



Trajectories of Innovation in the Health Care Sector: the Case of Belgian Nursing homes

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Abstracts: Nursing homes are a fast-growing sector facing huge and sometimes barely reconcilable challenges. They are constantly seeking compromise solutions and are thereby forced to innovate in numerous fields. The aim of this paper is to explore the nature and diversity of innovations in the nursing home sector and investigate their emergence and trajectories. Under the light of the French Convention Theory, three in-depth qualitative case studies were conducted in three different organization types: a nonprofit, for-profit and state owned nursing homes, all coexisting in the sector. This longitudinal qualitative study involved face-to-face interviews with 47 internal and external actors, collection of internal documents and observations. The findings suggest that innovation in nursing homes is far from being limited to 'medical' and 'technological' fields but exist in a wide range and diversity of forms. Our results show the importance of the legal status as a determinant of innovation trajectories; the non-profit nursing home being also more predisposed to innovate. This research also shows the important role played by internal actors such as nurses and directors as well as external influence such as legislation in facilitating or impeding efforts made to implement innovations.

Keywords: Innovation, Nursing Homes, Health Care Sector, Healthcare Management

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Introduction

In a continuously changing environment, innovation is a key to success for organizations. It has been studied in the literature in many different contexts be they economic, social or political, and conceptualized in a wide range of approaches. The conception of innovation has highly evolved since the neoclassic approach which assimilated innovation to technical progress. A widely accepted definition of innovation is that of Schumpeter (1961) who suggests that innovation consists of the integration of a new resource, allowing new combinations in the organization. Nowadays, authors agree that innovation is the introduction of something new, for those who adopt it, and useful, such as the introduction of a new product, a new service or a new process. It can be incremental or radical and can occur in products and/or in processes.

Besides this general definition of innovation, the concept of *social innovation* started to generate interest among the scientific community (Tremblay, 2003). The last decade shows a proliferation of definitions. It is often refers to a new approach, practice, or intervention or a new product developed in order to improve a situation or solve a social problem, and is adopted by institutions, organizations or communities (Bouchard, 1999). This definition of social innovation underlines the role played by social and collective networks in the innovation process. As Bourque, Proulx & Fréchette (2007) underlined, social innovation is based on values borne by the actors and the result of a co-construction involving different local actors, which must be institutionalized.

Although these developments have strengthened service innovation studies theoretically and conceptually (Drejer, 2004), the dominant image of service industries remains an activity involving little innovation or which are limited to the 'adoption' of technological innovations developed by the manufacturing sector. This observation is certainly true for the health care sector and in particular the nursing homes for elderly persons, where innovation is frequently seen as limited to 'medical' and 'technological' innovations.

The nursing home sector is a fast-growing sector facing huge and sometimes barely reconcilable challenges that are at the heart of the provision of services. In Belgium, the sector has developed in a context characterized by a double process not only of the ageing of the population (in terms of age and dependence) but also by strong budgetary constraints. According to the Belgian National Institute of Statistics the population aged over 60 should will increase by 31.7 % by 2050 and the population aged over 80 by 9.7 %. On the other hand, the public health-care system deficit has been increasing continuously, causing multiple changes in the way nursing home care provision is financed with a view to contain rising costs. In order to survive, nursing homes are challenged to find compromise solutions with the increasing need to innovate in numerous fields besides the medical one.

The purpose of this paper is to explore the nature and diversity of innovations in the nursing home sector and investigate their emergence and trajectories. It will address the following questions: Are innovations in nursing homes limited to 'medical' and 'technological' fields? Are innovation types and trajectories common in all types of nursing homes or are they specific to each type? How do innovation trajectories emerge and evolve overtime? Are innovations the result of a thoughtful collective process or simply fortuitous?

While most of the existing studies have adopted a quantitative approach, in this study we adopt a qualitative one, based on three in-depth case studies, i.e., a nonprofit, for-



profit and state owned nursing homes, the three legal statuses coexisting in the Belgian nursing home sector. External and internal actors of nursing homes have been interviewed to identify innovations and investigate innovation processes.

This paper will proceed as follows. First, we review the literature on innovation and more specifically on innovation in the nursing home sector. We then present the conceptual model we applied in order to analyze the trajectories of innovation and we formulate our propositions. After presenting the case study research methodology and the three research sites, the results are presented and discussed. Finally, conclusions are drawn and further research is suggested.

Towards a conceptualization of service innovation

Although research on services has increased over the last few years, the economic literature has long denigrated innovation in services. Service activities have been considered as unproductive and not really innovative. Recent reports on innovation in services underline this lack of research (Gallouj, 1994; Sundbo, 1998; Flipo, 2000; Boden & Miles, 2000). It can also be observed in the nursing home sector, as in overall health care services. The few studies on innovation in nursing homes focus mainly on the innovation process through the analysis of factors influencing its adoption. They highlight the role played by the legal status and more particularly, the non-profit status which is more likely to lead to the development and adoption of innovations (Banaszak-Holl, Zinn & Mor, 1996; McDonald, 2007; Castle, 2001). They also highlight the impact of demographic characteristics of the top management teams such as tenure, education, and involvement in a professional society (Castle & Banaszak-Holl, 1997). Although these studies on innovation have generated voluminous research and empirical results, little is known about the innovation process in itself – be they adopted or developed internally: How does innovation emerge? Why do some innovations fail to develop? How does innovation evolve and why?

Innovation in the hospital sector has been more broadly studied but is still often reduced to the introduction of medical technologies, considering doctors and researchers as the main actors of the innovation process. This *technologist* approach highlights mainly science-push innovations and reduces “innovation in services to the introduction of technical systems (material transport [...] and information and communication systems) into service firms and organization” (Gallouj, 2002:1). More recently several studies have adopted an *integrative* approach, favoring an analytical approach to innovation similar in both goods and services and therefore taking as its starting point the trend towards convergence and the blurring of the boundaries between goods and services. In this approach, hospital is considered as a complex activity that can be divided into several basic services in a similar way to product engineering (Bressand & Nicolaïdis, 1988).

Two main approaches have been developed in the *integrative* perspective taking into account the complexity of the innovation process and encompassing innovations in both services and products. The first approach, the Lancasterian representation (Gallouj & Weinstein, 1997), has been applied by Windrum and García-Goñi (2007) in the health care sector through a multi-agent framework. It enables distinction such as the user’s preferences and competences and highlights the importance of interactions between different actors or organizations in shaping the type and the direction of innovation.

The second approach, the functional breakdown of service output, enables the in higration

of the various aspects of services such as the technical and material aspects that we find in the *technologist* approach but also the relational, methodological or organizational innovations which are more specific to services. This model can easily be operationalized and has been applied to various sectors such as the hospital sector (Djellal & Gallouj, 2004a, 2005, Gallouj & al., 2013) or the for-profit public service networks (Merlin-Brogniart, 2006) in France. Djellal et al. (2004b) provided a complementary approach to these perspectives by studying innovation related to in-home and out-of-home care for aged-people from different targets of innovation such as the institutional context, material and immaterial environment, services, technologies, human environment (family and nursing staff) and the supply of out-of-home care facilities.

The studies, which have adopted a functional breakdown approach of services, have been able to take into account the new modes of coordination governing the relations between actors involved in a service by embracing the concept of innovation in a more comprehensive way (De Bandt & Gadrey, 1994). This approach is of particular interest when studying the nursing home sector since these institutions provide complex services including residential care and nursing care services. The principal medium of a service is either material objects, information, knowledge or individuals (Gadrey, 1991). According to Gallouj (1999) services can be broken down into four types of operations or basic functions:

- 1- *Material* and logistical transformation operations. They consist of processing tangible objects (handling, transforming, moving, or maintaining them);
- 2- *Logistical* and *Informational* operations. They involve processing codified information (producing, capturing, transforming, circulating, and archiving it);
- 3- *Knowledge processing* operations: using codified methods and routines, intangible technologies;
- 4- *Contactual* or *relational* service operations. Those whose main medium is the customer and which consist of a direct service provided in contact/interaction with the customer. Relational service operations may borrow from each of the previously-mentioned disciplines.

