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Boosting knowledge & trust for a sustainable business

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Extended Abstracts

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Sinergie SIMA
Management Conference

Boosting knowledge & trust for a sustainable business

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Extended Abstracts

edited by

Sandro Castaldo - Marta Ugolini - Gianmario Verona

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To the reader,

this volume contains the full papers of the Sinergie-SIMA 2022 Management Conference, hosted by the University of Bocconi of Milan on June 30th and July 1st 2022.

The resource-based view (RBV) has been one of the most cited streams of research in the management literature. This theory has been one of the few theories completely developed within the management disciplines. Since the initial pioneering research in the 80s and 90s, the study of knowledge- and trust-based resources has interested many theoretical and empirical works concerning many issues: company strategies, mergers and acquisitions, alliances and partnerships, organization and HR, innovation, marketing, consumer behavior, channel relationships, entrepreneurship, internationalization, and more. Today the post-pandemic world presents new challenges for managers, organizations, and researchers on which a deeper understanding of knowledge- and trust-based resources can help and shed a new light.

Sustainability and a fast digital transformation are nowadays considered key goals for many companies, managers, public organizations, and governments under the umbrella of EU Next Generation Recovery Plan. The real challenge now is to enhance and leverage the intangible resources heritage - namely knowledge and trust - to get a more sustainable, inclusive and digital world and, as a consequence, for building a better society. In this perspective, also the long-term goals of the firm and its finalism have to be totally re-shaped.

Sinergie Italian Journal of Management dedicated a special issue to this topic more than 20 years ago and many scholars have studied and deepened this multi-faced topic with original approaches in our community.

The Sinergie-SIMA 2022 Management Conference was a great occasion to discuss about the research efforts of our research community on knowledge and trust, also to find new ways to interpreter the future economic and social environment to face the post-pandemic challenges.

The Conference call for papers gave the opportunity to submit either an *extended abstract* or a *full paper*. Overall, the editorial staff received 135 *extended abstracts* and 60 *full papers*.

For the *extended abstracts*, the evaluation of the submissions was carried out by the Conference Chairs and the Scientific Committee, on the basis of their consistency with the Conference topic and/or with management studies, according to SIMA Thematic Groups. The clarity and (even potential) relevance of the contributions were evaluated, as well.

Fort the *full papers*, the evaluation followed the peer review process, with a double-blind review performed by two referees - university lecturers, expert about the topic - selected among SIMA and the community of Sinergie members.

In detail, the referees applied the following criteria to evaluate the submissions:
- clarity of the research aims,
- accuracy of the methodological approach,
- consistency of the contents with the Conference topic/tracks and/or with management studies,
- contribution in terms of originality/innovativeness,
- relevance in relation to the Conference topic/tracks and/or with management studies,
- clarity of communication,
- significance of the bibliographical basis.

The *peer review* process resulted in full acceptance, acceptance with revisions or rejection of the submissions. In the case of disagreement among reviewers' evaluations, the decision was taken by the Conference Chairs. Each work was then sent back to the Authors together with the referees' reports to make the revisions suggested by the referees.

The evaluation process ended with the acceptance of 30 *full papers* and 121 *extended abstracts*, which were published in two distinct volumes.

All the *full papers* published in this volume were presented and discussed during the Conference and published online on the web portal of Sinergie-SIMA Management Conference (***https://www.sijmsima.it/***).

While thanking all the Authors, Chairs and participants, we hope that this volume will contribute to advance knowledge about the boosting knowledge and trust for a sustainable business.

The Conference Chairs

Sandro Castaldo, Marta Ugolini, and Gianmario Verona

SUMMARY

Innovation from frailty: Creating value from purpose-based innovation

VALENTINA CUCINO[*] DANIEL ADRIAN LUNGU[•] SABINA DE ROSIS[♠] ANDREA PICCALUGA[**]

