and to network as a central structural property of InCareNet in 2018.

> *"Let me begin by explaining who we are as InCareNet and what we can offer. We are representatives of organizations; InCareNet is not an organization itself, but an association, a platform, a network. We are not in the sense a group that can directly implement, and we have also limited resources, but we are a network where that likes to discuss future health-related topics. InCareNet can also be a laboratory."* (O-17, JWG meeting)

This self-description that the network was rather a "*platform*" or a "*laboratory*" was not a new phenomenon per se in InCareNet's history. During the network's birth and formation phase, network members stated that InCareNet could act as a platform to exchange ideas and socialize with other network member organizations. However, the new aspect of this identity building practice after 2017 is that the prime focus of InCareNet's self-description was on community building and on the creation of relational-reflexive structural properties for network members.

Another turn in InCareNet's self-description towards an interactive platform was also evident in the development of the newsletter. In mid-2018, the secretary redesigned the format of InCareNet's newsletter to be more user-friendly. Furthermore, a website relaunch took place, and multiple rubrics were added to inform members about current network developments, give updates on past and upcoming events, and give insights into the status quo of the concepts developed in the Remuneration JWG.

InCareNet's ongoing process in search of identity

In the preceding years of InCareNet's development, a central aspect dominating multiple discussions were fears of not delivering enough benefit for the network members and "*doing something wrong*." Network members frequently described those times as a "*finding process*," where InCareNet spent most of the time discussing, rather than actively developing its own identity.

> *"Before 2017, let's say in 2014, [network identity] was very much shaped by a finding process. […] Yes, we had been finding ourselves for several years, but that didn't force us to be concrete in any way... perhaps it was the right way for the network at that time. But InCareNet has moved on; it has grown. We've got more members, and*

it really seems to be gaining importance. And now we're also acting, hopefully, that will continue to shape our development." (I-31, EC member, insurance provider)

The interactive format of the Future Conference marked this newfound *capacity to act* based on the structural support of the newly launched Remuneration JWG. Furthermore, with the professional guidance of the process consultant, the project leader, and the periodical feedback loops with us as research partners, InCareNet developed a stronger focus on long-term and interconnected network processes beyond individual events. Nevertheless, although the network seemed to dynamically stabilize with this new future-oriented and interactive approach, questions regarding the role and the central or distinct aspects of InCareNet remained as constant companions.

"I think the role of the network is an ongoing topic. It's really a perpetuum mobile. I think it's also in the nature of such networks to keep reinventing one's own role." (I-23, EC member, professional association of nurses).

5.2.4.2.2 Establishing social locales

In prior years, InCareNet established multiple communicative occasions where network identity building practices were more or less regularly enacted by network members. These communicative occasions – inspired by Rometsch et al. (2007), we call them social locales – thus provide an important answer to the question of where identity building was socially located in the InCareNet network.

In the years following the Future Conference in October 2017, some social locales, such as the executive committee meetings, were maintained while others were newly launched by members of the network, such as the Remuneration JWG.

Re-structuring the role of the network's executive committee

After the Future Conference, which was generally perceived as very positive, central executive committee members (the co-presidium, the former president, and the administrative department member of the MHD) met with the process consultant to review and evaluate the event. In this meeting, the participating members agreed that "*InCareNet hit a nerve with this event*." However, they were still struggling to design a concrete follow-up strategy so that the "*spirit of optimism*" created by the event didn't just die away.

Thus, in the executive committee meeting (in November 2017), the participating executive committee member discussed and reviewed the Future Conference event of October 2017 as a very positive and energetic turning point for InCareNet.

> *"I was positively surprised by how many people actively engaged at the event. I think it was the best event since I joined the network."* (O-10, EC meeting)

During this meeting, two opposite perspectives on the central aspect of InCareNet as an integrated care network collided. One perspective involved rather optimistic members who understood InCareNet and its development as an open, reflexive, and ongoing experiment. These members presented a group of organizations who were interested in the dynamic development of InCareNet to provide added value for its members beyond socializing and networking. The other perspective involved rather skeptical members who saw InCareNet as a platform to mingle and exchange ideas, but nothing more.

> *"I would say that InCareNet is an idea generator or an idea supporter. […] We have an annual project contest and we have one or two events per year – that's it."* (I-07, EC member, insurance provider)

However, members of the optimistic perspective claimed that with such a view of network development, InCareNet would fall into old patterns of consumerism, a phenomenon which was quite common among network members between 2013 and 2017, before the turning point of the Future Conference. It became clear, that participants wanted to actively involve members based on the interactive approach during autumn 2017 at the next general assembly in 2018 to prevent the return of the very consumeristic attitude of some network members mentioned before.

Thus, preparing for the upcoming 2018 general assembly was the key topic at the thirty-third executive committee meeting in February 2018. During the meeting, the then co-president of InCareNet suggested focusing solely on the future orientation of InCareNet, and thus proposed to skip a detailed review of the Future Conference during the general assembly since "*such information can be read in the annual report.*" However, other participating members claimed that it would be of utter importance to mention the positive dynamics network members perceived since the Future Conference.

These members emphasized the importance of narrating and reflecting upon InCareNet's new self-description as a reflexive-relational platform for experimenting on prioritized topics. During the meeting, one member pointed out that the outlook of

InCareNet's next step (i.e., to elaborate on the topic of financial remuneration in a JWG) was very much based on the discussions at the Future Conference.

In the thirty-fourth and thirty-fifth meetings (in November 2018 and February 2019), the executive committee members reviewed the annual event of October 2018 and argued that the combination of a keynote presentation as content input and a lively and interactive discussion afterward had proven to be popular with most of InCareNet's members. Alongside this review, three incremental identity-related aspects were discussed and decided in this meeting. First, the executive committee suggested prolonging the topic of innovative remuneration models and to deepen discussion in this field. Second, the executive committee decided to use some of the association's assets to fund a project management position for JWG projects in the long term. This decision was based on the then network assets of 185,000 CHF and the broad approval of executive committee members that InCareNet "*should not hoard*" its assets. Third, the executive committee agreed to continue the presidential member tour to visit member organizations since they had received very positive feedback regarding this tour.

> *"I still remember the visit. I really appreciated that the president of InCareNet came by and asked us what we wanted."* (O-23, EC meeting)

However, due to the size of the network in 2018, the co-presidium decided to visit only *new* members, who had joined the network recently.

Being aware of the approaching 10-year anniversary in 2019, the members discussed how to celebrate InCareNet's anniversary. However, instead of using the anniversary to bring momentum into the network, it was discussed very passively, with reference to the perceived lack of achievements in the network so far. During the debate, participants also raised the question of whether new social locales, such as company visits or network dinners, have to be established to get in contact with newly joined or potential network member organizations. Essentially, however, executive committee members concluded that such social locales would not yet be needed to communicate and promote InCareNet's vision to new or potential members.

The thirty-sixth meeting (in June 2019) was much influenced by the reflection workshop conducted at the beginning of the meeting by us as the research partner. At this workshop, we reflected upon the evident dynamics in InCareNet in terms of network agenda, management practices, social locales, and membership involvement. In a rather

short discussion, the executive committee members articulated that they would prefer to finalize one of the Remuneration JWG's pilot projects before starting new initiatives since time was scarce for all participating members. Also present at the meeting and thereby at the reflection workshop was the project leader of the Remuneration JWG. He was quite active and participatory during the meeting, although he attended the meeting as a guest. Furthermore, the attendees at the meeting agreed on a thematic recollection on the prioritized topics of the Future Conference. Thus, executive committee members discussed reusing the other prioritized topics and focusing on the second topic next in line, which was patient-centered care. The idea to launch a new Patient-Centered Care JWG was discussed in more detail at the thirty-seventh meeting (in November 2019).

Table 24 Overview of executive committee meetings in Period 3

Executive committee social locale in Period 3 (2017 – 2020)		
Meeting	Time	Key topics
31	Nov 2017	- Collectively reviewing and evaluating the Future Conference - Discussing concrete next steps for the network
32	Feb 2018	- Preparing the upcoming general assembly - Reporting on the launch of the Remuneration JWG
33	June 2018	- Engaging in a reflection workshop with the research partner - Outlining the next steps for the networking strategy concept
34	Nov 2018	- Reviewing the annual networking event of October 2018 - Planning the annual agenda for 2019
35	Feb 2019	- Considering new social locales - Brainstorming ideas for the upcoming 10-year anniversary
36	June 2019	- Engaging in a reflection workshop with the research partner - Discussing the further course of action in terms of the Remuneration JWG
37	Nov 2019	- Reviewing the annual networking event of October 2019 - Update and discussion on the Remuneration JWG and Patient-Centered Care JWG - Suggesting the establishment of a management position for InCareNet
38	Feb 2020	- Addressing the upcoming personal changes in the executive committee - Agreeing on the important role of social capital in terms of member recruitment for InCareNet

By November 2019, the Remuneration JWG had developed concepts for two small integrated care projects and proposed to the executive committee that InCareNet could be the contracting authority and could foster the projects by providing a budget for processual support. In this discussion, the then president of InCareNet made it clear that

"*InCareNet cannot be the financier of these projects. [It] can initiate them, but afterward they have to be part of a regularized financial integrated care model*" (O-35, EC meeting). The projects themselves, however, would be implemented by one of the involved healthcare providers. The requests for financial support and initial funding for the two projects (one project requiring a maximum of 9,000 CHF and one requiring a maximum of 27,000 CHF) were unanimously accepted and decided by the executive committee.

Essentially, in the thirty-eighth meeting (in February 2020) the attendees addressed the upcoming personal changes in the executive committee since some delegates of network member organizations were about to retire and others changed their professional career perspectives and thus left the network as organizational delegates. In view of recruiting new member organizations to the network and mobilizing motivated participants for the executive committee, the members agreed that personal contacts were the most effective way to address and invite potential network members to the network. A final, strongly identity-related topic at the thirty-eighth meeting was the option to create an *executive management position* for InCareNet.

> *"At this point, it would be good to discuss whether there is a need for a manager in addition to the secretary, whose work could remain the same or would be slightly adjusted. There are various possibilities, for example, a position with a 20 percent workload."* (O-36, EC meeting)

After elaborating on the pros and cons of this option, the executive committee members agreed to approach the JWG project leader and ask him whether he would be interested in the *position of executive manager for InCareNet*.

In this way, the executive members decided to *strengthen InCareNet's capacity to act*, and by July 1, 2020, the former project leader was hired as InCareNet's executive manager. While this position was established to offer an orientation and driving force for InCareNet's next steps to facilitate their strategy network, the secretary commission remained with a workload of 20 percent.

InCareNet's identity landmark event – the Future Conference

At the beginning of 2017, the executive committee decided, based on the new networking strategic project, to transform the annual networking event in October 2017

into the *Future Conference*. The structure and program of the Future Conference were different from that of previous annual network events in several ways:

- The event was held as a one-day conference instead of an evening event.
- The topics to be discussed were rather open and completely focused on the needs and interests of the participating members.
- Communication (e.g., through a conference booklet including a members list, all presentations, and most important information about the agenda) before, during, and after the conference was clear, very well structured, and future-oriented.

Table 25 outlines the agenda for the Future Conference of October 2017.

Table 25 Agenda for the Future Conference (adapted from InCareNet's official invitation for the event)

Time	Agenda
8.00 am	Welcome coffee
8.30 am	Welcome by the co-presidents Analysis of the current health care situation in the region Discussion among the participants Input EC InCareNet: Trends and developments in the upcoming 25 years Evaluation by the participants
12 pm	Lunch and exchange
1 pm	Input presentation by an external expert: • Theses on future health care Interactive working groups: • The ideal health care in the region – Development of future scenarios by the participants • The most important fields of action – Compilation and prioritization of the central fields of action
5 pm	Concluding remarks and further procedure by the co-presidents
5.15 pm	Closing networking event

The transformation of this annual event into a network conference with a strong future orientation was intensively supported and guided by the externally hired process consultant. The event was open to members of InCareNet as well as non-members and offered a day full of interactive formats, such as small working groups, round table discussions, plenums, debates, and moderated talks after a keynote presentation, which enabled participants to engage in InCareNet's activities in a more active way. Furthermore, the conference's aim was to "*find out the issues that will affect and be important to our members in the next two to three years and how InCareNet can get involved in these issues as an association"* (I-31, EC member, insurance provider). During the Future Conference, it became clear that there were multiple topics that were

categorized as interesting and important by the network members. In particular, the following topics were prioritized (listed in order of priority for members):

- Remuneration and financial models
- Patient-centered care
- Health coaches
- Digitalization and technology
- Drivers of coordinated care
- New professional profiles
- Outcomes, benefits, and limitations of integrated care
- Mobile health care

At the annual networking events in 2018 and 2019, attendees primarily discussed updates from the Remuneration JWG, as the executive committee in exchange with the JWG members decided to continue the topic of financial and remuneration models in the field of integrated care for the following years. By reflecting on the JWG, those two events forced a bridge to the Future Conference and simultaneously gave an outlook to future developments. Thus, members were able to actively participate and design InCareNet's development by giving feedback and designing concrete activities for the upcoming months.

Table 26 Overview of annual networking events in Period 3

Annual networking events social locale in Period 3 (2017 – 2020)		
Meeting	Time	Key topics
10	Oct 2017	- Future Conference – Trends and dynamics over the next 25 years
11	Oct 2018	- Innovative remuneration systems for Switzerland. An economic look beyond the end of one's nose - Discussions in various interactive groups
12	Oct 2019	- Presentation by members of the Remuneration JWG on the project concepts (and the status quo so far) - Introduction to a new topic: Patient-centered care – focus on the person, not the disease
13	Sept 2020	- Possibilities and limitations of digital innovations for integrated care (held online)

In September 2020, for the first time in InCareNet's history and due to the COVID-19 pandemic, the annual event was held as an online conference via the Zoom platform. During three rounds of discussion, the participants at the event elaborated on the

impacts, challenges, opportunities, and lessons learned from digitalization and integrated care.

The Remuneration JWG

Thirteen network members participated at the first meeting of the Remuneration JWG (in January 2018) to jointly discuss and create innovative remuneration models over the next two years (see Table 27 for an overview).

Table 27 Participants in the Remuneration JWG

Municipal Health Department (1) (staff position)	Municipal pharmacy association (1)	General practitioner association (1)
Integrated care network (1) (project lead)	General practitioner units (GPs) (2)	Municipal outpatient care organization (2)
Hospitals and medical centers (2)	Municipal care centers (1)	Health insurance companies (1)

The first meeting, and thereby the kick-off session for the Remuneration JWG, started with clarification of expectations and personal introductions by each of the participants. Thereby, the participants answered the following two questions:

- What are the expectations in terms of participating in the JWG?
- What ideas do I have regarding the topic of the JWG?

