

Employee innovation behaviour in health care: the influence from management and colleagues

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Aim: This article reports how ‘important others’ and position in the organizational hierarchy relate to employee innovation behaviour. Empowerment of healthcare workers to engage in innovation behaviour is desired by management in Norwegian municipalities as it is regarded as a way of getting more health care for less money. Innovation behaviour is also desired by nurses’ and other healthcare workers’ professional organizations of as it is regarded as a way of improving the working conditions of the healthcare worker.

Background: The theoretical discussion in this paper includes corporate entrepreneurship, ‘important others’ and employee innovation behaviour.

Methods: This article reports on a study concerning empowerment of nurses and other healthcare workers ($n = 555$) in Norwegian municipalities. The statistical methods used include multiple regressions.

Findings: The study reveals that there were differences between the nurse (registered nurses), auxiliary nurses (nurse aides) and unskilled healthcare workers concerning how they perceived the opinion of the management and the opinion of the colleagues about how suitable it was to present innovation behaviour at the workplace. Moreover, the different groups of healthcare workers assign different levels of importance to this influence.

Conclusions: It is suggested that the findings put forward in this article may lead to an improved understanding of the dynamics behind employee innovation behaviour, and that such knowledge could improve the care provided to the patients, the cost of the care and the working conditions of nurses and other healthcare workers.

Keywords: Employee innovation behaviour, Empowerment, Hierarchy, Norway, Nurses, Opinion leaders, Unskilled health workers

Introduction

Increasing pressure is being put on reduced healthcare spending (Rolfé et al. 2004). Innovation is one answer to the challenge of doing more for less. Nurses are in a position to influence the use of transformational strategies (Trofino 2000). The study reported here will help nurses better understand and respond to the dynamics involved in innovation in healthcare organizations. An

understanding of the process of employee innovation behaviour will enable nurses to take charge of the process of innovation, to the greater benefit of the patients and the nursing community. Employee innovation behaviour can be regarded as everything from altering routines or making use of new remedies, to simplifying work, to improving the service provided to the end-user, or to being able to give the end-user new offers.

Healthcare professionals are trained for autonomous practice (Lindholm & Udén 2001). This is reflected in healthcare research as empowerment, which has been widely adopted in studies of nursing (Kuokkanen et al. 2003). To become empowered, nurses and other healthcare workers need to have real influence and

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decision-making power over issues concerning their work as well as over factors with an actual impact on their working environment (Kuokkanen et al. 2003). The events of the 1990s including widespread re-engineering, restructuring and work redesign initiatives swept through the healthcare communities (Manion 2001). The Norwegian municipalities have also been under pressure to deliver more healthcare services to the public for less money (Trygstad 2003). The strategy used to respond to this pressure has been to introduce corporate entrepreneurship programmes to change the way work has been done (Trygstad 2003). A corporate entrepreneurship programme is a strategy that management can utilize to change the way work is done by encouraging individuals within the organization to become more imaginative, creative, innovative and entrepreneurial in order to benefit the organization.

Many corporate entrepreneurship programmes in which the management asks for innovation behaviour from the employees, do not achieve the desired enhanced organizational change (Zahra 1991; Wesorick 2002). Some employees immediately buy the idea of the corporate entrepreneurship programme, whereas others are sceptical (Lindholm & Udèn 2001). Shulman (1996) claims that the vast range of studies focusing on work groups assume homogeneity among the group members with regard to their values, experience and goals. Morrison & Phelps (1999) encourage researchers to explore in more depth the relationship between work group characteristics and innovation behaviour in the workplace.

It has been showed that nurse managers have strong loyalty towards decisions taken at top level (Lindholm & Udèn 2001). The behaviour of non-management employees has, however, attracted insufficient attention. Research on 'significant others' (often referred to as 'important others') suggests that the behaviour of an individual is more influenced by some individuals/groups of individuals, than by other individuals/groups of individuals. This notion of 'significant others' refers to individuals whose evaluations of a person's behaviour and attitude are held in high esteem (Denzin 1966). Whom an individual regards as important in influencing on his or her behaviour may possibly depend on the attitude/behaviour and the arena for this attitude/behaviour. This makes it interesting to reveal if there are any differences among occupational groups in healthcare organizations as to who is perceived as important in influencing others regarding innovation behaviour at the workplace. This study explores whether the influence from 'important others' on innovation behaviour varies according to the employee's position within the organization hierarchy. Differences among healthcare workers in terms of innovation behaviour will be explored. In particular, this study explores the following research question: Should top management address different groups of healthcare workers differ-

ently when the organization wants innovation behaviour at all levels of the organization?

