NGOs and stakeholder cooperation in LTC organising and delivery: An equal player or a stranger?

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Abstract

In view of the current demographic changes and increasing demand for long-term care (LTC) for older persons, effective functioning of sustainable LTC requires close cooperation of all stakeholder groups. Inter-sectoral and inter-organisational cooperation in organising and delivery of long-term care for older persons has been studied rather extensively. However, prior research has mainly focused on cooperation between health and social care organisations and professionals. Studies on cooperation between other stakeholder group are scant. NGOs make a relevant stakeholder in LTC organising and delivery; however, their role in LTC organising and delivery is still under-researched. Besides prior research mainly builds on case studies and looks into small-scale cooperation initiatives at a single or a few institutions. This calls for research on a wider range of stakeholders and larger scale cooperation.

In this paper we seek to explore stakeholder cooperation situation in Lithuania with a specific focus on NGO role in it, and identify drivers of stakeholder cooperation in LTC policy-making, organising and delivery. We build on the results of a survey of key LTC stakeholders in Lithuania (n=233). In our study we address a number of interfaces of stakeholder cooperation in LTC organising and delivery, such as LTC policy development on a national/municipal level, LTC management, planning and organising and quality improvement on a national/municipal and organisational levels, LTC service delivery on an organisational and individual levels as well as personal need identification.

Our results show that LTC stakeholder cooperation is positively related with organisational cooperation culture and practices, stakeholder ability, motivation and social capital. Our results also show that current NGO engagement in cooperation is lower in comparison to public and private LTC service providers and their cooperation is mainly limited to the sphere of LTC service delivery at an individual level, and family members, social workers and other NGOs make key stakeholder groups they cooperate with. The perceived motivation to cooperate is also lower among NGOs in comparison to the other two groups of LTC providers. NGOs also score lower on trust and reciprocity.

Keywords: long-term care, inter-organisational cooperation, stakeholder, NGO

Introduction

Recent demographic changes in Western societies are leading to an increasing demand for long-term care (LTC) for older persons. In response to them, governments are developing and adopting various policies and practices to ensure effective functioning of sustainable LTC. A close inter-sectoral and organisational cooperation stands out as an imperative in meeting these growing needs for LTC services and reducing public costs (Cameron, Lart, Bostock, & Coomber, 2014). Inter-sectoral and organisational cooperation is also needed to meet old people needs that are often multiple and complex and require services from different professional groups and organisations, while a lack of cooperation leads fragmented care (Sundström, Petersson, Rämgård, Varland, & Blomqvist, 2018). Such cooperation, especially between health and social care providers, is increasingly becoming commonplace; nevertheless, it faces more challenges than inter-organisational cooperation in any other field, as these organisations operate in different fields, may vary in their perceived public status, seek different aims, and have varying levels of power, which in turn inhibits their understanding of the roles, abilities and responsibilities of other organisations (Källmén, Hed, & Elgán, 2017).

Inter-sectoral and inter-organisational cooperation in organising and delivering LTC services has been studied rather extensively in prior research (e.g. Clarkson, Brand, Hughes, & Challis, 2011; McCormack, Mitchell, Cook, Reed, & Childs, 2008; Rothera et al., 2008, etc.) and numerous drivers and barriers of this cooperation have been identified; however, it is still fragmented and inconclusive. First, it has mainly focused on cooperation between health and social care providers, while studies on cooperation with other stakeholder groups and across public, private and third sectors are scant. Secondly, much of this knowledge if theoretical and lacking empirical evidence (Dowling, Powell, & Glendinning, 2004), or builds on the case study design and looks into small-scale cooperation initiatives at a single or a

small number of institutions, which calls for research on a wider range of stakeholders and larger scale cooperation.

To some extent, this lack of more systematic knowledge may be accounted by the conceptual ambiguity. Current LTC literature employs quite a number of concepts in regards to inter-sectoral and inter-organisational cooperation, such as partnership, collaboration, cooperation and joint-work (Dowling et al., 2004). Though some authors argue that they carry some subtle differences in their meaning, majority, however, tend to use them interchangeably as all of them imply different organisations working together and may refer to joint working activities, such as for instance information sharing, or delegation and integration of specific functions, which in turn may be associated with higher risk and require higher levels of trust (Glendinning, 2002). In this paper we use the concept of cooperation and define it in a broad sense as any form of different organisations working together to reach a common end, which in this case is sustainable LTC for older persons, but retain organisational autonomy.