During the meeting, it became clear that the participating members were keen to create small, realizable projects, develop concrete recommendations for action, and foster result-oriented debates among members on incentive systems in the field of integrated care. It also became clear from the very first meeting that the Remuneration JWG rather than the executive committee would be the project owner and would provide the agency for the pilot projects. A key aspect in the first meetings of the Remuneration JWG was to establish room for reflexive conversations to genuinely experiment as a collective group for innovative integrated care models. The discussion in the JWG required a certain reflexive depth in order to critically question the previous coordination of activities and their contextual conditions and to further develop them in an innovative-creative-experimental way.

At the second meeting of the Remuneration JWG (in April 2018), the participants intensively discussed potential cases of action for a pilot project. In the end, all members

agreed that due to the unfortunate incentive structures in the Swiss healthcare system, healthcare providers had hardly any interest in integrating value creation processes.

Three months later, the third meeting took place (in July 2018), and this time, InCareNet's external process consultant took part in the meeting to get some input for the upcoming program of the annual event in October, which she supported again as moderation and processual lead. While the engagement and motivation of the participants were still very high, binding rules on how to collaborate and to interact in the working group had not been discussed nor decided in the third meeting.

After the third Remuneration JWG meeting, the co-presidium of InCareNet, the department staff of the MHD, an executive committee member, the process consultant, and a well-known professional in the field of integrated care consultancy came together on August 16, 2018, to discuss the project management of the Remuneration JWG, to prepare the upcoming annual networking event, and to decide on next steps. In this meeting, the professional for integrated care was asked, whether he would be interested in being the project leader for the two project concepts in the Remuneration JWG.

> *"We decided to employ a project manager who already has experience, create a new level, and direct interests and trains of thought in new ways."* (O-19, JWG meeting)

During the meeting, the participants decided on the potential tasks and responsibilities of the new project leader. In addition, the process consultant suggested using the upcoming networking event in October 2018 and the general assembly in 2019 as a *"pit stop*" for further feedback loops with network member organizations. She also pointed out that the JWG had to be made "*fit for work*." The co-president added that InCareNet "*should plan across meetings rather than just plan from meeting to meeting*" and that "*the JWG has to develop a joint vocabulary to adequately discuss remuneration models in more detail*" (O-18, bilateral meeting).

This exchange provided an essential reflection on the future direction of InCareNet's strategy. Based on these identity-related discussions, the fourth meeting of the Remuneration JWG took place (in August 2018). From this meeting onwards, an external project leader, who was well known by the majority of InCareNet's members as an expert in integrated care and very well connected in the Swiss healthcare landscape, joined the group. He was hired by the executive committee to guide the Remuneration JWG, and he then became the executive manager of the network in July

2020. After intensive discussion, the JWG defined two pilot projects that the members wanted to intensify in future meetings. The first project covered a risk-based, interprofessional early detection program, and the second project involved a nursing shelter, which should act as a low-threshold, integrated offer for nursing emergencies.

At the fifth meeting (in November 2018), the JWG participants jointly reviewed the previous networking event in October 2018 as an important and helpful "*pit stop*" to reflect upon the two project ideas. Furthermore, the working group agreed on the following *mission* to *develop two project concepts* for innovative remuneration projects (O-22, JWG meeting):

- By the end of 2019, the JWG aimed to develop both theoretical and operative foundations and to create a concept of implementation for both pilot projects.
- Both projects were directed at re-designing service delivery processes and redistributing funds. Thus, no additional funding for previously unpaid services would be required.
- The JWG decided to pursue both projects rather than focus on one of them or split the group into two sections.
- The main outcome of the Remuneration JWG would be a "script of the project scenario" for interested network members to implement the projects.
- At each meeting, the project leader distributed – if necessary – some smaller work packages as tasks to prepare for the next meeting.

At the sixth meeting (in January 2019) and the seventh meeting (April 2019), the participants discussed the required foundations and approaches for successfully conceptualizing both pilot project scenarios. These foundations included a problem statement, a status quo analysis, a first outline of potential problem-solving approaches, target groups, and key stakeholders for each project.

In the seventh meeting (in April 2019), the JWG reviewed the feedback they received at the general assembly in May 2019 and discussed both services relevant to remuneration and the preparatory costs for both projects.

At the eighth and ninth meetings (in July and August 2019) the participants discussed concrete steps for the implementation of each project to add to the concepts and prepared input for the annual networking event in October 2019.

Table 28 Overview of JWG meetings in Period 3

Remuneration JWG social locale in Period 3 (2017 – 2020)		
Meeting	Time	Key topics
1	Jan 2018	- Getting acquainted with each other - Articulating expectations and interests in the topic
2	April 2018	- Reviewing the expectations formulated in the first meeting - Brainstorming ideas for concrete pilot project concepts
3	July 2018	- External consultant structures the third meeting and gathers ideas to develop an agenda of the upcoming annual event
4	Aug 2018	- Introducing the new project leader - Articulating operating principles - Outlining the next steps and potential objectives of the JWG
5	Nov 2018	- Clarifying the mission of the JWG and reflecting the selected pilot projects - Defining a project map, work packages, and a schedule
6	Jan 2019	- Splitting the JWG into two groups to focus discussion for each project on the first work package: Foundations - Exchanging ideas in the plenum
7	April 2019	- Working on the second work package: Outlining a solution (process description, participants/stakeholders, required infrastructure (e.g., IT-solutions), financial services)
8	July 2019	- Reviewing the "pit stop" at the general assembly in May 2019 - Working on questions referring to the financial aspects of the two projects
9	Aug 2019	- Discussing concrete steps for the implementation of each project to add to the concepts - Preparing input for the annual networking event in October 2019
10	Nov 2019	- Finalizing the project concepts

The tenth and final meeting (in November 2019) marked the closing session of the Remuneration JWG.

Maintaining the social locale general assembly

InCareNet's general assemblies in Period 3 (2017-2020) were characterized by continuous updates on the pilot projects of the Remuneration JWG (see Table 29 for an overview of the general assembly social locale in Period 3). Used as a "*pit stop*" to update non-involved network members and to get constructive feedback, the general assemblies in 2018 and 2019 presented a valuable social locale to discuss next steps in terms of further development of the two pilot project concepts.

Table 29 Overview of general assemblies in Period 3

General assembly social locale in Period 3 (2017 – 2020)		
Meeting	Time	Key topics social program
9	May 2018	- Integrated care between regulative and financial incentives - Presentation of the Remuneration JWG pilot project concepts
10	May 2019	- Keynote presentation – The 10-year anniversary of InCareNet - Presentation of the Remuneration JWG pilot project concepts
11	May 2020	- General assembly postponed until September 2020

Due to the worldwide COVID-19 pandemic, at the beginning of 2020, the co-presidium decided to postpone the general assembly due to take place in May 2020, as well as the associated project contest, until autumn and to merge it with the planned annual networking event in September 2020. The elections for the executive committee and co-presidency were also postponed until September 2020.

5.2.4.2.3 Involving members

The practices of involving members expressed whether and how network members were involved in diverse network activities and thereby characterized InCareNet's *understanding of a collective "we."* In prior years, and, in particular, at the beginning of InCareNet's identity crisis around 2013, InCareNet's perception of the network as an actor was rather divided into an "*us*" (i.e., the active executive committee as content producer) and "*them*" (i.e., the rather passive remaining network members focusing on the consumption aspect of the membership). However, in Period 3, largely influenced by the positive feedback from the Future Conference, members got much more actively involved in InCareNet's governance practices, and a shift towards a shared understanding of "*we*" (i.e., every single organization is a vital part of the InCareNet network) gained acceptance. This shift was illustrated, in particular, during a preparation meeting for the upcoming annual network event in October 2019. At this meeting, an executive committee member reflected upon how to overcome a certain adverse and ineffective mentality of consumerism among network members, and a participant intervened and recalled the understanding of "we" as in the context of the InCareNet network after the Future Conference.

"A: At the moment, the focus is on the network. The board, as the network, asks the members, 'How do we continue?' Maybe it needs more content…

*B: But the members **are** the network! This is a question of attitude [from network members]: It needs to be 'As a member, I **am** the network! How do we continue?' and not 'How do the board members include the network members?'"* (O-30, preparation meeting for the annual networking event)

This new form of self-description changed the members' understanding of the network as a social actor. In doing so, it produced and reproduced structural properties, such as the exploitation of organizational know-how from network members, as a vital resource in the Remuneration JWG and the Patient-Centered Care JWG.

Increase in membership numbers since the beginning of the network

As the network grew, InCareNet gained several (including prominent and powerful) new members. According to InCareNet's co-president in 2019, the continuous growth of InCareNet "*shows that the main players of [the city] are reflecting on integrated care*" (I-31, EC member, insurance provider). As Table 30 illustrates, by 2020, 35 organizations in the field of healthcare and social policy had joined the network.

Table 30 Number of network member organizations in Period 3

	InCareNet in Period 3 (2017 – 2020)			
Year	2017	2018	2019	2020
No. of member organizations	28	30	32	35

Several new member applications show that the social capital of network members in terms of personal relationships with potential new candidates was the most important and decisive factor for membership acquisition (O-36, EC meeting).

Utilizing members' expertise in the Remuneration JWG

A further practice of involving members was evident in the Remuneration JWG. At Remuneration JWG meetings, participants were constantly asked by the project leader to bring in their organizational and professional expertise and know-how. Moreover, he specifically asked the attendees to actively engage in discussions and debates and motivated members to be network creators, rather than followers.

> *"It would be a shame if you just attend and listen. Could we, as a group, support the idea of actively engaging and interacting when we have a meeting? Let's join in and not just be here."* (O-19, JWG meeting)

With the JWG, InCareNet found a social locale where "*members went beyond a state of consumption*," and an open setting for a reflective and honest dialogue was created.

Successful events made InCareNet attractive for new members

Another important factor for membership acquisition was the successfully promoted networking events that were opened to the public from 2016 onwards. At the annual networking events, strengthening the network community was actively facilitated through and guided by the professional support of the external process consultant and the appointed project leader. Strategies used to involve members through social community building included introducing communication on first-name terms and providing opportunities to engage in small talk by eating and drinking together before and after events or meetings. Furthermore, practices of involving members emerged as processes were adapted to actively exploit the organizational know-how of network members. For example, the project leader in the Remuneration JWG started to give "homework" to the attending members and asked them to obtain information, data, or consent from their organizations or their respective healthcare professions. In the Remuneration JWG, the project leader started to foster interactive forms of communication and thereby enabled reflexive conversations.

> *"The interactive work in small project groups was very helpful for getting to know the other participants. Now, I recognize network members when I meet them somewhere else."* (I-22, JWG member, outpatient care organization)

Despite all of the community building, which was systematically fostered in Period 3, a certain "*gap*" remained between the executive committee members and other network members.

Involving members significantly strengthened the community aspect

From 2017 onwards, network members repeatedly reported that they had observed stronger relationship building dynamics and received a "*strengthening of the community in the network*." As one member already emphasized in the phase of InCareNet's identity crisis:

"It needs a lot more relationship work and community building. It needs a lot of personal contact and email contact and personal appreciation." (I-17, member, MHD)

Members described this community building as a space where people know each other's faces, contacts, and competencies. The interaction formats in the JWG gave members access and opportunities to build relationships with other members. Members as valuable network resources were identified, activated, and integrated, and the willingness in the joint working groups to contribute expertise noticeably increased.

The project contest kept involving members

InCareNet's project contest was conducted for the first time in 2011. Thereafter, it became a well-established structural property of the network and was conducted annually with a growing number of applicants. At the thirty-third executive committee meeting, a new procedure in terms of the project contest was decided. From 2018 onwards, a member of the executive committee and a member from the MHD made a pre-selection of three to five projects. These pre-selected applicants would then be invited to present their projects to the jury. This new procedure enabled a more efficient process and helped the jury to award the most promising integrated care initiatives.

Membership involvement – (not) a goal in itself

Despite all the emphasis on facilitating relationship building among network members as the central feature of InCareNet as a network, some voices also claimed that the real focus of integrated care in terms of aligning value creation processes should not get out of sight when collaborating in a network such as InCareNet.

"It is not a goal in itself to be interprofessional. It is actually more about the patient, efficient care, and how to improve this in the canton and in the city, and it is less about how to simply involve everyone." (I-28, JWG member, GP group practice)

In addition, various meetings of the Remuneration JWG revealed that it was challenging for participants to navigate between the organizational and inter-organizational network levels. A member of the Remuneration JWG described this phenomenon in her own words as follows:

"Some participants do not discuss on the same level ... That is a big challenge. Where is the focus of the network – in practice or in theory? And are the members aware of this? There are a lot of highly competent managers in this group, but sometimes, for

a successful implementation, the voice of practitioners is lacking." (I-22, JWG member, outpatient care organization)

5.2.4.2.4 Creating commitment

The network identity building practices of creating commitment threw the spotlight on InCareNet's rules of collaboration. In particular, in practices of creating commitment, identity-related structural properties regarding how InCareNet members collaborated and interrelated within and beyond the scope of the network were constantly produced and reproduced. In this process, network activities primarily consider the questions: *How do we commit to action?* and *How are we collaborating?*

In Period 3 (2017 – 2020), the vast majority of previous enlisted members were still part of InCareNet and multiple new members (including some major healthcare providers) joined the network. Since the new networking strategy concept gave a new direction for InCareNet's orientation as a network, the design of the annual networking events was even stronger as opportunities to *socialize* and *strengthen the network community*.

Lack of attendance hampered practices of creating commitment

The lack of attendance of executive committee members represented a structural network dynamic that had also occurred in previous years in InCareNet. For example, at the thirty-fourth meeting of the executive committee (in November 2018), an executive committee member argued that approximately half of the executive committee had not attended the annual networking event in October 2018. The lack of participation from executive committee members both at executive committee meetings and at annual networking events was discussed as a critical aspect for creating a long-term commitment. In previous years, the presence of the executive committee members at networking events or general assemblies was hardly ever noted or requested. However, after the Future Conference in 2017, perceptions towards an exemplary function of the executive committee in terms of commitment had risen (O-23, EC meeting) and the secretary had started to track the attendances at the different social locales.

Creating commitment by establishing continuity

With the launch of the Remuneration JWG, InCareNet started to discuss the first topic prioritized by the network members over a longer time frame (more than two years) and in multiple social locales. Like a red thread, the topic of the need for innovative financial

regulations and remuneration models provided an important orientation at the annual network events and the general assemblies in 2018 and 2019.

Process continuity was provided through the collaboration with a process consultant who strongly supported InCareNet's executive committee over multiple years by providing a stable processual setting for its social locales. A *thematic* continuity was also made possible through *continuity* in *terms of personnel* and the establishment of long-term relationships based on trust. This led to respectful and trusting cooperation, especially in the executive committee and the Remuneration JWG. Furthermore, in Period 3, network member organizations increasingly claimed to have made "*friends within the network."*

> *"The cooperation among executive committee members has changed. Perhaps we are not always in complete agreement, of course not, but now we have more of the same points of view and the interaction is much clearer and more trusting."* (I-31, EC member, insurance provider)

While the prime focus of InCareNet's activities and discussions in Period 2 was mainly directed towards its own association structures and the continuous search for identity, InCareNet's focus changed after the Future Conference in 2017. Following the launch of the Remuneration JWG, the network dealt with a specific topic of integrated care – innovative financial initiatives and remuneration models – for several months and in different social locales. *Continuity* in terms of *dealing on a long-term basis with the same topic* and *working on this topic in multiple social locales* significantly increased in Period 3. Network members repeatedly emphasized that a central aspect of InCareNet was to dismantle walls among network members, and for that, attending multiple events was necessary to establish a continuity of the *same participants*.

