

# Entrepreneurial Dynamics and Patient Involvement in Service Innovation: Developing a Model to Promote Growth and Sustainability in Mental Health Care

Stavros Sindakis & Fotis Kitsios

## Abstract

Innovation and entrepreneurship are dynamic and holistic processes that are not restricted to the initial activity of a new undertaking. Many studies link and draw parallels between, not only corporate entrepreneurship and innovation but also innovation and the ability to enhance an organisation's competitive positioning and to provide outstanding value for its customers. However, a lack of research has been identified regarding the synergy between innovation and entrepreneurship, noting that the synergy between the two concepts helps organisations to prosper. Likewise, continuous service innovation has been described by many authors as the most valuable means for companies to achieve long-term success and organic growth. It is also suggested that for service firms to achieve even greater success, a customer orientation perspective should be adopted. Although a number of studies concerning the service sectors and, in particular, service innovation have been carried out, they have rarely been conducted in the context of health care, and in particular, that of mental health care. In addition, few studies have focused on the interaction and involvement of patients in the development of new health services. This study investigates the influence of user involvement on new health service development and presents the means by which the outcome can enhance a firm's entrepreneurial activity. On one hand, this study advances previous service innovation theory by associating with the entrepreneurship theory, while on the other, extends previous knowledge regarding the benefits of customer participation in new health service development.

## Keywords

Entrepreneurial dynamics · Patient involvement · Service innovation · Mental health care

## Introduction

It is recognised in the literature that innovation is the key to the growth and economic performance of firms and economies (e.g. Eisingerich et al. 2009; Van der Panne et al. 2003). Dubina et al. (2012), for example, point out that coevolution of knowledge, creativity, and innovation, and of knowledge economy and knowledge society set the background for investments in innovation that drive economic growth. Many studies have concluded that being innovative has become one of the most important factors for organisations in sustaining their competitiveness (e.g. Bernstein and Singh 2006; Rohrbeck and Gemünden 2011). The competitiveness and advantage of an innovative organisation lies in its adaptive capacity to associate and incorporate different knowledge and innovation modes via coevolution, co-specialisation and co-opetition knowledge stock and flow dynamics (Carayannis and Campbell 2009). Likewise, studies have found that organisations who manage to reconfigure their capabilities and organisational processes are able to innovate and therefore, compete and survive in the global competitive landscape (Carayannis et al. 2014). These arguments show that innovation is essential for companies to generate long-term stability, growth, shareholder returns, sustainable performance, maximised employee contentment and a sustained position at the leading edge of the industry (Cottam et al. 2001; Van der Panne et al. 2003). The success rate of new service projects is on average 58 % (Griffin 1997). In other words, four out of ten new services fail in the market place. The empirical studies, which have investigated the success factors at the project level, indicated that success or failure is not the result of managing one or two activities very well; it is the result of a holistic approach, managing several aspects competently and in a balanced manner (Johnes and Storey 1998). Firms that innovate are more likely both to increase their sales and to expect to increase their sales in the future than are non-innovating firms (Hipp et al. 2000). Likewise, firms that fail to innovate will not be threatened in the short-term, but their ability to grow will slow down and therefore, organised continuous innovation efforts are required (Fitzsimmons and Fitzsimmons 2008; Blumentritt et al. 2005).

The majority of NSD research has concentrated on the financial service sector, and one of the largest industries worldwide, the health industry, has not been specifically investigated. Success factors for new services are in general similar to those for new product development; only the potency of the factors differ (Cooper and de Brentani 1991, Kitsios et al. 2009). This can be explained by the nature of services, which are intangible, heterogeneous, perishable and where production and consumption are inseparable (Zeithaml and Bitner 2000). For example, the healthcare industry is characterised by constant change, as major innovations have altered the forms in which health services are developed and health care is delivered (Bowers 1987). Hospitals are often leaders in innovation and adaptation to change, as new treatments emerge almost everyday, and cutting-edge technology forces science to move forward. Duncan and Breslin (2009, p. 13) conducted a study pointing out that *health service providers lack sufficient incentive to provide care in highly innovative ways even if they were to show better outcomes*. Although their research was formed in the U.S., the results are valid for other countries as well. For example, the Greek healthcare system is highly bureaucratic and inefficient in resources management (Grigoroudis et al. 2012,

Bellou 2010), resulting in a hesitance on the side of entrepreneurs to implement innovative processes and to develop new ventures.

Considering that corporations operate in a very insecure, highly competitive and globalised environment, they should always make efforts to differentiate their offerings in order to obtain corporate survival, wealth creation and growth. This fierce international competition along with the rapid technological evolution and the advancing expectations of consumers has led to phenomenal changes in service industries (Storey and Hull 2010). Enterprises, therefore, need to create and sustain competitive advantages and continuously innovate, adopting new processes, creating novel ideas, developing, and launching successful new outcomes. This is supported by many authors including Porter (2004), De Jong and Vermeulen (2003) and Kelly and Storey (2000). In addition to the reasons why firms should develop new products, it should be noted that hospitals, for example, must develop new services to extend the time people live or to enhance the quality of living by curing severe illnesses. Therefore, companies should implement different and interdependent market research techniques, such as customer observation, experimentation and selective partnering to ascertain customers' needs and supply them with the proper products, creating at the same time superior customer value (Slater and Narver 1998). It is also widely recognised that customer-oriented businesses heighten customer satisfaction and deliver better service quality (e.g. Fuchs and Schreier 2011; Hartline et al. 2000). This is true as companies aim to collect information about their customers in an attempt to understand and better serve their needs (Malhotra and Kubowicz-Malhotra 2011).

On the other hand, many scholars identify corporate entrepreneurship as an organisational capability that promotes entrepreneurial behaviour within organisations in order to overcome internal barriers, challenge bureaucracy and encourage innovation through novel business schemes (e.g. Salvato et al. 2009; McFadzean et al. 2005). Other researchers recognised corporate entrepreneurship as an applicable method for organisational survival and corporate competitiveness (e.g. Dess et al. 2003; Kazanjian et al. 2001). According to Covin and Miles (1999), various forms of newness—such as organisational renewal and product or process innovation that reinstate the organisation—produce competitive advantages and lead to business survival. As a component of corporate entrepreneurship, corporate venturing has become a core concept in the strategic planning of some organisations as a means of achieving long-term growth and competitive advantages (Korsgaard and Anderson 2011; Husted and Vintergaard 2004). Corporate venturing is a strategy for business development, linked to both novelty and corporate renewal, and is accomplished by starting a business within an organisation (e.g. Narayanan et al. 2008). Furthermore, corporate venturing concerns investment in high-risk activities frequently related to those of the parent organisation, which introduce new products or enter into new markets, establishing new companies (Narayanan et al. 2008; Elfring and Foss 1997). Corporate venturing initiatives may lead to investments with a high growth potential or to constitutional changes in the core business of the parent corporation by expanding its operation into different industries (e.g. Husted and Vintergaard 2004). Similarly, corporate venturing compels strategic change, increases firms' profits and conduces to the consecution of their corporate strategy (e.g. Zahra and Hayton 2008).

