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RESEARCH ARTICLE

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Barriers and enablers of coordination across healthcare system levels

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Coordination across healthcare system levels is a global imperative to ensure efficient resource utilization and provide high-quality care. The substantial body of research on coordination in healthcare mainly concerns coordination across professional and organizational domains. Consequently, there is a dearth of empirical research aimed at delineating the determinants of coordination across healthcare system levels. This paper describes and analyses the barriers and enablers of healthcare coordination across national, regional, and local system levels in a populous Swedish region. Individual interviews and focus group discussions, encompassing a total of 63 individuals, were conducted with managers, administrators, and politicians. The findings of the paper underscore that the barriers identified were most often of a structural or institutional character, whereas the enablers of the studied cross-level coordination were mostly relational. Therefore, we propose that future research should aim to further delineate the prerequisites for personal relationships to emerge, as well as how they may act as enablers of coordination across healthcare system levels.

KEYWORDS
healthcare coordination, healthcare efficiency, healthcare systems, high-quality care

1 | INTRODUCTION

A widespread consequence of reforms associated with New Public Management (NPM) is the fragmentation of the public service sector and its interrelated impeded ability to coordinate public service delivery (Agranoff, 2012; Gregory, 2003; Sullivan & Skelcher, 2017; van Meerkerk & Edelenbos, 2018; Webb, 1991). Various approaches in the contemporary public administration and management literature have aimed to facilitate the coordination of public service delivery, through decreasing and/or efficiently managing fragmentation (Bryson et al., 2014; Christensen & Lægreid, 2007; Halligan, 2010; Klijn & Koppenjan, 2015; Lægreid et al., 2015; Trein et al., 2019; Trein et al., 2020). The need to improve service delivery coordination has been identified as pivotal, not least within various national healthcare systems globally (Cebul et al., 2008; Elhauge, 2010; Mossialos et al., 2005; Nolte et al., 2012; Snow et al., 2020; Vargas et al., 2015). Unsurprisingly, given the healthcare sector's major exposure to NPM-associated reforms (Simonet, 2011), the inability to coordinate service delivery has majorly impeded healthcare systems' efficient utilization of available resources, hampering their ability to provide high-quality care (Eriksson et al., 2020; Eriksson & Hellström, 2021; Schultz et al., 2013). This constitutes a major concern, not least given the magnitude of the cost associated with healthcare provision in most developed countries (OECD, 2019).

Although actors across distinct levels within healthcare systems have had difficulty coordinating their efforts, which has hampered their ability to collaborate (cf. Gulati et al., 2012), studies addressing coordination across these system levels are scarce (Vargas et al., 2016). Therefore, although a substantial body of research has addressed care coordination across professional and organizational domains, often locally or related to a specific condition (e.g., Gadolin et al., 2022; Gorin et al., 2017; Karam et al., 2018; Røsstad

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et al., 2013; Schultz et al., 2013; Ugyel, 2019; Vázquez et al., 2017), research addressing determinants of actors' coordination across healthcare system levels remains essential (Hughes et al., 2020; Raus et al., 2020; Suter et al., 2017; Vargas et al., 2016). Whereas coordination across system levels is always pivotal in order to ensure efficient healthcare provision, the COVID-19 pandemic has made the effects of fragmentized healthcare systems even more palpable in terms of illustrating the hindrance it constitutes for coordination across healthcare system levels (e.g., Armocida et al., 2020; Khalid & Ali, 2020). Subsequently, given that the characteristics of all systems, such as systems related to public administration and management (cf. Erikson, 2020), are more advantageously studied when challenged, rather than a static state (Lindberg, 2014), the COVID-19 pandemic constitutes a rare opportunity to draw lessons regarding the factors that hinder and facilitate healthcare coordination across system levels (cf. Harding et al., 2002). Benefiting from the flux milieu resulting from the COVID-19 pandemic, *the aim of the present paper is to describe and analyze barriers and enablers of healthcare coordination across system levels*.

2 | IMPORTANCE AND DETERMINANTS OF COORDINATION

A variety of collaborative—sometimes denoted "network"—approaches to public service delivery emerged in the early 2000s: Collaborative Public Management (Agranoff & McGuire, 2003), Collaborative Governance (Ansell & Gash, 2008; Emerson et al., 2012), New Public Governance (Osborne, 2006), and Whole-of-Government (Christensen & Lægreid, 2007), just to mention a few. These, and other similar concepts, were varied approaches aimed to tackle NPM's intra-organizational focus, which is argued to have contributed to an overly narrow focus, in which cost reduction for one public service organization may be achieved without considering the consequences on the societal level (Osborne, 2018). The poor system perspective is also claimed to have contributed to fragmentation, or 'siloization', between public service organizations and a system that is difficult for citizens/users to navigate (Andersen et al., 2020; Christensen & Lægreid, 2011; Pollitt, 2003). This has resulted in some internally efficient public service organizations, but has also made it difficult to address external issues and complex challenges that are often ambiguous and uncertain in nature and characterize the interdependent and plural contemporary societies (Christensen & Lægreid, 2011; Osborne, 2018). Such challenges include aging populations, forced migration, and pandemics (Christensen, 2012; Klijn & Koppenjan, 2012). The consequences in a healthcare context are that patients are often the responsibility of more than one healthcare provider and that the healthcare system must also include other public organizations to sufficiently address the health of the whole population and to address unmotivated differences between segments of the population. In short, in times of complex challenges, the healthcare system often needs to be based on an inter-organizational, cross-level, and inter-sectorial approach (Christensen & Lægreid, 2015; Ferlie, 2017; Ferlie et al., 2016) in which problem-solving and welfare services move beyond one public service organization to focus on collaboration among a multiplicity of public organizations, and, in some cases, actors from others sectors as well (Cooper et al., 2008). Unlike NPM's focus on managerial control, collaborations generally place a stronger emphasis on fostering trust among individuals and organizations as a core management principle (Ferlie et al., 2016; Paletta, 2012). Notwithstanding the substantial amount of research regarding public sector collaboration, universal factors of its success remain obscure. Rather, it has been argued that the success or failure of collaboration is significantly influenced by the context in which the collaboration takes place (Cristofoli et al., 2017). However, because collaborations do not occur by themselves (Agranoff & McGuire, 2003; O'Toole Jr & Meier, 1999), substantial coordination is usually integral to its success (Christensen & Lægreid, 2011; Lodge & Gill, 2011; Provan & Kenis, 2008).