> *"It's about dismantling certain walls. And you can only dismantle walls if you know where a section has to stay and where you can easily make a hole. And if you have to introduce yourself to a new person every time, then the wall simply stays in place much better."* (I-29, EC member, GP association)

Moreover, continuity in terms InCareNet's membership and governance constellation was exemplified by the executive committee and the presidium for several years. Table 31 gives an overview of the continuity of executive committee members from 2009 to 2020.

Table 31 InCareNet's executive committee composition from 2009 to 2020

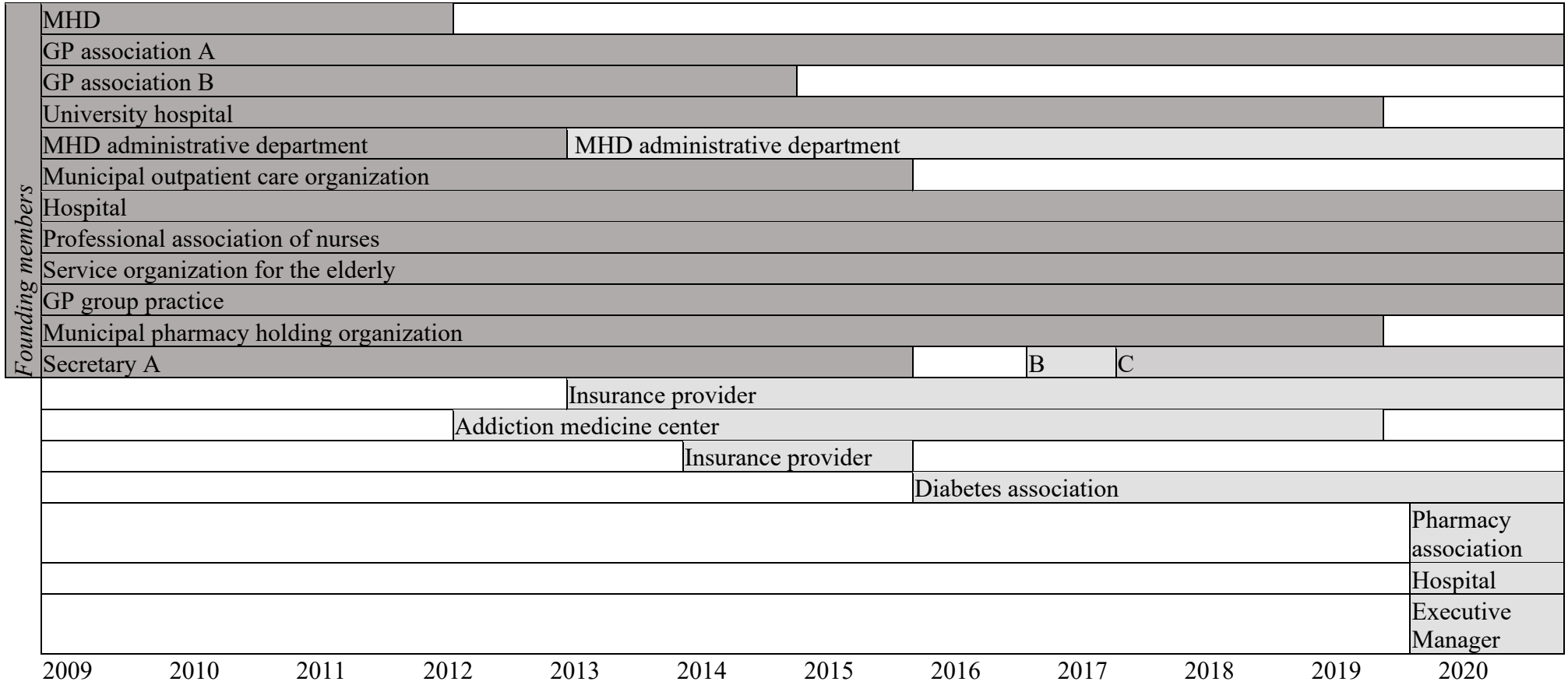


Table 32 shows the *continuity* in InCareNet's presidium, in particular, in the first six years of network development. In addition, it illustrates InCareNet's practice to split the presidium into two co-presidents from 2017 onwards.

Table 32 Timeline of InCareNet's presidium

Time	Presidium	
2010	MHD	-
2011	MHD	-
2012	Addiction medicine center	-
2013	Addiction medicine center	-
2014	Addiction medicine center	-
2015	Addiction medicine center	-
2016	Addiction medicine center	-
2017	Hospital	Professional association of nurses
2018	Professional association of nurses	Insurance provider
2019	Insurance provider	Diabetes association
2020	Diabetes association	GP association A

Creating commitment through broader distribution of tasks and responsibilities

The rotation concept for the co-presidium led to better distribution of tasks and responsibilities among the executive committee members and provided additional support for the commission presidium. The rotation concept was initiated in 2017 and it proposed that InCareNet should operate with two equally responsible co-presidents who would be in charge (offset by one year) for two years each. While one "*senior*" co-president continued to chair another year, a "*junior*" co-president joined the presidium (see Figure 25).

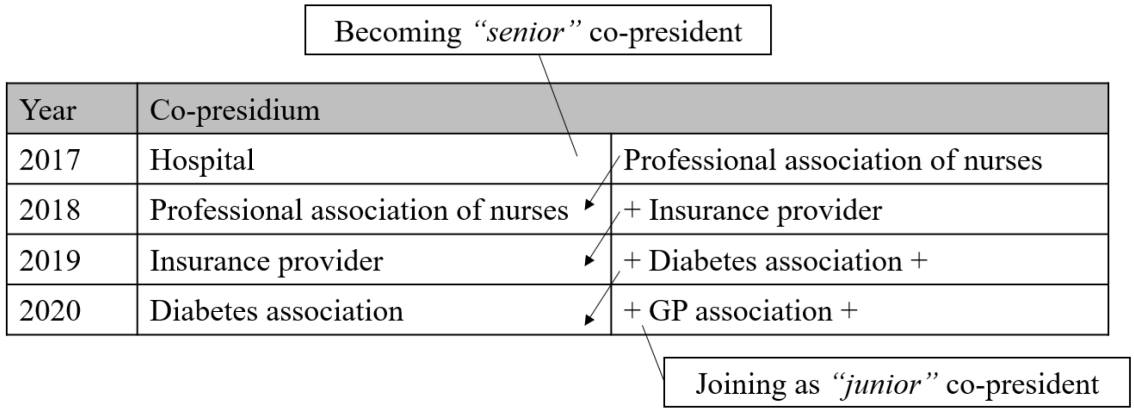


Figure 25 Rotation concept for the co-presidium of InCareNet

This constellation represented a big structural change in InCareNet's governance compared to the early days of the network. Back then, the MHD, as the founding organization, insisted that they provide the presidium due to political considerations. However, by the beginning of Period 3 in 2017, the structural properties changed to become more dynamic and flexible.

Call for commitment to focus on pragmatic "doing"

In particular, the members of the Remuneration JWG became strongly committed to creating change within the InCareNet network. While the executive committee suggested avoiding the design and implementation of the network's own projects, the JWG members still wanted to brainstorm and jointly conceptualize concrete pilot projects.

5.2.4.3 *Summary and key reflections on Period 3 (2017 – 2020)*

In Period 3, the executive committee (supported by the external process consultant and the inputs of the JWG project leader) became mainly a "*process designer*" and – in contrast to earlier years – acted less as a "*content designer*" in the network. The Remuneration JWG, on the other hand, increasingly gave impetus to content and significantly shaped the development of the association and the design of events through its work on two pilot projects. Although the executive committee had already dismissed the idea of developing concrete projects within the boundaries of InCareNet, the Remuneration JWG developed two project concepts in Period 3. However, these concepts did not include concrete implementation steps. They were intended to provide a comprehensive concept draft and "*script*" for members willing to implement the project.

In this phase of network development, four aspects shaped InCareNet's identity building practices.

First, on October 4, 2017, InCareNet held a modified annual event as a *Future Conference*. The event itself and its preparation were strongly supported by an external process consultant. This consultant was hired by the executive committee to guide the network's *strategic focus on networking* and to moderate and structure annual networking events. At the Future Conference, participants engaged in lively discussions around future scenarios of the health landscape in and beyond the city borders and

prioritized fields of action for InCareNet's future interventions. While multiple challenges were discussed, the topic of "*financial and remuneration issues in the healthcare landscape*" was prioritized by the network members. In the months following the conference, the event was rated a resounding success across the network and numerous network members raved about the high energy and open, solution-focused discussions during the event. However, at the same time, members also claimed that the event created multiple expectations among network member organizations that the network should implement concrete next steps for the prioritized fields of action. At the Future Conference, the network designed a shared agenda to proceed in the upcoming years for the first time in InCareNet's history.

> *"We overcame this [identity crisis] when we received the impulse from the Future Conference to decide in which direction we wanted to go, and then went ahead. Even though the concepts may not have yet been implemented, it has changed us. We have become much more capable of taking action."* (I-31, EC member, insurance provider)

Second, as a consequence of network members prioritizing some fields of action at the Future Conference, the Remuneration JWG was launched to address the topic of financial and remuneration challenges that was listed as the top priority among participants. The working group involved 13 network members and met on ten occasions in 2018 and 2019. Furthermore, for the first time, an external project lead was hired to guide and support the working group in terms of administrative and processual issues. Originally, the JWG was launched to develop integrated care projects based on innovative remuneration models. However, the data analysis revealed that there were multiple heterogeneous expectations regarding, on the one hand, the topic of financial and remuneration issues in the healthcare landscape, and on the other, the different solution approaches to tackle these issues.

The development of the Remuneration JWG social locale also illustrated that despite the lack of implemented initiatives, benefits for network members were available through the possibility of building valuable professional relationships.

> *"[Member A] has done something with [Member B] to simplify the wage agreements, so it is precisely for such cooperation agreements that the network is a good field to get to know each other. The network serves as a platform, as a provider of ideas, and as a kind of pusher. It should not only be a platform in the sense of chatting with each other. InCareNet should also give input regarding what we could talk about and what*

possible topics could be. I think that's good!" (I-23, EC member, professional association of nurses)

In this sense, members increasingly started to appreciate the open and trustful dialogue with each other and perceived the community building opportunities in InCareNet as a central and distinct network aspect.

"We struggled to get a concrete result, but we've managed to start talking to each other, sitting together, and sharing information. We never even thought of that before!" (I-15, EC member, MHD)

Thereby, members mentioned that InCareNet was distinct from other networks in the sense that people "*were more present and active than in meetings of other networks*" (I-31, EC member, insurance provider). Third, a new dynamic in the development of identity building practices emerged as two external forces strongly shaped the processual understanding of InCareNet as a network. First, the *project leader* – hired to guide and support the Remuneration JWG and later the Patient-Centered Care JWG – not only structured the JWG meetings but also significantly called for commitment from participating member organizations and thereby established important rules of collaboration in the social locales of the JWG, the annual events, and the general assembly. Second, the *external process consultant* offered new advice and orientation in terms of how to structure the annual events and, in particular, how to involve members in network activities on a long-term basis. This support was particularly useful for InCareNet's network identity building since the executive committee had a limited vision on how to proceed further from a processual perspective after the Future Conference.

Fourth, a final key dynamic that particularly shaped the network's identity building practices was the executive committee's decision to establish a managing position and hire a project leader for the Remuneration JWG.

5.3 Summary and outlook to the next chapter

This chapter comprised the first-order and second-order findings of our study. The first-order findings included a contextual *in-depth case description* of InCareNet as a dynamic network of integrated care. After a brief historical overview, the main characteristics and key events of InCareNet's development were outlined and discussed.

Next, the *four network identity building practices*, which were identified in an abductive process using the Gioia method (Gioia, Corley, et al., 2013) were described and empirically illustrated in more detail. The second-order findings provided further insights into the dynamic development of these four practices, their interrelations with each other, and with the network development as a dynamic process in general. In this section, we were primarily interested in the unfolding events of InCareNet's identity building processes, and therefore we used methods of temporal bracketing and visual mapping to observe process patterns.

In Chapter *6 Discussion*, we summarize and reflect on our empirical findings. Guided by our research questions and building on theoretically conceptualizing and empirically describing network identity building as a bundle of reflexive practices, we introduce a process model of network identity building. Furthermore, we discuss how network identity building dynamically evolved over time (i.e., process pattern) and why it evolved in the way it did (i.e., process mechanism) to answer our research questions. Essentially, we elaborate on theoretical and practical contributions that arise from our research and, at the same time, mention the potential limitations of this study.

6 Discussion

The thesis at hand provides a new and insightful longitudinal perspective on network identity development over time. Drawing on a structuration theory-inspired practice approach as an analytical lens, we reconstruct the dynamic development of a major Swiss integrated care network and focus on network identity building practices. This approach enables us to understand how network identity building – conceptualized as (bundles of) reflexive practices – develops, changes, and stabilizes as the network evolves over time.

The chosen research approach is grounded in the insightful research debate on reflexive network development and inspiring studies on network identity. Furthermore, our data analysis is guided by a practice approach. The results of our investigation now allow us to address the three central research questions of this thesis:

- *How does the identity of a network evolve over time?*
- *What is the role of reflexive practices in building or shaping the identity of a network?*
- *How can network identity building practices dynamically stabilize network development over time?*

We analyze these questions in the context of the Swiss InCareNet integrated care network, which provided a very suitable empirical setting to observe dynamic processes in terms of network identity building. The network was constantly in a *process of searching* for and *discussing* what their *identity* as an evolving integrated care network was and could be. Consequently, we observe the dynamic evolution of a network identity across multiple distinct episodes spanning a time frame of 11 years from the network's inception in 2009 to 2020.

A structuration theory-oriented practice approach provides a "generative process theoretical tool" that focuses "[…] on activity, flow and interactions evolving over time" (Cloutier & Langley, 2020, p. 6). Developing further insights from such generic process approaches provides a rich conceptual understanding of the dynamic identity processes in an evolving network and built the foundation for our conceptual contributions.

In this chapter, we discuss what we can learn from our longitudinal single case study of InCareNet by addressing our research questions in more detail.