Despite the importance of both entrepreneurship and customer orientation in the

healthcare market, little has been written on either subject. The present study focuses on the health services industry in Greece. In recent years, the industry has experienced great change following mergers of organisations operating in the three wider sectors (general clinics, obstetrical and gynaecological clinics and diagnostic centres). This has resulted in the growth of healthcare groups offering a full range of diagnostic and treatment services. As the market for private health care has grown, so too has the competition between organisations, each trying to offer better service quality, promptness and facilities than one another. Especially in the mental health sector, it becomes apparent that there is a noteworthy improvement in the areas of decentralisation of mental health services (Madianos et al. 1999). Yet, there is much still to be done in terms of quality and delivery of mental healthcare services. What is more, the mental health service sector is not very highly exploited. There are few private independent hospitals of this kind across Greece, even though the public sector appears not to satisfy the needs of the patients.

The purpose of this paper is to extend the discussion held in first part of the research (Sindakis 2013) and explore further the literature presenting the linkages between corporate venturing and innovation in health care as well as the factors in customer orientation affecting the success of new health service development. The present study undertakes a critical approach to innovation and entrepreneurship opportunities in the mental health sector, reflecting on joint ventures, dissemination of expertise and knowledge, delegation of initiatives to multiple agents, power sharing and research evidence. Together with developing a conceptual model for innovation in mental health services, the need for change in organisational culture and the strategies for the growth of user initiatives are considered. This research responds to calls for the further development and investigation of the concepts of customer participation in the new service development process as well as of the link between innovation and entrepreneurship (e.g. Jones and Butler 1992; Melton and Hartline 2010). It also attempts to bring the promising lens of entrepreneurship to the still emerging field of health service innovation.

### Factors Affecting the Success of Corporate Venturing and Innovation in the Healthcare Industry

Corporate venturing creates incentives for improved ways of commissioning care with the support of the government being critical in promoting innovative practice and tackling risk factors on both local and national levels. Innovative healthcare service is the result of knowledge intersection with new types of data, best practice and new-emerging business models and forms of expansion capital. Investing in developing partnerships with other healthcare systems could mean investing in commercialising capability; technologies developed in synergy constitute a powerful vehicle for commercialisation and out-licencing of intellectual property to the benefit of all participating parties. The notion of aggregating intellectual property and capital among providers creates a culture of innovation and purposefulness in the healthcare sector with a view to excellence and empowerment in healthcare service. It is a notion of empowering actors, employees and stakeholders and fostering alliances between venture investors, companies and entrepreneurs working towards scaling individual solutions and successful innovation. On top of that, the convergence of the players in the sector will provide the means for healthcare spending and budgetary control as

well as the necessary surveillance measures. Leveraging strong associations between various partners is expected to uncover investment opportunities over cross-industry boundaries and establish connections outside typical industry activity. Sustainable value added to business activity is equated with long-term benefits against healthcare cost, access and quality. Access to new business channels for products and services will enable investors and innovators to exploit opportunities in developing and emerging markets. This can be an exciting opportunity for business and investment partners to gain access to new businesses, novel products and services or improve the existing ones.

The current healthcare structures across the OECD countries have demonstrated significant evidence of fragmentation of healthcare services characterised by medical care institutions operating independently. The focus in these systems remains on disease management for individual patients rather than population health and wellness (Davies et al. 2009). Under this system, the split between general practitioners and specialists continues to subsist, with the hospital being the default setting for specialists and the community centre for general practitioners. At the same time, the involvement of multiple caregivers contributes to the system's fragmentation and complexity. The pressure is felt when patients have to navigate their way through the system to seek healthcare. It becomes apparent that the need to remodel delivery methods from the perspective of the patient is paramount. Quality of care is compromised, as the lack of communication and coordination between care providers is limited and sometimes can be conflicting or confusing to the patient. For the above reasons, the integration and coordination of delivery methods is necessary to bridge services and contributions from multiple social and healthcare providers. The key to overcoming integration challenges pertain to facilitating information flow within and between providers, supporting appropriate incentive structures for rewarding collaboration, and investing in financial models that can be a driving force towards system change and innovation.

Keeping close to health service users is a novel way of building insights by making use of panels of users who will be working closely with healthcare professionals and other stakeholders. This has the advantage of getting an informed perspective from those involved in care and treatment, whether it will be patients or family members who can articulate needs, which for the individual patient might be difficult or embarrassing to express. These panels could prove to be instrumental in uncovering varying cultural attitudes and concerns that hinder improvement in healthcare and thus help incorporate those elements into product design and development. It is, in fact, a move towards mobilising knowledge and experience that was previously unexploited, harnessing the innovation potential of patients and their families and carers. This approach entails fundamentally a change in organisational culture. Campbell (2001) stressed the need to challenge the perceived status quo of patients and condemn the damage inflicted through outdated treatments. The core objective of such a change should be about fostering the circumstances for radical innovation by bringing all the key stakeholders into a kind of partnership. This involves acknowledging customers and other key influencers into planning and product design processes. Identifying users who could become competent board members is a vital part of this approach to innovation. The input of users could be used at the stage of formulating concepts to be tested where their responses could define real users' needs to be incorporated into new concepts. At the

stage of service development, their contributions could help in design improvements, etc. The benefits are multifaceted for both users and the reputation of the company, but also the benefits for innovation opportunities are evident: identifying and prioritising the users' needs and evaluating product development processes from the generation of ideas right through to their commercialisation.

Traditional decision-making structures need to change to be more inclusive of users. The concentrating power is held by healthcare professionals who are reluctant to give part of it (Barnes and Bowl 2001). Although the outcomes of user involvement in health care have not been systematically assessed, there is a growing body of research on many different cases where the user involvement agenda has been implemented with various results. What is more, partnerships through joint ventures will facilitate the collaboration and partnership between different key players in the market with a view to offering individualised services. Setting clear outcomes over set periods with effective assessment mechanisms will provide service users with even more flexible, customised and reciprocal services. Through ventures, opportunities to identify areas of under provision can arise where coordination of funds, knowledge and expertise can generate added value for all parties involved. The secret of success in such cases involves getting as close as it gets to the patients and focus carefully on their established behaviour patterns. This enables the creation of innovative services that significantly lower distribution costs while improving abiding to clinical protocols. Technology can extend access, increase standardisation and drive labour productivity. The innovative models identified could be used to prove technologies in new ways, repurposing rather than reinventing. Successful innovations strictly link skills to the task, questioning existing practices. By doing so, entrepreneurs manage to decrease labour costs and, at the same time, eliminate all kinds of constraints.