Each service activity combines these four groups of operations - material, informational, methodological and relational - in various proportions, depending on space and time (Gallouj, 1999). We can note that this functional breakdown enables considering technological innovations, as well as theoretical ideals, which may require resorting to technology. Also each operation leans on its corresponding technology: material logistics technologies, informational processing, knowledge processing and communicational processing technologies.

Two additional components have been added to this functional breakdown in order to figure out the variety of innovations (Gallouj, 1999):

- 5- The *competences* mobilized by the provider organization and embodied in individual members. Each operation requires scientific and technological disciplines but the competences can be directly mobilized to produce the use value of the service;
- 6- The *final service characteristics* or functions (or "use value"). They describe the utilities delivered during the various types of operations. These service characteristics are considered from the user's point of view.



Merlin-Brogniart (2006) also suggests integrating a fifth type of operation, the *organizational* and *logistical* operations. Indeed, the functional breakdown of the service does not take directly into account the place of organization in services. This can be explained by the perspective used to build this breakdown: that is, the principal medium of the service. The organizational and logistical operations as medium of the service consist of processing organizational operations. These are a series of organizational changes which are based on competences in organizational engineering. It does not consist of adding several organizations (i.e., institutions) gathering in a partnership or in a new organization to deliver a service. The changes are generally made by the staff itself like a change of configuration of the space in a nursing home in order to create more convivial areas. Contrarily to the *knowledge processing* operations, the *organizational* and *logistical* operations cannot be designed beforehand, and result from adjustments made in practice.

Adding the *organizational* and *logistical* operations to the functional breakdown model enables the innovator to consider more precisely the new organizational changes and to analyze the interdependence between the different basic functions. It is also a new organization of the different stages of the service, a new cooperation mode between the different stages of the production process. Organizational operations require competences in engineering organization. In this breakdown, operations can depend on each other. Like the “relational service operations”, the “organizational operations” may borrow from either science and technology disciplines or human and social sciences.

Table 1: Organization in the functional breakdown of the service

(C) Competences in (the use of) technologies or competences directly mobilized	(M) “Material” operations (+corresponding sciences and technologies)	(I) “Informational” operations (+corresponding sciences and technologies)	(K) “Methodological” operations (+corresponding sciences and technologies)	(R) Contactual or relational service operations (+corresponding sciences and technologies)	(Y) Service functions and characteristics
	“Organizational” operations (O)				

(Merlin–Brogniart, 2006, adapted from Gallouj, 1999)

As Gallouj (op. cit.) suggests this conceptual framework can be used not only to analyze the nature of innovations but also to identify the innovation trajectories over time. Indeed if it is possible to identify innovations in each of these seven categories, it is also possible to identify the dominant categories which trace the main features of the innovation trajectories. This conception differs therefore from the concept of *technological trajectory* defined by Dosi (1982:152) as a pattern of ‘normal’ problem solving activity (i.e. pattern of ‘progress’) on the ground of a technological paradigm, or from the concept of *innovation avenue* (Sahal, 1985) or *technological regimes* (Nelson & Winter, 1982), focusing on the technological dimension of innovation. In this paper, we will use the conception of Gallouj in order to reflect the evolution of the choices made by the nursing homes regarding innovations. We keep the idea of a potential of innovation, influenced by historical factors which determine the evolution of the innovation process. In other words, the evolution is not



exclusively determined by chance but depends on innovation routines, R&D and historical events. We nevertheless take into account, as the conception of Gallouj suggests, not only the technological potential but also the potential and the organizational and social events of the nursing homes.

The role of conventions in the innovation process.

The *integrative* approaches to service innovation take into account the complexity of the innovation process by integrating the multi-dimension of services and by highlighting the multiplicity of actors involved in the provision of services. Several questions about the innovation process itself remain nevertheless unanswered. Windrum and García-Goñi for instance pointed out that preferences of actors can differ significantly and that resolution between potentially conflicting preferences is important. What these preferences are and where they come from is not apprehended in these approaches. Thévenot (1992) points out that an innovation, even when coming from an original idea from the inspired world, requires arrangements with other imperatives in order to develop in organizations. He suggests using the model of the Economies of Worth (Boltanski & Thévenot, 2006) in order to better understand the role played by conventions within innovation and their trajectories, hence contributing to the development of these frameworks.

The model of the Economies of Worth played a main role in French Convention Theory (Orléan, 2004). This socio-economic model explains how and why different principles of justification, i.e. conventions, can be used by individuals and groups in order to express their divergences in modes of coordination, and to justify their actions. The authors identified six “worlds” or polities, which represent six logics of justification of an action, sketched out from classic texts of political philosophy: inspired (St. Augustine), domestic (Bossuet), fame (Hobbes), civic (Rousseau), market (Adam Smith), and industrial (Saint-Simon). The six worlds must be understood as ideal forms and can be illustrated in the nursing home sector as follows (Provost, 2002). If I am the manager of a nursing home, I can justify my activity by using the following arguments in which these worths are present:

- *Market*: This business offers me a lot of profitable opportunities and allows me to make a lot of money since the market prices are very high.
- *Domestic*: I have been taking care of my elderly people for a long time. I consider them as my own parents and opened this home in order to live together, as a family.
- *Industrial*: I have had a strong education in the management of nursing homes and I have skilled personnel and state-of-the-art equipment in order meet patient needs and offer efficient services.
- *Civic*: By offering these services to everybody whatever their faith, race and economic level, we would like to offer them, as prescribed by the Constitution, the human dignity that they have the right to expect.
- *Fame*: Through the reputation of my nursing home, I am a well-known and highly regarded person.
- *Inspiration*: I am passionate about this adventure that I find very enriching. I can let my imagination work, find original solutions.

The inspired world seems to be *the* most important world of innovation since it includes moments of creation. These moments are “free creations”, that is moments of creation independent of any other world (market, industrial, domestic, fame, civic) (Gallouj, 2002).



All these polities are nevertheless all and mostly present in the nursing home industry and innovations can in reality be created for industrial, market, civic or domestic purposes. They may therefore occur in any of these worlds and are not exclusive to the inspired world. As Gallouj (2002:186-187) pointed out the “analysis of innovation cannot be reduced to analysis of inspired intuitions and of ‘men and women of genius’[...] Innovations are always produced by networks of hybrid actors that are linked in space and time and interfere with the reference ‘grandeurs’ of these actors and their objects”.

This model opens up new avenues of research in health innovations, but also more broadly to any innovation in which there are multiple actors and there are competing perspectives driving the direction and shape of the innovation. It has the potential to explain the multi-dimensional aspects of innovation, be they product, technical or social innovations and highlights the process of adjustment and coherence between worths, in a network of actors and objects in relations. Gallouj (2002) used the model of the Economies of Worth to propose a link between models of innovation (radical, incremental, ameliorative, ad hoc, recombinative and formalization innovation) and the plurality of possible worlds. Merlin-Brogniart (2007) used the same model to highlight the innovations leading to a compromise in for-profit public service networks. As Provost (2002, 2006) showed in her study in the nursing home sector, the model of the Economies of Worth can contribute greatly to the understanding of the complexity and multi-dimensional aspects of the services provided.

The innovation trajectories in the nursing home sector.

When we look at the history of the nursing home sector in Belgium, we can easily observe that tensions exist between the conception of the nursing home sector and the type of beneficiaries. From the outset, the conception of care provision for the elderly has been grounded in a ‘medical’ model in which the doctor is the expert, looking after the elderly and everything is done medically and technically to take care of them.