Despite the pivotal role of coordination in attaining collaboration between actors, the literature contains varied approaches towards the definitions, utilization, and interrelation of the two concepts; the concepts are sometimes even used interchangeably (McNamara, 2012). Therefore, researchers have attempted to distinguish these concepts in order to further increase their empirical utilization. For instance, Denise (1999) described coordination as actors "moving together" in order for their collective actions to harmonize, whereas collaboration concerns the creation of something new as the result of such movement; that is, as the result of actors' synchronized and mutual striving towards a specific result. In a similar vein, Gulati et al. (2012) defined coordination as "the deliberate and orderly alignment or adjustment of partners' actions to achieve jointly determined goals" (p. 537), while underscoring that coordination constitutes a vital component for successful collaboration. Jointly, although the two concepts are not always utilized in this manner in empirical studies (see Castañer & Oliveira, 2020), this distinction underscores that coordination—which is understood as the alignment of actors' action when aiming to attain their shared common goals—precedes, or at least constitutes a prerequisite for, collaboration. In the present study, we aim to analyze barriers and enablers of healthcare coordination across system levels. In other words, we aim to explore the factors that hinder or facilitate those necessary alignments or adjustments of actions, that facilitate coordination, to take place. Given the lack of research that has contextualized such determinants across healthcare system levels, we felt it was fruitful to analyze and contrast collected data with previous research that has been able to credibly delineate the general nature of determinants of coordination. Through seeking an iterative fit between such a previously proposed framework and the collected data—a process described in more detail when accounting for our analysis processes below—we found the framework proposed by Gulati et al. (2012) to be useful when aiming to further explain the characteristics of the identified determinants of coordination. Through an extensive review of the literature regarding determinants of coordination, Gulati et al. (2012) delineated three schools of thought regarding their nature: structural, institutional, and relational. In other words, the determinants of

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coordination may be understood as encompassing three distinct perspectives: *the structural perspective* (encompassing organizational and job design), *the institutional perspective* (including formal rules and informal norms), and *the relational perspective* (emerging from unpremeditated, improvised, and spontaneous actions and interactions). Analyzing and linking the barriers and enablers of coordination across healthcare system levels to the perspectives suggested by Gulati et al. (2012) enables the empirically contextualized and specific determinants that have been identified to be further informed by, and to inform, the broader research discourse and agenda aimed at improving coordination in order to facilitate collaborative approaches of public service delivery.

3 | SETTING AND METHOD

3.1 | Setting

The Swedish healthcare system is divided into national, regional, and municipal (local) administrative levels, all of which have their own elected representatives. The national government and agencies set the overall agenda by stipulating laws, guidelines, and recommendations. The 21 regions are responsible for organizing and providing healthcare, mainly primary care and hospital care, to their citizens. Finally, the 290 municipalities are responsible for providing services such as care for the elderly, disabled people, and at schools. The decentralization of the system means that sovereign regions and municipalities should adapt services to their specific conditions and contexts, albeit within the frame offered by the national level. Healthcare services are mainly tax-financed but complemented with out-of-pocket fees and national grants.

The case in the present paper takes place in one of the larger regions (population-wise), which includes 17% of the people in Sweden. The region comprises 49 municipalities, ranging from the country's second-largest city, which has 1 million inhabitants, to rural municipalities with just a few thousand citizens. The 49 municipalities have a joint body through which communication of common issues occurs with other organizations in the healthcare system.

Data collection and other interactions with public employees in this paper occurred during the second wave of the COVID-19 pandemic. The first wave of the pandemic hit the Swedish elderly care system especially hard, with many deaths among already sick patients. The decentralized healthcare system, which is especially apparent in elderly care, was discussed in the media and the shared responsibility between regions and municipalities was problematized as mandates became unclear, expertise varied (physicians cannot be employed by municipalities in Sweden), etc. This paper does not address the COVID-19 pandemic explicitly, but the pandemic had a huge impact on coordination between public organizations, not least by making visible and reinforcing already existing problems. Thus, many, but not all, areas covered in the result section are discussed by the respondents in a COVID-19 context.

3.2 | Data collection and analysis

Managers responsible for coordinating healthcare between regional and municipal levels helped the authors to purposively sample (Bell et al., 2018). These managers helped us identify key individuals with significant roles in the healthcare system, who could offer valuable insights on the coordination of healthcare services across national, regional, and local levels. We recruited these identified individuals by contacting them through email or phone, briefly outlining the study's objectives, interview format, and anticipated time commitment. We assured participants that their responses would be kept confidential and obtained their informed consent prior to conducting the data collection. The recruited informants included hospital managers, primary care managers, public administrators with coordinating responsibility at various levels, and politicians with coordinating responsibility. In total, 63 informants were interviewed; roughly half of these informants were interviewed individually, and the other half participated in either of the six focus group discussions (see Table 1). The individual interviews were semi-structured, focusing on the informants' experiences of coordination across system levels. The individual interviews focused on three primary questions: "How is coordination among national, regional, and local system levels implemented in practice?," "What are the most significant areas of these collaborative efforts, and could you share your experiences from these initiatives?," and "What factors do you believe influence the outcomes of these cross-level collaborations, and how do they impact the results?" Focus groups were selected when the interview respondents worked at the same healthcare provider and were acquainted with one another, aiming to explore their shared experiences in relation to the same interview questions (cf. Morgan, 1997). The focus group discussions were moderated by one of the authors, with the aim of ensuring that all participants' perspectives were acknowledged and the progress of the conversation (cf. Wong, 2008). Because the COVID-19 pandemic was ongoing at the time, all interviews were conducted over a video conference platform, recorded, and transcribed verbatim.

The interviews were initially deductively analyzed using thematic analysis similar to directed content analysis (Hsieh & Shannon, 2005). Specifically, the template analysis' seven steps were followed (King, 2012; King & Brooks, 2016). (1) The authors *familiarized* and discussed recordings and transcripts. (2) Data were categorized based on similarities and differences in relation to the research purpose and *preliminarily coded* (concepts in Figure 1 below). (3) The codes were then *clustered* based on similarities and differences to themes (in Figure 1). (4) The *initial template* was then constructed (an early version of Figure 1) through linking the identified clusters together and relating them to the three different perspectives of determinants of coordination outlined by Gulati et al. (2012): *the structural perspective*, *the institutional perspective*, and *the relational perspective*. This step was abductively conducted through seeking a fit between previous literature presenting general frameworks delineating the varied nature of determinants of coordination. We found this fit in the framework presented by Gulati et al. (2012). This step constitutes an effort to explain and relate the micro-dynamics of

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TABLE 1 Background of respondents.