In mental health sector particularly, corporate ventures function as an effective funding mechanism for organisations, generating cash from multiple sources and investing in entrepreneurial start-ups. They can also contribute to leveraging and upgrading core competencies while, at the same time, building an ecosystem (Henderson and Leleux 2005). As the service economy grows into a networked collection of resources, competencies and activities, the value of coordinated networks within the same industry is immersed. In a sector that is undeniably financially constrained, investments in technologies that could reduce costs and improve care are imperative. Interest has risen as a result in innovations that could provide more efficient and cost-effective care while at the same time generating sufficient financial returns. Through such mechanisms, such as flexible, long-term capital, including targeted grants, programme-related investments, social venture funds and endowments, all healthcare stakeholders could benefit from increased financial returns, mitigating risks and technological improvements. The intersection of various healthcare stakeholders, corporate, academic, governmental and philanthropic partners (e.g. the Quadruple Helix) could join forces in improving basic and applied research; deliver networks and resources for more timely and improved care. This could also contribute to the design of functional mechanisms in order to bridge the gap between knowledge and practice. Corporate venturing efforts could effect change on a scale that develops momentum and long-lasting power. Various stakeholders participate in developing action and policy; achieve cross-sectoral successful outcomes and sustainable progress. The economic crisis has boosted the emergence of new, innovative business entities,

which aim to provide concrete, well-planned, and visionary business models as a response to the wasteful failure of traditional practices in the healthcare sector.

### Critical Factors Affecting Innovation and Corporate Venture Strategies in the Greek Mental Health Sector

The current situation in Greece calls for a reorganisation of the mental healthcare delivery system with particular emphasis being paid on flexible and innovative models that could benefit the public, especially in regions with limited socioeconomic resources. The joint venture approach in the mental health sector in Greece can provide such innovative and flexible solutions to long-lasting problems in the sector regarding inadequate inpatient facilities, fragmented provision of services and inadequate policy planning, understaffed and underfinanced mental health units. This approach could prove to be particularly beneficial at a time when Greece is facing a serious social, economic and humanitarian crisis. People with mental health disorders are especially vulnerable and at risk at not being able to cope with problems such as poverty, unemployment, uncertainty and lack of social support. Establishing integrated management services will improve outcomes for patients as well as access to a range of services. Under this model, patients, providers and professionals can work together in the design of services that were previously largely unavailable, creating new corporate growth opportunities, and distinctive capabilities in the sector for the benefit of all parties involved. The capacity to innovate and share knowledge is not well developed, and there are few resources dedicated to these important activities in the mental healthcare sector in Greece. Innovation through corporate venture strategies will create knowledge-rich healthcare environments and will enable integrating knowledge use into practice. As we have already established, healthcare organisations can no longer operate on outdated blueprints. Organisations, public and private providers require collaborative relationships. The style of top-down, command and control management is no longer viable, which means that a radical change in the organisation and management philosophy in healthcare organisations is needed.

Further research is required to identify and assess effective innovations in order to support implementation efforts through the development of standards and appropriate criteria. Systematic research in the partnerships between government and healthcare organisations can help assess the pool of evaluation criteria, methods and tools used in innovation activities. Innovation and integration of services means developing a consensus of care plan in full partnership with consumers and family members. Working together in developing knowledge about treatment planning is warrant to contribute to patient recovery and resilience, including integrated employment, participation in research projects and provisions for career advancement. The involvement of service users in planning, development, delivery and evaluation of mental health services is seen as a movement of service user empowerment and hallmark of enhanced quality. Research in local initiatives is expected to draw useful conclusions about the kinds of obstacle materials, organisational and cultural to the possibility of users and user groups having a real influence on the shape of new consumer-oriented services. This way, suggestions can be made about how to manage transition towards restructuring organisational performance and implementing new policies under a user perspective.

The contribution of the present study is towards this direction: exploring the patterns of user involvement or representation at hospitals in Greece, the potential for innovation and leadership under a user perspective and the cultural obstacles that may hinder such efforts. A framework can then be developed, which will analyse the stakeholder relation in mental health services and suggest changes in strategic, service and organisational planning following a user led approach to management innovation and entrepreneurship.

### Factors in Customer Orientation Affecting the Success of New Health Service Development

Healthcare services are probably the most important kind of services people use; thus, personalised attention is required. Health services need to be modified to individual patients, balancing their medical needs, to be efficient (Berry and Mirabito 2010). Furthermore, increased customer orientation seems to influence medical scientists' working practices and their sense of professional expertise, while evidence-based practice needs contributions from patients in a systematic approach that sets the basis for patient-centred care (Cohen et al. 2004; Ritchie 1999).

In the past, healthcare organisations used to focus more on the expectations of their medical staff and third-party payers and less on their medical consumers' needs (Ford and Fottler 2000). However, in recent years, patients have increased their influence on the performance of healthcare organisations. They have become active participants in their healthcare experience, as they have easier access to information and know more about their alternatives. Today's experience is more than medical procedures and clinical services. It is a holistic perception that starts before admission and is completed after discharge (Ford and Fottler 2000). In addition, several environmental changes and increased competition among healthcare providers call for responsive services to patients' wants and expectations. In consequence, executives must consider more effective and pleasant ways to provide healthcare services. For example, healthcare organisations should focus on new approaches, such as customer orientation, to achieve patient satisfaction. Additionally, successful services need to be provided by highly skilled personnel (e.g. clinical and administrative staff), with good facilities both functional (e.g. the computer system) and aesthetic (e.g. the ambiance of the hospital) (Ottensbacher and Harrington 2010). On the other hand, Tobin et al. (2002) explored the influence and efficiency of user involvement and discovered low levels of willingness and commitment from service users due to lack of motivation or invitation, stigma and lack of information. They have stressed the importance of the background, mentioning (p. 93) that *the opportunities for consumer participation occur first at this clinical interface in terms of what information is transferred, in what direction, and in how the communication takes place. Nurturing participation at this level has a fundamental role in consumer empowerment.* Therefore, the development of a wide system that would integrate all kinds of activities is critical, as this may be the only way for healthcare providers to deliver highly customised services.

As it is increasingly difficult in this highly competitive environment for healthcare organisations to gain and sustain a competitive advantage, they need to create a new value for patients, understanding better their needs and meeting both emotional and

physical ones. However, there is a limited understanding of those needs as well as lack of strategic orientation for exploring and exploiting that knowledge (Duncan and Breslin 2009). Carayannis et al. (2014) have underlined the importance of continuous strategic orientation to innovation and flexibility *as it allows firms to appreciate future risks and take the necessary actions to obviate competitors; check on global technological advancements; respond to environmental changes; and meet customers' needs* (p. 13). Based on these issues, Ford and Fottler (2000) advised healthcare providers to move from the old paradigm to the new one. The old paradigm relied on medical staff and third-party payers' satisfaction, while the new one refers to patient-consumer's experience, which is more than a clinical outcome. Hospitals should gather and use information to reduce customers' complaints; improve customer satisfaction and respond to customers' needs (Raju et al. 1995). Considering the above, Gafni et al. (1998), who compared two treatment decision-making models—the physician as a perfect agent for the patient vs. informed treatment decision-making—suggested three alternatives for the decision-making process for treatments. First, the clinician appears to be the 'perfect agent' for their patients, as they trust their doctor to choose the appropriate treatment, based on users' preferences. Second is the 'shared decision-making' option (Charles et al. 1997), where the patient and doctor come to a decision together. Few patients would like to take the risk of making the treatment decision, but the majority feels like having a say (Tobin et al. 2002). A third option regards patients that come to a decision about the treatment, based on information shared by doctor. An important point in all cases is to encourage the physician to transfer the knowledge in a clear and non-biased way (Gafni et al. 1998).