Theoretical insights

This paper focuses on factors relating to employee innovation behaviour. The paper will examine the effects from the position in the hierarchy on whom is seen as the 'important others' influencing the innovation behaviour of the employee.

Corporate entrepreneurship and innovation behaviour among employees

How to manage subordinates in order to reach the most efficient work production is a major management concern (Pearce et al. 1997; Ellefsen & Hamilton 2000). Corporate entrepreneurship is about how to make employees cooperate in the creation of new resource combinations and also exploiting these new combinations successfully (Chung & Gibbons 1997). Business leaders are supposed to make a deliberate and conscious articulation of direction for the organization (Kanter 1984), and management should impose a strategy on the organization in which the employees and middle managers are supposed to innovate for the good of the firm (Block & MacMillan 1993). Such a strategy could be imposed on the organization by mission statements issued at top management level. Mission statements have the purpose of motivating staff within the company and communicating central management's belief about where the organization should be heading and how the employees should contribute toward this goal (Klemm et al. 1991).

'Important others', change agents and diffusion of an organizational strategy

In corporate entrepreneurship, the idea diffused from top management to the employees is that innovation behaviour is desired. In this way, top management functions as the change agency, the unit initially wanting the social change to happen. In an organizational innovation setting, the middle manager may be regarded as top management's intermediary. The middle manager may then be regarded as a change agent, an individual who increases the employee's propensity to provide innovation behaviour. A change agent is a person promoting an idea to be adopted by another person or group (Rogers 1995). Cheng & Stark (2002) claim that the formation of attitudes requires the processing of information through self-reflection and daily interaction with peers. It is reasonable to assume that highly ranked employees will have more interaction with management. The above discussion suggests the following hypothesis:

H1: The higher ranked in the hierarchy, the more the management encouragement of innovation behaviour is associated with the employee's own innovation behaviour.

'Important others' and opinion leaders

As previously argued, the influence from management on the employee towards employee innovation behaviour can best be described as influence from change agents. This is as the influence was intended from the management side. The influence from peer colleagues on the employee to get engaged in employee innovation behaviour may not be equally intended. A better description of the influence from colleagues on employee innovation behaviour may then be the influence from opinion leaders. The greatest response to a change effort occurs when opinion leaders adopt and lead in the adoption process; this is because opinion leaders have a strong informal influence on the group's norm (Rogers 1995). The employee aligns his or her behaviour in order to behave more like the opinion leader in the work group. It is reasonable to assume that lower-ranked employees will have more interaction with fellow colleagues of comparable employment status. This paper argues that the employee behaves differently based on his/her position in the hierarchy regarding who is the 'important other' with regard to what actions are seen as desirable. The above discussion suggests the following hypothesis:

H2: The lower ranked within the hierarchy, the more the colleagues' innovation behaviour is associated with the employee's own innovation behaviour.

Description of the empowerment study

The study reported here is a part of a larger research project. The aim of the overall study, which was initiated by the municipalities and professional organizations representing the healthcare workers, was to examine how to improve empowerment of healthcare workers employed in Norwegian municipalities. The aim of this particular study was to investigate how 'important others' influence the innovation behaviour of healthcare workers employed at

different organizational levels. The objective was to reveal how to approach nurses, auxiliary nurses and unskilled healthcare workers with the idea that the organization wants them to show innovation behaviour.

Job autonomy is found to be higher in Norway than in USA, Canada and Australia (Dobbin & Boychuk 1999). In Norway there is a strong emphasis on democratic-participative methods for increased worker influence, as well as a strong tradition for equality and democracy in the work place arena (Bjerke 1999). This makes Norway especially well suited for investigations of employee involvement in innovation. Therefore, this study from Norway will contribute to the ongoing discussion on how to obtain better health care for fewer resources (Donner & Wheeler 2001; Vincent 2002; Rolfe et al. 2004).