First, we reflect on the question of how the identity of a network *evolves over time*. Grounded in an abductive data analysis process, we discuss the key findings of the previous chapter to make sense of our process map of network identity building practices over three periods of network development. Our detailed analysis of InCareNet's network identity building development suggests that the following reflexive practices have significantly influenced the development, change, and stabilization of InCareNet's network identity over time:

- The communicated self-description of the network by its members (*practices of narrating identity*)
- The creation of social, communicative locales to discuss and reflect upon identity-related issues (*practices of establishing social locales*)
- The interaction with and involvement of network members (*practices of involving members*)
- The development of commitment among members (*practices of creating commitment*)

The upcoming introduction of our process model provides further insight not only into the *process pattern* of network identity building – that is, *how* network identity building develops, changes, and stabilizes over time – but also into *process mechanisms* – that is, *why* network identity building evolves over time as observed. As emphasized by authors such as Cloutier and Langley (2020), Van de Ven (2007), Whetten (1989), and Cornelissen (2017); Cornelissen, Höllerer, and Seidl (2021), the explanatory story of *How?* (process pattern) and the underlying question of *Why?* (process mechanisms) comprise the backbone of a process contribution.

Second, we address the question of the role *reflexive practices* play in building or shaping the identity of a network. Our investigation of this question was conducted simultaneously with, and was closely interrelated with, analyzing the first research question. Conceptualizing network identity building as a bundle of reflexive practices has enabled us to deepen our understanding of how network identity building dynamically spans time and space in a fragmented network such as InCareNet. It was in these very practices that network actors continuously referred to the network identity-related question: *Who are we?*

Network identity building practices are *reflex*ive in the sense that "all human beings routinely 'keep in touch' with the grounds of what they do as an integral element of

doing it" (Giddens, 1990, p. 36). Grounded in a structuration theory approach, network identity building can be understood as a bundle of reflexive practices that intentionally and reflexively shape network processes and relationships by referring to identity-related network structures. Furthermore, network identity building is reflexive in the sense that it is constituted by self-reflexive questions such as *Who are we (as a social system)?* or *What kind of social system are we?* (Albert & Whetten, 1985; Rometsch et al., 2007). Therefore, the role of reflexive practices in building or shaping the identity of a network is a crucial one since network identity building *is situated and comes into being* in the very reflexive practices through which network actors constantly produce and reproduce identity-related structures. These structures, in turn, enable and constrain network interaction. Reflexive practices are therefore the very *locus* of network identity, and *in the recursive relationship between structure and agency*, network identity building *comes into being*. Thus, if network scholars aim to increase their understanding of network identity building, analyzing social practices has proven to be a very suitable analytical lens.

Third, we observe that network identity building – understood as a bundle of reflexive practices – occurs *dynamically* over time. As the network literature provided inspiring insights into the relationship of network identity and network development, we further address the question of how network identity building practices can *dynamically stabilize* network development over time. We discuss this question in more detail in Chapter 6.1, where we elaborate on our process model of network identity building.

Grounded in the theoretical conceptualizations of network identity building, we regard the insights into each research question as central building blocks for our process model of network identity building dynamically stabilizing over time. Thus, in the next two sub-chapters, we introduce our process model of network identity building and present our theoretical and practical contributions. Chapter *6.1 A process model of network identity building* introduces and elaborates on our process model. Chapter *6.2 Theoretical and empirical contributions* highlights some contributions *of* and *to* theory.

6.1 A process model of network identity building

In Chapter 2.3.5, we conceptualize network identity building through the lens of structuration theory and by applying a practice approach perspective. We introduce an understanding of network identity building as a bundle of reflexive practices where

network agents reflexively refer to, produce, and reproduce identity-related structural properties, and these structural properties, in turn, enable and constrain the very actions of network members (Rometsch et al., 2007). To identify structural properties and member interactions that are identity related, we focus on the ones that refer to the *network as a whole*; are *relational* in nature; and concern *central, distinct*, and *enduring* aspects of network development (Albert & Whetten, 1985; Rometsch et al., 2007). Based on the outlined practice-theoretical concepts of network identity building, we identify five key concepts from structuration theory-inspired network research:

- Networks as *social systems* are reproduced relations organized as social practices over time (Berends & Sydow, 2019; Giddens, 1984; Sydow, 2000, 2001; Sydow et al., 2013; Sydow & Windeler, 1998).
- *Social practices* are regularized types of activities constituted via the duality of structure (Giddens, 1984).
- *Network identification* is the dynamic social process of network member (inter)action, which refers to network-related structural properties (Rometsch et al., 2007)
- *Network identity* represents a structural property of a network, which is produced and reproduced by network members' actions related to the question: *Who are we as a network?* These structural properties are identity related when they refer to the *network as a whole*, and when they are *relational* and concern rather *central, distinct*, or *enduring* aspects of network development (Rometsch et al., 2007).
- *Network identity building* is understood as a bundle of reflexive practices where agents more or less reflexively refer to, produce, and reproduce identity-related structural properties, and these structural properties, in turn, enable and constrain these very actions (Rometsch et al., 2007).

These concepts are then used as a guiding theoretical framework during data analysis. The existing literature foundation on network identity, which this research draws on, offers two main approaches to research on network identity at the time of writing.

The first research approach focuses on the *description* of a rather *changeless* network identity on a network level and aims to theoretically conceptualize and understand network identity from a practice perspective. Exemplary studies that employ this

approach on network identity research are Huemer et al. (2002, 2004), Human and Provan (2000), and Rometsch et al. (2007).

The second research approach emphasizes the dialectic relationship between *organizational identity* and *network identity* and its dynamic interplay. Exemplary studies that apply this research approach are Rometsch et al. (2007) and Bouchikhi and Kimberly (2003).

However, studies in both research approaches mostly employ a rather abstract theoretical and conceptual perspective. Therefore, *empirical* studies on network identity building are still scarce. In addition, from both a *theoretical* and a *practical* point of view, surprisingly little research investigates issues of network identity development over time or change from a *longitudinal perspective*. A notable exception is provided by Bouchikhi and Kimberly (2003). We briefly elaborate on identity change processes (however with a strong organizational focus) and how the change of a company's identity requires leaders to adapt certain management practices. Furthermore, Human and Provan (2000) emphasize the vital role of developing and maintaining a network identity, which enables actors within and outside the network to perceive and, at the same time, construct the network as a legitimate social entity. Consequently, the thesis at hand approaches network identity building by exploring its dynamic *development*, *change*, and *stabilization* as a set of *reflexive practices that evolve over time*. Thereby, we contribute a vital *extension* to the previous theoretically inspired conceptualizations of network identity.

The proposed practice-theoretical conceptualization of network identity – grounded in the research debate on network development – shows that network identity building is not a stable construct, but rather a *process that unfolds over time as it is routinely created and sustained in the duality of identification and network identity*. The empirical data of InCareNet strongly supports this understanding of network identity building as a dynamic and dialectic process.

While we analyze the data with our framework on network identity building as a reflexive practice, questions emerge regarding how network identity building develops *over time* and *whether* or *how* the observed social phenomenon differs at different points in time (Period 1 and Period 3). Through an abductive research process, we observe that network identity building in InCareNet was *dynamically stabilizing over time.* This phenomenon can be described as a *twofold process* where the *direction of reference* for

network identity and identification *is shifting* – most often in times of crisis – and network identity building practices are *dynamically stabilizing* as they re-orient themselves towards a new reference point. Thereby, the process of network identity change in InCareNet went beyond the routinely created process of producing and reproducing identity building practices over time.

Table 33 New concept as a vital extension to a practice-theoretical perspective on network identity

Additional concept introduced in this thesis (based on the empirical phenomenon)	Short description
Network identity building is dynamically stabilizing	The dynamic stabilization of network identity describes the dynamic process where the *direction of reference* for network identity and identification *is shifting* – most often in times of crisis – and *stabilizing thereafter*. This process of dynamic stabilization of network identity building goes beyond the routinely created and dynamic process of reproducing identity building practices over time.

Built on these reflections, the following subsections introduce the process model in more detail. The theoretical conceptualization in previous chapters of this thesis elaborates on *how* network identity can be understood and conceptualized from a structuration theory-inspired practice approach. In the *process model*, we go one step further to analyze the empirical phenomenon of *how* and *why* a network identity as a dynamic process *evolves over time*, and, consequently, how and why network identity building "*makes a turn*" (I-01, EC member, hospital), and, in doing so, *dynamically stabilizes* network development over time.

6.1.1 How network identity building *develops* over time

Our case analysis shows that network identity building in the InCareNet integrated network emerged and developed as a *bundle of reflexive practices*. In particular, we identify the four reflexive practices of *narrating identity*, *establishing social locales*, *involving members*, and *creating commitment* as key network identity building practices. Network identity developed over time as these four practices continuously (re)produced, interacted with, and partly overlapped with each other. We now discuss some general insights into the dynamic process of network identity building as the network evolved.

Subsequently, we explain in more detail how network identity building changes and dynamically stabilizes over time.

First, our empirical case analysis confirms through manifold observations that not all network identity building practices refer to the same degree to identity-related structural properties (and thereby constantly reproduce and produce a network identity) (see Rometsch et al., 2007). The theoretically introduced distinction between *direct* and *indirect* network identity building practices provided helpful and practice-relevant guidance during our data analysis. While some practices turned out to be strongly and directly linked to network identity building practices, other network identity building practices had an admittedly less direct link, yet still an important and supportive relation towards network identity constitution. In the case of InCareNet, we observed that practices of narrating identity presented the most directly related network identity building practices. By narrating the network's story, these practices continuously constituted network identity over time. By constantly narrating stories about who InCareNet was as a network and what the network stood for, network actors not only communicated but also socially reconstructed what they perceived as central, distinct, and enduring for their network. At the same time, practices of narrating identity provided valuable insights into what InCareNet as a network did *not* want to stand for. For example, at the project meeting for the new networking strategy concept in September 2017, a couple of weeks before the Future Conference in October 2017, the following agenda point was discussed: The executive committee received a request from the CEO of a big hospital group to get a slot at the upcoming event to introduce himself and the hospital group to the network members. However, the request was declined, since the executive committee members unanimously concluded that *"all members are equal; InCareNet is not a platform for self-promotion or political statements"* (O-07, strategy networking preparation). This self-description of network members produced and strengthened the informal network rule to avoid giving a stage for political statements of individual network members at the annual networking events. In contrast, practices such as establishing social locales, involving members, and creating commitment did not explicitly narrate identity, but rather supported, expressed, or shaped the narration of InCareNet's identity. These more indirect network identity building practices provided an important role in the dynamic development of network identity building over time.

Second, although all four observed identity practices were constantly carried out by network actors, some network identity building practices were shaping the network's development more strongly and recognizably at specific moments in time. In other words, depending on the observed period of network development, some network practices came more to the fore than others. For example, in InCareNet's initial years in Period 1 (2009 – 2013), narrating how InCareNet was launched as a city-initiated project played an important role in the first meetings of InCareNet's founding members. Furthermore, as InCareNet was launched, multiple social locales were established by its founding members to organize and coordinate the network's interaction. This dominant role of the practices of "narrating identity" and "establishing social locales" changed in the later years of network development in Period 2 (2014 – 2017). At that time, network actors saw themselves increasingly confronted with a phase of disorientation. During this phase of disorientation, a direction of reference, corresponding to the lived interaction of network members, was increasingly lost and lacking. Network members started to feel alienated from the original "*founding story*" of "*creating something tangible*" as InCareNet could not fulfill the implicit and explicit expectations to do so over multiple years. As a consequence of this disorientation, InCareNet found itself in some sort of identity crisis. Network actors increasingly discussed identity-related questions and, by shifting the direction of reference of InCareNet, network members strengthened practices of *involving members* with the new networking strategy concept, which became more and more important for InCareNet as a network. Essentially, in Period 3 (2017 – 2020), network identity building practices of creating commitment gained greater attention and became more prominent as network members perceived commitment to the network community as a central and enduring aspect of InCareNet's existence. Network members realized that "*commitment also creates some kind of co-responsibility*" (I-31, EC member, insurance provider), and that co-responsibility, in turn, was a vital prerequisite for building long-term relationships and developing trust among network members. Thus, the identity building practice of creating commitment re-appeared after a phase of non-commitment and the emergence of a wait-and-see attitude among network members. InCareNet's process consultant described this resurfacing of the identity building practice of creating commitment as follows:

> *"In retrospect, I have to say that there was quite a jolt [at the Future Conference] actually, there was a certain commitment."* (I-27, process consultant)

Third, as network identity building practices were recursively produced and reproduced over time, they strongly built on each other. Thus, network identity building practices in Period 1 provided essential preconditions for network identity building practices in Period 2 and Period 3, and practices in Period 2 reproduced and further developed those in Period 3.

As a result, in the thesis at hand, we observe the dynamic development of interrelated network identity building practices over time. [19] This finding of a strong interrelatedness of network identity building practices is consistent with the practice-oriented network literature (Sydow et al., 2015).

6.1.2 How network identity building *changes* in times of crisis

At InCareNet's inception, network actors were faced with various and heterogenous narratives of who and what InCareNet was as a network. These narratives ranged from being a network for aligned value creation among healthcare providers; a platform for exchanging ideas, know-how, and expertise; and a processual social system in which participants could discuss the future healthcare landscape of the region and produce results in a joint effort. The latter narrative repeatedly emerged as the dominant self-description in interviews with network members, in meetings, and at the annual network events, especially in the network's early years.

> *"In a newspaper article, the president of InCareNet clearly indicated that InCareNet wants to produce results. We will see if he [President] finds the key to moving forward."* (I-01, EC member hospital)

Thus, in Period 1 (2009 – 2013) all four observed network identity building practices referred to this dominant network purpose in their network identification. When social locales such as the Ambulatory Primary Care JWG (launched in 2013) were established, they were directed towards this very purpose of creating "something tangible."

> *"The Ambulatory Primary Care JWG came into being because we wanted to do something tangible, show by means of a concrete project what we are doing in InCareNet and what it is all about, take a first step in the right direction, and work on a very concrete project."* (I-16, EC member, addiction medicine center)

[19] See our summaries and key reflections on network identity development in Chapter 5.2.2.3, Chapter 5.2.3.3, and Chapter 5.2.4.3.

Furthermore, a think tank was launched in March 2010 to generate and discuss innovative ideas for projects and thereby support the executive committee from a "*helicopter point of view*" (D-20, annual report). Despite the good intentions of network members to create a social locale where network members could give free rein to thoughts and pursue new integrated care ideas, the think tank was not able to deliver any ideas, approaches, or thoughts to develop further. In 2011, the think tank was canceled since *"it achieved nothing. Nothing at all*" (I-08, EC member, hospital).

Dynamic identification (agency)

At the beginning of Period 2 (2013 – 2017), after the withdrawal of the MHD as the main financier, there was evidence of an incremental identity crisis. The MHD projects came to an end and the association lost substance in terms of content and thereby became increasingly uncertain about its own identity.

The question: *Who are we as a network?* arose mainly in the disorientation phase, when the gap between lived interaction and reproduced structural properties emerged.