Method	No. of respondents	Level of respondents	Position	Sex
Individual interviews	28	42 local (municipality level), 21 regional	37 managers, 18 administrators, 8 politicians	46 women, 17 men
Focus groups ($n = 6$)	35			
Total	63			

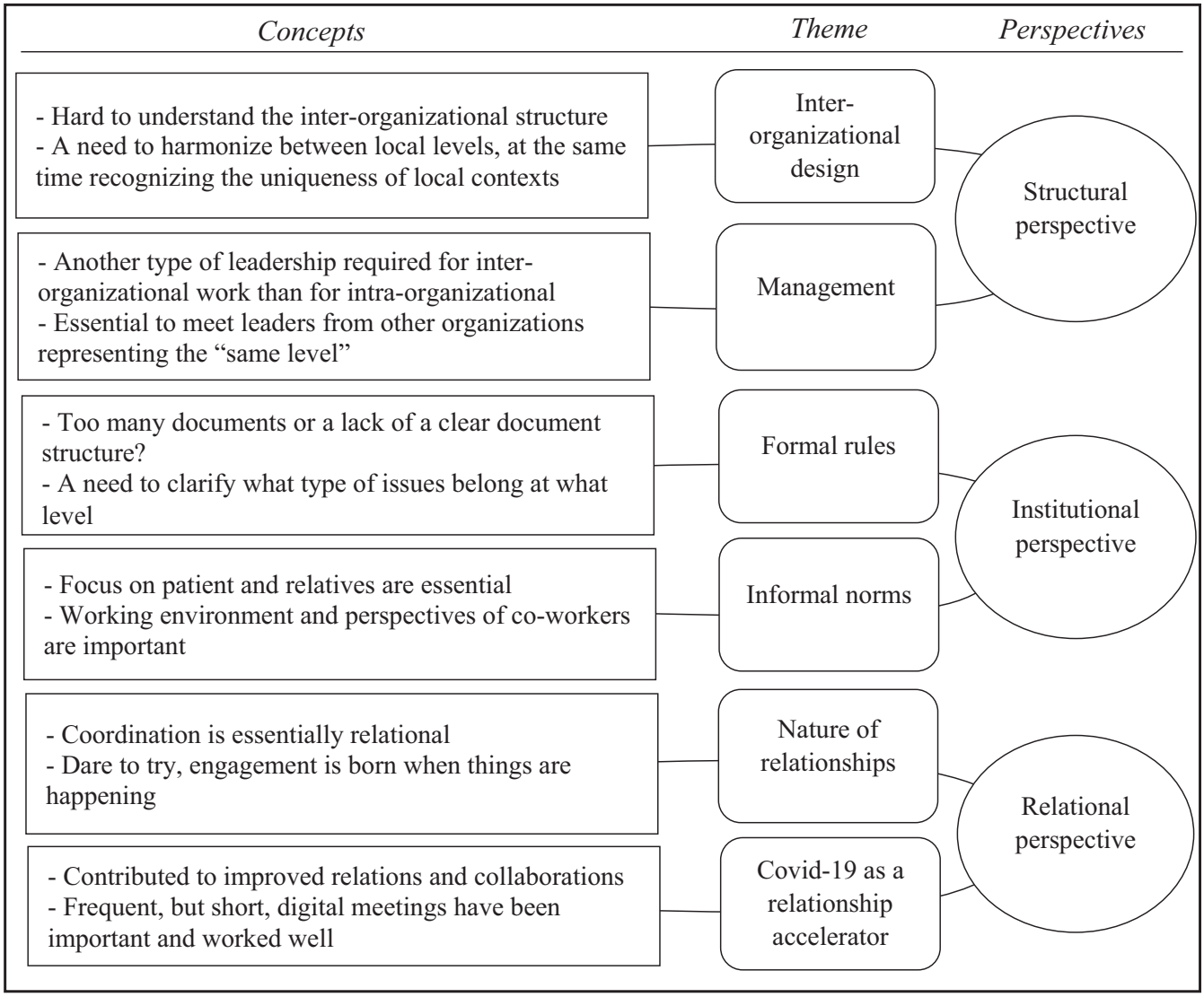

FIGURE 1 Coding structure. Developed through an abductive approach, incorporating both empirical findings and the perspectives proposed by Gulati et al. (2012).

the case studied with previous research regarding the nature of determinants of coordination. (5) The template was then *developed* by applying further transcripts and iteratively modifying the themes and their content. At this stage, the themes were also presented and discussed with three coordinating managers on two occasions, and all respondents had had an opportunity to comment on the analysis, a procedure similar to utilization-based evaluation (Greenwood & Levin, 2007) or member checking (Lincoln & Guba, 1985). Minor adjustments and clarifications were made at this stage before the material was presented and discussed with the entire regional coordinating group, which consisted of approximately 50 managers and politicians representing different levels and actors in the regional healthcare system. The process of external respondent validation (Birt et al., 2016) was important to ensure that the categories made sense for the respondents and that nothing had been omitted and/or misunderstood. The last two steps were (6) the *final template* was applied to the remaining transcripts, and (7) the writing-up phase.

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4 | RESULTS

In this section, we present the result of the qualitative data analysis. Under each perspective, the respective theme's relevance for coordination is presented on national, regional, and local levels.

4.1 | Structural perspective

4.1.1 | Inter-organizational design

Many interviewees argued that it was essential, but difficult, to have a holistic view of the overall system:

> "It can take years to understand it. I must admit that I still don't understand. And I have been a member of [the overarching body at the regional level] for years. There are simply too many parts…" (Politician).

It was unclear what issues the different levels were supposed to handle. Many managers and politicians at the regional level said they often had to deal with overly detailed questions provided by "enthusiastic administrators," which were things they knew little about. They said it was important that the regional level created a culture of "give-and-take" rather than bothering with detailed routines. Similarly, at local levels it was believed that the regional level addressed all kinds of issues and that this needed to be clarified: "It's a mixture of issues, strategies, and operations […] it's a mess, really" (Administrator). Others argued that decisions made at the regional and national levels often became "something else than intended" at the local levels. One manager at the regional level said: "When I visit the floor level on a care unit the decision is translated into something totally different."

Several respondents argued that the whole inter-organizational system had to be redesigned. For now, it was designed around long-existing structures at the different organizations and levels and did not benefit coordination across system levels: "What we really need to do is to rebuild the structure entirely" (Politician).

Coordinating between regional and local levels was also made difficult because the local primary care units and municipalities were organized around the hospital closest to them. This not only reinforced the "hospital-centredness" of Swedish healthcare, which has been argued by various Swedish national inquiries (e.g., SOU, 2016), but it also made it difficult to coordinate "up" to the region because the hospital was so dominant. Regionally, this needed to be addressed because it made coordination difficult.