Method

The objectives of this study were to be met through a postal survey that was administered in September 2003. The survey was sent to healthcare workers (nurses, auxiliary nurses and unskilled healthcare workers) employed by 12 different Norwegian local municipalities. After one reminder, over 50% of the 1452 addressed healthcare workers had responded. Information was gathered relating to the respondents work position, education and employment status, their perception of their own and their colleagues' contribution towards innovation behaviour, and measures of how they perceived that their managers encourage innovation behaviour. The responses from those not employed as nurses, auxiliary nurses and unskilled healthcare workers and those who did not answer all the questions used in this study were left out. This provided a total of 555 responses usable for this investigation. Demographic characteristics of the responding nurses, auxiliary nurses and unskilled healthcare workers (engaged as assistants and home care providers) are detailed in Table 1.

Table 1 Work-related demographical differences between nurses, auxiliary nurses and unskilled healthcare workers (*n* = 555)

Work related demographical differences	Nurses	Nurse auxiliary	Unskilled
Number of respondents	120	309	126
Member of a trade union	85 (71%)	250 (81%)	72 (57%)
Permanently employed	114 (95%)	300 (97%)	117 (93%)
Female	115 (96%)	297 (96%)	118 (94%)
Work in an institution (the rest work in home care)	64 (54%)	184 (61%)	76 (63%)
Managerial responsibility for own work group	36 (30%)	21 (7%)	3 (2%)
Formally educated for the job	108 (90%)	278 (90%)	66 (52%)
Highest education is university	118 (98%)	15 (5%)	6 (5%)
Highest education is high school	2 (2%)	290 (94%)	72 (57%)
Highest education is elementary school	(- 0%)	4 (1%)	48 (38%)

The number in brackets is the percentage within that group for that item.

Measurement

The questionnaire provided questions regarding how the respondent perceived that the management level encouraged innovation behaviour and how the respondent perceived their colleagues innovation behaviour. Innovation was put in plain words such as 'improvements at work'. In the questionnaire, the respondent was asked to think about improvements at work such as 'everything from altering routines or taking use of new remedies, to simplifying work, to improving the service provided to the end-user, or to being able to give the end-user new offers.' The dependent variable, 'Own innovation behaviour' was measured using three items: (1) I participate in discussions regarding improvements at work; (2) I invite others for discussions regarding improvements at work; and (3) I like to work with issues related to improvements at work. The independent variable 'Colleagues' innovation behaviour' was measured using three items: (1) my colleagues work much with improvements at work; (2) my colleagues think that improvements at work are important; and (3) my colleagues are concerned about improvements at work. Likewise, the independent variable 'Management's encouragement' was measured using three items; (1) the management requests my opinion in questions regarding improvements at work; (2) my manager gives me opportunities to discuss improvements at work; and (3) at our workplace the employees are encouraged to do things in a better way. Each statement was presented using a 7-point Likert scale ranging from 1 ('strongly disagree') to 7 ('strongly agree').

Analytical techniques

This study used descriptive statistics, *t*-tests, explorative principal component analysis, and multiple regression analysis techniques. Principal component analysis with Varimax rotation was used to assess the convergent and discriminant validity of the variables in the model. The reliability and validity of the measures were found to be acceptable. As the objective of the research was to predict changes in the dependent variable (the employees' own innovation behaviour) in response to changes in the independent variables (management encouragement and colleagues' innovation behaviour), multiple regression was appropriate. Multiple regression analysis provides estimates of net effects and explanatory power. The adjusted R^2 in the multiple regressions shows how much of the variance in the behaviour that is explained by the independent variables. The standardized beta values in multiple regressions show the relative strength and direction of the independent variables on the investigated behaviour.

Results

To be employed as a nurse in Norway, an individual has to acquire a university diploma in nursing and has to be registered and

approved as a nurse by the Norwegian government. To qualify as an auxiliary nurse, an individual has to complete a high school course focusing on health care related issues. However, there are no formal educational requirements to be hired as an unskilled healthcare worker. Healthcare workers have traditionally been hierarchically organized. Organizational structures and professional status differentiate power between employees.

In the preparation for this study, an in-depth interview with a head nurse manager in a large municipality in Norway was conducted. The interview indicated that education was the criterion for delegation of responsibility in a work group. The nurse manager also claimed that, as proper and adequate education was so important in order to be able to execute the job in the right way, education level could be regarded as a good measure of rank in a work group hierarchy. The interviewed nurse manager confirmed through this the claim from Ellefsen & Hamilton (2000) that 'Physicians are seen at the top of the hierarchical structure, followed by nurses, nurse helpers and the unskilled at the bottom.' This indicates that nurses are in general higher ranked than auxiliary nurses, and that auxiliary nurses are higher ranked in the work group than unskilled healthcare workers. The hierarchy is then related to who decides how to do work, and when, and what work to do.