The preferred solution for taking care of the elderly in Belgium has always been the creation of nursing homes, an institutional solution dominated by medical personnel. The approach has been medicalized right from the initial legislation. Hospital standards typically apply and the financing of the nursing care by the INAMI (National Sickness and Invalidity Insurance Institute) is a fixed price covering health care and later assistance in daily life. The fixed prices also increase with the level of dependence of the elderly persons which does not incite medical personnel to assist the elderly to regain autonomy. Finally, personnel standards in terms of numbers and skills, which now require pluridisciplinarity, remain defined in terms of medical and paramedical personnel. The standards are therefore highly technical and have strongly improved the quality of health care in Belgium. Also, like in hospitals, we can observe a *professional rationalization* (Gadrey, 1994) consisting of the development of operational or organizational routines. Finally, the nursing home standards have been developed around the pathology of the elderly person who is considered as a patient, a sick person, a “case”. In other words the medical model focuses on the pathology and not on the person.



Some innovating projects have recently arisen such as the creation of a *Cantous*¹ and the latest legislation on nursing homes (Decree of June 5, 1997) goes a step in the right direction. Nevertheless this progress is still modest and we are far from a model where the elderly would be considered as citizens with rights and duties, as a person; a model where the human being would be highly respected. In the light of the above, we can expect (1) that the nursing home sector follows a developmental path similar to that of hospitals and evolves towards greater specialization and methodology, and (2) that it is moving slowly towards greater respect and fulfillment of the elderly. We therefore make the following propositions about common trajectories:

P1. A common innovation trajectory moves towards more specialization and methodology, i.e. a predominance of the methodological and competence operation categories.

P2. A common innovation trajectory moves towards more specialization, i.e. a predominance of the industrial logic, followed by a presence of the domestic logic (e.g., respect and fulfillment of the elderly).

It is important to note here that the polities of justification do not correspond to the categories of the functional breakdown (i.e., the industrial polity does not belong to the methodological innovations; we can find the former in all categories of innovation).

The nature and determinants of innovation trajectories.

Although the above trajectories are expected to be observed in all the nursing homes, whatever their legal status, the nursing homes can be expected to have their own specific innovation trajectories. As we saw previously all the logics of justification, be they domestic, market, civic, fame, inspiration, or industrial, are present in the nursing home sector. The review of the literature showed a multiplicity and diversity of forms of innovations. It would then be tempting to consider that each of those six rationalities represents the six only types of innovation. The reality behind the concept of innovation is much more complex and those logics are not always specific to one type of innovation. Innovation can also result from compromises between these logics.

We also observed in the literature review that the legal status of the nursing home plays a significant role in the innovation process. As McDonald indicated (2007:274) “a nonprofit organization’s mission can guide the entity to identify and select those innovations that are most likely to support its mission. Furthermore, by selecting these innovations, the institution is more likely to find support and openness among employees”. In his study of innovations in nursing homes, Castle (2001) indicates that differences in legal status are likely to be reflected in the types of innovations adopted by the nursing home.

In a study on the coexistence of nursing homes with different legal statuses, Provost (2002) showed that, when facing a multiplicity of logics of justification, often barely reconcilable, nursing homes have to make compromises between several of these logics, which will

¹ *Cantous* stands for the creation of a common living environment where people with a decreasing autonomy can find a community where communication, mutual help and relationships are promoted through participation in the activities of daily life. The concept offers the residents autonomy within a sheltered environment in order to cope with their limited individual independence. The originality of the concept lies in the fact that the elderly disorientated people living in a *Cantous* are no longer passive but active (<http://www.cantous.be/pub2.htm>).



result in a certain conception of the quality of their services. In that context, their legal status can be considered as an institutional compromise device (i.e., the *fundamental compromise*), serving as a support to justify their action and coordinate their behavior. The author tested this proposition and showed that the for-profit status is a compromise between the market, industrial and domestic logics; the public or state-owned status refers mainly to the civic and fame logics and the non-profit status refers to a compromise between the civic, domestic, industrial, market and fame logics.

Based on these previous results, we expect to find innovations as compromise devices which refer to the legal status of the nursing home, i.e. to the logics in which their legal status grounds its justifications. Our propositions can therefore be formulated as followed:

P3a. In the for-profit nursing home, innovations reflect compromise devices between the market, the industrial and the domestic logics.

P3b. In the public nursing home, innovations refer mainly to the civic and the fame logics.

P3c. In the non-profit nursing home, innovations refer to a compromise between the civic, the domestic, the industrial, the market and the fame logics.

We can observe that the non-profit status combines all the polities of justification present in the public and for-profit nursing homes. The comprehensiveness of this compromise coupled with its recognized and legendary role as pioneer in many different fields (Salamon, 1995) leads us to expect a larger presence of innovations in the nonprofit nursing home. As suggested in the literature, Castle (2001:163) underlined that compared to their for-profit counterparts, nonprofit nursing homes are often seen “as more altruistic and as a result may be more aggressive in implementing resident care services, irrespective of costs”. Zimmermann (1999:605) added that property rights are less of an impediment to innovation for nonprofit organizations compared with the public sector where “bureaucratic instead of innovative behavior is, by necessity, prevalent”. This results in the following proposition:

P4. Innovations are more present in the nonprofit nursing home.

Finally, it appears from the literature review that even if the legal status is a major determinant, innovations depend also on internal and external actors (such as the State through the legislation, or the resource providers). We can therefore expect that each nursing home may have specific trajectories depending above all on their legal status, but also on internal and external actors.

P5. The trajectories of innovations are above all influenced by legal status but also by internal and external actors.

Those three factors correspond to the three sets of determinants pointed out by Zimmermann (1999): property rights, personality factors and environmental factors such as the lack of funding.

Methodology

Selection of three case studies

Regarding the conceptual framework mobilized and our propositions, a qualitative study was carried out through three in-depth case studies. As we underlined earlier, the Belgian



nursing home sector is characterized by a coexistence of three main types of nursing homes: non-profit, for-profit and public nursing homes. We first selected nursing homes which follow the evolution of the sector, i.e., mixed-nursing home having certified beds for both independent and dependent persons, as well as nursing homes offering alternative solutions for caring for the elderly such as sheltered housing, day centers or *Cantous* for Alzheimer patients. We also chose nursing homes which have existed for at least ten years in order to have experienced the evolution of the sector and to be able to have a comprehensive view of the innovation process. Furthermore, since we needed to conduct observations and interviews and obtain justifications in order to understand the conventions to which people refer, we selected nursing homes where a relationship of trust could be easily built up. Based on those quantitative and qualitative criteria, three nursing homes were finally selected.

The for-profit nursing home. The for-profit nursing home selected is a Limited Company with a capacity of 53 beds, of which 25 are certified for dependent persons. In 1989 this nursing home belonged to a couple of butter merchants who went bankrupt and decided to convert their enterprise into a small nursing home of 26 beds. Two years later, after family problems, they lost their certification. The nursing home was then taken over by the nurse and her husband, a biologist. Over the next ten years the building was extended three times. The new owners expanded directly to increase the size from 26 to 35 beds. In 1996, they built an additional wing increasing the number of beds to 41. Finally in 2000 they built a first floor above the wing where they installed a *Cantous* for 12 disoriented persons and became a mixed-nursing home by obtaining the certification to care for dependent persons. This increased the size to 53 beds. More recently they introduced a project to build sheltered housing for senior citizens next to the nursing home.

The owners are the only two shareholders of the limited company and are the director and nursing director. The nursing home is now above the average size of “pure” for-profit nursing homes (i.e., nursing homes with beds only for independent persons) which stands at 43 beds, but are closer to the average size of for-profit mixed-nursing homes which stands at 82 beds. Among the residents, 61 percent are dependent. Some of the beds for relatively independent people are therefore occupied by dependent residents. There are 30 employees (21.9 FTE) which represent 1 member of staff for 2.4 residents.

The minimal staffing standards required by the Decree on nursing homes are exceeded but those imposed by the INAMI (National Sickness and Invalidity Insurance Institute) which are more stringent, are respected to the letter. The occupation rate is 95 percent. The price charged ranges from 28.3 € to 35.15 € per day for a single room and from 24.1 € to 27 € per person per day for a double room. The INAMI pays on average 18.5 € per day per resident. Note that when the nursing home became a mixed-nursing home (half of their beds were converted into beds for dependent persons), their revenues doubled.

