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Let's pack the backpack together: rethinking routines in public innovation as interactions and public value creation

Anne Reff Pedersen[a] and Vibeke Kristine Scheller[b]

[a]Department of Organisation, Copenhagen Business School, Frederiksberg, Denmark; [b]Senior Research Analyst, The Danish Center for Social Science Research, Kobenhavn, Denmark

ABSTRACT

Routines are an essential aspect of innovation processes as all new ideas must be implemented into daily routines to work. Previously, public management theory has understood routines as barriers to innovation that constrain collaboration due to inertia. This study aims to introduce a new understanding of routines as a precondition for innovation processes. By employing organizational theory and public management theory, we investigate routines through the micro-processes involved. Based on findings from an ethnographic fieldwork study involving the introduction of at-home chemotherapy, we suggest a rethinking of the notion of routines by explicating intra- and inter-organizational interactions and value creation.

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Introduction

One widely accepted assumption in public management theory is that barriers to public innovation are often inside the organization in the form of intra-organizational conditions, e.g. hierarchies, silos, and organizational routines that produce inertia and resistance towards change and innovation (Hannan and Freeman 1984; Torugsa and Arundel 2016; Wolf-Fordham 2020). This article argues that routines in public management theory often have been understood by using evolutionary economic concepts (Becker 2004; Winter and Nelson 1982), and pointing out the repetitive patterns of actions and the inertia of routines. The concept, however, fails to include more contemporary organizational understandings of routines that argue in favour of the innovative potential routines offer. This article presents a rethinking of routines, drawing inspiration from organizational theory, that defines them as dynamic and performative (Feldman 2000; Feldman and Pentland 2003; Feldman et al. 2016), and from public management studies that describe the relationship between innovation and public value (Hartley, Parker, and Beashel 2019; Osborne, Nasi, and Powell 2021).

CONTACT Anne Reff Pedersen arp.ioa@cbs.dk

By arguing that routines are a central condition for innovation processes, it is necessary to examine the micro-setting of how new ideas are translated into routines through collaboration and negotiation. The research questions are: how do routines emerge in public innovation processes and in what ways do they create public value? These two questions are addressed using qualitative data derived from observing the negotiations of frontline workers and patients and interviewing both patients and staff about how they understand their daily enactment of routines when at-home pump chemotherapy is introduced. The case is an example of frontline innovation that local healthcare professionals and clinical managers initiated in a public hospital after proposing the idea that patients could receive chemotherapy at home using a portable pump in a backpack instead of staying in hospital to receive treatment. We used organizational ethnography and a variety of qualitative data, concrete observations, shadowing, and qualitative interviews to follow how patients, nurses, and doctors negotiate and integrate at-home chemotherapy into their routines.

In the findings, we present two routines, one involving safety negotiations for preparing the portable medicine pump and the other regarding negotiating the level of comfort among patients about bringing the backpack home with them. These routines were purposely chosen for our analysis because they entail new interactions between frontline workers and users since the chemotherapy, which had previously only been given at the hospital, would be administered at home. This study contributes to public management studies by showing how micro-level interactions and value creation are an inherent aspect of routines. Consequently, we re-examine the relationship between routines and innovation to gain a new understanding of how frontline workers and users negotiate and enact new ideas in routines.

The remainder of this article begins by presenting the concept of routines found in organizational theory and the concept of public value found in management studies before presenting the role of routines in public innovation studies. Next, after describing the case and our methodology, we present our findings using two empirical vignettes that focus on empirical descriptions of the routines. Finally, we discuss the wider implications of introducing routines as a precondition of innovation and reflect on applying a multidisciplinary view of public innovation.