> *"We have always asked ourselves: What is our task? What should the association do? What should the executive committee do? Well, the same questions were asked over and over again, and we questioned ourselves."* (I-31, EC member, insurance provider)

In this phase of disorientation, the interaction of network members was changing towards the direction of social relationship building. The majority of network members increasingly realized that the original dominant purpose of project implementation in the then setting of InCareNet was unrealistic and not feasible due to various barriers. The ongoing lack of follow-up projects, which were initiated by InCareNet itself rather than the MHD, increased an atmosphere of dissatisfaction and disorientation regarding a sustainable network identity.

This led to continuous disappointment that, despite an ongoing effort, nothing concrete had been implemented so far. The ongoing disorientation regarding who InCareNet was as a network and what it could actually be increasingly drained motivation and fed self-doubt about the actual usefulness of the network.

> *"That is the main problem of InCareNet: it does not actually succeed in creating concrete projects, and that is certainly one of the main goals. But what I think [we have achieved] is that people meet and talk to each other and understand each other's*

interests and look for solutions, even if it is difficult to generate concrete projects." (I-01, EC member, hospital)

In addition, there was ongoing controversy about whether and how members should be more involved in the network. Most members adopted a "*wait-and-see*" attitude in the early years of formation and at the beginning of the disorientation phase. However, there were also repeated calls for more involvement and sustainable opportunities for members to shape the network's orientation and to actively contribute to strategic and operative decision-making practices. Thus, at the beginning of 2014, the executive committee decided to re-direct the interaction in the network more towards social relationship building and networking since that seemed to be the only feasible thing to do.

"Yes, there has been a bit of disillusionment over time. […] I think it's realistic to see the whole thing as an exchange and networking platform. If you expect more, you are always dissatisfied somewhere. If you feel that a big project has to be implemented that changes the region's health care, then you are always disappointed. It simply doesn't happen." (I-09, EC member, MHD)

In this phase of network development, the executive committee launched a specially developed new *networking* strategy concept. This included a stronger focus on members getting to know each other and fostering interactive exchanges in the future.

Stable network identity (structural properties)

The identification of the network members changed over the years towards a network as a platform for exchange and getting to know each other. At the same time, however, the structural properties in the network were hardly affected by this change, and most of the rules and resources remained unchanged or changed only marginally during this period. For example, there was still no obligation to participate regularly in the events and the commitment of members to engage in the network was rather low. The structure of the social locales, such as the general meeting or the annual network events, did not reflect the new focus on long-term relationship building, as they were still largely conceptualized as information events and offered little space for open and broad dialogue and interaction.

6.1.3 How network identity building *stabilizes*

In Period 3, the executive committee (supported by the external process consultant and by the inputs of the JWG project leader) became mainly a "*process designer*" and – in contrast to earlier years – acted less as a "*content designer*" in the network. The Remuneration JWG, on the other hand, was increasingly giving content input and was significantly shaping the development of the association and the design of events through its work on two pilot projects. Network identity building changed as network actors re-oriented their dominant reference direction towards community building as central, distinct, and enduring aspects of the InCareNet network and stabilized as their actions produced adapted structural properties, which actually enabled network actors to interact and create a trustful and reflexive community of network members. Thus, InCareNet's network identity building stabilized as the dominant direction of reference shifted.

Dynamic network identity (structural properties)

At the beginning of Period 2, it became clear that InCareNet as a network wanted to focus more on networking and relationship building. Furthermore, another network purpose seemed not to be in the realm of possibility at that time. And although almost all of the association's activities were now aligned with this new purpose, network members still had difficulties time and again in reproducing the corresponding structural features so that community-oriented networking could also bear fruit. A look at structural features (in the Giddensian sense) and at network rules and resources showed that InCareNet was lacking an interactive and sustainable process design that would enable members to really get involved, constructively discuss issues, and form a trustworthy community in the long term. The change in the identification of members towards more community and relationship building led to a gap in the then still dominant narrative of InCareNet as a project developer. This changed when a process consultant was contacted by the executive committee to support the new idea of focusing on networking. With the guiding support and a changing mindset in terms of how network events could be integrative, interactive, and spaces for an open dialogue, InCareNet started to experiment and launched the Future Conference in October 2017. In numerous reflection meetings, together with the executive committee, it became clear that for the new orientation, corresponding resources had to be made available so that the process of community building could be accompanied in the long term. Furthermore, members

realized that important prerequisites for this change of InCareNet's identity had to be created. These prerequisites included the provision of financial and human resources (e.g., hiring the project leader for process support in the JWGs), provision of sufficient time resources, and agenda restructuring at events and meetings to promote an open-ended dialogue and thus enter into joint conversations that could take place beyond small talk and coffee chatting at the aperitif table.

> *"I have the feeling that InCareNet did not hugely develop, but the network stabilized. When I started, I had the feeling that there was a bit of a crisis of meaning. What does InCareNet do? What can we do? What do we actually want as a network? I have the feeling that we have had fewer of these questions recently."* (I-25, MHD staff position, MHD)

The key factor was that this shift was accompanied by an increased understanding of processual approaches, and thus structural properties were produced that enabled the capacity to act (i.e., capacity to *interact* and to *build a network community*).

Our data analysis shows that it was not sufficient to just organize aperitifs and networking events where keynote speakers presented a topic and network members had some minutes left to ask questions or to chat at the buffet. To strengthen its network community in an efficient and sustainable way, InCareNet needed a stable process structure, an open and transparent dialogue culture, a network-wide commitment to *"keeping the ball"* over months and years, and the courage to experiment and engage in innovative, open-ended discussions.

Stable identification (agency)

InCareNet's Future Conference and preparation for the event were strongly supported by an external process consultant. This event presented a milestone and turning point in the network's development and initiated *process continuity* in InCareNet. Furthermore, it allowed network members to embrace their new networking strategy concept. The highly interactive and processual supported event had a huge impact on the dynamic social process of network member (inter)action and enabled network members to reproduce community-oriented, identity-related structural properties. Such reproduced and altered structural properties included the establishment of a Remuneration JWG. This JWG was launched as the topic of financial and remuneration challenges was identified at the 'Future Conference' as the participants' top priority. While network

rules and resources, such as the lax handling of attendances, the rather strict design of network events, or the missing continuity in terms of topics discussed at network events, tended to inhibit the community-oriented approaches of network members in Period 2 (2014 – 2017), the change initiated by the Future Conference in Period 3 (2017 – 2020) gradually reproduced structural properties that more strongly promoted and enabled the interaction of network members.

This process of network identity building *dynamically stabilizing over time* is summarized in the practice-oriented process model shown in Figure 26.[20] Figure 26 illustrates how network identity building practices are recursively produced and reproduced as the network grows by drawing on structuration perspective and practice approach-inspired concepts of networks as a social systems, social practices, network identity, identification, and network identity building. Our process model is inspired by an abductive understanding in line with Dubois and Gadde (2002):

> *"The abductive approach is to be seen as different from a mixture of deductive and inductive approaches. An abductive approach is fruitful if the researcher's objective is to discover new things – other variables and other relationships."* (Dubois & Gadde, 2002, p. 559)

Using an abductive approach, we discover and analyze new patterns and dynamics regarding network identity building. Our data analysis reveals that network identity building not only evolves and maintains over time, but rather *dynamically stabilizes* as the network develops.

In line with previous network identity research, the proposed process model describes network identity building as a recursive practice, constantly reproducing and producing network identity. Network identity as a structural property of the network, in turn, enables and constrains network action and thereby the network member's identification. While this theoretically inspired interplay between structure and agency might provide an insightful approach to observe network identity building in practice, our empirical data reveals a constituting dynamic between processes of stability and change. Thereby, we clearly distinguish the terms "*development*" and "*change*," as the process of a

[20] The process model illustrated in Figure 26 was inspired by pictures of seesaws. Seesaws dynamically stabilize as the focus (weight) differs on their two sides. This balancing act of a seesaw seemed a suitable metaphor for how InCareNet balanced the process of dynamically stabilizing network identity building and thereby network development as a whole.

dynamic network identity *change* goes beyond the routinely created process of reproducing identity building practices over time. This includes an additional aspect, a *change of direction in terms of reference point (i.e., network purpose)*. We observed this change of direction multiple times in the empirical data, as illustrated in this quote of a network member: *"The self-description of the network **changed**"* (I-25, MHD staff position, MHD).

The process model introduced in this thesis captures the following three key insights, which we elaborate on in more detail in subsections 6.2.1 to 6.2.3.

- *Change as a prerequisite of dynamic stability for network identity building*. An ongoing change and adaptation of both network identification and network identity beyond the recursive interplay is a vital prerequisite of network identity building dynamically stabilizing over time. Thus, network identity building at InCareNet was not a linear process over time, but rather a highly dynamic process of changing and stabilizing, and again, changing and stabilizing as both network members' interaction and identity-related structural properties were repeatedly altered by network actors. The process of dynamic stabilizing is constantly reproduced as the dominant reference point – or in our case, the reference direction – is dynamically altered and shifts over time.
- *Network identity building as a medium and outcome of reflexive network development.* Network identity building can be conceptualized as a recursive interplay of structure and agency (i.e., of identification and network identity) where identification produces and reproduces identity-related structural properties (network identity), and those structural properties, in turn, constantly enable and constrain identity-related network interaction (activities of identification). Although an empirical application of this duality of structure proved to be challenging as structure and agency are first and foremost analytical distinctions, we observed the strong interrelationship of network identity building in the development of InCareNet as a network.
- *Network identity building as community building through continuity building.* Dynamic stabilization in InCareNet also revealed that continuity building was a central prerequisite for InCareNet's approach to building and cultivating its community of network members.

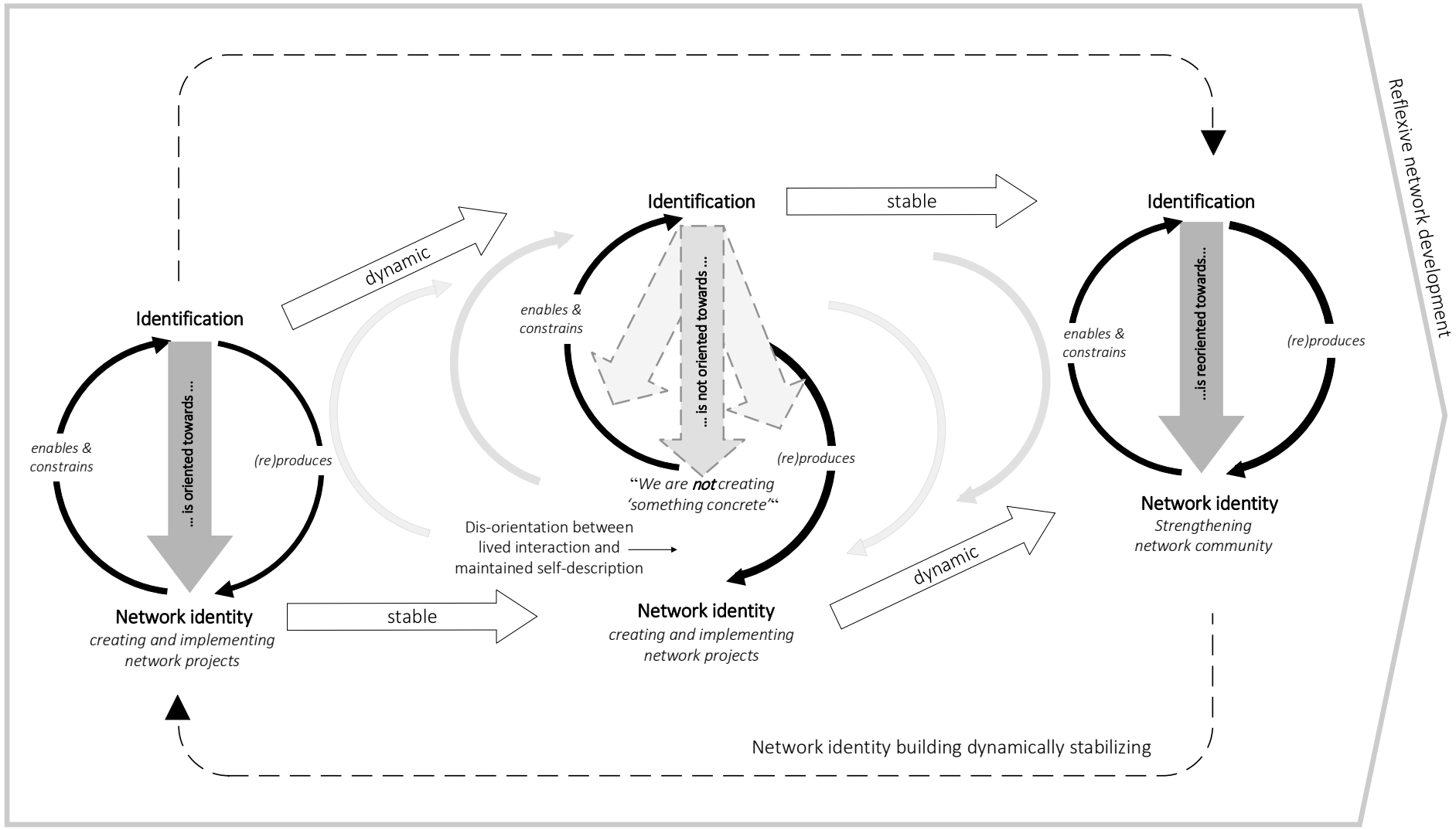


Figure 26 A practice-theoretical model of network identity building over time

6.2 Theoretical and practical implications

Our findings on the dynamic development of network identity building contribute to the growing body of network research in multiple fields. Inspired by the research of Lai (2014) and Whetten et al. (2009), we distinguish between a contribution *of* theory and a contribution *to* theory. While a scientific contribution *of* theory refers to "theory informing observation," a contribution *to* theory implies an "observation informing theory" (Whetten et al., 2009, p. 36). Figure 27 shows the dual form of contributions offered by this thesis.