The public nursing home. The public nursing home is managed by the Municipal Public Social Welfare Centre. It is a mixed-nursing home with 140 certified beds, of which 90 are for dependent persons. The nursing home is 200 years old. The founder bequeathed a large amount of money in order to open a new hospice for elderly people who have lost their fortunes. The hospice replaced an old convent at the beginning of the 19th century. Several reconstruction projects were set up but were not brought to completion. Recently the Municipal Public Social Welfare Centre decided to transfer 20 beds to another public



nursing home in the region in order to get rid of three-bed rooms as required by the new legislation. The size will then be reduced to 120 beds.

The nursing home exceeds the average size of public mixed-nursing homes which is 96 beds. Ninety beds (i.e., 64 percent) of the 140 beds are beds certified for dependent persons. Since 88 residents are dependent, not all the beds certified for dependent persons are occupied by dependent persons. Among the 138 residents, 79 pay out of their own savings (or by using their private healthcare insurance, if they have one), 8 are supported by a Foundation and for the remaining 54 their costs are paid entirely or partially by the municipality. There are 133 employees, the equivalent of 85.45 people full-time. 41 percent of the employees work part time. In total there is one member of staff for 1.55 residents.

The minimal staffing standards required by the Decree on nursing homes are exceeded, especially for the administrative staff. Those imposed by the INAMI which are more stringent, are also largely exceeded, especially in nursing. The occupation rate is of 95.86 percent. The price ranges 30.67 € for people who are from the municipality and 33.67 € for the others. The INAMI pays on average 25.5 € per day per resident. The deficit of the nursing home amounts to 620 000 €.

The nonprofit nursing home. The nonprofit nursing home is a mixed-nursing home of 115 beds, of which 60 are certified for dependent persons. The nonprofit nursing home was created in 1963 in an old castle by a woman who was working as nurse in a hospice and who observed that nursing homes and hospitals did not accept handicapped persons. Four years later the 60 residents moved into the former offices of a disaffected manufacturing company. In 1981, a new wing of 12 beds was built. Then a series of refurbishments and expansions were carried out. In 1988, the nursing home built 20 small houses for elderly couples and in 1992 the nursing home expanded the premises by adding 48 bedrooms, increasing the size to 115 beds. One year later they built a hall for events and festivities and a *Cantous*. Currently there is a project to expand the nursing home again by building a first floor on the top of one part of the building.

The size of the nursing home slightly exceeds the average size of the nonprofit mixed-nursing homes of 97 beds. 60 % of them are single bedrooms. Of the 115 beds, 52 percent are beds for dependent persons. The price varies from 31.55 € to 33.7 € per day for a single room and 27.52 € to 29.52 € per day for a two-bed room. 64 percent of the residents are dependent, which exceeds the number of beds available for dependent persons. There are 70 employees, an equivalent of 58.25 full-time workers. 45 percent of the employees work part time. In total, there is 1 member of staff for 1.92 residents.

The minimal staffing standards required by the Decree on nursing homes are largely exceeded and those imposed by the INAMI which are more stringent, are also exceeded. The occupation rate is 98.45 percent. The price ranges from 27.52 € to 34 € per day. The INAMI pays on average 25.35 € per day per resident.

Data collection

An in-depth qualitative study of the three nursing homes, carried out in 2002 by one of the authors of this paper, provided the first part of our empirical data. That study consisted of a series of on-site semi-structured interviews conducted between October and December 2000 with the internal and external actors of each nursing home. The objective of the study was to analyze the coexistence of the three types of organizations (non-profit, for-profit and



public) in the nursing home sector using the model of Economies of Worth as conceptual framework. The study consisted of analyzing the influence of the internal and external actors on the quality of the services provided. One of the propositions was that the quality of the services offered in each type of nursing home reflected the fundamental compromise of each nursing home. Since the data collected included, systematically, information about all the changes carried out in the nursing homes from their creation, as well as their justifications, it was a useful source of our empirical data.

The second part of the empirical data was provided by a second series of semi-structured interviews conducted in the same three nursing homes in June and July 2007. The objective of these interviews was to confirm the innovations identified in the first set of data and discuss the new changes carried out since then. The duration of the interviews ranged from 45 to 120 minutes, all recorded with the informants' permission. The interviewer began by asking the informant to discuss the evolution of the nursing home over time. Each innovation underlined was then discussed in more detail in order to highlight the justifications and reveal the conventions behind it. Then the factors facilitating or hampering innovations were discussed.

In total 70 hours of interviews were conducted with 47 informants including the director, (skilled-)nurses, physical therapist, residents, social worker, leisure activity organizer, cook and house-keeper. Interviewing multiple informants within an institution provided a more comprehensive understanding of the dynamics of innovation and enabled us, with the collection of internal documents and observations, to cross-validate our data. For the second phase of the study, since the main goal was to highlight trajectories, we also focused more on interviewing the most knowledgeable person about the innovation trajectories, such as the nursing home director or members of staff with long service in the nursing home and a position of responsibility.

Analysis of the data collected

The data were independently analyzed by the two authors using NVivo, a qualitative data analysis software. Each interview was read several times and the data were compared across informants for consistencies and inconsistencies in the framework (Spiggle, 1994). We conducted the analysis in two steps. First, we identified and classified all the innovations using the functional breakdown of services and analyzed the trajectories according to the seven categories of operations. Concerning the identification of innovations, all changes are not necessarily an innovation in themselves. Some changes consist in adopting existing technical innovations whatever their nature (methodological, organizational, informational, etc.), but their adoption can become an innovation in the way those techniques are integrated in nursing homes. The trajectories were also analyzed based on a comprehensive view of the innovations identified. Even the most minor change can indeed influence the trajectories.

Second, we coded the innovations identified using the model of the Economies of Worth and analyzed the innovations and their trajectories in terms of the six polities of justification. Based on the methodology suggested by Thévenot (1989) when using this model, we proceeded in two steps. First, we elaborated a dictionary of the resources based on the data collected. Other dictionaries, such as those suggested by the model of the Economies of Worth (Boltanski & Thévenot, 2006), completed and enriched our dictionaries. As Creppell (2007:145) summarized, each world “constitutes a “natural order” (or “reality”) that the authors construct as a grammar (making interesting use of business texts as sources



of primary data to gather utterances that order and direct appropriate action) via a set of categories that define subjects, objects, qualifiers, and “relations designated by verbs” (p. 140): that is, what ought to be the natural order among things”. These dictionaries were then used as supports during the encoding phase and helped to identify the worths mobilized by the actors. Once all the resources were coded in the interviews, we studied, in a second phase, the coherence between the worths by identifying the compromise or conflicting figures². Indeed, “persons move between worlds, in acts of free will, bringing along standards from one world to impose on another, engaging in critique, clashes, and compromise” (op. cit.). We focused more particularly on analyzing the nature of the innovations and their compromises, as well as their determinants, which may be impediments or facilitators.

RESULTS AND DISCUSSION

The innovation trajectories in the three nursing homes

The for-profit nursing home. This nursing home opened in 1989 and is the smallest nursing home in our study. The main trajectory followed by this nursing home since its creation has consisted in reaching a critical size in order to become profitable. In the space of ten years, three extensions to the building increased the size first to 35 beds, then to 41 beds with the building of an additional wing and finally to 53 beds with the creation of a *Cantous*. A project to build housing for 20 elderly people next to the nursing home has recently been introduced. The nature of the innovations is organizational, referring to a compromise between the market, industrial and domestic logics.

A second trajectory of innovation, existing before the creation of the *Cantous* but which has become more apparent since then, is a trajectory which mixes methodological, competence, relational and material operations. It consists in developing a workplace organization which respects the integrity of the residents: a non-medical approach, which puts the individual ahead of the “patient”, and develops relational- and life-skills instead of know-how. This methodological and relational trajectory also includes a material trajectory with a lower level of importance. The workplace organization relies on techniques and material adapted to the *Cantous* (e.g., rounded architecture or less risky hot plates in the kitchen). The conventions present are again the market, the industrial and the domestic logics. This trajectory aims to combine profitability, efficiency and proximity with the residents.