Framing of the research. *The managerial literature has extensively discussed the process of creating value through innovative processes. Indeed, there are abundant theoretical and empirical contributions on how entrepreneurs and companies invent and innovate (Björk and Magnusson 2009; Salter et al. 2015; Schilling and Shakar, 2019) and how they profit from innovation. Over the years, most of these studies have interpreted the concept of value creation as economic profit (Ahn et al. 2019; Mele, 2009; Sjödin et al. 2020). However, significant changes have been observed in recent years in the strategic approaches of companies and entrepreneurs towards more inclusive and socially responsible behaviors (Mayer, 2021; Mayer and Roche, 2021; Mazzucato, 2018). Thus, an increasing number of companies have implemented a new concept of creating value in terms of "creating shared value" (Porter and Kramer, 2019). More recently, the quadruple value framework has given relevance to the value produced directly and indirectly also to the community and, more widely, to the whole population and society (Gray 2013, 2017). In this new research stream, several contributions have identified the role and the impact of companies that embrace this form of value creation. For example, according to Porter and Kramer (2019) "learning to create shared value is our best chance to legitimize business again"; other scholars have elaborated the concept of purpose-driven companies (Mayer, 2020; Rey et al., 2019; O'Brein et al., 2020), which offer products and services with the objective of solving societal problems and responding to concrete people's needs rather than with the objective of solely making (large) profits.*

To this respect, targeting and involving frail individuals in the community could produce value to frail individuals, their community and the society as a whole, for example by preventing their physical and mental deterioration (Vellas and Fleck, 2014), or improving their quality of life, productivity and active role in the society. The concept of frailty has always been associated with chronic conditions (Fried, 2001), and to the concept of vulnerability (Clegg et al., 2013), and to mental and physical functionalities' deteriorating conditions related with ageing, producing a growing decrease of the abilities to cope with everyday activities (Carretero et al., 2015). However, it is interesting to note how frailty can have several components: a biological basis, with a physical, social and psychological component (Uchmanowicz et al., 2015). Indeed, phenomena such as depression, anxiety and loneliness can also be a sign of frailty. In our study, we refer to a broader definition of frailty, which includes disability and dependency, at various levels (Uchmanowicz et al., 2015). Thus, in addition to physical frailty, we also consider psychological frailty, social frailty and other domains of frailty (Satake and Arai, 2020).

Purpose of the paper. *Within the broad research field which connects "purpose-driven innovation", we are particularly interested to provide a contribution by exploring the creation of value by purpose-driven companies which introduce innovations in the field of the care of frail people with a user-led, bottom-up approach using relatively simple technologies. Thus, drawing on the literature about purpose innovation management concerning innovation from frailty (Mongelli et al., 2018), we develop a conceptual framework for understanding how companies create social value for society in order to investigate the facilitating factors and the obstacles they have in implementing innovation from frailty.*

Concretely, we build upon the user-innovation definition by von Hippel (2007), where patients or caregivers are users of health-care services. In that sense, patient innovators are individuals (patients or caregivers) who have developed a new equipment, medical device, treatment, therapy, strategy, habit or behavior with the intention of using (as opposed to sell) to treat or better cope with their health condition (Shcherbatiuk, 2012).

There are successful examples of patient-led web platforms and communities, such as Patientslikeme, which empowered people, and revolutionized the research on treatments, devices and specific health conditions' care, by supporting both the academia and the pharmaceutical industries (Frost and Massagli, 2008; Gupta and Riis, 2011;

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Tempini, 2014), and resulting in a real value innovation (Bleicher and Stanley 2016). Then, to better understand how the innovation of frailty can contribute to the creation of value, we investigate cases of innovation by frail people or non-professional caregivers (e.g. parents, family members, spouses or partners).

Methodology. *Given our research objectives, we identified a good empirical setting in the "Make to Care" initiative. Make to Care has been launched in 2016 by Sanofi-Genzyme. Sanofi-Genzyme is a large pharma company focused on rare diseases, rare blood disorders, neurology, immunology, and oncology and Make to Care has little or nothing to do with its core business. More concretely, we have selected Make to Care because it is a contest that allows innovators to exhibit their original solutions in the field of disability in front of a wide ecosystem of actors (e.g. makers, hospitals, patients) to develop their innovations also through their contribution. Thus, Make to Care lends itself to being a collector of fragile user-driven innovations.*

The contest is developed as a call for ideas for projects developed by makers and innovators who have identified needs related to the daily life of patients, their families or caregivers and more generally have proposed innovative solutions that concretely improve the quality of life of people with disability. More specifically, Make to Care aims at creating a community among innovators which operate in the field of disability. Today, the informal Make to Care community includes actors and teams which have sent their project since the launch of the project, and more specifically all the 60 finalists.