Rethinking routines based on their performative dynamics and value creation

In general, the public management literature describes routines in terms of their inertia, where organizational structures are subject to the force of inertia (Hannan and Freeman 1984, 152). In line with Hannan and Freeman, many innovation studies view routines as stable daily operations but also as cultural and institutional barriers to innovation (Torfing 2019; Torugsa and Arundel 2016; Wolf-Fordham 2020). Wolf-Fordham (2020) describes how uncertain routines impede work and constrain the behaviour of frontline workers, while Torfing (2019) presents routines in opposition to collaborative aspects as part of institutional norms and rules that determine the tasks of public organizations. Routines are thus included in descriptions of the inertia found in public organizations, creating an image of bureaucratic silos, where routines largely narrowly focus on the specific services they are supposed to deliver. By understanding routines as institutional, repetitive, and stable we neglect the importance of their dynamic implications and the role of

agency in routines. For this reason, we present an alternative understanding of routines. In the following, we present the difference between understanding routines as either stable or dynamic.

The study of routines is rooted in management, economic, and organizational theories, for example, in evolutionary economics (Becker 2004; Winter and Nelson 1982), and organizational studies (Feldman 2000; Feldman and Pentland 2003; Feldman et al. 2016, 2021; Howard-Grenville and C Rerup 2016). Feldman and Pentland's (2003) groundbreaking study defines routines as dynamic, emphasizing that routines are neither static nor tacit repetitions but ever-changing, negotiated work activities. Feldman et al'.s (2021) organizational research shows that the concept of routines directs the researcher's attention to specific patterns, such as task orientation, situated actions, and negotiated interactions. Routines have both ostensive (formal structures) and performative (practical interactions) aspects (Feldman and Pentland 2003). The former comprises, for example, formal and regulative content in appraisal interviews, while the latter consists of the relational and interactive processes that establish trust among interviewees. Organizational studies of routines are often primarily based on ethnographic fieldwork, which lays the groundwork for extensive studies on routines as dynamic (Feldman 2000; Feldman and Pentland 2003; Feldman et al. 2016, 2021; Howard-Grenville and C Rerup 2016). Feldman (2000) stresses how routines are an important source of organizational change and innovation since change and innovation are performed in employee negotiations and performative routines daily. Through this lens, merely enacting routines creates opportunities for novelty (Rerup and Feldman 2011; Zbaracki and Bergen 2010). The present study defines enactment based on Weick (1988), who asserts that when people act, they bring structures and events into existence and set them in motion in sense-making processes. Recent studies (Feldman et al. 2016; Howard-Grenville and C Rerup 2016), emphasize the processual aspects of routines as streams of situated action that can be interpreted in manifold ways by insiders and outsiders. Their point is that routines are changeable over time since they are interpreted and negotiated practices.

A limitation of recent organizational studies of 'dynamic routines' is that they neglect to focus on broader public value (Osborne, Nasi, and Powell 2021), since these dynamic routines mostly are described as changing the intra-organizational relationships in the organization. Rerup and Feldman (2011) show that internal and endogenous forces are essential elements in innovation processes, claiming that innovative processes often exert internal forces in the dynamic routines that drive them but that these processes also interact with external forces.

To better understand how routines also affect society outside organizations through external forces, inspiration can be drawn from Moore's (2014) original public value work, where he explains how activities can bring both short- and long-term value to society. Public value thus describes the value that an organization or activity contributes to society (Moore 1995, 2014). His original public value work has led to a complex discussion in recent public value studies about the difficulties of agreeing on what public values are, because value for some may involve the exploitation of others (Williams, Kang, and Johnson 2016). In a recent study Osborne, Nasi, and Powell extent the public value concept to include value creation processes by a focus on its' loci (who is the key locus, individuals, society, and public service eco system), elements (short time well-being, long tern outcomes and future change) and stressing that value creation is a process

Table 1. Overview of different types of routines.

	Capability routines	Dynamic routines	Routines in public innovation
Theoretical schools	Evolutionary economics	Organisational theory	Organisational theory and public management
Epistemology	Positivist, structure	Constructivism, processual	Interactional
Definition of routines	Repetitive patterns of action	Intra-organisational ostensive and performative aspects	Inter- and intra-organisational negotiations
Implications of change	Barriers to innovation in stable organizations	Enacted routines as drivers in dynamic organizations	Enacted routines as a precondition for innovation
Effects	Stability	Change	Public value creation

including both co-designing the production and co-constructing the consumption (Osborne, Nasi, and Powell 2021). We include the first two elements in our definition of routines in a public innovation context.