Note that although the majority of the innovations are justified using the domestic logic, they also clearly contain a mercantile objective. The for-profit nursing home is the nursing home where the relational dimension (i.e., the domestic logic) is the most developed. The relatively small size of the nursing home certainly explains this trajectory at least partially but it has also been possible due to the philosophy of the managers of the nursing home. As they work in the nursing home alongside the staff and residents, the owners are not entirely or only in a shareholder role.

The public nursing home. Four minor trajectories have been identified over time in the public nursing home. The first one is a trajectory of professional rationalization starting with the first legislation enforcement on a nursing home in 1966, up to the enforcement of the last Decree on nursing home in 1997. Like in the other nursing homes, this trajectory consists

2 By figure of compromise we mean like Thévenot (2001:411) a “composition between orders of worth (and not only between particular interests) which suspends controversy, without having resolved it by recourse to a test in a single order of worth”.



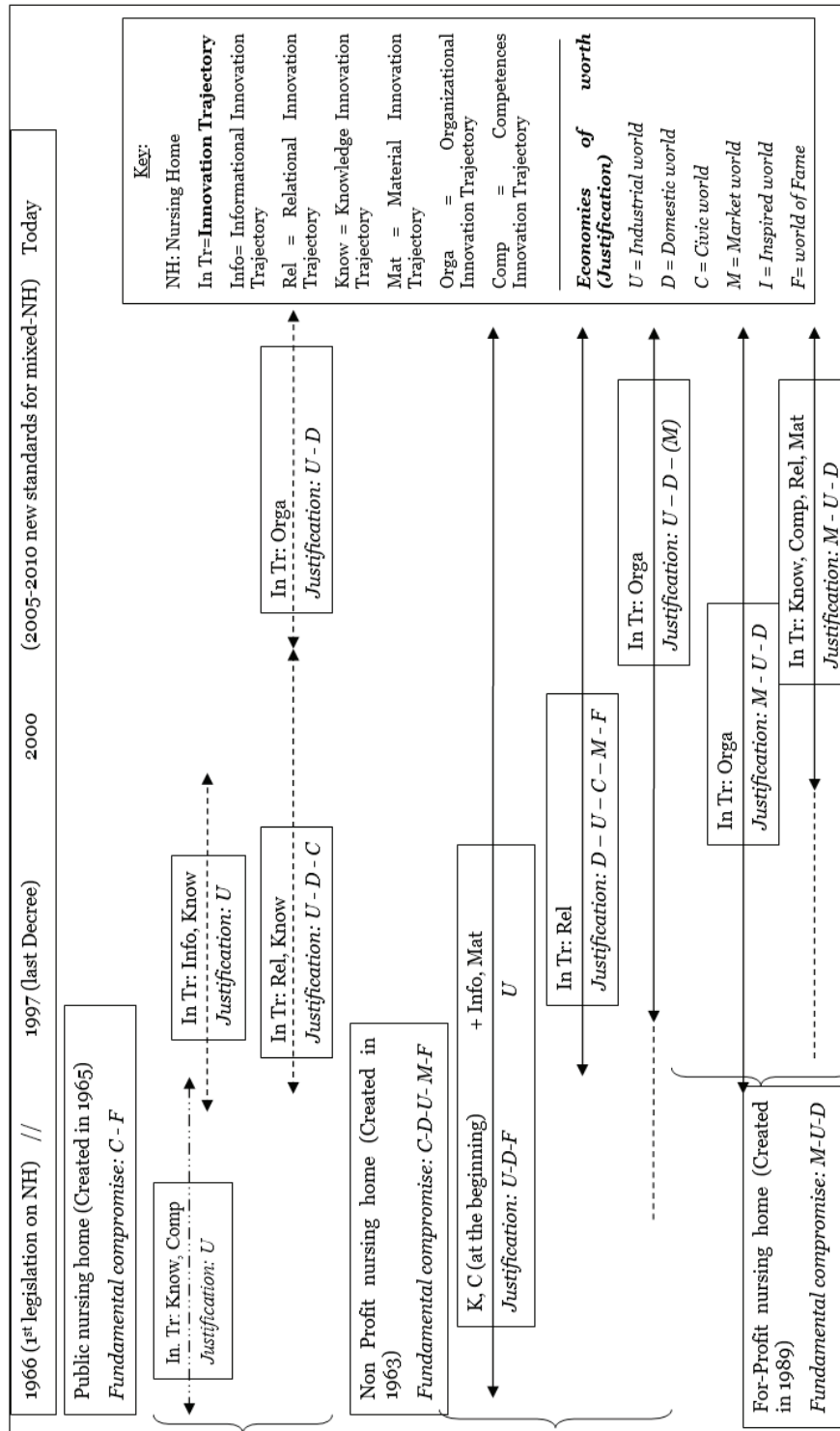
mainly of methodological changes and increase of the qualifications of the employees (i.e., increase of the level of qualifications and multi-disciplinarity of the staff). This trajectory grounds its justifications in the industrial logic since the recent legislation imposes greater efficiency in working techniques.

This trajectory gives way to a second period, to a trajectory of computerization of the middle-office, consisting of the use of computer and software to manage the staff scheduling and to facilitate communication between departments. During that 6-year period a new director, who had previously been director of a for-profit nursing home, was managing the nursing home, trying to replicate his management techniques during his presence. This trajectory grounds therefore its justifications in the industrial logic.

This second trajectory is complemented with a relational and methodological trajectory, whose objectives are to make the nursing home more attentive to the life of the residents (e.g., organization of a residents' council in each department, drawing up of a living project, enhanced sociability through the installation of seats in the corridors or improvement of the admission procedures for new residents), and to improve the working organization (e.g., reduction of service cuts, staff flexibility between departments in order to avoid transfers of residents). The conventions on which this relational and methodological trajectory relies are industrial, domestic and civic. It tries to reinforce staff efficiency but also equity in terms of workload while developing communication and relationships with the residents. It is noteworthy that this trajectory results in part from the enforcement of the new standards from the last Decree on nursing home, as well as from the personality of the new director.



Table 2: Innovation trajectories in the three case studies





The two trajectories described above have recently led on to an organizational trajectory aiming at removing the 3-bed rooms and reducing the size of the nursing home by 20 beds, and creating medical and living rooms instead. This trajectory, imposed by the recent legislation (2005-2010) aims at improving the life and care of residents (e.g., a minimum of 12 square meters surface area of bedrooms including bathrooms; half of the bedrooms being single; equipped rooms for physical therapy, ergotherapy and social events; staff rooms and a room for the reception of new residents and their families). This trajectory grounds its justifications in the industrial and domestic polities. We can see that all the innovations identified are largely a result of legislation. We have not been able to observe innovations developed internally by the nursing home, except the adoption of existing innovations. Yet the enforced changes have been adopted with difficulty and therefore remain minor for the most part.

The nonprofit nursing home. Three main innovation trajectories have been observed in the non-profit nursing home. The first trajectory is a combination of the methodological and competence trajectories of professional rationalization involving new working methods. Note that, unlike the public nursing home, the non-profit nursing home has always professionalized its staff before being required to do so by new legislation. This trajectory involves a compromise between the industrial, domestic and fame conventions since the objective of the innovations is to combine efficiency and proximity to and respect for the residents (e.g., interior amenities, personalization of bedrooms) while maintaining a good reputation (e.g., recruitment of a social worker working in the surrounding hospitals, recruitment of influential and well-known persons).

This trajectory of professional rationalization, initially mainly methodological and competence, has been enriched by informational and material trajectories. The nursing home tries to integrate several technologies available on the market in order to make working practices more efficient, and more particularly informational technologies (e.g., acquisition of information processing software: tracking and management of the medicine orders, prescription programming, medicine inventory management, cost management, staff scheduling management). The convention present is therefore mainly industrial.