Third sector organisations have a long history of involvement in the provision of social care services that dates before the times of well-fare state development and play an important role in it to date. As the term third sector is rather vague and used inconsistently in literature and may embrace such concepts as voluntary organisations, non-profits, community-based organisations, charities, etc. (Bach-Mortensen & Montgomery, 2018), further on in this paper we use the term a "non-government organisation" (NGO), which in our research denotes non-profit voluntary organisations that are independent of the government. Research on NGO engagement in LTC services is still scant, much of it being policy documents or reports written by various organisations, and lacking theoretical foundation, empirical evidence or methodological rigour (Dickinson, Allen, Alcock, Macmillan, & Glasby, 2012). Topic-wise

prior research has mainly explored such issues as distinctiveness of such organisations (e.g. McLeod, Bywaters, Tanner, & Hirsch, 2006; Miller, 2013), challenges they encounter in care provision (Tingvold & Olsvold, 2018) and coordination (Abendstern, Hughes, Jasper, Sutcliffe, & Challis, 2018), relationships with social service commissioners (e.g. Baines, Wilson, Hardill, & Martin, 2008; Cunningham & James, 2009), and the role of volunteers in social care provision (Hoad, 2002; Thornton, 1991). Inter-organisational LTC cooperation with and by tertiary sector organisations has to date received very modest research attention, and is inconclusive and fragmented.

To address the above-mentioned gap in literature on inter-sectoral cooperation in LTC strategy development, organising and delivery, in this paper we seek to explore the current situation, with a specific focus on NGO role in it, and identify drivers of stakeholder cooperation in LTC organising and delivery and to compare them across public and private LTC providers and NGOs. We use the term stakeholder rather than organisation, as we seek to differentiate between different professional groups, not just sectors and organisations, as they may diverge in their perceived public status, values, etc., which may have an impact on their willingness, ability and opportunity to engage in cooperation with members of other groups. To explain the impact of the selected drivers on stakeholder cooperation, we build on stakeholder theory, social capital theory, stakeholder social capital theory, and ability-motivation-opportunity framework. To do this we build on the findings of a survey of multiple stakeholders in LTC policy development, organising and delivery conducted in Lithuania.

Our research seeks to make a number of contributions to the existing research. First, it offers empirical evidence on stakeholder cooperation in LTC policy development, organising and delivery across multiple stakeholder groups in three sectors – public, private and NGOs (third sector). Secondly, it identifies a number of drivers of such cooperation, as prior

research mainly builds on theoretical frameworks and case studies or qualitative work.
Finally, we study cooperation in Lithuania, where on the one hand, LTC for older persons is still by and large provided informally and public beliefs in children responsibility for their parent LTC provision are deeply-rooted, and on the other hand, due to recent demographic changes the need for LTC services is growing fast.

Literature review

Stakeholder cooperation in LTC delivery: current research status

Stakeholder cooperation in LTC service delivery is strongly encouraged and practiced in many countries throughout Europe. Research on stakeholder cooperation in LTC is however divided in regards to its effectiveness. Those following the pessimistic tradition doubt its feasibility, as cooperation in LTC requires representatives of separate professions – doctors, nurses and social workers – working together, which is in contradiction to sociological arguments that propose each profession being a distinct self-interest group with varying levels of perceived public status (Loxley, 1997). Building on success cases, more recent research holds a more optimistic view to cooperation (Hudson, 2002) and has suggested a wide range of factors that enable and sustain stakeholder cooperation in LTC, which may be grouped under two major categories – *organisational* and *national-policy level* drivers (Table 1).