There was also a failure to ensure systematic representativeness of the local levels during meetings initiated by national-level organs. Consequently, it was difficult to attain insights from these levels with regard to the matters and dilemmas being discussed. This often led to difficulties when national-level organs/agencies aimed to alter and/or change practices at the local levels. Although representatives from the regional levels were often part of discussing and evaluating proposed changes, actors at the local levels often perceived that their input had been overlooked and, hence, that they had not been a part of the decision-making process. Subsequently, proposed actions stemming from national initiatives often had difficulties being anchored in practice at the local levels, as the representatives at this level perceived that such actions did not take into account their "reality," which stifled coordination across system levels.

Some of the interviewees felt that the national level relied too heavily on resource allocation to attain coordination across the system levels, often without paying attention to work that was already being undertaken at the regional and local levels. When describing how the national level aimed to facilitate coordination across system levels, one of the interviewees stated: "As soon as a new legislation is passed, they [the national level] give us money in order to ease our adaption of that new legislation. They say that 'This is what we have decided. It is superb and everyone needs to do it now'. Then as soon as the money runs out no one really cares about that new legislation anymore" (Manager). While some believed that this was the only way for the national level to impact the regional and local levels, due to the sovereignty of the regional level, it also means that the allocation of resources often contributed to coordination across levels being perceived as fragmentary rather than a continuous, cross-level effort.

4.1.2 | Management

The management of the overarching regional level did not sufficiently support coordination at local levels. Instead of focusing on enabling coordination at local levels, there was a lot of "micro-management":

> "We talk a lot about how governance and management must be value-driven and that we must do this by focusing on what it is we want to achieve and why. But still, there is a lot of management over details." (Manager).

A consequence of the lack of focus from regional management on easing collaboration at local levels was that conflicts of boundaries and budgets of local actors risked "spilling over" to staff close to the patient: "The nurse and the physician at the nursing home should not discuss the money issues; we should be able to solve those at other levels of the system" (Politician).

The sovereignty principle made it difficult for the 49 municipalities' joint bodies to speak with "one voice" at the regional level. This was due to the fact that representatives of each respective municipality have their own elected politicians to represent and answer to. Therefore, the span of parties representing various local levels complicated coordination between the regional level and the local municipality levels.

Many respondents favored smaller local collaborations, with fewer municipalities. Many had worked in various collaborations and thought that larger collaborations made management "messy", not least since it was often unclear what organization was expected to take the lead in managing the collaboration.

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"Management matching" among collaborating managers was difficult. Some managers had an overall perspective, whereas others had a more limited focus, which made it difficult to address issues of concern. Therefore, as one manager said, it was essential for collaborating managers to be "equally close to the patient."

4.2 | Institutional perspective

4.2.1 | Formal rules

The respondents often expressed that the national level expected strict adherence to stipulated guidelines and definitions. Some believed that this was necessary in order for coordination across levels to function, whereas others believed that it did not leave enough room for regional and/or local adaptations.

While some felt that documents were important to hold the system together, and were "the only way to manage and govern" (Administrator), most of the respondents felt that there were too many documents and guidelines, "It's impossible to handle all these documents", as one manager put it, and it was challenging to make the staff at local levels aware of the documents' existence. Others argued that rather than the number of documents, it was the unclear structure of documents that caused confusion about how these "hung together" in the system. Not least, many local versions of the regional documents were created, which some thought were unnecessary, while others argued that local versions were important because "those doing the job had to meet and discuss how things were to be done" (Administrator).

Because of the overarching tradition of focusing on organization and the strong professional roles, it was argued that it was more important to emphasize the patient in the documents, an area where many respondents thought the system performed poorly: "We need to shift perspective and focus on how we create value for patients" (Politician). The system had to enable measurement of patients' experiences, costs, etc. during the whole journey through the system, not only isolated to municipality care, hospital care, and the like.

4.2.2 | Informal norms

One politician expressed that the national level was eager to advocate successful local initiatives as the "silver bullet" for how other regional and local levels ought to provide healthcare. Such examples were then perceived to constitute informal norms propagated by the national level, without taking into account the specific context of each region and local level. However, the same attitude was discernible at the regional levels, which also tended to favor one-size-fits-all solutions. In doing so, many of the respondents expressed that they did not take local prerequisites into account. As one of the managers expressed:

> The region often conducts a pilot study, quite small, or minimal many times. 'Yes, but it worked at this primary care centre. Now we run it in the whole region [laughs]'.

It was considered particularly important to have joint vision and values when working together across organizations and professions at the local levels, around the patient. This was not always understood at the regional level and there was a call to shift the focus to the local levels by trusting the professionals working "on the floor," not least by "letting the professions participate in work groups that look into certain specific things" (Manager). The local level could also identify the needs for educational input that the regional levels could address.

Because even successful projects started to have conflicts over "money and invoicing technicalities" (Politician) at the local level, it was important that the regional level put effort into creating a culture of focusing on the patients, such as focusing on patients in portal paragraphs in agreements that the local levels need to follow. Others argued that talking about patient focus would not solve the "economy issue":

> "There is a notion that just putting the patient at the centre will solve things … but with the strained finances for the municipalities, it is inevitable that there will be a discussion about the economy." (Manager).

4.3 | Relational perspective

4.3.1 | Nature of relationships

Due to the number of actors involved at the different levels, and—as previously noted—the lack of local-level representation at meetings initiated by the national level, multiple respondents stated that it was difficult for personal relationships to form between individual actors across system levels. This was unfortunate since there was a consensual understanding among most respondents that (good) relationships "held collaborations together". Instead of "naturally" and informally occurring between individual actors across system levels, the interaction was often perceived as formal and rigid. This made it difficult for challenges that arose to be collectively tackled extemporaneously by actors representing the different system levels, which often hindered coordination. However, some of the respondents, especially those with extensive working experience, emphasized that cross-level coordination had come a long way and that it now, to a greater extent than previously, was built on trust and confidence in one another.

Despite being a rare component across system levels, various forms of informal meetings were important at the local level, such as dialog meetings. These were deemed especially important for creating a mutual trust. Many respondents mentioned that collaboration at the local level was about relationships and the regional level had to understand this:

> "It makes it much easier to work together when you know each other." (Manager).

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At local levels, multiple respondents bore witness to the fact that such relationships, when going beyond formal scripted roles, rules, and structures, had enabled the collaborating organizations to "achieve things together." In contrast to the meetings at the local levels, one of the managers reflected upon the meetings taking place across levels: "You just sit and talk and talk at those meetings, but nothing happens. Of course that makes it very boring to go to these meetings, and everyone is unengaged." Another respondent mentioned that they often meet new people at each cross-level meeting and that this was the reason for the sometimes-slow progress; they did not know each other well enough. When they had met a couple of times and developed a relationship that was "sufficient" to collaborate, one of them was soon replaced, which meant that relationship-building had to start all over again.