Table 1 lists epistemological differences in the definition of routines and their implications. From the capability perspective, routines are understood as repetitive patterns of action and as a barrier to innovation in a stable environment, while from the dynamic organizational perspective, they are understood as ongoing intra-organizational interactions that can create change (Wenzel, Danner-Schröder, and Spee 2021). Adding a third perspective includes inter-organizational aspects and the public value creation in an innovation context, which combines an organizational perspective with a public value perspective. This has not been part of the organizational perspective as the inspiration comes from a public management perspective.

In sum, this study defines routines in an innovation context as ostensive, performative intra- and inter-organizational interactions, and enactments between workers and users, including their creation of public value. This is a novel definition of routines, which includes inspiration from classical organizational Feldman studies and public value studies. This new understanding has the potential to allow a more detailed exploration of the interactional and public value aspects of routines in a public innovation context.

Routines in recent public innovation studies

Only a few public management studies have previously described the role of routines in innovation processes and frontline studies (Gieske, Duijn, and van Buuren 2020; Lippke and Wegener 2014; Møller 2021; Windrum 2008). These studies describe routines regarding a) the aim of innovation, discussing how innovation emerges from existing or novel assets of the organization (Gieske, Duijn, and van Buuren 2020), b) the type of innovation as creating radical or incremental change (Hartley 2005; Windrum 2008), and c) the origin of innovation initiatives, if they come from the processes underlying top-down or bottom-up initiatives (Lippke and Wegener 2014).

The first strand of innovation research involves the distinction between exploitation and exploration as two different ways to explain why innovation emerges in organizations (Gieske et al. 2020; Gieske, Duijn, and van Buuren 2020; March 1991). In his classical 1991 article, March argues that organizations need to embrace both approaches to innovate. Routines are an example of both innova-

tive exploitation processes (in that they help optimize, improve, and streamline organizations) and a way to employ creativity, exploration, and learning as innovative processes in the organizations. Gieske, Duijn, and van Buuren (2020) identify several informal coping routines for dealing with the tensions between optimizing and exploration, ranging from routines that are rather subversive and under the radar to ones that use the informal network. Thus, recent studies have highlighted that the relationship between the two is ambidextrous (Gieske, Duijn, and van Buuren 2020). We add to this study by showing the micro-setting negotiations and interactional processes leading to the potential tensions or duplicity that can simultaneously exploit some resources while creating exploration for others in different routine settings.

The second distinction involves regarding the innovation as being radical or incremental (Bekkers, Edelenbos, and Steijn 2011; Hartley 2005; Houtgraaf 2023). This reflects concepts of episodic or continuous change processes (Weick and Quinn 1999), where episodic change is a radical change understanding and continuous change is a dynamic and incremental one. Innovation processes can be defined as an intended change (Ferlie et al. 2005; Osborne and Brown 2011). Routines are often defined as continuous and incremental change in small-scale innovations, and recent public innovation studies (Houtgraaf 2023; Van der Voet and Steijn 2021), have also shown the incremental and pragmatic nature of public innovation processes in a specific innovation context. Our study adds to this research by relating incremental innovation processes in micro-settings to the creation of public value. A recent call in public value studies addresses the lack of analysis concerning public value in daily operations at a micro level, as most public value studies focus on the macro level (Hartley, Parker, and Beashel 2019). We respond to this call by understanding routines as daily operations at a micro level that lead to incremental innovation and value creation processes.

Lastly, incremental innovation processes often comprise innovation processes that are driven from the bottom up, where frontline innovation happens by solving everyday problems (Hartmann and Hartmann 2020; Pedersen, Scheller, and Thøgersen 2023). Routines are central in both top-down and bottom-up innovation processes, as both processes must implement ideas into practice through routines. Lippke and Wegener (2014) assert that frontline innovation challenges the idea of innovation as solely originating from top-down initiatives masterminded at the policy or management level by arguing that innovative ideas begin emerging as solutions to the practical problems of frontline workers in their everyday lives. Møller (2021) shows how dynamic routines are important in local decision-making processes at the frontline. Thus, recent frontline studies examine frontline workers as key sources of innovation (Mortensen and Needham 2022; Nisar and Maroulis 2017; Thøgersen and Waldorff 2022), e.g. by looking at the creativity involved in developing new experimental services and co-creating value (Go Jefferies, Bishop, and Hibbert 2021; Osborne, Nasi, and Powell 2021). If their collaboration is overlooked, their role in innovation processes becomes unclear (Engen and Magnusson 2018). By adding the perspective of routines in an innovation context to these studies, it becomes possible to extend our understanding of the ongoing negotiations and collaboration of frontline workers in greater detail through their enactments also with members outside the organization.