Table 1 about here

One of the key organisational drivers relates to a common understanding of cooperation aims and objectives as well as all stakeholder commitment to their attainment (Clarkson et al., 2011; Halliday, Asthana, & Richardson, 2004). Successful cooperation also requires

stakeholders having a shared vision (Drennan et al., 2005; Regen et al., 2008) and developing an environment that is conducive of cooperation and inhibits competition (Hubbard & Themessl-Huber, 2005), which in turn necessitates a clear understanding of other stakeholder roles, responsibilities and abilities (Glasby, Martin, & Regen, 2008; McCormack et al., 2008; Stewart, Petch, & Curtice, 2003). To maintain and strengthen cooperation, stakeholders should engage in ongoing communication and information and knowledge sharing (Halliday et al., 2004; Rothera et al., 2008), which may also be facilitated by working in a shared location (Freeman & Peck, 2006; Hubbard & Themessl-Huber, 2005) and prior experience of working together (Dickinson & Glasby, 2010; Gibb et al., 2002). Successful working together would be impossible without respect and trust (Holtom, 2001; Peck, 2001; Scragg, 2006; Stewart et al., 2003), provision of necessary resources (Drennan et al., 2005; Gibb et al., 2002) and top management support (Regen et al., 2008).

As to the national-policy level, successful stakeholder cooperation in LTC service delivery requires appropriate legislation and funding (Holtom, 2001; Stewart et al., 2003), and transparent governance (Cameron, Macdonald, Turner, & Lloyd, 2007). NGO integration is also viewed as one of the success factors (Cameron et al., 2007).

To gain a deeper understanding of key success factors, we have also reviewed research in management and related disciplines which has a longer tradition in studying stakeholder cooperation. This strand of research puts a strong emphasis of stakeholder management and governance, and also points to a wide range of organisational and national-political level factors. In this paper, to supplement our list of success factors in LTC cooperation, we focus on organisational and national-political level factors. Among the first, management literature refers to stakeholder social capital, abilities, motivation and opportunities to cooperate (Maak, 2007), organisational culture, values, vision, top management support and attitudes (O'Riordan & Fairbrass, 2014), trust and respect (Smith, Carroll, & Ashford, 1995; Swift,

2001), provision of required resource (Leach, Pelkey, & Sabatier, 2002), etc. As to the second group, economic, social, legal and political environment, other stakeholder and media pressure, public policy are viewed as important enablers of stakeholder (Bowen, Newenham-Kahindi, & Herremans, 2010; O'Riordan & Fairbrass, 2014).

In general, LTC and management research refer to similar success factors in stakeholder cooperation. To narrow the scope of our research, in this paper we limit our focus on the following organisational-level factors: stakeholder social capital (which comprises such above mentioned factors as shared understanding, values, trust and interpersonal relationships), abilities, motivation and opportunities to cooperate, and organisational culture and practices that facilitate cooperation, namely knowledge and information sharing.

Theoretical framing and hypotheses

Stakeholder social capital and cooperation

In a general sense social capital refers to the goodwill and advantages created by actual and potential resources that are embedded in relationships between actors (Adler & Kwon, 2002). *Social capital theory* (Putnam, 1993) distinguishes between aggregate, or collective (social traditions, values, norms, means of activity), and individual (personal network, attitudes and engagement) level social capital (Bourdieu, 1980; Coleman, 1988). Social capital of an organisation, as a collective, may be defined as social structures and internal and external organisational resources that facilitate (collective or individual) activity and are inherent to more or less institutionalised mutually recognised relationships (Maak, 2007). Successful collective (and individual) activity, such as cooperation, necessitates development and facilitation of relationships built on mutual trust and reciprocity. More recently *stakeholder social capital theory* was developed under which this form of capital comprises the following four dimensions: 1) intensity of stakeholder relationships, i.e. network density, connectivity and

multiplicity 2) trust and reciprocity, 3) meta-purpose, or shared aims and objectives, and 4) contribution to the common good, or shared values (Cots, 2011).

Stakeholder social capital may be argued to have a positive effect on their engagement in cooperation. Social capital plays a critical role in inter-sectoral cooperation in particular, as its stakeholders may pursue different aims and missions, and diverge in their values, which in turn calls for efforts in developing stakeholder capital. This relationship has been also supported by prior research both in the domain of LTC service delivery and general management which revealed that trust, shared aims and values make one of the key predictors of stakeholder cooperation (Cameron et al., 2007; Clarkson et al., 2011). Thus we propose the following hypothesis:

Hypothesis 1: *(a) Intensity of relationship with other stakeholders, (b) trust and reciprocity, (c) meta-purpose congruence and (d) contribution to the common good are positively related with stakeholder cooperation.*

Stakeholder ability, motivation and opportunity to cooperate

The ability-motivation-opportunity (AMO) framework, introduced by Blumberg and Pringle (1982) and later developed by Appelbaum, Bailey, Berg, and Kalleberg (2000), sees individual, or collective, performance as a function of one's capacity to perform, willingness (motivation) to engage in it, and opportunity to do it, i.e. availability of necessary resources. According to this model, performance is conditioned by all these three elements, and low levels of either of them would lead to lower performance levels. This framework has been applied in prior research at both individual and organisational level to explain individual and organisational behaviour and performance.