4.3.2 | COVID-19 as a relationship accelerator

COVID-19 had accelerated relationship-building across the system, not least because of the more frequent meetings at all levels: "Normally, we meet once a month, now we meet every week" (Manager). Many respondents witnessed that the high frequency of meetings had increased their knowledge of each other's organizations and challenges and had contributed to focusing on solving issues rather than arguing about borders or money. One manager said:

> Suddenly we put aside the ordinary climate of discussion, which might otherwise have shaped our meetings more. Now, we had some kind of external enemy.

During the pandemic it was evident that everybody wanted to contribute as much as they could and had reconsidered how things had been done before the pandemic: "It tore down many walls, or preconceptions, which will be a benefit in the future" (Administrator). Digitalization had been discussed for years but was suddenly used extensively in meetings with colleagues across levels and organizations, as well as with patients. While speaking about the positive effects of the COVID pandemic and the potential take-away, one of the managers stated:

> When we [national, regional and local levels] have a clear and shared goal, as we have had with fighting the corona-pandemic, we are able to accomplish anything. Then rigid structures and organizational borders no longer matter. The take-away is the need for shared goals, stemming from patients' needs, even after COVID is over.

5 | DISCUSSION

The barriers and enablers found in this study share similarities to those that were previously identified as constituting determinants of inter-organizational coordination in the public sector (Wilkins et al., 2016). Given the lack of research explicitly addressing coordination across healthcare system levels (Vargas et al., 2016), the present study contributes by contextualizing such determinants (cf. Cristofoli et al., 2017). As such, the provided empirical descriptions illustrate how more general determinants of inter-organizational coordination may manifest when aiming to attain coordination across healthcare system levels. Whereas the depicted barriers may provide guidance regarding what pitfalls to avoid and how, the enablers promulgate tangible areas that need to be actively and continuously pursued and supported in order to increase the likelihood of attaining successful coordination and, by extension, constructive collaboration. However, there are limitations to the study that should be considered when interpreting its results. The reliance on purposive sampling, facilitated by healthcare managers, could introduce selection bias. While we aimed to include key individuals with significant roles in the healthcare system, the sample might not comprehensively represent the full spectrum of perspectives and experiences within the broader sector. The unequal gender distribution within our sample might further constrain the diversity of perspectives obtained, as it may not adequately reflect the experiences of both men and women in the sector. Nonetheless, this limitation is mitigated by the study's scope and the substantial number of informants from both genders. The findings from the focus group discussions could be affected by the informants' prior knowledge of one another and their shared organizational affiliation, as some participants may have felt less comfortable expressing dissenting opinions, which could potentially influence the range of perspectives gathered. Moreover, the Swedish healthcare sector is unique in terms of its particular division of governing bodies; however, there is a global imperative to improve coordination across all the levels of healthcare systems (Cebul et al., 2008; Elhauge, 2010; Mossialos et al., 2005; Nolte et al., 2012; Snow et al., 2020; Vargas et al., 2015). Consequently, the empirical descriptions provided in this paper hold the potential to inform a global audience in striving to reduce the contemporary fragmentation of healthcare provision.

Leaning on previous research regarding coordination (Gulati et al., 2012), the fine-grained mechanisms and varied nature of each identified barrier and enabler are further pursued. Most of the phenomena that the interviewees denote to constitute barriers are structural or institutional in nature. With regard to barriers stemming from the structural perspective, the inter-organizational design intended to facilitate coordination across system levels was often described as too cumbersome for the interviewees to understand. The difficulty understanding other levels in the system related to both staff at the local levels, as well as management and politicians in overarching coordination bodies (cf. Eriksson et al., 2020), which suggests that substantial coordination may be needed (Christensen & Lægreid, 2011; Lodge & Gill, 2011; Provan & Kenis, 2008). The need to improve vertical coordination may be greater than horizontal (Pollitt, 2003), and the empirical material suggests that connecting operational local levels and strategic and policy levels should be prioritized (Isett et al., 2011). Related to the inter-organizational design, flawed and inadequate management practices often hindered decisions made at the national

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and regional levels from being sufficiently anchored at the local levels before they are intended to be implemented. Coordination at local levels was hindered by management focusing on details despite communicating that value-driven govern governance was ideal; this is similar to the many governance concepts in contemporary public administration and management literature (e.g., Ansell & Gash, 2008; Crosby et al., 2017).

Similarly, formal rules and informal norms of institutional character often hindered the coordination of actors' actions across system levels because these rules and norms upheld a fairly rigid compartmentalization, in terms of focus and framing of perceived relevant goals, at each respective system level. The national level primarily pushes for all regions to work in a similar "best way," while the regional level is more concerned with the specific requirements and demands that are seemingly imposed by their specific overall population, whereas the local levels tend to be more concerned with specific patients' needs. Consequently, determinants stemming from both the structural and the institutional perspective contribute to upholding a distinct focus at each respective system level. As neither inter-organizational design, management practices, formal rules, nor informal norms offer ways to bridge these distinct perspectives, there is a tendency for each system level to take actions reflecting their specific concerns rather than actors coordinating their actions in order to pursue a communal defined goal. While a distinct focus, including varied approaches towards defining healthcare provision, among actors situated at different healthcare system levels, has been previously addressed (e.g., Andersson & Gadolin, 2020; Glouberman & Mintzberg, 2001), the present paper underscores that, as well as illustrating how, such varied approaches are also hindering coordination across healthcare system levels while being upheld by determinants of a structural and institutional character.

In contrast to the structural and institutional perspectives, which are often perceived as constituting barriers to coordination, determinants related to the relational perspective were often denoted as constituting enablers of cross-level coordination. Most important was the forming of personal relationships between the individual actors representing the distinct levels of the healthcare system. In order for such personal relationships to develop, trust between these actors was perceived as pivotal because it allowed for informal interactions to take place, as well as such interactions to emerge over time. The interviewees often perceived that such interactions were central in order for actors situated at different levels to actually discuss challenges more openly, instead of solely safeguarding their own perceived domain and jurisdiction. These discussions enabled a mutual understanding of challenges to emerge, which, in turn, facilitated the understanding of how they, through efforts from actors across all system levels, could be tackled. Without informal interaction, structural and institutional barriers often hindered coordination across system levels from taking place as they set overly rigid "rules," stemming from the divergent focus of each respective system level, for these interactions. In other words and, similar to what Gitell (2011) discussed, the development of the relational aspects of coordination is fundamentally shaped and constrained by its structural and institutional determinants. The importance of personal relationships, trust, and informality between actors has previously been underscored as integral for successful care coordination in varied healthcare contexts (e.g., Bunger, 2010; Gadolin et al., 2022; Shannon et al., 2021; Vimalananda et al., 2018). However, as with most research addressing care coordination, such studies rarely address coordination across system levels, focusing instead on care coordination across professional and local organizational domains. Hence, an important contribution of the present paper is to underscore the centrality of personal relationships, trust, and informality when pursuing successful coordination across healthcare system levels. Therefore, organizational and institutional determinants should consciously aim to support relationships being formed between individual actors across distinct healthcare system levels. We do not suggest that solely taking a relational perspective is the panacea for any and all challenges stemming from healthcare systems' cross-level coordination. However, more attention needs to be paid to this perspective; specifically, how the forming of relationships may be facilitated, given that it constitutes an important factor for successful long-term coordination, hence enabling collaboration—not only in healthcare but for public sector organizations of any kind—that has so far attracted minimal research attention (Cristofoli et al., 2017; Osborne et al., 2015).