Additionally, healthcare providers should identify and fulfil internal customers' (employees) needs. For example, medical staff has an essential responsibility to deliver high quality care and please patients, as they are part of the service as viewed by the customer (e.g. Bellou 2010). Service employees' opinion throughout the design process advances innovation outcome and front staff contribution (Ordanini and Parasuraman 2011; Umashankar et al. 2011). In particular, it operates as a forceful driver of service innovation volume and radicalness. It is noteworthy however that Melton and Hartline (2010) take a differing view. They carried out an empirical study on customer and frontline employee involvement in new service development and found (p. 411) that *frontline employees are less effective than previously thought as a source of new service ideas (and) firms should instead focus on incorporating those personnel in the full launch stage to effectively promote and deliver the new service.*

## The Factors and the Benefits of Patient Involvement in Mental Health Care Innovation

At some point, customer participation is supposed to lead to and enhance customer satisfaction. Nevertheless, in health care, not all desires and preferences can be fulfilled, as priorities have to be agreed. El-Guebaly et al. (1983) was the first that noted that patient satisfaction is not always connected with treatment success. Even so, users of psychiatric services have taken a more active role in their treatment and hospitalisation over the recent years. It is noteworthy that, until the early of 1980's, patients used to be passive recipients of their treatment, having no participation; while, after the mid-

1980's, mental health patients begun to influence the services they use (Barnes and Wistow 1994; Campbell 2001). Similarly, the culture and methods by which mental health services are delivered have changed significantly over the years (Lammers and Happell 2003). These changes took place in response to worries about and condemnation of about the service quality that mental patients receive. The World Health Organization (1990) stated that patients should be involved in the decision-making process with regard to their treatment. It has been mentioned in the literature that mental health patients have not been treated with equal conscientiousness as other kinds of patients (e.g. Lammers and Happell 2003; Berger et al. 1996).

There are still a number of stakeholders (e.g. doctors, nurses, hospital managers) who believe that service users have not much to contribute to decision-making on their care (Bennetts et al. 2011). Nevertheless, users have increased control over their care, over time; and now, there are more possibilities for consumers to be involved in the decision-making process, though real involvement is still a work-in progress (Bennetts et al. 2011). There are special publications that inform patients about treatments and relatives or advocates are shown to benefit the effectiveness and the quality of patients' involvement. For example, Victorian Mental Health Service (1999) reported that enhanced patient involvement had led to noteworthy and optimistic alterations at the stages of personal treatment, service planning, delivery and assessment. It seems, therefore, that people diagnosed with mental illnesses can make valuable contributions to both mental health services and society. Many studies support this viewpoint, with those by Tait and Lester (2005), Barnes and Wistow (1994), and Peck et al. (2002) providing detailed information about patient participation. First, Wistow and Barnes (1993) distinguished user involvement in two categories. The former seeks to create services that would be sensitive and responsive to the needs and requirements of users to enhance their quality, while the latter aims to empower users in decision-making as regards the design, management, delivery and review of services. Service providers, however, should make sure that user involvement would not be a stressful experience, and the patient should be supported by appropriate training and opportunities for preparation and debriefing. In addition, Tait and Lester (2005) list a number of gains and restrictions of user involvement in mental health services. Some of the most valuable benefits include: user involvement may increase the existing limited understanding of mental distress; develop alternative approaches to mental health and illness; be therapeutic and may encourage greater social inclusion. On the other hand, the lack of information, financial and time costs, concerns over representativeness and resistance to the idea of users, as experts appear to be the main barriers of patient involvement. The aims of involving patients are generally to advance health outcomes, raise satisfaction, and/or, reduce cost (Lord 1989).

## Research Approach and Philosophy

The review of the literature set the basis for understanding the profound meaning of service innovation in health care as well as highlights the importance of a service innovation strategy and process in determining the innovation goal and the activities that should be adopted for the development of the new health service offering. Qualitative approaches to healthcare research have the advantage of illuminating

aspects of care quality than cannot be accounted for through the facts and numerical data basis of quantitative research (Pope and Mays 2008). Though rigorous in providing valid and standardised results, quantitative enquiries cannot give answers to complex meanings, explain the views of different social agent-patients included, and also raise critical social issues embedded in health care such as ethics, power relations, respect, justice and so on (Holloway 2005).

In addition, qualitative research methods acknowledge patients as equal, active partners in the context of healthcare provision, which is important in giving a voice to seldom heard or marginal groups such as the elderly, mental health patients, addicts, minorities, etc. (Pope and Mays 2008; Meyer 2000). The conclusions of such methods are very important as they can shed light to the contextual complexities and differences in healthcare practice dynamics, influenced by the views, values and beliefs of participants and the power relations in healthcare settings. They can provide detailed, descriptive reports on day-to-day practice and provide suggestions for improvements or set new theoretical questions emerging from the ongoing research (Holloway 2005). Under these circumstances, evaluation is seen as the means through which to develop, improve and progress the project or programme evaluated. Patton (1999) states that the focus is increasingly on its concurrent potential to inform and empower—a facet particularly important among stakeholders at grassroots level. Qualitative research methods are based on the premise of subjectivity and thus encourage the input from different stakeholders (Taylor and Trujillo 2001). However, in the context of medical and scientific research, qualitative methods have been questioned for their subjectivity and lack of factual, objective results. It is reported that medical researchers find it hard to apply standards proposed by social scientists, which may be valid or useful in their discipline, but do not necessarily count for generically valid scientific standards (Chapple and Rogers 1999).

To counteract the shortcomings of qualitative methods, researchers collect data from a multiplicity of sources and perspectives, employing various data collection methods. Making such methodological choices is subject to a number of factors: the credibility and validity as well as the capabilities of the participants in the study. Davies and Dodd (2002) suggest that such choices should be reflexive and responsive in order to avoid procedures, which impose inhibiting controls. Patton (1999) stressed the importance of continuous strategising, adaptation, prioritising and relevance in the evaluation process. Likewise, Pope and Mays (2008) suggest the following procedures to improve validity: triangulation, respondent validation, clear detailing of data collection and analysis, reflexivity and attention to negative cases. They also suggested the use of detailed reports and sampling techniques as a means to increase relevance. Giacomini et al. (2009) have also emphasised the importance of clinical relevance. There is a wide range of literature that documents the underlying assumptions associated with qualitative data. These stem from various traditions or approaches such as ground theory (Corbin and Strauss 2007), phenomenology (Van Maanen 2001), discourse analysis (Potter 1997) and narrative analysis (Georgakopoulou 2006). A strategy in qualitative research, which was considered relevant and purposeful for the objectives of the present study, is the inductive approach (Bryman and Bell 2007; Dey 2004). The key feature of the inductive approach is that it is guided by the objectives set on the outset of the research project. Key themes under this approach can be reframed so the whole research

construct is adaptable. Findings emerge through the frequent re-examination, re-appraisal of the raw data, something that is impossible in more structured methodologies.

### Model Development and Propositions: Developing New Customer-Oriented Services for the Healthcare Market

The review of the literature has shown that developing new and innovative services can offer organisations stability or growth in their respective markets, or even repositioning and entry into new markets (e.g. Zhao 2005; Burcharth et al. 2011). It also appears that in knowledge intensive industries, such as health care, customer involvement in service development is often extremely advantageous (e.g. Berry and Mirabito 2010; Cohen et al. 2004). Based on these findings, the following research questions emerged, as they have been presented and discussed in the recent study by Sindakis (2013).