In sum, these studies have allowed us to extend the literature on routines in public innovation as incremental processes in everyday frontline settings, where they play a central role in solving practical problems in potentially tense

collaboration. However, we need to include an additional definition to understand their performative change dynamics based on their interactions and value creation.

Case

The empirical case involves a frontline innovation introducing at-home chemotherapy treatment, an approach that was particularly emphasized during the COVID-19 pandemic to keep seriously ill patients out of hospitals (Laughlin et al. 2020). The idea emerged when clinical managers at a haematology department were inspired by international trials on administering chemotherapy to patients with acute myeloid leukaemia using a portable electric infusion pump. Introducing at-home chemotherapy involved negotiating and changing the existing hospital routines. The routines changed when patients could go home with a portable pump, as new interactions emerged when nurses had to teach patients what to do before they were discharged as the patients had to learn how to carry the pump in a specially designed backpack. This case is therefore suited for further exploration of new negotiations in routines as frontline workers changed their everyday interactions to let patients receive chemotherapy in their own homes instead of in the hospital. Since the enrolment of the at-home chemotherapy routines, studies have shown that patients who receive chemotherapy at home experience few technical issues and have few infections (Fridthjof et al. 2018), and they benefit greatly by going home instead of staying at the hospital, thus this case is also a suitable case of value creation for patients. The department thus became the frontrunner by this frontline innovation and the approach has now been adopted nationwide and is the national standard for acute myeloid leukaemia patients.

Methodology

To establish trustworthy qualitative research Pratt, Kaplan, and Whittington (2020) recommend methodological transparency. Following their advice, we establish authenticity by demonstrating that the author in the field did not violate the informants' experience (Locke and Golden-Biddle 1997); show plausibility (i.e. that the stories make sense); and, critically, our study makes authors rethink their understanding of the phenomena (Pratt, Kaplan, and Whittington 2020). We can do this by being transparent about the study design, data collection, and analytical approach and data structure, aspects which will be looked at in more detail below.

We used a qualitative study design employing organizational ethnography (Pedersen, M, and Humle 2016; Scheller 2022; Ybema et al. 2009). The data collection, which took place between 2020 and 2023, involved a combination of observations, shadowing, and interviews to identify ongoing and reoccurring interactions in dynamic routines. Focusing on a single case study made it possible to present a study of the routines in a specific context and describe in depth the routines and their emergence in practice (Flyvbjerg 2004). In addition, a snowball technique was used to follow what occurred when frontline managers and healthcare professionals introduced the idea of at-home chemotherapy.

Table 2. List of interviewees.

Patient Interviewee sex/age	Type	Frontline Interviewee sex, age	Occupation
Geoffrey* (M) 65	Chemo pump	John (M) 58	Head of department
Megan *(F) 60	Infusion pump	Thomas (M) 60	Chief physician
David *(M) 45	Chemo pump	Jane (F) 31	Nurse, project manager
Maria * (F) 25	Infusion pump	Ann (F) 50	Nurse
Kevin (M) 63	Chemo pump	Sophie (F) 35	Nurse
Sally (F) 30	Chemo pump	Jillian (F) 30	Nurse
Andrew (M) 29	Chemo pump	Xenia (F) 45	Nurse
Timothy (M) 58	Chemo pump	Jean (F) 36	Nurse
Jack (M) 67	Chemo pump	Emily (F) 40	Nurse
Dean (M) 55	Chemo pump	Sarah (F) 25	Secretary
Susan (F) 67	Chemo pump	Kristen (F) 28	Secretary

*Not audio recorded due to ethical considerations.