The data collection process lasted from January to May 2021 and multiple sources were used to benefit from the synergistic effects of triangulation (Eisenhardt, 1989; Jick, 1979). First, we integrated press releases by collecting additional secondary data sources, including web interviews, speeches, and various other web sources. Second, secondary data were used to deepen our understanding of purpose-driven innovation within the context of fragility.

Then, we contacted the entrepreneurs /innovators and shared interviews' questions to identify the suitable informants. In most cases we got in touch with the innovators/ founders and in a few cases with the CEOs. We conducted fifteen semi-structured interviews by Skype or phone. Interviews lasted about 60 minutes and were then transcribed.

Given the aim of this paper, we adopted a methodology that has a confirmatory aim (Casprini et al., 2013; Ferrigno and Cucino, 2021). More specifically, we based our interviews on the framework described and conducted an inductive and confirmatory approach in our empirical analysis (Lee et al., 1999). Confirmatory approaches tend to confirm a researcher's preconceived notions and they are well recognized in the literature (Ruddin, 2006; Yin, 2018). The evidence gathered has contributed to the theoretical development of the current framework, and results will be presented in the following section.

Results. *Therefore, analyzing the innovation processes driven by frail users or individuals, we have introduced some changes to the value creation path identified by Gray (2017). More concretely, the activities of fragile user innovators that we interviewed do show the properties described for lead users by Von Hippel (1986) and Urban and Von Hipple (1988). In every case, in fact, the innovator user expressed either a strong individual need (eg, wants to walk or listen) to overcome a status quo or a strong desire to help those close to him (friends or relatives). From their in-depth user experience, they understood how it should be and used their personal skills (e.g. engineering, software programming, sewing and shirts) to invent a device that would offer the aspired improvement in the lives of frail people. Finally, with their strong personal needs, they have foreseen a sufficient market for their invention, as however the founding of a company indicates.*

These observations therefore led us to modify the value creation process by focusing first on the creation of social value and then on the creation of personal value. Thus, following Grey, (2017) and EXPH (2019) we discuss the value creation from fragile innovations based on four dimensions: personal value, technical value, allocative value and societal value. The first dimension refers to "personal value", which refers to producing a wider benefit for the community, for example in terms of participation and social connection. More concretely, frail user innovation aims to provide adequate care to achieve goals in terms of greater participation and independence of frail people. The second dimension refers to "technical value", which refers to achieving the best possible results with the available resources. Although in the model identified by Gray (2017) the innovations generated in healthcare / frailty contexts have a technological component, in Make to Care some innovations do not have a technology, but are reworkings of commonly used concepts. In particular, not all innovations generated by fragile contexts have a technological component, but represent simple solutions to complex problems. The third dimension is the "allocative value", which refers to the identification of an equitable distribution of resources among all patient groups. Indeed, one of the main problems related to helping fragile people is to allocate the resources available for the entire population to the different groups (Gray, 2017). Due to the bureaucratic difficulty of inserting their technologies within the national health system, the innovations of fragile users often fail to create an adequate allocative value. However, our analysis shows that fragile user innovations are often "generative" innovations.

The fourth dimension that we take into consideration is the "social value", It is about producing a wider benefit for the community, for example in terms of participation and social connection (social value). More concretely, in our interviews it emerges clearly how fragile innovation generates social cohesion defined as collective assumption of responsibility by perceiving problems as common and not limited to individuals or groups.

Our study offers contributions to the academic literature. First, within the broad field of targeted innovation in this document, we focus on innovative processes driven by fragile users or by individuals who are alongside fragile users.

First, in line with Olivera (2012) our study shows how frail user-driven innovation occurs in three specific circumstances: rare conditions, (2) strong constraints on daily life, and (3) dead end. In particular, in these conditions

the closeness (empathic or physical) between the innovator and the fragile person (physical contact, direct experience, burden of care, etc.) allows to establish an empathic relationship between the two protagonists of innovation (innovator and fragile user) such as to identify the entrepreneur in the complex situation that the fragile / disabled user lives. Consequently, this study shows how frail user-driven innovations are amplified by the experience of fragility. Indeed, it is only through the proximity between the two actors that it is possible to create an innovation for the benefit not only of the frail / disabled user, but also for the benefit of the community. This is also shown by the behavior of innovative users who are not all interested in starting a business, but their only goal is to solve a social problem (Kruse, 2019).