Many of the interviewees stated that the flux milieu caused by the COVID-19 pandemic, urging cross-level coordination in order to handle an increased variety and frequency of challenges related to healthcare provision, acted as a relationship accelerator that was formed due to increased intensity in terms of interaction between actors belonging to distinct levels of the healthcare system. Consequently, these actors were able to obtain greater knowledge and understanding of each other's frame of mind, enabling more constructive conversations regarding how mutual challenges collectively could be tackled. This effect bears witness to the importance of being cognizant of how structural and institutional determinants may hinder personal relationships from being formed. For example, for personal relationships to be able to emerge between actors across distinct healthcare system levels, the structure of the healthcare system must (for instance, by stipulating the frequency of meetings) provide arenas and opportunities where these relationships are able to do so. While both informal and formal meetings have been shown to be a prerequisite to building relationships at the workplace (Persson et al., 2021), the findings of the present paper underscore the importance of individual actors being able to meet in order to form relationships that, in turn, may facilitate coordination across healthcare system levels.

The interviewees also perceived that the COVID-19 pandemic facilitated cross-level collaboration due to a shared perception of a high need to handle its ensuing challenges. Other extreme events have had similar effects, due to a high "sense of urgency" (cf. Kotter, 2008), on the ability of distinct actors to coordinate their actions across, varied sectorial, system levels in order to attain a common goal (Leonard & Howitt, 2010). While a sense of urgency has been proposed as fundamental for achieving change and improvement in healthcare (e.g., Crain et al., 2021; Granja et al., 2018; Narine & Persaud, 2003), the results of the present study further indicate that it

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may also have profound effects on the ability to achieve successful coordination, meaning that distinct actors align their actions in striving for a mutual goal, across healthcare system levels. Consequently, future research could benefit from studying how a sense of urgency may be achieved in times that are not characterized by extreme events (such as pandemics), as well as the role that personal relationships between individual actors may play in this endeavor, in order to increase the likelihood of successful coordination across distinct healthcare system levels.

6 | CONCLUSION

Having taken advantage of the flux milieu resulting from the COVID-19 pandemic, this paper illustrates how determinants of coordination across healthcare system levels may empirically manifest. In doing so, we propose that determinants that may hinder—and hence constitute barriers to—coordination are often structural or institutional in character. We further found that better-developed personal relationships between individual actors acted as enablers of successful cross-level coordination. The COVID-19 pandemic had acted as a relationship accelerator, further highlighting the potential of personal relationships to counteract the often negative effects of structural and institutional arrangements, as well as highlighting the need for a high sense of urgency in order for actors across distinct healthcare system levels to align their interests in order to strive for a commonly defined and agreed-upon goal. Therefore, we propose that future research should aim to further delineate the impact of personal relationships, how determinants of structural and institutional character may support rather than counteract the building of relationships, as well as how relationships may influence the forming of a shared high sense of urgency. Given that increased coordination, being a prerequisite to collaboration, is a challenge for the public service sector at large, such knowledge may not only contribute to the efficiency of health services delivery but also to the broader research agenda of decreasing fragmentation inherent *all* collaborative approaches of public service delivery.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request. The data are not publicly available due to privacy or ethical restrictions.

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REFERENCES

Agranoff, R. (2012). *Collaborating to manage: A primer for the public sector*. Georgetown University Press.

Agranoff, R., & McGuire, M. (2003). *Collaborative public management: New strategies for local governments*. Georgetown University Press.

Andersen, S. C., Nielsen, H. S., & Thomsen, M. K. (2020). How to increase citizen coproduction: Replication and extension of existing research. *International Public Management Journal*, *23*(5), 696–712.

Andersson, T., & Gadolin, C. (2020). Understanding institutional work through social interaction in highly institutionalized settings: Lessons from public healthcare organizations. *Scandinavian Journal of Management*, *36*(2), 101107.

Ansell, C., & Gash, A. (2008). Collaborative governance in theory and practice. *Journal of Public Administration Research and Theory*, *18*(4), 543–571.

Armocida, B., Formenti, B., Ussai, S., Palestra, F., & Missoni, E. (2020). The Italian health system and the COVID-19 challenge. *The Lancet Public Health*, *5*(5), e253.

Bell, E., Bryman, A., & Harley, B. (2018). *Business research methods*. Oxford University Press.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, *26*(13), 1802–1811.

Bryson, J. M., Crosby, B. C., & Bloomberg, L. (2014). Public value governance: Moving beyond traditional public administration and the new public management. *Public Administration Review*, *74*(4), 445–456.

Bunger, A. C. (2010). Defining service coordination: A social work perspective. *Journal of Social Service Research*, *36*(5), 385–401.

Castañer, X., & Oliveira, N. (2020). Collaboration, coordination, and cooperation among organizations: Establishing the distinctive meanings of these terms through a systematic literature review. *Journal of Management*, *46*(6), 965–1001.

Cebul, R. D., Rebitzer, J. B., Taylor, L. J., & Votruba, M. E. (2008). Organizational fragmentation and care quality in the US healthcare system. *Journal of Economic Perspectives*, *22*(4), 93–113.

Christensen, T. (2012). Post-NPM and changing public governance. *Meiji Journal of Political Science and Economics*, *1*(1), 1–11.

Christensen, T., & Lægreid, P. (2007). The whole-of-government approach to public sector reform. *Public Administration Review*, *67*(6), 1059–1066.

Christensen, T., & Lægreid, P. (2011). Democracy and administrative policy: Contrasting elements of new public management (NPM) and post-NPM. *European Political Science Review*, *3*(1), 125–146.

Christensen, T., & Lægreid, P. (2015). Performance and accountability – A theoretical discussion and an empirical assessment. *Public Organization Review*, *15*(2), 207–225.

Cooper, T., Bryer, T., & Meek, J. (2008). Outcomes achieved through citizen-centered collaborative public management. In L. Blomgren Bingham & R. O'Leary (Eds.), *Big ideas in collaborative public management (211–229)*. M.E.