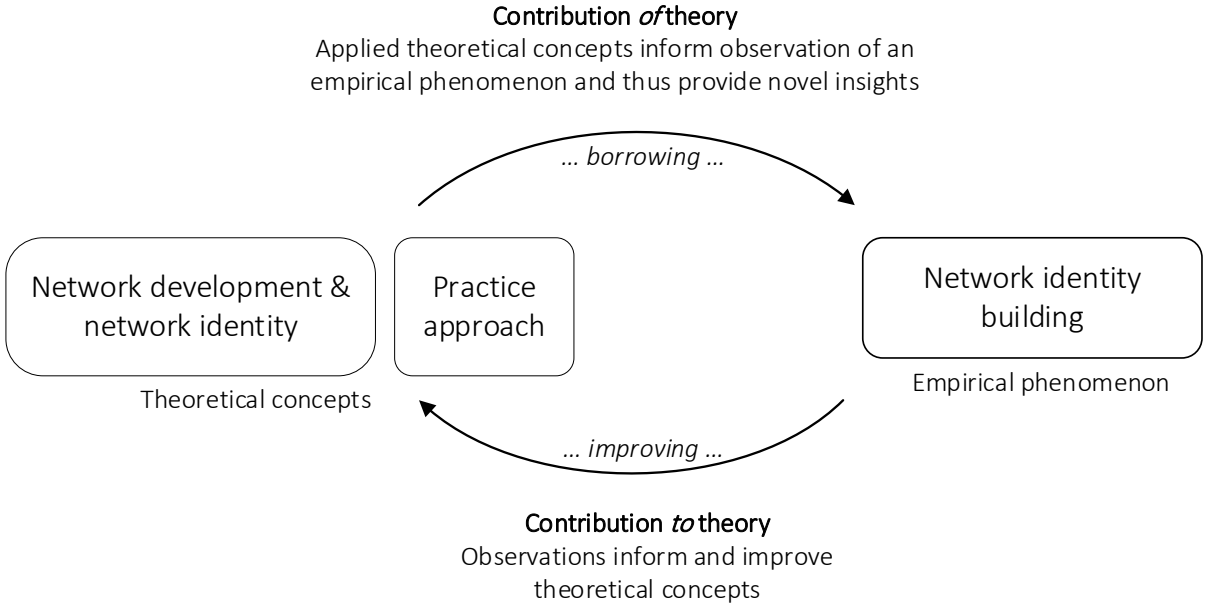


Figure 27 Dual contributions of this thesis (adapted from Whetten (2009))

The *contribution of* theoretical concepts in this thesis mainly lies in the provided guidance for research inquiry. By applying a processual understanding of network development and network identity building, and by analyzing the empirical data through a practice-theoretical lens, we advance a new perspective on network identity building over time. In recent years, a processual and practice-oriented conceptualization of networks as dynamic social systems reproduced via practices became an important and accepted research stream among the manifold debates of inter-organizational relations. During our research process, we were aware of the difficulties and challenges of employing structuration theory concepts *empirically* since these concepts are mainly distinguishable at an analytical level. Nevertheless, we agree with Berthod and Segato (2019) that analyzing network development from a process and practice perspective and

thereby focusing on a collective agency and structures, opens several interesting research opportunities for understanding the complexity and instability of networks. In our thesis, we present a study of *identity-as-practice*, which can provide novel insights by theoretically conceptualizing and empirically reconstructing identity building as a reflexive practice.

Additionally, this thesis *contributes to* the theoretical debates of network development and network identity by providing a new perspective on and explanation of the dynamic evolvement of network identity. In doing so, we aim to add to a practice-oriented understanding of social systems and essentially deepen existing knowledge of how networks – in particular, in the field of integrated care – might develop and emerge over time. In the following sub-chapters, we elaborate on our three contributions *to* theory.

6.2.1 Network identity building as a medium and outcome of reflexive network development

First, while a few studies (see Rometsch et al. (2007), and Bouchikhi and Kimberly (2003)) have already focused on network identity and its relation and interdependence towards organizational identities, studies on a *processual* and *longitudinal* approach to network identity building *over time* are few in number. Elaborating on this phenomenon in more detail, the thesis at hand describes how network identity building stabilizes through unfolding practices of network identity building and by altering and shifting the direction of reference for members' interaction.

A form of stability within network development emerged when the dominant direction of reference, that is, the network purpose, was shifting. This shift became necessary due to the *dissonance* between the changed, lived interaction of network members and the yet unchanged structural properties. With the subsequent change in structural properties, we observed the dynamic stabilizing of network identity building and a concomitant dynamic stabilizing of network development. The dynamic stabilizing was therefore a twofold.

On the one hand, the dynamic stabilizing concerned the network identity building practices, which stabilized again due to the reorientation towards a new reference direction and through the reproduction of structural properties, which were characterized by this new purpose of strengthening the network community.

On the other hand, a process of dynamic stabilizing was expressed in the relationship between network identity building practices and reflexive network development. As network identity building practices continuously evolved (like all network practices), this led to a dynamic stabilizing of the overall network development. Processes of network identity building at InCareNet therefore constituted processes of network development. Inspired by Giddens' (1984) structuration theory and the duality of structure, network identity as a collective structural property is both the medium of a system's reproduction and thereby of its development and, at the same time, the outcome of it (Bouchikhi et al., 1998; Rometsch et al., 2007). This perspective is also in line with Pettigrew's (1997) elaboration on processual phenomena and how context, processes, and outcomes are highly interlinked.

The applied longitudinal approach added a new perspective to current research and helps us to understand the dynamic development of network identity building practices in an integrated care network such as InCareNet in greater detail. The thesis thus contributes a more nuanced approach on how dynamics of network identity building enable and constrain network development and, in return, how reflexive network practices (re)produce and modify identity-related structural properties of networks (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017; Keast, 2016; Mitterlechner, 2018; Moynihan, 2009; Paquin & Howard-Grenville, 2013; Reypens et al., 2021). It thereby offers a new perspective on concepts of network identity building by conceptualizing network identity building as a medium and an outcome of reflexive network development. In order to do so, it identifies and analyzes network identity building practices that develop and constitute network development over time. Thereby, it follows research calls to focus on recursive practices when trying to understand dynamic network development (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017; Berthod & Segato, 2019; DeFillippi & Sydow, 2016; Rometsch et al., 2007; Sydow, 2013; Sydow & Braun, 2018).

6.2.2 Network identity change as a prerequisite of dynamic stabilizing

Our findings contribute to the theory of network identity by recognizing and analyzing the ongoing reconstitution of stability linked with the inherent potential to change. This pattern of dynamic stabilizing during the evolution of network identity building is central to understanding network development since it allows for a description of how

networks are constituted by reflecting identity-related questions on an ongoing basis. Thus, this thesis considers network identity building not as a tangible and rigid entity, but rather as a dynamic process of changing, constructing, and stabilizing since both identification and network identity were constantly in motion (cf. Gioia, Patvardhan, et al. (2013), who employ a similar perspective). We build on the research of Huemer (2004), who also looked at the dynamic interrelationship between stability and change regarding identity. In line with Huemer (2004), we argue that stability and change present key requirements and preconditions for network identity building and network development processes.

Our empirical analysis illustrates that *change* in the sense of re-structuring and reorienting towards a purpose – of both members' action and a networks' structural properties – has to be considered as a vital prerequisite for dynamic stabilizing in terms of network identity building and regarding network development as a whole. Pursuing this perspective, we argue that networks as social systems *do* not change, but rather, they "are constantly changing" (Gioia, Patvardhan, et al., 2013, p. 57). (Gioia & Patvardhan (2013, p. 57). Thus, there are no clear delineated episodes of change and stability, but networks are, by their nature, continuously in flux (Farjoun, 2016; Tsoukas & Chia, 2002; Weick & Quinn, 1999). When we reconsider the work of Albert & Whetten (1985), who suggested network identity to be of central, distinct, and enduring character for participants of a social system, we propose re-thinking the third characteristic of an "enduring" or "continuity" dimension. Although such "continuity" as a processual dimension of multiple identity building aspects provides an important aspect of InCareNet's network development, this continuity requires, at the same time, an ongoing stabilizing, as networks are inherently instable, changing, and in flux (Majchrzak et al., 2015). This thesis enriches the current theoretical debate on network development by analyzing how networks develop over time towards dynamic and often multiple purpose-oriented processes. This contrasts with the majority of existing studies, which elaborate on the transition from non-goal-directed, serendipitous networks towards more goal-directed whole networks (D'Aunno & Zuckerman, 1987; Human & Provan, 2000; Raab & Kenis, 2009; Sydow, 2004). Thereby, the case study deepens existing understanding of *who and what* networks *can be* and how they can become valuable platforms for interaction, reflection, and community building. The thesis at hand indicates a process of dynamic stabilizing of an originally rather goal-oriented network

towards a *network for itself* (Raab & Kenis, 2009), a network *towards a community of network members* who esteem collaboration for collaboration's sake.

6.2.3 Network identity building as community building through continuity building

Drawing on a purpose-oriented understanding of network identity, network scholars emphasize that "collaborating for collaboration's sake is likely to result in failure given the complexity [and costliness] of the collaboration process" (Thomson & Perry, 2006, p. 28). However, our empirical findings challenge this predominant goal-directed network approach and the underlying assumptions that a network for its own sake, for *collaborations' sake*, is not enough. Our observations suggest that the dominant purpose of a network can be – and was in the case of InCareNet for a certain period of time – to *strengthen the network's community* and thereby build the foundation for further bilateral or trilateral initiatives.

> *"I don't think projects are needed. InCareNet is now increasingly going in the direction of idea exchange. It is a platform for mediation. It is more a network to get food for thought."* (I-25, MHD staff position, MHD)

As Czarniawska (2000) mentioned, the identity of a social system is inherently embedded in the community and the social relationships in which the system is situated. From a practice approach, InCareNet's network actors can be understood as a "*community of practice*" (Nicolini & Monteiro, 2017). The notion of a "community of practice" has a diverse and impactful history in sociological and organizational studies.[21] Rooted in the work of Lave and Wenger (1991), "community of practice" was primarily used to identify members of a social system's process of learning and knowledge. Various scholars, such as Cunliffe and Easterby-Smith (2017), L. Suchman (2007), Feldman and Worline (2016), Swan et al. (2002), and Nicolini (2012), discussed the term in later years and contributed to our current understanding. In line with Nicolini's (2012) discussions on practice theory, our findings show that network members as a community of practice "[…] do not need to share the same occupational background, the same interests, or some kind of feeling of unisonance in order to be part

[21] See Nicolini (2012) p. 92ff for a detailed review and historical overview of the notion of "community of practice" and the diverse and manifold implications for practice research in recent decades.

of the community of practice. It is the practice itself that provides the common background. […] it is the practice which performs community and not the other way around" (p. 94). In our case, we observed that network identity building practices performed and therefore constituted network community by constantly referring to building relationships, dismantling reservations and barriers, or building trust and mutual understanding.

In doing so, network identity building increasingly shifted towards InCareNet being a platform, which strengthened the network community by:

- Establishing social locales that enable open-ended discussions
- Promoting understanding and vocabulary alignment
- Cultivating a learning and knowledge platform
- Being a platform for like-minded people
- Reducing fears and the silo mentality

Our findings also show that a network community understood as a "network of relationships" is not only based on reflexive-relational communicative occasions to engage with each other but also on *continuity building* as the network develops. Thus, *community building through continuity building* presents a vital prerequisite for network identity building dynamically stabilizing over time.

Continuity building thereby emerged on multiple levels. First, we observed an emerging *thematic continuity* after the Future Conference that provided an important orientation at the annual network events and the general assemblies in 2018 and 2019. Second, the thematic continuity was enabled by *personnel continuity* since the network and, in particular, the executive committee did not face major fluctuations. Third, *process continuity* emerged when InCareNet collaborated with a process consultant, who focused on processual support and guidance not only during the annual networking events but also at social locales of InCareNet.

Our research therefore holds valuable practical implications for network practitioners in various sectors. A continuous collective reflection of the question: *Who are we?* is not only relevant for a future-oriented network strategy in times of crisis, but also enables a continuous adjustment of members' interaction and identity-related structural properties in the sense of reflexive network development. This thesis provides new insights into how a network as a social system was able to facilitate open-ended discussions among

its network members, promote understanding and reduce language barriers among healthcare providers, and provide a fruitful platform for experimenting and exploring possibilities for bilateral or trilateral healthcare initiatives.

6.3 Summary and outlook to the next chapter

In this discussion chapter, we elaborated in more detail on the process patterns and mechanisms of network identity building dynamically stabilizing over time. Based on our findings from the empirical analysis and inspired by theoretical insights, we presented a process model to understand how network identity building is both the medium and outcome of network development and how it dynamically stabilizes over time. Furthermore, the chapter discussed the main theoretical and practical contributions of this thesis.

In Chapter *8 Conclusion*, we sum up the main findings and discuss limitations. We also provide an outlook for further research opportunities to deepen our knowledge of networks as dynamic yet highly complex systems inherently instable and in flux.

7 Conclusion

This chapter summarizes the lessons learned and key insights of our research process. In Chapter *7.1. Concluding remarks*, we revisit our three research questions and sum up the journey of this thesis. In Chapter *7.2. Limitations of this thesis*, we reflect on noteworthy limitations, and in Chapter *7.3. Outlook for further research*, we propose further research opportunities in the field of network identity to better understand how networks as social systems *are who they are* and how they *can become who they want to be*.

7.1 Concluding remarks

In recent decades, network scholars have increasingly provided new insights into how networks as complex and inherently instable social systems can be understood and how they can be governed in practice (Berends & Sydow, 2019; Fortwengel & Sydow, 2020; Majchrzak et al., 2015; Mitterlechner, 2019c). In particular, previous research started to focus on the interplay of stability and change as vital preconditions for network development and addressed network identity as constitutive elements of network development (Huemer, 2004).

The purpose of this thesis is to analyze the development of network identity by theoretically conceptualizing and empirically reconstructing identity building as a reflexive practice. This investigation was guided by the following three research questions:

- *How does the identity of a network evolve over time?*
- *What is the role of reflexive practices in building or shaping the identity of a network?*
- *How can network identity building practices dynamically stabilize network development over time?*

We first constructed network identity building in an iterative research process (see Figure 28) based on key concepts from a diverse set of network literature. Then, we deconstructed these concepts by problematizing the existing assumptions of a rather linear and non-fractural conceptualization of network identity. Finally, we reconstructed network identity building as a dynamically stabilizing phenomenon over time.

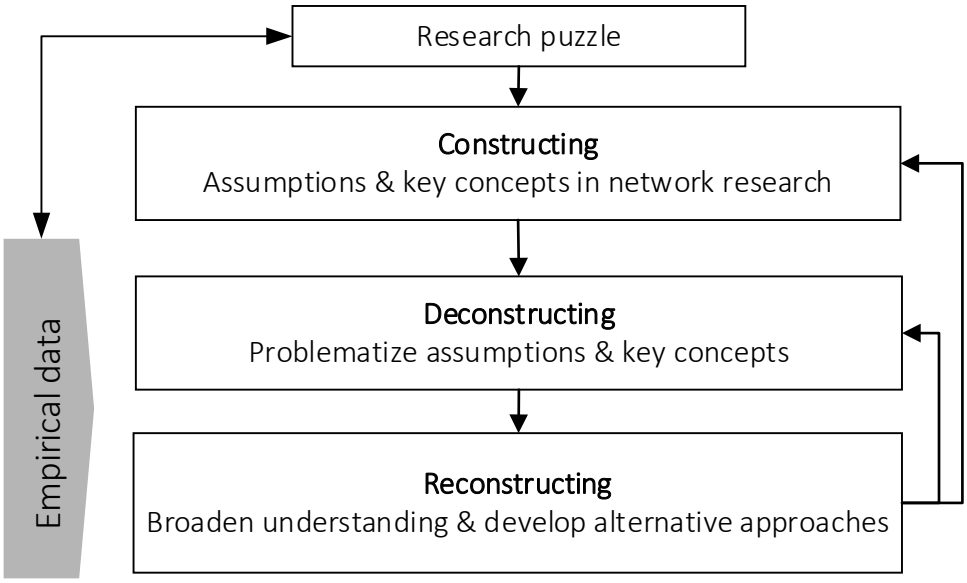


Figure 28 Research process conducted in the thesis

First, we introduced the empirical phenomenon of the dynamic change and stabilization of a network's identity over time and emphasized the theoretical and practical importance of network identity-related questions for network development as a whole. Identity-related conceptualizations added to our practice-theoretical understanding of how practices produce and reproduce networks as social systems and, in particular, broadened our understanding of identity-related structural network properties. Many scholars have already provided insightful research on questions such as how a dynamic identity can provide meaning, legitimacy, and purpose for system members; how it can offer prerequisites for decision-making; or how it can increase motivation, trust, and commitment towards a social entity (Beech & Huxham, 2003; Dutton & Dukerich, 1991; Dyer & Nobeoka, 2000; Huemer, 2004; Human & Provan, 2000; Ravasi, Tripsas, & Langley, 2020; Rindova & Fombrun, 1998; Rometsch et al., 2007; Stimpert et al., 1998).