RQ1: What is the role of customer (and of the market) in the development of services in healthcare organisations?

RQ2: How do mental healthcare providers exploit innovation in services so as to engage in corporate venturing?

RQ3: What are medical staff's perceptions of customer orientation and what role do such perceptions play in the development of patient-oriented services?

RQ4: How should mental health service users be involved in the service development process?

The research context revealed that the competition between private health units is particularly intense and focuses primarily on the replacement of medical equipment; the range and quality of the services provided; the speed of the services provided; the extension of networks; and the cooperation with insurance funds. Additionally, the long-term rise of living standards, the gradual ageing of the population, the emergence of new diseases and the increasing number of people covered by private insurance companies contribute to the gradual increase in demand for private health services and preventive medicine. Moreover, the evolution of medical science in conjunction with the evolution of technology in the health sector have increased demand for direct, efficient and quality health services. Furthermore, the countries of Eastern Europe and Turkey appear to concentrate the interest of investors of the large Greek business groups. Additionally, the geographic imbalance of private hospitals creates growth opportunities. Finally, provision of day nursing services, rehabilitation centres and geriatric hospitals are areas that concentrate the interest of investors. These many and various factors are consistent with the studies of Kelley (2011) and Zhao (2005); touch the first research question from the competition point of view and along with the research questions lead to the development of the new business model (Fig. 1). These arguments form the first key principle for the development of this new model for business and service development (Fig. 2), and the following proposition, which is linked to

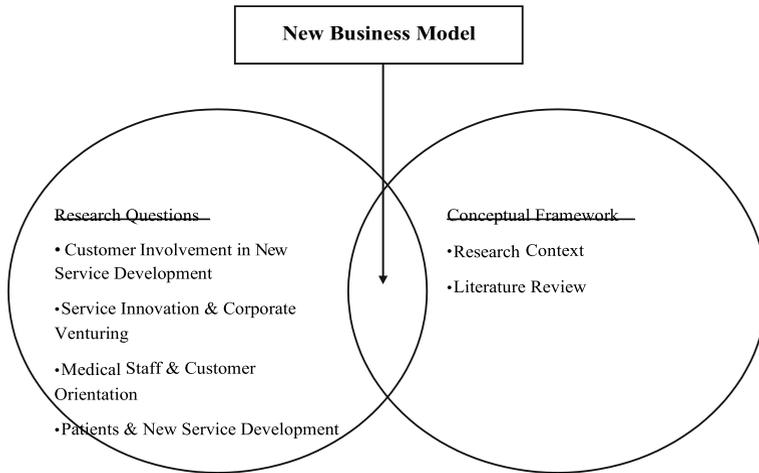


Fig. 1 Developing the new business model

the first research question as competition, is a critical element of the market and often pushes for innovative actions:

Proposition 1: A greater number of entrepreneurial opportunities will be identified due to intense competition in the healthcare market. This will lead to further business expansion in underdeveloped sectors of health services (e.g. mental health care).

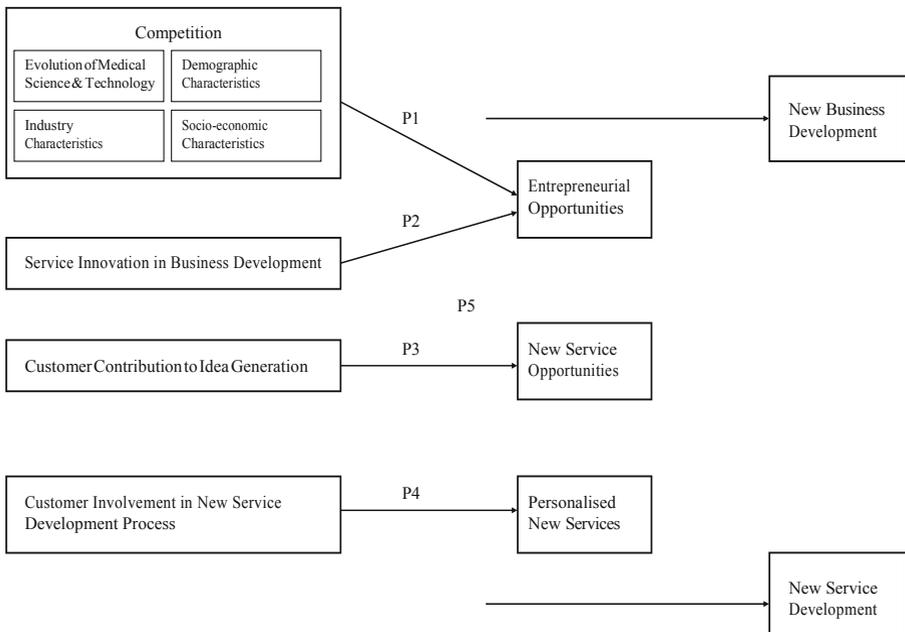


Fig. 2 Opportunities on the rise: a new model for business and service development

## The Role of Service Innovation and Corporate Venturing in Health Care Business Development

The healthcare industry is one characterised by innovation (Bowers 1987), with hospitals often acting as leaders in innovation as new treatments and technologies in this arena emerge daily. However, this rapid rate of change can often stifle organisations that may not have the resources to keep up and will end up suffering from business inertia (Rohrbeck and Gemünden 2011). Other potential problems regarding innovation in health care lie in the bureaucracy and other such problems often associated with the industry (Duncan and Breslin 2009; Bellou 2010). Efforts to ameliorate problems and issues such as these have been illustrated in research by various authors (e.g. Thakur et al. 2012; Nijssen et al. 2006) who suggest a rigid, systematic approach to new service development as being able to provide a more effective approach to successful innovation. In addition, corporate entrepreneurship is often associated with competitive success and is said to be achieved through various methods (McFadzean et al. 2005). Other studies argue that corporate entrepreneurship is a strategic tool that leads firms to exploit opportunities, create value and increase their innovative competence (Kraus and Rigtering 2010; Messeghem 2003). In particular, corporate venturing can often involve high-risk activities, such as the introduction of new products, entry into new markets and establishing new companies (Narayanan et al. 2008; Elfring and Foss 1997). In the healthcare market, many firms choose to develop their business through corporate venturing, establishing alliances with smaller businesses in order to develop and deliver new health services. The above discussions form the second key principle for the new business model, and the following proposition, which intersects with the second research question as regards the exploitation of service innovation in corporate venturing:

Proposition 2: Incorporating service innovation into business development processes would allow healthcare organisations to identify unexploited entrepreneurial opportunities.