Beside the trajectory described above, a relational trajectory appeared a little later. This trajectory aimed at developing more proximity and conviviality in the nursing home (e.g., creation of small living rooms, creation of a non-profit organization dedicated to leisure activities, development of communication with residents and families). At first informal, the innovations of this trajectory became more formal when enforced by legislation (e.g., residents' council, activities for residents, living project). Furthermore the enforced changes have been directly adapted to the philosophy of the nursing home and became a real management and control tool (e.g., regarding the implementation of the living project, the medical staff of each department is now required to define and organize one leisure activity per month for their residents). This relational trajectory continues to be enriched by innovations suggested by the director, the staff or the residents. It relies on a compromise between the domestic, industrial, civic, market and fame logics, combining proximity, efficiency, communication with residents, profitability and a good reputation.

We identified a third trajectory which is organizational. It includes all the efforts of the nursing home to expand. This trajectory can be associated with the industrial and domestic logics since the aim of the extensions is to reach a critical size enabling the nursing home to gain



in efficiency while maintaining conviviality and respect for resident integrity (e.g., creation of a *Cantous* or opening of a second restaurant). Note that the industrial justifications could mask market ones; the latter being taboo in Belgium, especially in the nursing home sector for elderly persons.

Discussion of the results and propositions

Innovation as compromise device. The results of the empirical study confirm that, contrary to the negative image usually associated with the nursing home sector, innovation does exist, in a wide range and diversity of forms. While our findings indicate that innovations can ground their justifications in each of the logics of the model of the Economies of Worth, they also demonstrate that, as innovations are undertaken, there is a need to find a compromise between different logics of justification, which are in conflict in the nursing home sector. Compromises appear therefore to be the most frequent form of innovation.

Some compromises are made between the market and the industrial logics - between profitability and efficiency - as evidenced by the repeated extensions of nursing homes which enable them to obtain a size effect and economies of scale. Compromises between the industrial and the domestic logics have also been identified, such as the *Cantous* (specialized units for disorientated persons), or the recruitment of a social worker to help new residents settle in and to manage admissions efficiently. Other compromises combine the market and the domestic logics such as the use of a heated serving trolley so that personalized meals can be served in the bedroom of each resident. The inspired logic is however rarely present in the compromises. We were able to identify it on two occasions in the for-profit nursing home to justify the themes and colors chosen for the decoration of the *Cantous* and the corridors, which resulted from a moment of free creation. Finally, as described below, many compromises were identified as referring to the logics in which the legal status of the nursing home grounds its justifications.

Common innovation trajectories. The results suggest that there is a common innovation trajectory for the three nursing homes towards more methodological and competence operations (Proposition 1). Professional rationalization seems to form a “natural” trajectory of innovation in the nursing homes, like some trajectories of increasing automation and economies of scale form a “natural technological trajectory” in other industries (Nelson & Winter, 1982). The nursing homes remain therefore anchored in a medical model although some innovations tend to move toward a “citizenship” model where the elderly person is considered as a citizen with duties and rights.

Two main differences may nevertheless be pointed out between the nursing homes. First, the common trajectory translates innovations which have been enforced in the public nursing home by legislation (e.g., integration of medical staff or increase in required levels of qualification). In the two other nursing homes however, this trajectory was present from the outset. Second, in these two nursing homes (i.e., the for-profit and non-profit), the trajectory is ongoing and has evolved depending on the nursing home. The for-profit nursing home, for instance, has reinforced the trajectory by trying to move toward new working methods (e.g., reducing the use of medicine), more relation-oriented ones. The creation of a *Cantous* for disoriented persons is a good illustration. The objective of that innovation was first to make more profit (*market* justification) by a size effect and by targeting a new market (*industrial* justification), secondly to improve the efficiency in



the nursing home by gathering the elderly persons with the same pathology but also to better take into account the integrity of the persons (*domestic* justification). For the non-profit nursing home, the methodological and competence trajectories have been enriched with informational and material trajectories. The nursing home has for instance introduced information systems at the same time as working methods, communication systems and management control systems, with the objective of making the nursing home more efficient (*industrial* justification).

It appears also from the above that there is another common innovation trajectory in the three nursing homes moving toward more specialization and methodology (i.e., a predominance of the *industrial* logic), followed by more respect for the elderly and their fulfilment (i.e., a greater presence of the *domestic* logic) (Proposition 2). As stated above, this trajectory is also a result of the conception of care provision for the elderly in Belgium which has traditionally been grounded in a medical model and is enforced by legislation. Nevertheless this common trajectory is also influenced by several internal and external factors and hence translated into specific trajectories in each of the nursing homes.

Influence of legal status. Legal status is a main determinant of innovation and hence, trajectories. Many innovations identified are compromises between the logics in which the legal status of the nursing home grounds its justifications (Proposition 3). Innovations in the for-profit nursing home often refer to a compromise between the market, industrial and domestic logics, such as, the creation of a recovery bedroom for elderly persons who have been discharged from hospital but still need medical care before returning home. This type of bedroom enables the nursing home to build customer loyalty, to reach possible future residents and to increase resident turnover while fostering contact with the other residents. Another example is the latest extension of the for-profit nursing home with the conversion of the nursing home into a mixed-nursing home and at the same time, the building of a *Cantous*. On one hand, the opening of beds for dependent persons enables the nursing home to ensure profitability in the future, maintain a balance between the number of independent and dependent persons in order to ensure a minimum of social interaction and life in the nursing home, and finally admit and/or keep elderly persons whatever their level of dependence. On the other hand, the creation of a *Cantous* enables the nursing home to meet new needs (i.e., those of disoriented persons) more efficiently, enter in the philosophy of the nursing home (i.e., keep elderly persons until death); maintain a small size in order to keep the family atmosphere, and not disturb the existing organization of the nursing home thereby minimizing costs.

Also few innovations were identified in the public nursing home except those enforced by the legislation. As underlined by Zimmermann (1999:605) public status is an impediment to innovation for public organizations compared with the non-profit sector since “bureaucratic instead of innovative behavior is, by necessity, prevalent”. The innovations identified refer therefore mainly to a compromise between the industrial and domestic logics but no major innovation, and hence trajectory, refers to the civic and fame logics. These innovations are nonetheless difficult to implement because they do not ground their justifications in the logics of the fundamental compromise, i.e., civic and fame logics. Some innovations try nevertheless to compromise between the civic logic and the industrial and domestic logics such as the living project elaborated by the former director of the nursing home. He tried to elaborate an institutional living project on top of medical care standards, a relational-



oriented approach with a reunion around common principles. One result of this living project was the flexibility of staff between departments but difficulties with its implementation are still ongoing. The public nursing home remains therefore much less innovative than the other nursing homes.

In the non-profit nursing home, most of the time innovations ground their justifications in several of the logics of the fundamental compromise. The creation of an independent non-profit organization to organize activities for the elderly in the nursing home is an example of an innovation grounding its justification in a compromise between the civic, domestic, industrial, market and fame logics. The association organizes activities in the nursing home in order to break the loneliness of residents. They tend to be numerous, various, efficiently organized, lucrative for the nursing home, and accessible to the majority of patients. They are also publicized outside the nursing home in order to maintain its good image and reputation. The creation of a *Cantous* is also another example of innovation grounding its justification in the logics of the fundamental compromise. Resulting from the aspiration of the former director to live together as a big family, a *Cantous* was created with the objective of meeting the needs of disoriented people as well as those of traditional residents.

It is also in the non-profit nursing home that innovation is the most prevalent, confirming Proposition 4. The results of the empirical study suggest this can be explained by the comprehensiveness of the fundamental compromise. Non-profit status grounds its justifications in many different logics, facilitating the adoption or development of innovations in the nursing home. The pioneering role of the non-profit nursing home has been confirmed and is another explanation of the presence of numerous innovations in the nursing home. For instance, the resident council, regular activities, the way to care for disoriented people, contention procedures were organized long before required by legislation.