The AMO framework may also be applied to explain stakeholder cooperation, which may be viewed as a form of performance. Hence, stakeholders need to be willing to engage in relationship with others, have required ability and opportunity. From the perspective of the institutional theory stakeholder motivation to cooperate may be driven by compliance to external pressure or desire to gain stronger legitimacy (Dacin, Oliver, & Roy, 2007; Oliver, 1991), while the resource-based perspective suggests that stakeholders engage in cooperation to gain some valuable resources (Barney, 1991). LTC stakeholder cooperation may be driven by either of these reasons, as they may need to do it in compliance with the governmental pressure, especially in case of public sector organisations, be willing to gain credibility in the eyes of other stakeholders and society at large, or seek for resource accumulation to contribute to sustained LTC provision. Successful stakeholder cooperation also undoubtedly requires capability to build and maintain relationships with asymmetric actors (different sectors, competencies, cultures, power, etc.) (Hurmelinna-Laukkanen & Blomqvist, 2007). Finally, though resource acquisition may be a motive to engage in cooperation, resource availability, such as financial means and human resources, makes yet another prerequisite of successful working together, which has also been emphasised in literature on cooperation in LTC delivery (Drennan et al., 2005; Gibb et al., 2002). Hence we propose the following hypothesis:

Hypothesis 2: S*takeholder (a) ability, (b) motivation, and (c) and opportunity are positively related to their cooperation.*

Knowledge and information sharing and stakeholder cooperation

Under *stakeholder theory* effective organisational performance or project implementation necessitate taking into consideration all stakeholder possibilities, needs and interests (Freeman, 1984). Multiple stakeholders with heterogeneous aims, values, responsibilities and resources are engaged in LTC policy development and service organising and delivery; therefore, to

facilitate their cooperation it is critical to take into consideration the needs of each stakeholder and seek compatibility of different stakeholder needs. This is turn makes communication and exchange of information on each stakeholder's aims, values, roles and opportunities a relevant precondition of successful cooperation. Knowledge sharing also plays a critical role in inter-sectoral and organisational cooperation, as stakeholders represent different professions and hence vary in their competencies. Information and knowledge sharing has been shown to be positively related to inter-organisational working together in both LTC and organisational studies (Hubbard & Themessl-Huber, 2005; Hurmelinna-Laukkanen & Blomqvist, 2007). Respectively we propose the following hypothesis:

Hypothesis 3: *Knowledge and information sharing is positively related to stakeholder cooperation.*

Methods

Design and sample

Data for this study was collected through a national survey of key LTC service stakeholders in Lithuania including policy-makers (members of the Parliament and committees on health and social affairs, municipality council members, employees of the ministries of health and social security and labour), service organisers and administrators (municipality departments responsible for care services), and service providers (care homes (public, private and NGOs)). Invitations to participate in the survey were emailed either in person (Parliament and ministries) or to institutional heads (service administrators and providers), who were asked to share the link to the survey with members of their organisation, as we also wanted to address different professional groups such as doctors, nurses, social workers, administration, etc. If requested, respondents were provided an option of filling in paper questionnaires. In total around 375

invitations were sent out. At the end of the survey 347 questionnaires were returned, out of which 233 were used in further data analysis.

Measures

Dependent variable. Stakeholder cooperation was measured across 7 fields of LTC that were identified through LTC literature review and through consultation with LTC experts. These included LTC policy formation at the national and/or municipal level, LTC quality improvement at the national and/or municipal level, assessment of a person's needs, LTC governance, planning and management at the institutional level, LTC service provision at the institutional level and LTC service provision at the individual level. Respondents were asked to indicate in which fields they cooperate with each of the stakeholder group (1=yes, 0=no).