At the same time, we observed in our empirical data that InCareNet continuously struggled with identity-related questions such as *Who **are** we as a network?* and *Who **can** we be?* Guided by our understanding of network identity building as a bundle of reflexive practices, we analyzed "what people do, what they talk about, and what they handle while talking" (Nicolini, 2012, p. 53). In doing so, we observed that asking identity-related questions and reflecting one's own self-description of the network was not a specific case in times of crisis, but rather the normal processual condition in which the InCareNet network was evolving over time. Contrary to current literature, we

observed that identity-related questions at InCareNet were more or less *part of everyday life in the network*, instead of specifically emerging in times of crisis and uncertainty. However, as the disorientation in terms of network identity increased, network members referred in their network identity building practices to a new purpose of building community and thereby dynamically stabilized network development over time. Our description of this *dynamic stabilizing* of network development over time, grounded both in extant theory and empirical observations, contributes to the still maturing body of network literature that specifically emphasizes a longitudinal perspective.

To address our research puzzle, we employed a structuration theory-oriented practice approach, which we understood from a weak process view and a social constructivist ontology. Network identity, viewed from a practice-oriented perspective, emerges and forms in the act of doing and saying, and therefore in social practices (Godfrey, 1998; Lerpold, Ravasi, Van Rekom, & Soenen, 2007; Pratt & Foreman, 2000). Furthermore, our analysis was inspired by insights from the literature debates on network development and network identity research. Building on these insights, we developed a practice-oriented framework for our data analysis and identified four key network identity building practices that dynamically stabilized InCareNet's network development over time: *narrating identity, establishing social locales, involving members,* and *creating commitment.* This framework provided a central approach to conceptualizing network identity as a bundle of reflexive practices and built the foundation and inspiration for our practice-oriented *process model of network identity building*.

We presented our findings in two ways. First, we created a thick case description to provide an overview of the case and to explain the selected network identity practices in more detail. Second, we mapped the network identity building process over time and identified patterns and interrelations between the four different network identity building practices and between network identity building and network development as a whole. Essentially, we discussed these findings in more detail in light of recent literature and made sense of our data by developing a process model of network identity building.

7.2 Limitations of this thesis

The introduced perspective on network identity building defies easy answers and demands ambitious standards of introspection and self-reflexivity in terms of our research process (see Mitterlechner (2018)). Thus, despite the theoretical and empirical advancements and contributions of this thesis, there are some noteworthy limitations that we discuss in the following.

First, the research is constrained by the applied theoretical conceptualizations and the chosen analytical lens. The applied research debates were *network development*, *network identity*, and a *structuration theory-oriented practice approach*. However, all three debates are elaborated from a certain ontological perspective grounded in social constructivism and therefore our literature review portrays already specific sub-debates within network research. As a consequence, our literature review on the *network development* debate strongly focused on an understanding of networks as *social systems undergoing a dynamic and processual evolution over time*. A similar aspect of limitation concerns the debate on *network identity*. Although theoretically embedded and rooted in the vast research on individual and organizational identity, we limited our literature review to network identity-relevant research findings and aspects of organizational identity literature that could *be applied to* network identity research (Whetten et al., 2009). Lastly, the proposed *process model* of network identity building practices reveals a high level of abstraction, conceivably "leading to a loss of contextual details in the process of theorizing" ((Langley & Abdallah, 2011); cited by (Lai, 2014)).

As indicated in Chapter 2.3.4, some scholars criticized Giddens' structuration theory as being too general, on a high theoretical and intellectual level, and far away from empirical applicability. A major limitation of this thesis therefore lies in the lack of a "methodological package for pursuing empirical inquiry" (Nicolini (2012, p. 50). In his work on various practice approaches, Nicolini (2012) mentioned the two central research communities that translated structuration theory-oriented principles more or less successfully in recent decades: Information System (IS) scholars and strategic management scholars. However, this thesis adds a third community of researchers that were inspired by the duality of structure and translated a structuration theory-oriented practice approach for their research processes: network scholars. Despite the lack of empirical guidance to apply structuration theory as a framework for data analysis, the thoughts on the duality of structure allowed network scholars to balance both the agency

and structure aspects of networks and thereby conceptualize networks as social systems reproduced via practices over time (Berends & Sydow, 2019; Berthod, Grothe-Hammer, & Sydow, 2017; Fortwengel et al., 2017; Ortmann & Sydow, 2013; Ortmann, Sydow, & Windeler, 2000; Sydow, 1998, 2000, 2001, 2003, 2004, 2012; Sydow & Duschek, 2011; Sydow et al., 2013; Sydow et al., 2015; Sydow & Van Well, 2003; Sydow & Windeler, 1997). Regarding our unit of analysis, we limited our observations on practices at a *network level*. Multilevel research that includes other levels, such as the organizational level and the organizational field level, could provide valuable insights into the dynamic interrelations of organizational identities and network identities.

Second, the thesis at hand contains limitations regarding the applied research design and the usage of specific research methods. This thesis was based on empirical research from a longitudinal single case analysis embedded in the specific context of healthcare. Although various authors emphasized the benefits of single case studies (Siggelkow, 2007), research based on single case studies is often criticized that it may not allow generalization (Dubois & Gadde, 2002). Since the observed network development covered three phases, replications of patterns over time can be seen in both the first-order and second-order findings, thereby offering some sense of reproducibility. Furthermore, the described case study relies on inside research, which might lead to a limited perspective and compromise the ability to produce a reliable account (Angrosino, 2010). As the research team joined the fieldwork in 2013, some findings are based on a retrospective perspective, "which limits the accuracy and completeness of data" especially in the years of InCareNet's birth and formation phase (Berends et al., 2011, p. 957). In addition, there are limitations considering the transfer of knowledge and understanding from the case of InCareNet to other (integrated care) networks, as network identity building differs depending on the structural properties of the social system and context in which it is embedded (Huemer, 2004; Huemer et al., 2004). Since the findings were derived abductively, they have only moderate generality and should therefore be considered as a starting point for further inquiries (Langley, 1999, p. 704).

Third, the thesis presented limitations in terms of communicating the key results and findings. As a written document is, by nature, linear and sequential, all narrations in this thesis move from a beginning towards an end. There are only limited possibilities to visualize and grasp the empirically observed practices as recursive processes and reciprocal dynamics in the written word. However, both the research process of this

thesis and the observed social phenomenon of network identity building were not linear processes. With various figures and illustrations, and the developed process model, this thesis aimed to mitigate this limitation of a linear text format, as network identity building practices emerge as highly interrelated and reflexive bundles of practices that are dynamically stabilizing over time (Nicolini & Monteiro, 2017; Rometsch et al., 2007; Schatzki, 2018).

7.3 Outlook for further research

We gained various theoretical and practical insights into network identity building. However, as with any research endeavor, we focused on specific questions, leaving other avenues unexplored, which may provide a fruitful starting point for further inquiries.

Network identity building may transform networks into reflexive spaces. This thesis elaborates on reflexive practices of network identity building and how such practices essentially enabled (and also constrained) network members to strengthen their network community. As a consequence, the InCareNet network became, in a sense, a relational-reflexive space. However, this thesis does not further elaborate on networks being a *reflexive space* (Bucher & Langley, 2016; Kellogg, 2005; Mitterlechner, 2019a). Organizational theory scholars have already provided some insightful research on reflexive spaces, conceptualized as loci for reflexivity and bounded interaction – i.e., as social settings bounded and set apart by physical, social, temporal, or symbolic aspects (Bucher & Langley, 2016; Hendry & Seidl, 2003). Rüegg-Stürm and Grand (2019, p. 210) provided another conceptualization of reflexive spaces and emphasized the importance of "temporal and spatial arrangements of communication" in organizations. In a similar vein, Kellogg (2005) elaborated on *relational* spaces as "areas of isolation, interaction, and inclusion" within organizations (p. 657). Based on our findings on network identity building, we call for further research regarding the conceptualization of networks as *reflexive spaces* to understand how a network per se, rather than single social locales, can be a relational-reflexive space (Jarzabkowski & Seidl, 2008; Nicolini et al., 2004; Rüegg-Stürm & Grand, 2019).

Network identity building is highly interrelated with legitimacy building. Our findings show that during network identity building processes, legitimacy-related questions frequently emerge as they refer to a social system's "*right to exist*" (Bourgoin et al., 2020). Similar to the network identity debate, various scholars have started to

conceptualize network legitimacy building as an “interactive process of social construction” that determines how networks as social systems evolve over time and due to intended and unintended action among network actors (Denis, Langley, & Rouleau, 2007; Suddaby et al., 2017). Legitimacy in the form of rules of legitimation also plays a crucial role in structuration theory, as knowledgeable agents refer to these rules via norms that, in turn, enable and constrain them in their capacity to act in their own or the systems’ interest. From an internal legitimacy perspective, network legitimacy building practices refer to the appropriateness of socializing and building relationships with others. From an external legitimacy perspective, network legitimacy building practices refer to the necessity for a social system to construct a legitimate image for potential network members (Berthod, Grothe-Hammer, Müller-Seitz, et al., 2017). Both perspectives provide a promising research direction to further analyze the relationship between network identity building and legitimacy building over time.

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Appendix

Appendix A: Interview guide

Table 34 Generic interview guide for the semi-structured interviews conducted in 2020

InCareNet interview guide for semi-structured interviews in 2020 (Questions slightly varied depending on the contextual background of the interviewee)
Introduction
• Setting the scene and explaining the interview context • Short review of the research approach/project. • Open conversation with some guiding questions • Explaining confidentiality rules, the tape recording for transcription, and the red button to suspend the recording, if needed
Content level
• What is your personal background? How did you come across InCareNet? • You are probably more than well occupied with your work at your organization. Why are you still (so strongly) committed to InCareNet? • What is the importance of InCareNet for your organization/your area of expertise? • What is the current role of InCareNet? • Since our last conversation: Which topics have shaped InCareNet in the last 5 to 6 years? From your point of view, what were the central development initiatives? • (Per initiative: How exactly did the initiative work from your point of view? What were the most important milestones?) • (Per initiative: What went particularly well in this initiative? Has there been "sand in the gears"?) • (Per initiative: Assuming you could start again with this initiative, what would repeat and what would you do differently?) • Which role did the Future Conference play for InCareNet? • How did the cooperation with the process consultant, the project leader, and the future manager impact InCareNet? How does this affect the cooperation in the network? • What has been achieved in InCareNet as a whole in the last 5 to 6 years, what has not (yet) been achieved? Where do you see the greatest successes, where the greatest deficits? • How important is a joint cooperation in the network? (political dimension?) • What conditions must be met for the network to make a relevant contribution to the Swiss healthcare system? • Assuming you have three wishes, in which direction should InCareNet develop in the next 5 to 6 years? What preconditions would have to be created for next steps? What conditions would have to be fulfilled for you and your organization to remain involved in InCareNet? • From your point of view, are there any central aspects that we have not yet talked about that you would like to share with us?
Conclusion and next steps
• Explaining the anonymization and condensation process of the interviews into patterns of network development, rather than individual statements • Explaining that the findings will be discussed in the context of InCareNet's strategy workshop in 2021

Appendix B: List of collected data

I … Interview / D … Document / O … Observation

Table 35 List of interviews

Index	Role within InCareNet, Organization	Date	Time
I-01	EC member, hospital	20.11.2013	01h 18min 06sec
I-02	MHD staff position, MHD	30.11.2013	01h 47min 22sec
I-03	EC member, medical association	30.11.2013	01h 08min 49sec
I-04	EC member, insurance provider	03.12.2013	01h 34min 16sec
I-05	MHD staff position, MHD	04.12.2013	01h 00min 01 sec
I-06	EC member, professional association of nurses	10.12.2013	00h 57min 33sec
I-07	EC member, insurance provider	08.01.2014	01h 15min 40sec
I-08	EC member, hospital	09.01.2014	00h 42min 57sec
I-09	EC member (president), MHD	21.01.2014	01h 11min 07sec
I-10	Secretary InCareNet	21.01.2014	01h 38min 32sec
I-11	EC member, municipal outpatient care organization	21.01.2014	00h 53min 12sec
I-12	EC member, municipal pharmacy holding organization	23.01.2014	01h 04min 07sec
I-13	EC member, insurance provider	23.01.2014	00h 52min 31sec
I-14	EC member, GP association	31.01.2014	01h 10min 25sec
I-15	EC member, MHD	31.01.2014	01h 08min 03sec
I-16	EC member (president), addiction medicine center	10.02.2014	01h 03min 44sec
I-17	Member, MHD	10.02.2014	01h 03min 14sec
I-18	Member, outpatient care organization	14.02.2014	01h 15min 43sec
I-19	Member, outpatient care organization	14.02.2014	01h 13min 40sec
I-20	Member, outpatient care organization	19.04.2014	01h 15min 00sec
I-21	EC member, municipal outpatient care organization	28.04.2014	00h 54min 59sec
I-22	JWG member, outpatient care organization	16.09.2020	00h 52min 56sec
I-23	EC member (president), professional association of nurses	21.09.2020	00h 44min 52sec
I-24	EC member, municipal outpatient care organization	21.09.2020	00h 45min 00sec
I-25	MHD staff position, MHD	25.09.2020	00h 53min 32sec
I-26	Secretary InCareNet	25.09.2020	00h 17min 37sec
I-27	Process consultant	30.09.2020	01h 19min 18sec
I-28	JWG member, GP group practice	01.10.2020	00h 34min 53sec
I-29	EC member (president), GP association	01.10.2020	01h 08min 55sec
I-30	EC member, insurance provider	12.10.2020	00h 54min 49sec
I-31	EC member (president), insurance provider	16.10.2020	01h 05min 19sec
I-32	Member, professional association of nurses	04.11.2020	00h 31min 44sec
I-33	Member, educational institution	25.01.2021	01h 14min 07sec