Innovations and their trajectories are therefore above all influenced by legal status, not only when innovations are developed by the nursing homes themselves but also when they are adopted for outside reasons. In that case, the way the nursing home integrates the innovation may constitute in itself an innovation. For instance, the three nursing homes operationalized the living project enforced by the last Decree very differently. Rooted originally in the domestic logic, the public nursing home is trying to implement a common 'institutional' living project reflecting a compromise between the industrial, domestic and civic logics.

The living project of the for-profit and non-profit nursing homes grounds its justification in the domestic and industrial logics but is implemented differently in the sense that in the non-profit nursing home for example, the nursing staff have to organize one activity per month for the residents of their department, on top of the social / leisure activities organized for all the residents, while in the for-profit nursing home all the leisure activities are organized by an employee responsible for them. We can note that adopted innovations (like the living project in the above example), are transformed into compromises with logics present in the fundamental compromise of the nursing homes. Legal status is therefore a major determinant of innovation, playing a key role in the way innovations are developed or adopted.

The role of internal and external actors. Legal status is a major determinant of innovation but is not sufficient to explain its nature and existence or, in some case, its absence. The



results suggest that several internal and external actors influenced innovation trajectories (Proposition 5). First, the personality of the director and the staff is often a facilitator or impediment to innovation. For instance, in the public nursing home, the personality of the previous director, formerly a director of a for-profit nursing home, facilitated several innovations in the nursing home such as the implementation of an institutional living project, the flexible working practices of the nursing staff and the development of information systems. Further confirmation of the importance of the role of the director is the fact that the changes did not last long after the director was transferred to another public nursing home. In the for-profit nursing home, the director has also an influence over the trajectories and nature of innovations. She is at the same time the owner and the nursing director of the nursing home and devoted to the residents of her nursing home. This clearly explains the compromise made by several innovations with the domestic logic. We can also see the differences in the innovations made in the non-profit nursing home between the former and the new director. The latter, previously a physiotherapist in the nursing home, put more emphasis on innovations rooted in the industrial logic.

The staff is also another determinant of innovation. For instance, in the public nursing home, the innovation enforced by legislation grounds its justifications for the most part in the industrial and domestic logics, imposing more efficiency and more proximity with and respect for residents. Since none of those logics are in the fundamental compromise of the public nursing home, these innovations are only implemented to a bare minimum level and each department decides upon its own innovations above and beyond this level.

Second, the external actors such as the State, through legislation, the Municipality through the financing of care and standards, or the resource providers can also be facilitators or impediments to innovation. For instance, in the non-profit nursing home, the importance of innovations is due as we saw to its legal status but also to the variety of resource providers to which they have access. First, unlike the for-profit nursing homes, they have access to several subsidies from the State to finance expansion projects but also to hire specific types of personnel. They can also count on charitable donations. Finally, unlike the public nursing homes, they have access to financial backers like their for-profit counterparts. The same observation can be made for the public nursing home, several reconstruction projects were set up but were not seen through to completion most of the time because of a lack of resources. In spite of the existence of these other factors, the main external determinant in the nursing home sector is legislation. Trajectories in the three nursing homes are generally shaped by legislation. Whether innovations are adopted from legislation enforcements or developed by the nursing home, they are integrated in the nursing homes in a particular way which leads to specific trajectories in each nursing home.

Conclusion

This study is devoted to an important but particularly underdeveloped issue, i.e., innovation in services and in particular, in an overlooked sector that is nursing homes. Contrary to popular opinion, our research revealed that nursing homes do not only innovate, but undertake a wide range of innovations. By using the functional breakdown model of service output (Gallouj, 1999; Merlin-Brogniart, 2006), this study tried to add to the consistency of research results in the field by refining innovation attributes as suggested by Damanpour (1991). Many studies indeed focus on a single innovation with the risk of reaching idiosyncratic results and not being able to generalize (Kimberly & Evanisko, 1981).



Innovations have been highlighted at a micro level according to their basic functions, as well as their trajectories at a macro level.

Also the application of the model of the Economies of Worth offers many fruitful insights to the nature and trajectories of innovation in the health care sector. Our findings show how innovations and their trajectories are shaped by multiple actors and competing perspectives. As underlined by Bouchard (1999), social innovation results from a co-construction involving different local actors. The findings suggest that most of the innovations result from compromises between logics confirming that these logics are not specific to one type of innovation and that the reality behind the concept is much more complex. A same innovation trajectory defined in terms of the functional breakdown (e.g., a methodological trajectory) may be justified differently in terms of logics of justification, be they compromises or not (e.g., the methodological trajectory is justified in the public nursing home by the industrial logic while it is justified by a compromise between the industrial, domestic and fame logics in the non-profit nursing home).

Confirming the pre-eminence of the 'medical' model in the conception of care provision for the elderly, our results show a common technological and competence trajectories grounded mainly in the industrial logic and shyly in the domestic logic. This common trajectory is also likely to be observed in a lot of industrialized countries as the service sector becomes more professional. The move towards a 'citizenship' model where the elderly are considered as citizens, should nevertheless led to a greater presence of the domestic logic and greater patient involvement in the provision of care in nursing homes, as already observed in several countries.

Besides these common trajectories, our results also show that nursing homes have their own specific trajectories which come mainly from the fundamental compromise of the nursing homes. The non-profit nursing home seems nevertheless more predisposed to innovate. This predisposition may be explained by the pioneering role of the nursing home in the introduction of new methods, new materials or new services but more importantly, by the richness of its fundamental compromise which includes all the logics of the two other types of nursing homes. Innovations are therefore more various quantitatively as well as qualitatively. More generally, the comparison of the three case studies shows the importance of the legal status as a determinant of innovation and hence, of innovation trajectories. This influence is particularly obvious when analyzing trajectories. These trajectories do not last when they do not ground their justifications in the logics of the fundamental compromise as illustrated in the public nursing home case, but are enriched when they match as the non-profit and for-profit nursing home cases show.

These results may raise the question of what is the 'ideal' structure of such sector. Indeed, in some countries - like in the United States or United Kingdom - the sector is dominated by private (for-profit) nursing homes while in other countries - like in Japan - public nursing homes are predominant. Regarding the huge and sometimes barely reconcilable challenges that are at the heart of the provision of such services, the impact of legal status on innovation trajectories cannot be disregarded, especially as countries are questioning and reforming their health and social care systems.

Finally our results show that legal status is nevertheless not sufficient to explain the nature and existence or absence of innovation. Directors and staff of nursing homes influence the



nature of the trajectories by facilitating or impeding efforts made to implement innovations. Legislation also plays an important role, which is particularly obvious in the public nursing home where trajectories would probably not have been so numerous otherwise.

In conclusion, this study shows policy makers that the changes enforced by legislation may be more or less effectively applied in nursing homes and their implementation may take different forms. It appears clear that the innovative projects which tend to last are those grounding their justifications in the logics of the fundamental comprise of the nursing home. As illustrated by the implementation of the residents' council or the living project, the way a new project is implemented is an innovation in itself. Innovations often consist of the way in which they are implemented. It is therefore important for policy makers to understand how legal status and the internal and external factors influence the innovation process, and leave the nursing homes room to adapt and innovate. Finally, innovation is also a factor of challenge for nursing homes. Understanding the innovation process should help them to better take into account the facilitators and impediments to innovation. More particularly, it is necessary to understand why some innovations fail to succeed, especially when enforced. Recognizing the logics of internal actors should also enable nursing homes to implement effective participative management and ensure the success of the innovation process.