Crain, M. A., Bush, A. L., Hayanga, H., Boyle, A., Unger, M., Ellison, M., & Ellison, P. (2021). Healthcare leadership in the COVID-19 pandemic: From innovative preparation to evolutionary transformation. *Journal of Healthcare Leadership*, *13*, 199–207.

Cristofoli, D., Meneguzzo, M., & Riccucci, N. (2017). Collaborative administration: The management of successful networks. *Public Management Review*, *19*(3), 275–283.

Crosby, B. C., Hart, P., & Torfing, J. (2017). Public value creation through collaborative innovation. *Public Management Review*, *19*(5), 655–669.

Denise, L. (1999). Collaboration vs. c-three (cooperation, coordination, and communication). *Innovating*, *7*(3), 25–35.

Elhauge, E. (2010). Why we should care about health care fragmentation and how to fix it. In E. Elhauge (Ed.), *The fragmentation of U.S. health care: Causes and solutions* (pp. 1–20). Oxford University Press.

Emerson, K., Nabatchi, T., & Balogh, S. (2012). An integrative framework for collaborative governance. *Journal of Public Administration Research and Theory*, *22*(1), 1–29.

14791854, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/pa.2871 by Statens Beredning, Wiley Online Library on [05/07/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Erikson, S. (2020). Pandemics show us what government is for. *Nature Human Behaviour*, *4*(5), 441–442.

Eriksson, E., & Hellström, A. (2021). Multi-actor resource integration: A service approach in public management. *British Journal of Management*, *32*(2), 456–472.

Eriksson, E., Andersson, T., Hellström, A., Gadolin, C., & Lifvergren, S. (2020). Collaborative public management: Coordinated value propositions among public service organizations. *Public Management Review*, *22*(6), 791–812.

Ferlie, E. (2017). Exploring 30 years of UK public services management reform–the case of health care. *International Journal of Public Sector Management*, *30*(6/7), 615–625.

Ferlie, E., Ledger, J., Dopson, S., Fischer, M. D., Fitzgerald, L., McGivern, G., & Bennett, C. (2016). The political economy of management knowledge: Management texts in English healthcare organizations. *Public Administration*, *94*(1), 185–203.

Gadolin, C., Eriksson, E., & Alexandersson, P. (2022). Coordination of paediatric oncology care: An explorative Swedish case study. *Journal of Integrated Care*, *30*(5), 27–36.

Gitell, J. H. (2011). New directions for relational coordination theory. In G. M. Spreitzer & K. S. Cameron (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 400–411). Oxford University Press.

Glouberman, S., & Mintzberg, H. (2001). Managing the care of health and the cure of disease—Part I: Differentiation. *Health Care Management Review*, *26*(1), 56–69.

Gorin, S. S., Haggstrom, D., Han, P. K., Fairfield, K. M., Krebs, P., & Clauser, S. B. (2017). Cancer care coordination: A systematic review and meta-analysis of over 30 years of empirical studies. *Annals of Behavioral Medicine*, *51*(4), 532–546.

Granja, C., Janssen, W., & Johansen, M. A. (2018). Factors determining the success and failure of eHealth interventions: Systematic review of the literature. *Journal of Medical Internet Research*, *20*(5), e10235.

Greenwood, D., & Levin, M. (2007). *Introduction to action research: Social research for social change*. SAGE.

Gregory, R. (2003). All the king's horses and all the king's men: Putting New Zealand's public sector back together again. *International Public Management Review*, *4*(2), 41–58.

Gulati, R., Wohlgezogen, F., & Zhelyazkov, P. (2012). The two facets of collaboration: Cooperation and coordination in strategic alliances. *Academy of Management Annals*, *6*(1), 531–583.

Halligan, J. (2010). Post NPM responses to disaggregation through coordinating horizontally and integrating governance. In P. Lægreid & K. Verhoest (Eds.), *Governance of public sector organizations* (pp. 235–254). Palgrave.

Harding, D. J., Fox, C., & Mehta, J. D. (2002). Studying rare events through qualitative case studies: Lessons from a study of rampage school shootings. *Sociological Methods & Research*, *31*(2), 174–217.

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–1288.

Hughes, G., Shaw, S. E., & Greenhalgh, T. (2020). Rethinking integrated care: A systematic hermeneutic review of the literature on integrated care strategies and concepts. *The Milbank Quarterly*, *98*(2), 446–492.

Isett, K. R., Mergel, I. A., LeRoux, K., Mischen, P. A., & Rethemeyer, R. K. (2011). Networks in public administration scholarship: Understanding where we are and where we need to go. *Journal of Public Administration Research and Theory*, *21*(suppl_1), i157–i173.

Karam, M., Brault, I., Van Durme, T., & Macq, J. (2018). Comparing interprofessional and interorganizational collaboration in healthcare: A systematic review of the qualitative research. *International Journal of Nursing Studies*, *79*, 70–83.

Khalid, A., & Ali, S. (2020). COVID-19 and its challenges for the healthcare system in Pakistan. *Asian Bioethics Review*, *12*(4), 551–564.

King, N. (2012). Doing template analysis. *Qualitative Organizational Research: Core Methods and Current Challenges*, *426*, 77–101.

King, N., & Brooks, J. M. (2016). *Template analysis for business and management students*. SAGE.

Klijn, E. H., & Koppenjan, J. (2012). Governance network theory: Past, present and future. *Policy & Politics*, *40*(4), 587–606.

Klijn, E. H., & Koppenjan, J. (2015). *Governance networks in the public sector*. Routledge.

Kotter, J. P. (2008). *A sense of urgency*. Harvard Business Press.

Lægreid, P., Randma-Liiv, T., Rykkja, L. H., & Sarapuu, K. (2015). Emerging coordination practices of European central governments. *International Review of Administrative Sciences*, *81*(2), 346–351.

Leonard, H. B., & Howitt, A. M. (2010). Organising response to extreme emergencies: The Victorian bushfires of 2009. *Australian Journal of Public Administration*, *69*(4), 372–386.

Lincoln, Y., & Guba, E. (1985). Naturalistic inquiry. In *Naturalistic inquiry*. SAGE.

Lindberg, K. (2014). Performing multiple logics in practice. *Scandinavian Journal of Management*, *30*(4), 485–497.

Lodge, M., & Gill, D. (2011). Toward a new era of administrative reform? The myth of post-NPM in New Zealand. *Governance*, *24*(1), 141–166.

McNamara, M. (2012). Starting to untangle the web of cooperation, coordination, and collaboration: A framework for public managers. *International Journal of Public Administration*, *35*(6), 389–401.

Morgan, D. L. (1997). *Focus groups as qualitative research*. SAGE.