Independent variables. The following drivers of stakeholder cooperation in LTC were included and measured in our survey: stakeholder social capital; ability, motivation and opportunity (AMO) to cooperate and organisational practices of knowledge and information sharing.

Stakeholder social capital was measured by 20 items adapted from Bharati, Zhang, and Chaudhury (2015) to modify items to LTC context specifics. 4 dimensions of stakeholder capital, as suggested by (Cots, 2011), were measured:

- *intensity of stakeholder relationships* – respondents were asked to indicate how often (frequency) they interacted and with which stakeholder groups (density) (1=never, 6=more than once a week);
- *trust and reciprocity* was measured with 3 items (1=totally disagree, 6=totally agree). Sample item is "*If and when needed, other institutions would help us; therefore, we should help them as well*";

- *meta-purpose congruence* was measured with 10 items through which respondents were asked to indicate to what extent the specified aims were important to their institutions and other stakeholders (1=not important at all, 6=highly important). Sample item is *"LTC service quality improvement"*;

- *contribution to the common good*, or shared values in regards to cooperation, was measured with 4 items (1=totally disagree, 6=totally agree). Sample item is *"Cooperation of different institutions would improve the quality of LTC services"*.

Ability-motivation-opportunity to cooperate with other stakeholders was measured with 10 items (1=totally disagree, 6=totally agree). Sample items are: *"Employees of our institution have sufficient skills and competencies to cooperate with other institutions"* (ability); *"Our LTC service quality improvement motivates us to cooperate"* (motivation); *"We lack financial resources to cooperate with other institutions in the field of LTC" (reversed item)* (opportunity).

Knowledge and information sharing was measured with 3 items (1=totally disagree, 6=totally agree). Sample item is *"We share our experience and knowledge with other institutions"*.

Cronbach α's for all scales are > .70.

Findings

First, to explore stakeholder cooperation in LTC service policy-making, organising and management, and delivery and understand the role of NGOs in it, we compared the levels of their cooperation by looking into the average number of fields of cooperation per each stakeholder (Table 2). Overall cooperation in seven fields was measured (see methods section for a full list); therefore, the score could range from 0 (do not cooperate in any field) to 7

(cooperate in all seven fields). Here we report findings for aggregated stakeholder groups: 1. ministry/municipality officials, 2. public LTC providers, 3. private LTC providers, and 4. NGOs. Results show that stakeholder cooperation in LTC is not intense. Ministry/ municipality officials are more actively engaged in cooperation, and NGOs the least. Results also show that these four aggregated groups most actively cooperate with municipalities, social workers and nurses, and the least with the policy-makers (the Parliament) and researchers.

Table 2 about here

Next we looked into the three fields of activity that stakeholders are most active in, which are an old person's needs identification, LTC service provision at an organisational level and LTC service provision at an individual level. Here we present results on five stakeholder groups (four most active and NGOs). Results show that in all three fields of activity the largest percentage of respondents cooperate with old persons' family members and social workers, and the least with NGOs (Tables 3-5). Speaking about NGOs, this group cooperates mostly in service delivery at an individual level, where they work close together with family members, nurses, social workers and other NGOs.

Table 3 about here

Table 4 about here

Table 5 about here

To better understand the current cooperation situation, we also compared stakeholders in regards to their ability, motivation and opportunity to cooperate, knowledge and information sharing and trust in other stakeholders. Results show that NGOs score lower than the other stakeholders in regards to motivation and trust and reciprocity, while all stakeholders perceive the level opportunity for cooperation as rather low (Table 6).

Table 6 about here

Next we studied correlations between cooperation and independent variables (Table 7). Stakeholder cooperation correlates positively with ability ($r=.113$, $p<.05$), motivation ($r=.184$, $p<.01$) and opportunity ($r=.162$, $p<.01$), three of the stakeholder social capital dimensions – relationship intensity measured through relationship frequency ($r=.492$, $p<.01$) and density ($r=.545$, $p<.01$), trust and reciprocity ($r=.182$, $p<.01$), and contribution to the common good ($r=.146$, $p<.05$), and information and knowledge sharing ($r=.228$, $p<.01$).