These results are also suggestive of further research. Firstly, having conducted our empirical study in a country in which the state has a preponderant role (i.e., a Welfare state), replicating the study in a country with a different institutional system could enable the better understand the influence of legal status as well as the internal and external actors on the innovation process. Secondly, we identified innovation more particularly at a meso- and macro-level in order to highlight trajectories. The analysis of innovation at a micro-level could contribute to a better understanding of the dynamics. Similar work has already been carried out by Merlin-Brogniart (2007) on for-profit service networks in order to highlight "innovation to compromise". This favors the coexistence between several service functions (or characteristics of a service), *a priori* contradictory regarding the politics of justification. A study of nursing homes from the point of view of the analysis of service functions would be an interesting contribution to our understanding of the processes involved in innovation. Finally, one of our initial assumptions is that innovation is by definition always useful. It would nevertheless be interesting to measure the effectiveness of innovation. Defining effectiveness measures in each of the six politics could be a first step in that direction in order to show the link between innovation and performance and go further in the operational recommendations.



References

- Banaszak-Holl, J.; Zinn, J. and Mor, V. (1996) The impact of market and organizational characteristics on nursing care facility service innovation: a resource dependency perspective. *Health Services Research*, 31(1): 97-117.
- Boden, M. and Miles I. (Eds.) (2000) *Services and the knowledge-based economy*. London and New York: Continuum.
- Boltanski, L. and Thévenot, L. (2006) *ON JUSTIFICATION: ECONOMIES OF WORTH*. Translated by Porter C. Princeton: Princeton University Press.
- Bouchard, C. (1999) *Recherche en sciences humaines et sociales et innovations sociales. Contribution à une politique de l'immatériel*. Conseil Québécois de la Recherche Sociale, Les Publications du Québec.
- Bourque, D.; Proulx, J. and Fréchette, L. (2007) Innovation sociale en Outaouais. Rapport de recherche. *Cahier de l'ARUC-ISDC, Série Recherches*, 13.
- Bressand, A. and Nicolaïdis, K. (1988) Les services au cœur de l'économie relationnelle. *Revue d'économie industrielle*, 43: 141-163.
- Castle, N.G. (2001) Innovation in nursing homes: which facilities are the early adopters? *The gerontologist*, 41: 161-172.
- Castle, N.G. and Banaszak-Holl, J. (1997) Top management team characteristics and innovation in nursing homes. *The gerontologist*, 37(5): 572-580.
- Creppel, I. (2007) On justification: economies of worth. *Book reviews: perspectives on politics*, 5(1): 144-146.
- Damapour, F. (1991) Organizational innovation: a meta-analysis of effects of determinants and moderators. *Academy of Management Journal*, 34: 555-590.
- De Bandt, J. and Gadrey, J. (Eds.) (1994) *Relations de service, marchés de services*, CNRS Editions, coll. Recherche et Entreprise.
- Djellal, F.; Gallouj, C.; Gallouj, F. and Gallouj, K. (2004a) *L'hôpital innovateur. De l'innovation médicale à l'innovation de service*. Paris: Ed. Masson.
- Djellal, F.; Gallouj, F. and Gallouj, K. (2004b) La dynamique de l'innovation et du changement dans les services de soins aux personnes âgées. *Revue française des affaires sociales*, 3: 139-169.
- Djellal, F. and Gallouj, F. (2005) Mapping innovation dynamics in hospitals. *Research policy*, 34: 817-835.
- Dosi, G. (1982) Technological Paradigms and Technological Trajectories: A Suggested Interpretation of the Determinants and Directions of Technological Change. *Research Policy*, 11(3): 147-162.
- Drejer, I. (2004) Identifying innovation in surveys of services: a schumpeterian perspective. *Research Policy*, 33: 551-562.



- Flipo, J.P. (2000) *L'innovation dans les services*. Paris: Editions d'organisation.
- Gadrey, J. (1991) Le service n'est pas un produit: quelques implications pour l'analyse économique et pour la gestion. *Politiques et management public*, 9(1): 1-24.
- Gadrey, J. (1994) La modernisation des services professionnels, rationalisation industrielle ou rationalisation professionnelle? *Revue française de sociologie*, 35(2): 163-195.
- Gallouj, F. (1994) *Economie de l'innovation dans les services*. Paris: Editions l'Harmattan.
- Gallouj, F. (1999) Les trajectoires de l'innovation dans les services: vers un enrichissement des taxonomies évolutionnistes. *Economies et Sociétés, Série Economie et Gestion des Services*, 1: 143-169.
- Gallouj, F. (2002) *Innovation in the service economy: the new wealth of nations*. Edward Elgar Publishing, Inc.
- Gallouj, F. and Weinstein, O. (1997) Innovation in services. *Research Policy*, 26: 537-556.
- Gallouj, F.; Merlin-Brogniart, C. and Moursli-Provost, A.-C. (2013) Public-Private Partnership in hospital innovation: implication for hospital management. In F. Gallouj, L. Rubalcaba & P. Windrum (eds). *Public-Private Innovation Networks in Services: the dynamics of cooperation in service innovation*: 265-302. Edward Elgar publishers.
- Kimberly, J.R. and Evanisko, M.J. (1981) Organizational innovation: the influence of individual, organizational, and contextual factors on hospital adoption of technological and administrative innovations. *Academy of Management Journal*, 24: 689-713.
- McDonald, R.E. (2007) An investigation of innovation in nonprofit organizations: the role of organizational mission. *Nonprofit and Voluntary Sector Quarterly*, 36(2): 256-81.
- Merlin-Brogniart, C. (2006) *Les services publics en mutation: la poste innove*. Paris: Editions l'Harmattan.
- Merlin-Brogniart, C. (2007) Les services publics en réseau face aux défis de la globalisation: les innovations de compromis. In M.C. Monnoyer & J. Camacho (Eds). *Proximité, innovation et services: nouvelle dynamique*. Paris: l'Harmattan.
- Nelson, R. and Winter, S. (1982) *An evolutionary theory of economic change*. The Belknap Press.
- Orléan, A. (2004) *Analyse économique des conventions*. Paris: Presses Universitaires de France, Coll. "Quadrige", 2nd Edition.
- Provost, A.C. (2002) *Analyse de la coexistence d'organisations non lucratives, lucratives et publiques dans le secteur des maisons de repos: une approche par les logiques de qualité*. Louvain-la-Neuve: PUL (397/2002).
- Provost, A.C. and Cobbaut, R. (2006) Analyse de la coexistence d'organisations non lucratives, lucratives et publiques dans le secteur des maisons de repos. In F. Eymard-Duvernay. *L'économie des conventions, méthodes et résultats. Tome 2: Développements*. Paris: La Découverte.
- Sahal, D. (1985) Technological guideposts and innovation avenues. *Research Policy*, 14(1): 61-82.



- Salamon, L.M. (1995) *Partners in public service: government-nonprofit relations in the modern welfare state*. Baltimore: The Johns Hopkins University Press.
- Schumpeter, J. (1961) *Théorie de l'évolution économique*. Paris: Librairie Dalloz.
- Spiggle, S. (1994) Analysis and interpretation of qualitative data in consumer research. *Journal of Consumer Research*, 21: 491–503.
- Sundbo, J. (1998) *The organisation of innovation in services*. Roskilde University Press.
- Thévenot, L. (1989) Economie et politique de l'entreprise; économies de l'efficacité et de la confiance. In L. Boltanski & L. Thévenot. *Justesse et Justice dans le travail*, Vol. 33: 135-207. Cahiers du CEE.
- Thévenot, L. (1992) Les différentes natures de l'innovation. Une approche de la dynamique des organisations. In P.J. Bernard & J.-P. Daviet (Eds). *Culture d'entreprise et innovation*: 309-328. Paris: Presses du CNRS.
- Thévenot, L. (2001) Organized Complexity: Conventions of Coordination and the Composition of Economic Arrangements. *European Journal of Social Theory*, 4(4): 405-425.
- Tremblay, H.P. (2003) Pour une définition de l'innovation sociale : entre théorie et pratique. Paper presented at the *Journées-Réseau* of the Université du Québec, Chicoutimi.
- Windrum, P. and García-Goñi, M. (2008) A neo-schumpeterian model of health services innovation. *Research Policy*, 37(4): 649-672.
- Zimmermann, H. (1999) Innovation in nonprofit organizations. *Annals of Public and Cooperative Economics*, 70(4): 589-619.