Differences between the response of nurses, auxiliary nurses and the unskilled

The nurse group reported more innovation behaviour than the auxiliary nurses and the auxiliary nurses reported more innovation behaviour than unskilled healthcare workers. The nurses perceived management as more encouraging than the auxiliary nurses and the unskilled workers did. There were no differences between the auxiliary nurses and the unskilled worker in how encouraging they perceived management to be. There were no differences across the three groups regarding how they perceived their colleagues innovation behaviour.

Influencers on own innovation behaviour due to organizational rank

Table 2 shows the results of three multiple regressions with the respondents' own innovation behaviour as the dependent variable. The same model was tested on nurses, auxiliary nurses, and unskilled healthcare workers. The model tests the influence from the 'important others' (management and colleagues) on the respondents' own innovation behaviour. In addition to the variables measuring the influence from the 'important others', some control variables were added. The control variables added were percentages of full time position, the respondents' age, and whether the respondent mainly worked in an institution or in home care.

Table 2 Result of three multiple regression analysis on own innovation behaviour

	Nurses St. Beta	Nurse auxiliary St. Beta	Unskilled St. Beta
Important others			
Management's encouragement	0.53**	0.39**	0.48**
Colleague's innovation behaviour	0.38**	0.51**	0.56**
Control variables			
Percentages of full time position (1 = full time position)	0.08	0.11*	0.07
Working in an institution	-0.07	-0.04	-0.03
Respondents age	0.03	0.00	-0.02
F	22.47**	44.13**	18.92**
Adjusted R ²	0.49	0.43	0.44
n	120	309	126

* $P < 0.05$; ** $P < 0.001$.

Forced entry multiple regressions were used to test the hypothesis. Table 2 reports a summary of the regressions on respondents' own innovation behaviour, shown for the nurses, the auxiliary nurses and the unskilled healthcare workers. The models include the independent variables as well as control variables and are statistically significant ($P < 0.001$) for all three groups. Colleagues' opinion regarding innovation is expressed by colleagues' own innovation behaviour. Likewise, management opinion is expressed by how encouraging toward innovation behaviour they are perceived to be by the respondent. The results of the regressions show that the model explains a substantial proportion of the variance in respondents' own innovation behaviour (49% for nurses, 43% for auxiliary nurses, and 44% for unskilled healthcare workers).

The standardized beta value of a variable is a measure of the magnitude and the direction of the influence from that variable on the investigated behaviour. Table 2 shows the standardized beta values for the influence of encouragement from management and the influence from colleagues' innovation behaviour on the innovation behaviour of the nurses, the auxiliary nurses and the unskilled healthcare workers respectively. H1 claims that the higher ranked in the hierarchy, the more the management encouragement of innovation behaviour is associated with employees' own innovation behaviour. Table 2 shows that management has a stronger influence on nurses than on auxiliary nurses and unskilled. Likewise, Table 2 shows that management encouragement has a stronger influence on unskilled healthcare workers than on the auxiliary nurses. This leaves H1 only partly

supported. H2 claims that the lower the ranking within the hierarchy, the more the colleagues' innovation behaviours are associated with the employee's own innovation behaviour. This hypothesis is fully supported as Table 2 shows that the colleagues' innovation behaviour has strongest influence with regard to innovation behaviour on the unskilled healthcare worker. The auxiliary nurses are less influenced by the colleagues. The innovation behaviour of the nurses is least influenced by the innovation behaviour of their colleagues. In addition to this, Table 2 also shows that nurses are more influenced by how encouraging the management is towards innovation behaviour, than by innovation behaviour of the colleagues. The study also divulges that auxiliary nurses and unskilled healthcare workers are more influenced in innovation behaviour by colleagues in the work group, than by innovation encouragement by management.

Findings

The results of this study indicate that the healthcare employee's high ranking in the hierarchy is best addressed by formal command lines via a change agent as regards management's search for innovation behaviour amongst employees. Low ranking employees in the hierarchy are best addressed via colleagues who can act as opinion leaders in the work group.