## The Role of Customers in the New Health Service Development Process

New service development activities enhance current business and create the potential for new business ventures (Frambach et al. 2003; Igel and Islam 2001). The need to develop new services is of particular importance in the healthcare industry due to the nature of the services provided. On the other hand, customer participation in the design stage increases efficiency and sales of the new development (Melton and Hartline 2010). This point is particularly relevant to the healthcare industry as health services need to be tailored to individual patients, adapting to medical needs in order to be effective (Berry and Mirabito 2010). The contribution of customers in idea generation noting that customers appear keen to participate in idea generation activities and assisting companies to develop superior customised offerings (e.g. Hoyer et al. 2010). The above form the third principle for the new business model, which is linked with the first research question in terms of the role of customers in the new health

service development. It also addresses the third research question, which examines the perceptions of medical staff of the involvement of patients in the development process. All these lead to the following proposition:

Proposition 3: Involving patients in the idea generation process will produce a greater number of new service opportunities.

There are studies suggesting that firms should become customer-oriented, developing highly customised services that meet customers' needs. As regards health care, patient involvement enhances health services, reduces complaints, and raises customer satisfaction. In particular, it has been demonstrated in this study that mental health patients can benefit service planning, development and delivery. The above discussions illustrate the importance of customer participation in the new service development process, and this forms the fourth key principle for the new business model. The following, fourth proposition is linked with both the third and the fourth research questions. On one hand, it explores the role of medical staff in involving mental service users in the development of new offerings, while on the other; it investigates how patients should contribute to the development process, assuming that both contributions will tend to a successful outcome:

Proposition 4: Involving mental health service users in the service development process will enable health service firms to develop offerings that meet customers' needs.

By embracing the above-mentioned activities, organisations provide themselves with the opportunity to achieve two aims: identification of entrepreneurial opportunities that emerge in the healthcare industry on the basis of which to develop successful innovation strategies and the development of tailored services to effectively satisfy user needs. By achieving these aims, the organisations in question will be able to bolster their competitive position and gain competitive advantages in mental healthcare services. This forms the fifth principle for the development of a new business model. The following, fifth proposition integrates the four research questions. It assumes that patient participation (incorporating service users, family members and medical staff) will lead to service innovation, which is an important tool for a company in exploiting entrepreneurial opportunities:

Proposition 5: A significant number of growth opportunities will be identified when the healthcare organisation exploits entrepreneurial opportunities by developing customer-oriented new mental health services.

## Discussion

The study contributes to related literature by providing conceptually developed and exploratory-based research. The paper contributes as it combines concepts that were previously little explored, particularly in conjunction. Generally, both the promotion of

innovations through the creation of new business ventures and the development of new customer-oriented health services are underexplored areas of research (e.g. Svendsen et al. 2011; Rehme and Svensson 2011). The review of the literature has shown that those issues have not been investigated at the same time, and, as was highlighted earlier, customers can contribute significantly to the development of new services, which may boost business activity. As regards the Greek health market, it appears that no similar research has been conducted. Putting all these together, both the conceptual framework (Sindakis 2013) and the new business model incorporate these concepts and show their combination and evolution from a different perspective. The role of customers in the process of developing new services has also been highlighted in the literature, with most recent studies of Michael and Pearce (2009), Fuchs and Schreier (2011), and Svendsen et al. (2011). The new business model presents patients' contribution to opportunities identification and their participation in the development process. This model contributes to knowledge as regards the development of health services, showing that the participation of patients is necessary. Many studies explain the relationship and synergy of innovation and corporate venturing (i.e. McFadzean et al. 2005; Zhao 2005; Echols and Neck 1998). However, the model illustrates the synergy between the two concepts, leading to the identification and exploitation of business opportunities. Overall, the consolidation of different concepts and functions to create new business ventures through the development of new services is achieved. Therefore, both the conceptual framework (Sindakis 2013) and the new business model of this research provide an integrated picture—which has never been shown earlier—of the new service development and entrepreneurship debates.

### Limitations and Implications for Future Research

Although the research has extensively reviewed previous empirical work in line with the theoretical background of the study, there are other areas of the existing literature that could be useful in adding breadth and content to the subject. However, setting a limitation on the scope of the research was imperative due to the immense amount of literature in service innovation and entrepreneurship; it was deemed important not to provide too much emphasis on discussions that may lead to compromising more important areas that demanded focus. Moreover, most of the existing literature centres on the context of technological innovation, thus, was not simple to find literature in customer orientation and especially in patient involvement. Additionally, other research concepts (i.e. market orientation, healthcare policy and legislation) could also be included in the theoretical framework to provide better insights for both the development of customer-oriented offerings and the exploitation of business opportunities. Nevertheless, questions addressed by potentially useful additional secondary data were already answered sufficiently by the earlier literature gathered and included in the review. As the healthcare industry is a large context, there are several aspects to it, such as provision of services, service users, suppliers, government regulations, etc. Several aspects involved in the research context led to the broad scope of the literature review. Nonetheless, an effort has been made to emphasise and synthesise them. Furthermore, data for the Greek mental healthcare market needed to be collected and explored, but finding previous studies and literature conducted in

the past tended to be challenging.

Some data was irretrievable. Future studies might include in-depth empirical data from top executives and medical and nursing personnel. In addition, a sample of service users would also be likely to increase the reliability of the findings.

## References

- Barnes, M., and Bowl, R. (2001). *Taking over the asylum: Empowerment and mental health*. Palgrave
- Barnes, M., & Wistow, G. (1994). Learning to hear voices: listening to users of mental health. *Journal of Mental Health, 3*, 525–540.
- Bellou, V. (2010). The role of learning and customer orientation for delivering service quality to patients. *Journal of Health Organization and Management, 24*(4), 383–395.
- Bennetts, W., Cross, W., & Bloomer, M. (2011). Understanding consumer participation in mental health: Issues of power and change. *International Journal of Mental Health Nursing, 20*(3), 155–164.
- Berger, E., Carter, A., Casey, D., & Litchfield, L. (1996). What's happening with consumer participation? *The Australian and New Zealand Journal of Mental Health Nursing, 5*(3), 131–135.
- Berry, L., & Mirabito, A. (2010). Innovative healthcare delivery. *Business Horizons, 53*, 157–169.
- Bernstein, B., & Singh, P. (2006). An integrated innovation process model based on practices of Australian biotechnology firms. *Technovation, 26*, 561–572.
- Blumentritt, T., Kickul, J., & Gundry, L. K. (2005). Building an inclusive entrepreneurial culture: effects of employee involvement on venture performance and innovation. *The International Journal of Entrepreneurship and Innovation, 6*(2), 77–84.
- Bowers, M. R. (1987). Developing new services for hospitals: a suggested model. *Journal of Health Care Marketing, 7*(2), 35–44.
- Bryman, A., & Bell, E. (2007). *Business research methods*. USA: Oxford University Press.
- Burcharth, D., Araújo, A. L., & Ulhøi, J. P. (2011). Structural approaches to organizing for radical innovation in established firms. *The International Journal of Entrepreneurship and Innovation, 12*(2), 117–125.
- Campbell, P. (2001). The role of users of psychiatric services in service development—influence not power. *Psychiatric Bulletin, 25*, 87–88.
- Carayannis, E. G., & Campbell, D. F. (2009). 'Mode 3' and 'Quadruple Helix': toward a 21st century fractal innovation ecosystem. *International Journal of Technology Management, 46*(3), 201–234.
- Carayannis, E. G., Sindakis, S., & Walter, C. (2014). Business model innovation as lever of organizational sustainability. *The Journal of Technology Transfer, 1*–20.
- Chapple, A., & Rogers, A. (1999). 'Self-care' and its relevance to developing demand management strategies: a review of qualitative research. *Health & Social Care in the Community, 7*(6), 445–454.
- Cohen, L., Musson, G., & Duberley, J. (2004). Enterprising professionals—Scientists, doctors and their customers. *The International Journal of Entrepreneurship and Innovation, 5*(1), 15–24.
- Cooper, R. G., & de Brentani, U. (1991). New industrial financial services: what distinguishes winners. *Journal of Product Innovation Management, 8*(2), 75–90.
- Corbin, J. and Strauss, A. (2007). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage Publications, Incorporated
- Cottam, A., Ensor, J., & Band, C. (2001). A benchmark study of strategic commitment to innovation. *European Journal of Innovation Management, 4*(2), 88–94.
- Covin, J., & Miles, M. (1999). Corporate entrepreneurship and the pursuit of competitive advantage. *Entrepreneurship Theory & Practice, 23*(3), 47–63.
- Davies, D., & Dodd, J. (2002). Qualitative research and the question of rigor. *Qualitative Health Research, 12*(2), 279–289.
- Davies, G. P., Perkins, D., McDonald, J., & Williams, A. (2009). Special series: integrated primary health care: integrated primary health care in Australia. *International Journal of Integrated Care, 9*, e95.
- De Jong, J. P., & Vermeulen, P. A. (2003). Organizing successful new service development: a literature review. *Management Decision, 41*(9), 844–858.
- Dess, G. G., Ireland, R. D., Zahra, S. A., Floyd, S. W., Janney, J. J., & Lane, P. J. (2003). Emerging issues in corporate entrepreneurship. *Journal of Management, 29*(3), 351–378.
- Dey, I. (2004). Grounded theory. *Qualitative research practice*, pp. 80–93
- Dubina, I. N., Carayannis, E. G., & Campbell, D. F. (2012). Creativity economy and a crisis of the economy? Coevolution of knowledge, innovation, and creativity, and of the knowledge economy and knowledge society. *Journal of the Knowledge Economy, 3*(1), 1–24.