Table 7 about here

Finally, to test our hypotheses, we ran a series of regression analysis. Results show that there is positive relationship between relationship frequency and density ($\beta=.49$, $p<.001$, $R^2=.24$ and $\beta=.55$, $p<.001$, $R^2=.30$ respectively), trust and reciprocity ($\beta=.18$, $p<.01$, $R^2=.03$), contribution to the common good ($\beta=.15$, $p<.05$, $R^2=.02$) and cooperation, which supports hypotheses H1a, H1b and H1d. The relationship between meta-purpose and cooperation (H1c) is insignificant.

Hypothesis 2 predicted a positive relationship between ability (H2a), motivation (H2b) and opportunity (H2c) and cooperation. Results support a positive relationship between motivation and cooperation (β=.18, p<.001, R^2=.03), and opportunity and cooperation (β=.16, p<.05, R^2=.03); relationship between ability and cooperation is insignificant (β=.11, p=.086, R^2=.01), which supports hypotheses 2b and 2c.

Also, as expected, regression analysis showed a positive relationship between knowledge and information sharing and cooperation (β=.23, p<.001, R^2=.05), which supports hypothesis 3.

Discussion and conclusions

The aim of this paper was two-fold – to explore stakeholder cooperation situation in Lithuania with a specific focus on the role of NGOs in it, and identify drivers of stakeholder cooperation in LTC policy-making, organising and delivery. Our results show that stakeholder cooperation in LTC field is not very active in Lithuania and mainly concentrates on its delivery at organisational and individual levels; stakeholder working together in LTC policy-making, governance, planning and management at the national and/or municipal level is less pronounced. Our results also show that current NGO engagement in cooperation with other LTC stakeholders is lower in comparison to other groups, and their cooperation is mainly limited to the sphere of LTC service delivery at an individual level, and family members, social workers and other NGOs make key stakeholder groups they cooperate with. The perceived level of motivation to cooperate is also lower among NGOs in comparison to other stakeholders. These results, at least to some extent, maybe explained by prior research findings. NGO reservation in regards to cooperation may stem from their apprehension of likely increased levels of bureaucracy that partnering with others, especially public authorities and organisations, may introduce and subsequent loss of autonomy and flexibility

(Abendstern et al., 2018). Effective inter-sectorial partnerships also necessitate an appropriate legal basis and formal arrangements, as well as funding (Dickinson & Neal, 2011), which in Lithuania are still lacking.

In our research we also aimed to study the effects of social capital, knowledge and information sharing and ability, motivation and opportunity on stakeholder cooperation in LTC. Findings show that LTC stakeholder cooperation is positively related with stakeholder motivation and ability, knowledge and information sharing, and social capital. These findings are in line with prior theoretical models on LTC cooperation effectiveness and contribute to the existing modest empirical evidence most of which so far comes from qualitative research and case studies of small-scale cooperation between health care and social service providers. In our research we explored a larger-scale cooperation between policy-makers, national and local level authorities, and different sector LTC service providers, as well as different professional groups, which offers some important implications for further LTC service developments and quality improvement.

Acknowledgements

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Table 1. Drivers of stakeholder cooperation in LTC service provision

Level	Driver	Authors
ORGANISATIONAL	• common understanding of cooperation aims and objectives, and commitment to their attainment	(Cameron et al., 2007; Clarkson et al., 2011; Drennan et al., 2005; Halliday et al., 2004; Hubbard & Themessl-Huber, 2005)
	• possession of a shared vision that does not encourage competition	(Drennan et al., 2005; Regen et al., 2008)
	• understanding of other stakeholder roles, responsibilities and abilities at the strategic and operational levels	(Dickinson, 2006; Glasby et al., 2008; McCormack et al., 2008; Stewart et al., 2003)
	• communication and information and knowledge sharing	(Clarkson et al., 2011; Dickinson, 2006; Halliday et al., 2004; Hubbard & Themessl-Huber, 2005; McCormack et al., 2008; Regen et al., 2008; Rothera et al., 2008)
	• development of an environment conducive of cooperation	Hubbard and Themessl-Huber (2005)
	• prior cooperation experience	(Cameron et al., 2007; Dickinson, 2006; Gibb et al., 2002)
	• provision of necessary resources	(Drennan et al., 2005; Gibb et al., 2002)
	• compatibility of different professional values, trust and respect	(Glasby et al., 2008; Holtom, 2001; Hudson, 2002; Peck, 2001; Scragg, 2006; Stewart et al., 2003)
	• shared location	(Freeman & Peck, 2006; Hubbard & Themessl-Huber, 2005; Hudson, 2007; Rutter et al., 2004)
	• top management support	(Clarkson et al., 2011; Gibb et al., 2002; Regen et al., 2008)
	• orientation to customer needs	Stewart et al. (2003)
NATIONAL POLICY	• development of a pooled budget	Holtom (2001)
	• effective and transparent governance	Cameron et al. (2007)
	• adoption of appropriate legal acts and funding provision	Stewart et al. (2003)
	• NGO integration	Cameron et al. (2007)