Mossialos, E., Allin, S., & Davaki, K. (2005). Analysing the Greek health system: A tale of fragmentation and inertia. *Health Economics*, *14*(S1), S151–S168.

Narine, L., & Persaud, D. D. (2003). Gaining and maintaining commitment to large-scale change in healthcare organizations. *Health Services Management Research*, *16*(3), 179–187.

Nolte, E., Knai, C., Hofmarcher, M., Conklin, A., Erler, A., Elissen, A., Flamm, M., Fullerton, B., Sönnichsen, A., & Vrijhoef, H. J. M. (2012). Overcoming fragmentation in health care: Chronic Care in Austria, German and The Netherlands. *Health Economics, Policy, and Law*, *7*(1), 125–146.

OECD. (2019). *Health at a glance 2019: OECD indicators*. OECD Publishing.

Osborne, S. (2006). The new public governance? *Public Management Review*, *8*(3), 377–387.

Osborne, S. P. (2018). From public service-dominant logic to public service logic: Are public service organizations capable of co-production and value co-creation? *Public Management Review*, *20*(2), 225–231.

Osborne, S. P., Radnor, Z., Kinder, T., & Vidal, I. (2015). The SERVICE framework: A public-service-dominant approach to sustainable public services. *British Journal of Management*, *26*(3), 424–438.

O'Toole, L. J., Jr., & Meier, K. J. (1999). Modeling the impact of public management: Implications of structural context. *Journal of Public Administration Research and Theory*, *9*(4), 505–526.

Paletta, A. (2012). Public governance and school performance: Improving student learning through collaborative public management. *Public Management Review*, *14*(8), 1125–1151.

Persson, S. S., Blomqvist, K., & Lindström, P. N. (2021). Meetings are an important prerequisite for flourishing workplace relationships. *International Journal of Environmental Research and Public Health*, *18*(15), 8092.

Pollitt, C. (2003). Joined-up government: A survey. *Political Studies Review*, *1*(1), 34–49.

Provan, K. G., & Kenis, P. (2008). Modes of network governance: Structure, management, and effectiveness. *Journal of Public Administration Research and Theory*, *18*(2), 229–252.

Raus, K., Mortier, E., & Eeckloo, K. (2020). Challenges in turning a great idea into great health policy: The case of integrated care. *BMC Health Services Research*, *20*(1), 1–9.

Røsstad, T., Garåsen, H., Steinsbekk, A., Sletvold, O., & Grimsmo, A. (2013). Development of a patient-centred care pathway across healthcare providers: A qualitative study. *BMC Health Services Research*, *13*(1), 1–9.

Schultz, E. M., Pineda, N., Lonhart, J., Davies, S. M., & McDonald, K. M. (2013). A systematic review of the care coordination measurement landscape. *BMC Health Services Research*, *13*(1), 1–12.

Shannon, P. J., Vinson, G. A., Horn, T. L., & Lennon, E. (2021). Defining effective care coordination for mental health referrals of refugee populations in the United States. *Ethnicity & Health*, *26*(5), 737–755.

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Simonet, D. (2011). The new public management theory and the reform of European health care systems: An international comparative perspective. *International Journal of Public Administration*, *34*(12), 815–826.

Snow, K., Galaviz, K., & Turbow, S. (2020). Patient outcomes following interhospital care fragmentation: A systematic review. *Journal of General Internal Medicine*, *35*(5), 1550–1558.

SOU (Statens Offentliga Utredningar). (2016). Effektiv vård 2016:2 [Efficient healthcare 2016:2].

Sullivan, H., & Skelcher, C. (2017). *Working across boundaries: Collaboration in public services*. Macmillan International Higher Education.

Suter, E., Oelke, N. D., Dias Da Silva Lima, M. A., Stiphout, M., Janke, R., Witt, R. R., van Vliet-Brown, C., Schill, K., Rostami, M., Hepp, S., Birney, A., al-Roubaiai, F., & Quintana Marques, G. (2017). Indicators and measurement tools for health systems integration: A knowledge synthesis. *International Journal of Integrated Care*, *17*(6), 4.

Trein, P., Biesbroek, R., Bolognesi, T., Cejudo, G. M., Duffy, R., Hustedt, T., & Meyer, I. (2020). Policy coordination and integration: A research agenda. *Public Administration Review*, *81*(5), 973–977.

Trein, P., Meyer, I., & Maggetti, M. (2019). The integration and coordination of public policies: A systematic comparative review. *Journal of Comparative Policy Analysis: Research and Practice*, *21*(4), 332–349.

Ugyel, L. (2019). Formal and informal governance networks: Diabetes care in Australia and India. *Australian Journal of Public Administration*, *78*(3), 359–372.

van Meerkerk, I., & Edelenbos, J. (2018). *Boundary spanners in public management and governance: An interdisciplinary assessment*. Edward Elgar Publishing.

Vargas, I., Mogollón-Pérez, A. S., de Paepe, P., da Silva, M. R. F., Unger, J. P., & Vázquez, M. L. (2015). Do existing mechanisms contribute to improvements in care coordination across levels of care in health services networks? Opinions of the health personnel in Colombia and Brazil. *BMC Health Services Research*, *15*(1), 1–14.

Vargas, I., Mogollón-Pérez, A. S., de Paepe, P., Ferreira da Silva, M. R., Unger, J. P., & Vázquez, M. L. (2016). Barriers to healthcare coordination in market-based and decentralized public health systems: A qualitative study in healthcare networks of Colombia and Brazil. *Health Policy and Planning*, *31*(6), 736–748.

Vázquez, M. L., Vargas, I., Garcia-Subirats, I., Unger, J. P., de Paepe, P., Mogollón-Pérez, A. S., Samico, I., Eguiguren, P., Cisneros, A. I., Huerta, A., Muruaga, M. C., & Bertolotto, F. (2017). Doctors' experience of coordination across care levels and associated factors. A cross-sectional study in public healthcare networks of six Latin American countries. *Social Science & Medicine*, *182*, 10–19.

Vimalananda, V., Dvorin, K., Fincke, B. G., Tardiff, N., & Bokhour, B. G. (2018). Patient, PCP, and specialist perspectives on specialty care coordination in an integrated health care system. *The Journal of Ambulatory Care Management*, *41*(1), 15–24.

Webb, A. (1991). Coordination: A problem in public sector management. *Policy & Politics*, *19*(4), 229–242.

Wilkins, P., Phillimore, J., & Gilchrist, D. (2016). Public sector collaboration: Are we doing it well and could we do it better? *Australian Journal of Public Administration*, *75*(3), 318–330.

Wong, L. P. (2008). Focus group discussion: A tool for health and medical research. *Singapore Medical Journal*, *49*(3), 256–260.

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