- Duncan, A. K., & Breslin, M. A. (2009). Innovating health care delivery: the design of health services. *Journal of Business Strategy*, 30(2/3), 13–20.
- Echols, A. E., & Neck, C. P. (1998). The impact of behaviors and structure on corporate entrepreneurial success. *Journal of managerial psychology*, 13(1/2), 38–46.
- Eisingerich, A. B., Rubera, G., & Seifert, M. (2009). Managing Service Innovation and Interorganizational Relationships for Firm Performance To Commit or Diversify? *Journal of Service Research*, 11(4), 344–356.
- Elfring, T., & Foss, N. J. (1997). Corporate Renewal Through internal venturing and spin-offs: perspectives from organizational economics. Handelshøjskolen i København.
- El-Guebaly, N., Toews, J., Leckie, A., & Harper, D. (1983). On evaluating patient satisfaction: methodological issues. *Canadian Journal of Psychiatry*, 28, 24–29.
- Fitzsimmons, J., & Fitzsimmons, M. (2008). *Service management: Operations, strategy, information technology* (6th ed.). New York: McGraw-Hill.
- Ford, R. C., & Fottler, M. D. (2000). Creating customer-focused health care organizations. *Health Care Management Review*, 25(4), 18–33.
- Frambach, R., Prabhu, J., & Verhallen, T. (2003). The influence of business strategy on new product activity: the role of market orientation. *International Journal of Research in Marketing*, 20, 377–397.
- Fuchs, C., & Schreier, M. (2011). Customer empowerment in new product development. *Journal of Product Innovation Management*, 28, 17–32.
- Gafni, A., Charles, C., & Whelan, T. (1998). The physician-patient encounter: the physician as a perfect agent for their patient versus the informed treatment decision-making model. *Social Science and Medicine*, 47, 347–354.
- Georgakopoulou, A. (2006). Thinking big with small stories in narrative and identity analysis. *Narrative Inquiry*, 16(1), 122–130.
- Giacomini, M., Cook, D., & DeJean, D. (2009). Life support decision making in critical care: Identifying and appraising the qualitative research evidence. *Critical Care Medicine*, 37(4), 1475–1482.
- Griffin, A. (1997). PDMA Research on new product development practices: updating trends and benchmarking best practices. *Journal of Product Innovation Management*, 14(6), 429–458.
- Grigoroudis, E., Orfanoudaki, E., & Zopounidis, C. (2012). Strategic performance measurement in a healthcare organisation: a multiple criteria approach based on balanced scorecard. *Omega*, 40(1), 104–119.
- Charles, C., Gafni, A., & Whelan, T. (1997). Shared decision-making in the medical encounter: what does it mean?(or it takes at least two to tango). *Social Science & Medicine*, 44(5), 681–692.
- Hartline, M., Maxham, J., III, & McKee, D. (2000). Corridors of influence in the dissemination of customer-oriented strategy to customer contact service employees. *Journal of Marketing*, 64, 35–50.
- Henderson, J., and Leleux, B. (2005). *Corporate venture capital: realizing resource combinations and transfers*. In *Corporate Entrepreneurship and Venturing* (pp. 73–100), Springer US
- Hipp, C., Tether, B. S., & Miles, I. (2000). The incidence and effects of innovation in services: evidence from Germany. *International Journal of Innovation Management*, 4(04), 417–453.
- Holloway, I. (2005). *Qualitative research in health care*. McGraw-Hill International.
- Hoyer, W. D., Chandy, R., Dorotic, M., Krafft, M., & Singh, S. S. (2010). Consumer cocreation in new product development. *Journal of Service Research*, 13(3), 283–296.
- Husted, K., & Vintergaard, C. (2004). Stimulating innovation through corporate venture bases. *Journal of World Business*, 39(3), 296–306.
- Igel, B., & Islam, N. (2001). Strategies for service and market development of entrepreneurial software designing firms. *Technovation*, 21, 157–166.
- Johne, A., & Storey, C. (1998). New service development: a review of the literature and annotated bibliography. *European Journal of Marketing*, 32(3/4), 184–251.
- Jones, G. R., & Butler, J. E. (1992). Managing internal corporate entrepreneurship: An agency theory perspective. *Journal of Management*, 18(4), 733–749.
- Kazanjan, R. K., Drazin, R., & Glynn, M. A. (2002). Implementing strategies for corporate entrepreneurship: A knowledge-based perspective. *Strategic entrepreneurship: Creating a new mindset*, 173–199.
- Kitsios, F., Doumpos, M., Grigoroudis, E., & Zopounidis, C. (2009). Evaluation of new service development strategies using multicriteria analysis: predicting the success of innovative hospitality services”. *Operational Research*, 9(1), 17–33.
- Kelley, D. (2011). Sustainable corporate entrepreneurship: Evolving and connecting with the organization. *Business Horizons*, 54(1), 73–83.
- Kelly, D., & Storey, C. (2000). New service development: initiation strategies. *International Journal of Service Industry Management*, 11(1), 45–63.