Table 36 List of documents and archival records

Index	Organization / Role Network	Date
D-01	Presentation: The idea of InCareNet	11.11.2008
D-02	InCareNet statutes	10.11.2009
D-03	Inaugural meeting InCareNet	10.11.2009
D-04	Executive committee regulations	10.11.2009
D-05	Executive committee meeting minutes	08.12.2009
D-06	Executive committee meeting minutes	23.02.2010
D-07	Think tank meeting minutes	03.03.2010
D-08	Executive committee meeting minutes	14.04.2010
D-09	Think tank meeting minutes	29.04.2010
D-10	General assembly 2010	12.05.2010
D-11	Newsletter June 2010	01.06.2010
D-12	Think tank meeting minutes	28.07.2010
D-13	Executive committee meeting minutes	07.09.2010
D-14	Vision and mission statement	01.11.2010
D-15	Think tank meeting minutes	19.11.2010
D-16	Executive committee meeting minutes	25.01.2011
D-17	Think tank meeting minutes	09.03.2011
D-18	Executive committee meeting minutes	29.03.2011
D-19	General assembly 2011	24.05.2011
D-20	Annual report 2010	01.06.2011
D-21	Think tank meeting minutes	28.06.2011
D-22	Executive committee meeting minutes	29.06.2011
D-23	Minutes city council	06.07.2011
D-24	Newsletter November 2011	01.11.2011
D-25	Executive committee meeting minutes	11.11.2011
D-26	Executive committee meeting minutes	30.01.2012
D-27	Executive committee meeting minutes	10.04.2012
D-28	General assembly 2012	15.05.2012
D-29	City council approvement InCareNet (MHD) project	16.05.2012
D-30	Newsletter June 2012	01.06.2012
D-31	Annual report 2011	01.06.2012
D-32	Network analysis of previous research partner before the HCE partnership	23.07.2012
D-33	Executive committee meeting minutes	29.08.2012
D-34	Executive committee meeting minutes	02.11.2012
D-35	Newsletter December 2012	01.12.2012
D-36	Executive committee meeting minutes	24.01.2013
D-37	Executive committee meeting minutes	20.03.2013
D-38	Proposal research partnership	01.05.2013
D-39	General assembly 2013	04.05.2013
D-40	Newsletter June 2013	01.06.2013
D-41	Annual report 2012	01.06.2013
D-42	Executive committee meeting minutes	29.08.2013
D-43	Executive committee meeting minutes	26.11.2013
D-44	Executive committee meeting minutes	12.03.2014

D-45	General assembly 2014	20.05.2014
D-46	Annual report 2013	01.06.2014
D-47	Newsletter July 2014	01.07.2014
D-48	Executive committee meeting minutes	02.07.2014
D-49	Executive committee meeting minutes	10.09.2014
D-50	Annual networking event 2014	02.10.2014
D-51	Newsletter November 2014	01.11.2014
D-52	Reflection workshop	06.11.2014
D-53	Executive committee meeting minutes	26.11.2014
D-54	Executive committee and reflection workshop	20.01.2015
D-55	Executive committee meeting minutes and reflection workshop	20.01.2015
D-56	First annual networking event 2015	10.03.2015
D-57	Executive committee meeting minutes and reflection workshop	31.03.2015
D-58	General assembly 2015	19.05.2015
D-59	Newsletter June 2015	01.06.2015
D-60	Annual report 2014	01.06.2015
D-61	Executive committee meeting minutes	30.06.2015
D-62	Second annual networking event 2015	01.10.2015
D-63	Newsletter November 2015	01.11.2015
D-64	Executive committee meeting minutes	03.11.2015
D-65	Contract staff position of a MHD employee at the InCareNet	07.12.2015
D-66	Executive committee meeting minutes	19.01.2016
D-67	First annual networking event 2016	08.03.2016
D-68	Executive committee meeting minutes	16.03.2016
D-69	Annual report 2015	01.06.2016
D-70	Newsletter July 2016	01.07.2016
D-71	InCareNet statutes revised version 1	31.10.2016
D-72	Newsletter December 2016	01.12.2016
D-73	Executive committee meeting minutes in 2016	31.12.2016
D-74	Executive committee meeting minutes	18.01.2017
D-75	InCareNet networking 2017 project plan	10.03.2017
D-76	Project group meeting	20.03.2017
D-77	New strategy concept	21.03.2017
D-78	List of participants for annual networking event	27.03.2017
D-79	List of potential keynote speakers	27.03.2017
D-80	Executive committee meeting minutes	28.03.2017
D-81	Internal minutes executive committee meeting	28.03.2017
D-82	Executive committee meeting minutes	28.03.2017
D-83	Executive committee meeting minutes	28.03.2017
D-84	Adaptation of InCareNet statutes	16.05.2017
D-85	Invitation general assembly 2017	16.05.2017
D-86	Agenda general assembly 2017	16.05.2017
D-87	General assembly 2017 meeting minutes	16.05.2017
D-88	Annual report 2016	01.06.2017
D-89	Sounding board meeting minutes	07.06.2017
D-90	Project group meeting networking strategy	13.06.2017
D-91	Project group meeting future conference	17.06.2017

D-92	Newsletter July 2017	01.07.2017
D-93	Meeting minutes project team networking	06.09.2017
D-94	Future conference meeting minutes 2017	04.10.2017
D-95	Review general assembly 2017	30.10.2017
D-96	Reflecting team intervention	30.10.2017
D-97	Executive committee meeting minutes	15.11.2017
D-98	Newsletter December 2017	01.12.2017
D-99	Joint working group meeting minutes	24.01.2018
D-100	Executive committee meeting minutes	07.02.2018
D-101	Joint working group meeting minutes	04.05.2018
D-102	General assembly 2018 meeting minutes	17.05.2018
D-103	Summary status quo joint working group remuneration	01.06.2018
D-104	Annual report 2017 (internal version)	01.06.2018
D-105	Annual report 2017	01.06.2018
D-106	Proposal project leader for JWG	01.06.2018
D-107	Executive committee meeting minutes	27.06.2018
D-108	Newsletter July 2018	01.07.2018
D-109	Executive committee meeting minutes	02.07.2018
D-110	Joint working group meeting minutes	16.08.2018
D-111	Joint working group meeting minutes	29.08.2018
D-112	Meeting minutes phone call with research partner	20.09.2018
D-113	Annual networking event 2018 meeting minutes	02.10.2018
D-114	Joint working group meeting minutes	07.11.2018
D-115	Executive committee meeting minutes	14.11.2018
D-116	Newsletter December 2018	01.12.2018
D-117	Joint working group meeting minutes	30.01.2019
D-118	Joint working group meeting minutes	30.01.2019
D-119	Executive committee meeting minutes	05.02.2019
D-120	Meeting minutes phone call with research partner	11.04.2019
D-121	General assembly 2019 meeting minutes	23.05.2019
D-122	Annual report 2018	01.06.2019
D-123	Executive committee meeting minutes	19.06.2019
D-124	Newsletter July 2019	01.07.2019
D-125	Joint working group meeting minutes	04.07.2019
D-126	Executive committee meeting minutes	05.07.2019
D-127	Joint working group meeting minutes	22.08.2019
D-128	Joint working group meeting minutes	22.08.2019
D-129	Project concept 1 Joint working group	22.08.2019
D-130	Project concept 2 Joint working group	22.08.2019
D-131	Sounding board meeting minutes	02.09.2019
D-132	Annual networking event 2019 meeting minutes	02.10.2019
D-133	List of participants for annual networking event	02.10.2019
D-134	Keynote annual networking event 2019	02.10.2019
D-135	Agenda general assembly 20179	02.10.2019
D-136	Meeting minutes bilateral conversations	21.10.2019
D-137	Joint working group meeting minutes	13.11.2019
D-138	Joint working group meeting minutes	13.11.2019

D-139	Implementation concept JWG project 1	13.11.2019
D-140	Implementation concept JWG project 2	13.11.2019
D-141	Executive committee meeting minutes	18.11.2019
D-142	Executive committee meeting minutes	19.11.2019
D-143	Tasks of the secretary and staff position MHD	19.11.2019
D-144	Tasks management position InCareNet	19.11.2019
D-145	Newsletter December 2019	01.12.2019
D-146	InCareNet balance sheet 2019	04.02.2020
D-147	Executive committee meeting minutes	26.02.2020
D-148	Annual report 2019	01.06.2020
D-149	Newsletter August 2020	01.08.2020
D-150	Newsletter November 2020	01.11.2020
D-151	Brainstorming list potential new members	04.01.2021
D-152	Reminder project contest	04.02.2021
D-153	Annual report 2020	01.06.2021

Table 37 List of observations

Index	Social locales	Form of occasion	Date
O-01	Executive committee	Meeting	28.03.2017
O-02	General assembly	General assembly	16.05.2017
O-03	Project team	Sounding board meeting to prepare annual networking event	07.06.2017
O-04	Project team	Sounding board meeting to prepare annual networking event	13.06.2017
O-05	Project team	Strategy networking preparation	17.06.2017
O-06	Executive committee	Meeting	28.06.2017
O-07	Project team	Strategy networking preparation	06.09.2017
O-08	Annual networking event	Future conference	04.10.2017
O-09	Executive committee	Meeting	30.10.2017
O-10	Executive committee	Meeting	15.11.2017
O-11	Joint working group	Meeting JWG remuneration	24.01.2018
O-12	Executive committee	Meeting	07.02.2018
O-13	Joint working group	Meeting JWG remuneration	05.04.2018
O-14	General assembly	General assembly	17.05.2018
O-15	Bilateral conversation	Meeting with research partner (phone call)	18.06.2018
O-16	Executive committee	Meeting	27.06.2018
O-17	Joint working group	Meeting JWG remuneration	02.07.2018
O-18	Bilateral conversation	Meeting	16.08.2018
O-19	Joint working group	Meeting JWG remuneration	29.08.2018
O-20	Project team	Phone call	05.09.2018
O-21	Annual networking event	Networking event	02.10.2018
O-22	Joint working group	Meeting JWG remuneration	07.11.2018
O-23	Executive committee	Meeting	14.11.2018
O-24	Joint working group	Meeting JWG remuneration	30.01.2019
O-25	Executive committee	Meeting	05.02.2019
O-26	Joint working group	Meeting JWG remuneration	03.04.2019
O-27	General assembly	General assembly	23.05.2019
O-28	Executive committee	Meeting	19.06.2019

O-29	Joint working group	Meeting JWG remuneration	04.07.2019
O-30	Sounding board	Preparation meeting annual networking event	05.07.2019
O-31	Joint working group	Meeting JWG remuneration	22.08.2019
O-32	Sounding board	Preparation meeting annual networking event	02.09.2019
O-33	Annual networking event	Networking event	02.10.2019
O-34	Joint working group	Meeting JWG remuneration	13.11.2019
O-35	Executive committee	Meeting	19.11.2019
O-36	Executive committee	Meeting	26.02.2020
O-37	Executive committee	Reflection retreat	30.08.2021

Appendix C: Executive committee regulations

Table 38 Executive committee regulations (translated from German into English)

Art. 1: General
These rules shall govern the affairs of the executive committee in accordance with Articles 15 and 16 of the statutes.

Art. 2: Fundamentals
The executive committee shall elect a vice-president. The executive committee decides as a collegiate body. It shall supervise the secretariat, the think tank and the JWGs.

Art. 3: President
The president represents the association externally, unless the statutes or the executive committee entrust other persons with this task. If the president is unable to act, the vice-president shall take his place.

Art. 4: Tasks
The executive committee shall manage the association in accordance with Art. 16 of the articles of association and the principles of the basic paper of the vision working group of […]. The list of responsibilities is an integral part of the executive committee regulations. The members of the executive committee shall manage their commissions independently. They report to the executive committee on their activities. They submit important business to the executive committee for decision. They represent the executive committee in their area of work.

Art. 5: Secretariat
The executive committee shall establish a permanent secretariat to support its operational activities.

Art. 6: Competences, rights, duties
Persons or JWGs, committees or commissions may be called in to support the executive committee. The executive committee may assign work which shall be compensated. The president and the executive committee member responsible for finance and accounting, as well as the person entrusted with the secretariat, shall have legally binding collective signatures. The collective signature shall be in twos, as a rule by the secretariat and the person responsible for finance and accounting or by the secretariat and the president. The executive committee has the membership fees and other income at its disposal. The executive committee works on a voluntary basis.

Art. 7: Annual report
The annual report shall list the activities of the executive committee, the think tank and (if any) the working groups. The president is responsible for the annual report.

Art. 8: Meetings
The executive committee meets at least four times a year. In special cases, the presidium may convene additional meetings. Two members of the executive committee may also request this by motion. Invitations to meetings are issued by the president. The final agenda and documents shall be sent to the executive committee members at least one week before the meeting. Prior to the meeting, a questionnaire shall be sent out. Guests may be invited for individual items of business and have an advisory vote.

Art. 9: Minutes
Minutes shall be kept and shall contain in any case:

a) the names of those present,

b) the items on the agenda,

c) motions and resolutions with brief reasons.

The minutes shall be kept by the secretariat. In the absence of the secretary, the president shall appoint a secretary to take the minutes.

Art. 10: Adoption of resolutions

The executive committee shall constitute a quorum if at least half of the members of the executive committee are present. An executive committee member may not be represented by another person (e.g., from a member organization). The executive committee shall take its decisions by an absolute majority of the members present. In the event of a tie, the president shall have the casting vote. Resolutions of the circular vote according to Art. 16 of the statutes shall be recorded in the minutes of the next meeting of the executive committee.

Art. 11: Final provisions

These regulations were approved at the first executive committee meeting and shall enter into force with immediate effect. The executive committee may amend these regulations at any time by a resolution passed by two-thirds of the executive committee members present and entitled to vote.

Curriculum Vitae

Personal information

Name	Anna-Sophia Bilgeri
Date of birth	03.06.1990
Place of birth	Bregenz, Austria
Nationality	Austrian

Education

2018 – 2022	University of St. Gallen, St. Gallen, Switzerland PhD Program in Organizational Studies and Cultural Theory
2017 – 2018	University of St. Gallen, St. Gallen, Switzerland Master Program in Management, Organization Studies and Cultural Theory
2014 – 2016	Management Center Innsbruck, Innsbruck, Austria European Master program in Health Economics and Management
2008 – 2015	Leopold-Franzens University, Innsbruck, Austria Bachelor Program in Religious Studies
2008 – 2013	Management Center Innsbruck, Innsbruck, Austria Bachelor Program Nonprofit, Social and Healthcare Management

Professional experience

2022 – today	Careum Foundation, Zurich, Switzerland Research Associate
2017 – 2022	University of St. Gallen, St. Gallen, Switzerland Research Associate, Chair of Prof. Dr. Johannes Rüegg-Stürm
2016-2017	Austrian Health Insurance, Innsbruck, Austria Public Health Professional