Second, the involvement of frail people in the community could produce value not only for frail individuals, but also for their community and society as a whole, for example by preventing their physical and mental deterioration (Vellas & Fleck, 2014), or by improving their quality of life, productivity and active role in society. This is possible because frail user-driven innovations have a dual benefit. First, operators often do not have the opportunity to systematically acquire the skills for this particular rare condition because in their life they encounter few cases of fragile people. As a result, they may not have the right skills or may be in their first frail condition. However, the innovations driven by fragile users allow to help healthcare professionals in the better understanding of the disease, helping the development of new enabling skills. This is possible thanks also to the resonance that these applications have (e.g. contests, hospitals). Second, in the case of frail people, the number of people with the same problem is so small that there is no market incentive for profit-oriented companies to develop tailored healthcare products or services. However, in the case of devices developed by fragile users, an inverse situation occurs. Indeed, such innovations often find wider application for more common diseases. In other words, in the case of innovations driven by fragile users, we move from a market niche to a wider clientele.

Third, our study contributes to the literature on frail user-driven innovation, highlighting the barriers and facilitators to the development of user-driven fragile innovation. More concretely, from the analysis of cases of frail user-driven innovation it is possible to investigate the facilitating factors and the main obstacles to the realization of such innovations. In particular, in the context of facilitators, different types of community support emerge (e.g. crowdfunding, makers support). This shows that purpose-driven innovations meet not only the interests of interested users, but also the community.

Research limitations. *First, we conducted our study in Italy, while we stay certain of the existence of similar experiences internationally. Findings can be context specific, and therefore we encourage researchers from other countries to undertake the same approach, report results, and discuss potential differences. Second, our study analysed visible innovations, as they took part in a significant competition at the national level. At the same time, our feeling is that there are several "hidden" innovations out there that remain veiled. They can be different with respect to the sample analyzed here, and identifying them would be useful for further research. Finally, we focused our attention on frailty, while there is a wide range of health and social services that can be investigated using a similar approach, and we invite scholars to explore them.*

Managerial implications. *First, it is useful to recognize that lead users are often the first to develop service innovations (e.g. Oliveira and von Hippel 2011, Shcherbatiuk and Oliveira 2012, van der Boor et al. 2014, Oliveira et al. 2014, Zejnilovic et al., 2016). Therefore, it seems to be very useful for service providers to seek more actively for actual user-generated service innovations.*

Moreover, our research has shown that there is strong social value in discovering and disseminating user innovations. By systematically planning and orchestrating research to be carried out extensively, in depth and at a high intensity, we could improve the resilience of society especially in times of crisis. That is, the faster the solutions developed by those in need are found, evaluated and implemented available through platforms such as Make to Care, the faster alternatives to social problems would be found.

Finally, as for the frail user innovations presented here, and frail user innovator stories in particular, there are some clear managerial implications that can translate into a better quality of life and health outcomes. However, it often becomes difficult to integrate these innovations into the national health system. One way to intervene and reduce research costs is to develop a centralized inventory of the solution developed by patients and the use of online platforms could be a good model.

Originality of the paper. *Although much has been discussed about creating value in the health and social care sector, there is still a knowledge gap to be filled in relation to how value is created (Grey, 2017; Habicht et al. 2013). A key focus has been devoted to the role of healthcare professionals in the field, but a shift is necessary towards the direct role that "common" people, including health and social care services' users, can play in creating value (Batalden et al. 2015; Grönroos 2012; Osborne et al. 2016). In this perspective, people can directly participate in creating value for themselves and the community in various ways. However, the participation of users of healthcare services or of the general population is considered mostly mediated by the healthcare organizations or providers. Consequently, the focus usually remains on service providers, who are considered to be the only ones who can build the service proposals (Grönroos 2012). In this research, the focus is on the contribution of bottom-up processes - and more specifically, participatory innovation approaches - to the value creation process, by considering purpose-driven innovators who have had a direct contact or experience with unmet needs of disabled and frail people.*

Keywords: *purpose-driven innovation; frailty; user innovation; patient innovation; social innovation*

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