- Korsgaard, S., & Anderson, A. R. (2011). Enacting entrepreneurship as social value creation. *International Small Business Journal*, 29(2), 135–151.
- Kraus, S., & Rigtering, C. (2010). Corporate entrepreneurship as a company philosophy: the case of 'samhoud'. *The International Journal of Entrepreneurship and Innovation*, 11(3), 245–249.
- Lammers, J., & Happell, B. (2003). Consumer participation in mental health services: looking from a consumer perspective. *Journal of Psychiatric and Mental Health Nursing*, 10(4), 385–392.
- Lord, J. (1989). The potential of consumer participation: Sources of understanding. *Canada's Mental Health*, June, pp 15–17
- Madianos, M., Zacharakis, C., Tsitsa, C., & Stefanis, C. (1999). The mental health care delivery system in Greece: regional variation and socioeconomic correlates. *Journal of Mental Health Policy and Economics*, 2, 169–176.
- Malhotra, A., & Malhotra, C. K. (2010). Evaluating customer information breaches as service failures: an event study approach. *Journal of Service Research*, 14(1), 44–59.
- McFadzean, E., O'Loughlin, A., & Shaw, E. (2005). Corporate entrepreneurship and innovation part 1: the missing link. *European Journal of Innovation Management*, 8(3), 350–372.
- Melton, H. L., & Hartline, M. D. (2010). Customer and frontline employee influence on new service development performance. *Journal of Service Research*, 13(4), 411–425.
- Messeghem, K. (2003). Strategic entrepreneurship and managerial activities in SMEs. *International Small Business Journal*, 21(2), 197–212.
- Meyer, J. (2000). Using qualitative methods in health related action research. *BMJ*, 320(7228), 178–181.
- Michael, S. C., & Pearce, J. A. (2009). The need for innovation as a rationale for government involvement in entrepreneurship. *Entrepreneurship and Regional Development*, 21(3), 285–302.
- Narayanan, V. K., Yang, Y., & Zahra, S. A. (2009). Corporate venturing and value creation: a review and proposed framework. *Research Policy*, 38(1), 58–76.
- Nijssen, E., Hillebrand, B., Vermeulen, P., & Kemp, R. (2006). Exploring product and service innovation similarities and differences. *International Journal of Research in Marketing*, 23, 241–251.
- Ordanini, A., & Parasuraman, A. (2010). Service innovation viewed through a service-dominant logic lens: a conceptual framework and empirical analysis. *Journal of Service Research*, 14(1), 3–23.
- Ottensbacher, M. C., & Harrington, R. J. (2010). Strategies for achieving success for innovative versus incremental new services. *Journal of Services Marketing*, 24(1), 3–15.
- Patten, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, 34(5 Pt 2), 1189.
- Peck, E., Gulliver, P., & Towell, D. (2002). Information, consultation or control: User involvement in mental health services in England at the turn of the century. *Journal of Mental Health*, 11, 441–451.
- Pope, C. and Mays, N. (Eds.). (2008). *Qualitative research in health care*. BMJ books
- Porter, M. (2004). *Competitive advantage: Creating and sustaining superior performance* (newth ed.). New York: The Free Press.
- Potter, J. (1997). Discourse analysis as a way of analysing naturally occurring talk. *Qualitative research: Theory, method and practice*, pp. 144–160
- Raju, P. S., Lonial, S. C., & Gupta, Y. P. (1995). Market orientation and performance in the hospital industry. *Journal of Health Care Marketing*, 15(4), 34.
- Rehme, J., & Svensson, P. (2011). Credibility-driven entrepreneurship A study of the first sale. *The International Journal of Entrepreneurship and Innovation*, 12(1), 5–15.
- Ritchie, J. E. (1999). Using qualitative research to enhance the evidence-based practice of health care providers. *Australian Journal of Physiotherapy*, 45(4), 251–256.
- Rohrbeck, R., & Gemünden, H. G. (2011). Corporate foresight: its three roles in enhancing the innovation capacity of a firm. *Technological Forecasting and Social Change*, 78(2), 231–243.
- Salvato, C., Sciascia, S., & Alberti, F. G. (2009). The microfoundations of corporate entrepreneurship as an organizational capability. *The International Journal of Entrepreneurship and Innovation*, 10(4), 279–289.
- Sindakis, S. (2013). Corporate venturing and customer-driven innovation in the mental health-care market: a review of the literature and development of a conceptual framework. *Journal of the Knowledge Economy*. doi:10.1007/s13132-013-0173-4.
- Slater, S. F., & Narver, J. C. (1998). Research notes and communications customer-led and market-oriented: Let's not confuse the two. *Strategic Management Journal*, 19(10), 1001–1006.
- Storey, C., & Hull, F. M. (2010). Service development success: a contingent approach by knowledge strategy. *Journal of Service Management*, 21(2), 140–161.
- Svendsen, M. F., Haugland, S. A., Grønhaug, K., & Hammervoll, T. (2011). Marketing strategy and customer involvement in product development. *European Journal of Marketing*, 45(4), 513–530.

- Tait, L., & Lester, H. (2005). Encouraging user involvement in mental health services. *Advances in Psychiatric Treatment, 11*, 168–175.
- Taylor, B. C. and Trujillo, N. (2001). *Qualitative research methods. The new handbook of organizational communication: Advances in theory, research, and methods*, pp. 161–194
- Thakur, R., Hsu, S. H., & Fontenot, G. (2012). Innovation in healthcare: Issues and future trends. *Journal of Business Research, 65*(4), 562–569.
- Tobin, M., Chen, L., & Leathley, C. (2002). Consumer participation in mental health services: who wants it and why? *Australian Health Review, 25*(3), 91–100.
- Umashankar, N., Srinivasan, R., & Hindman, D. (2011). Developing customer service innovations for service employees: the effects of NSD characteristics on internal innovation magnitude. *Journal of Service Research, 14*(2), 164–179.
- Van der Panne, G., Van Beers, C., & Kleinknecht, A. (2003). Success and failure of innovation: a literature review. *International Journal of Innovation Management, 7*(03), 309–338.
- Van Maanen, J. (2001). *Information Technology and Organizational Transformation: History, Rhetoric and Preface*. SAGE Publications, Incorporated
- Victorian Mental Health Service. (1999). *Evaluation of consumer participation in Victoria's Mental Health Services—Final Report*. Melbourne, VIC: Mental Health Service.
- Wistow, G., & Barnes, M. (1993). User involvement in community care: origins, purposes and applications. *Public Administration, 71*, 279–299.
- World Health Organization. (1990). Report of a World Health Organization (WHO) meeting on consumer involvement in mental health services. *Psychosocial Rehabilitation Journal, 14*(1), 13–20.
- Zahra, S. A., & Hayton, J. C. (2008). The effect of international venturing on firm performance: The moderating influence of absorptive capacity. *Journal of Business Venturing, 23*(2), 195–220.
- Zeithaml, V.I. and Bitner, M.J., (2000), “*Services Marketing: Integrating Customer Focus across the Firm*”, 2nd edition, McGraw-Hill Higher Education.
- Zhao, F. (2005). Exploring the synergy between entrepreneurship and innovation. *International Journal of Entrepreneurial Behaviour & Research, 11*(1), 25–41.