Limitations and strengths

The purpose of this study was to investigate if top management should address nurses, auxiliary nurses, and unskilled healthcare workers in a work group differently when the organization is looking for innovation behaviour from its employees. The study shows that in the group of employees investigated, some 'important others' influence the respondent's propensity to carry out innovation behaviour. The study reveals that the respondents differ between the opinion of the management and the opinion of the colleagues regarding how suitable it is to present innovation behaviour at the workplace. The study shows that these differences may be due to different ranking within the organization. The higher ranked the employees are, the more influence management has on their innovation behaviour. The lower ranked the employees are, the more they are influenced by the innovation behaviour of their colleagues.

This study has some limitations. The data in this study are limited to employees in work groups, and it is limited to healthcare workers employed in 12 Norwegian municipalities. While this survey does have certain limitations, it also has strengths. The use of data obtained from healthcare workers employed in work groups in different municipalities ensures respondents working with a variety of tasks, and working in a variety of organizational arrangements. The survey had a high response rate and a large sample.

Implications for researchers

This study contributes to the literature on healthcare administration in several ways. This study is one of few studies applying corporate entrepreneurship to healthcare administration in order to investigate the relationship between rank, 'important others', change agents, opinion leaders and employee innovation behaviour. Furthermore, this study shows the dynamics inside the work group related to employee innovation behaviour in a healthcare setting.

The results of this study suggest that there are differences between members in a work group regarding their values, experience and goals. The work groups studied are not homogenous regarding the work group members' innovation behaviour. This study indicates that innovation behaviour is related to rank within the work group. The higher the ranking within the work group, the more important the opinion of the management becomes. Likewise, the lower ranking within the work group, the more important the colleagues opinion becomes.

This study contributes to the debate on how to achieve better health care for patients and how to achieve a stronger influence from the congregation of nurses with regard to the direction of the ongoing change in health care in several major ways. One conclusion from this research is that nurses contribute substantially to the everyday improvement of the organization in which they work. Another finding is that nurses, more than auxiliary nurses and unskilled healthcare workers, align their innovation efforts with the strategy of the organization. An interesting question stemming from this research would be: who are the opinion leaders in the work groups of healthcare workers in their decisions regarding innovation behaviour? If the nurses are the opinion leaders, this would substantially add to the importance of nurses in encouraging employee innovation in the work group.

This study contributes to the literature on corporate entrepreneurship and innovation in three major ways. One conclusion from this study is that all organizational levels of the work group contribute to innovation behaviour. Another conclusion is that the 'important others' for the employees in the work group regarding innovation behaviour are management and colleagues. Both management's and colleague's opinion regarding innovation are found to be positive correlated with employees' own innovation behaviour. Thus, support from management and colleagues may be critical in the employees' decision whether to provide innovation behaviour or not. The third conclusion is that the more highly ranked employees in the organizational hierarchy are more influenced than the lower ranked by the mission statement of the organization. The low ranked employees are more influenced by the behaviour of their colleagues.

This study contributes to the literature on 'important others' and innovation in two major ways. First, we test the effect of

'important others' on the propensity to provide innovation behaviour, a relationship suggested but not fully tested in past studies. Secondly, we extend the discussion of 'important others' to include management and colleagues in the work group.

Implications for nurses, healthcare managers, municipalities and policy makers

If the healthcare manager believes that his or her organization needs innovation at all levels of operation, the manager should address all hierarchical levels within the organization. The advice to management extracted from the results of this study could then be stated as follows: If the healthcare manager expects innovation behaviour from the low-ranked employees, he or she will find the opinion leader among the colleagues in the work group and let this person convince the rest to contribute through innovation behaviour.

Furthermore, increased knowledge about how the culture for innovation in the work group, or the influence of an opinion leader regarding innovation is established may benefit policy makers wishing to increase the effectiveness and service level of healthcare institutions in municipalities. Both the way management asks for innovation behaviour and whom management asks for innovation behaviour can be altered. Policy makers could add issues about innovation to the study programmes of nurses and other healthcare workers. Municipalities and management could empower and encourage nurses and other healthcare workers to provide innovation behaviour, as this study indicates that empowerment and encouragement creates innovation behaviour.

The implications for nurses drawn from this study is that nurses contribute towards innovation in healthcare organizations, and that nurses can improve innovation behaviour in their organization by putting the issue on the agenda in their work group. Nurses may also use their leading position in the work group to help develop an improved climate enabling workplace innovation.

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