Table 2. Cooperation scope (average number of activities per stakeholder, min.0 - max.7)

	Parlia- ment	Ministry of Health	Ministry of Social security	Munici- pality	Doctors	Nurses	Social workers	NGOs	Family members	Resear- chers
Ministry/ municipality officials	0.5	1.5	0.6	2.8	2.0	2.1	3.2	1.6	2.5	0.4
Public LTC providers	0.3	0.6	0.2	1.8	2.2	2.5	3.0	0.7	2.3	0.6
Private LTC providers	0.2	0.5	0.2	1.6	1.9	2.6	2.7	0.5	2.2	0.3
NGOs	0.3	0.3	0.5	1.0	1.0	1.7	1.4	1.3	1.0	0.1

Table 3. Cooperation in an old person's need identification (%)

	Munici-pality	Doctors	Nurses	Social workers	NGOs	Family members
Ministry/ municipality officials	40.7	47.5	52.5	72.9	27.1	71.2
Public LTC providers	35.4	54.1	54.2	63.5	8.3	56.3
Private LTC providers	31.2	29.5	52.5	50.8	4.9	47.5
NGOs	12.5	16.7	20.8	20.8	8.3	29.2

Table 4. Cooperation in service provision at the organisational level (%)

	Munici-pality	Doctors	Nurses	Social workers	NGOs	Family members
Ministry/ municipality officials	44.1	44.1	44.1	55.9	28.8	52.5
Public LTC providers	27.1	51.0	27.1	60.4	9.4	53.1
Private LTC providers	21.3	40.1	21.3	47.5	11.5	52.5
NGOs	16.7	20.8	16.7	29.2	8.3	12.5

Table 5. Cooperation in service provision at the individual level (%)

	Munici-pality	Doctors	Nurses	Social workers	NGOs	Family members
Ministry/ municipality officials	47.8	57.3	54.2	69.5	35.6	66.7
Public LTC providers	32.3	42.4	77.1	78.1	13.5	52.5
Private LTC providers	34.4	41.0	63.9	65.6	18.0	50.8
NGOs	29.2	29.2	54.2	50.0	50.0	70.8

Table 6. Stakeholder AOM, trust and knowledge sharing

	Ability		Motivation		Opportunity		Trust & reciprocity		Knowledge & info sharing	
	M	SD	M	SD	M	SD	M	SD	M	SD
NVO	4.55	0.84	3.89	1.23	3.58	0.52	3.94	0.89	4.64	0.87
Private	5.21	0.86	4.39	1.31	3.48	0.68	4.40	1.21	4.24	1.48
Public	5.37	0.66	4.81	1.11	3.46	0.67	4.80	0.82	4.88	1.18
Officials	4.93	0.83	4.35	1.15	3.63	0.58	4.32	1.10	4.43	1.22

Table 7. Descriptive statistics

	Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.
1.	Ability									
2.	Motivation	.336**								
3.	Opportunity	-.080	-.073							
4.	Interaction frequency	.189**	.153**	.187**						
5.	Relationship density	.133*	.177**	.205**	.779**					
6.	Trust and reciprocity	.458**	.381**	-.097	.108	.028				
7.	Meta-purpose congruence	-.140*	-.222**	.033	.006	.010	-.360**			
8.	Contribution to the common good	.329**	.421**	-.160**	.060	.054	.348**	-.108		
9.	Knowledge and information sharing	.386**	.513**	-.041	.178**	.198**	.361**	-.161**	.589**	
10.	Stakeholder cooperation	.113*	.184**	.162**	.492**	.545**	.182**	-.013	.146*	.228**

** p < 0.01, * p < 0.05