Data collection

The data collection began with 25 hours of observational study of the activities the healthcare professionals and patients did involving at-home chemotherapy. Due to lockdowns during the COVID-19 pandemic, the second part of the observational study (75 hours) was postponed and completed after the interviews. The researcher followed day-to-day activities while simultaneously asking the staff about their work. Then, 22 interviews were conducted. The interviewees were approached by the researcher while doing observations, recruited by a gatekeeper (head nurse), or they volunteered by contacting the researcher directly after seeing a poster with contact details displayed at the department. The selection criteria for patient interviewees were that they had experience with at-home treatment using a portable pump. The criteria for staff were that they were involved in at-home treatment daily. The interviews took 28–70 minutes. The non-probability sample is small (Renjith et al. 2021), but the interviewees vary in age and sex and represent both aspects of participating in at-home treatment routines. All participants, interviewees, and observations of encounters took place with the explicit consent of the staff and patients in adherence to British Sociological Association standards and the General Data Protection Regulation. Table 2 presents a list of all interviewees. For reasons of confidentiality, four interviews were not audio recorded because they took place in a joint area or patient hospital room.

The interview guides for patients and staff included questions about patient experiences with at-home treatment and their thoughts about the value and challenges connected to that treatment, asking for example: What was your best/worst experience concerning at-home treatment? The staff were also asked about the change process when introducing at-home treatment in the clinic, for instance: What interactions developed during the process? The interviews were audio recorded and transcribed verbatim before being coded in the statistical analysis software NVivo 20.

Analytical approach and data structure

Our analytical approach, which involved six steps, was based on thematic analysis (Clarke, Braun, and Hayfield 2015), and conducted in combination with Gioia, Corley, and Hamilton's (2013) inductive approach to securing

Table 3. The development of analytical themes.

First-order codes	Second-order themes	Analytical themes
Interview/observation accounts of patient anfrontline encounters: Safety talks Valuing freedom Short timeframes Technical problems Wishes for the future with pumps	A. Interactions about pump functionality, safety, problems, and benefits compared to traditional treatment, e.g. Kevin: *Maybe there are people who . . . couldn't handle it at home. But they thought I could do it, so I accepted*. (patient interview)	Negotiating safety in the pump routine Dynamic between performative/ostensive aspects Intra- and inter-organisational interactions Ongoing value creation
Interview/observation accounts of patient and frontline encounters: Technology focus Active patients Fears of losing contact Different ways of having at-home treatment Experiments with backpacks	B. Interactions about comfortableness and patients enacting agency about the backpack, e.g. *She hands the backpack to the patient. It is heavy and the patient can't quite figure out how to position it to avoid getting tangled in the wires*. (observation note)	Negotiating comfortableness in the backpack routine Dynamic between performative/ostensive aspects Intra- and inter-organisational interactions Ongoingvalue creation

rigour in qualitative research. The first step was *familiarisation*, which took place during and after the fieldwork period ended and involved reading and rereading transcripts and field notes. While making reflective notes, we discussed what was interesting about the participants' experiences. The second step comprised the *coding* process, which involved open thematic coding related to our overall research interest, i.e. how at-home treatment for patients was practiced and what potentials and difficulties emerged from the observations or were articulated in interviews. This step resulted in the first-order codes (Gioia, Corley, and Hamilton 2013) listed in Table 3.

These codes were based on the data and comprised descriptions of interactions, ongoing changes, and adjustments. The third step was *searching for themes*, which involved going through the first-order codes and dividing them into thematic bundles centring on various kinds of interactions. One bundle focused on interactions connected to the pump and another on interactions about feeling comfortable about packing the backpack. These became our second-order codes (Gioia, Corley, and Hamilton 2013), which are listed in Table 3. When *reviewing* these themes (step four), the most coherent and dense aspects of the data were identified. At this point, we found a theoretical framework that could help explain what was taking place in our data: A novel theoretical definition of the routine concept: the dynamic between ostensive and performative aspects, intra- and inter-organizational interactions, and value creation. In step five, we *defined* and *named the themes* using headings that were empirically sensitive, descriptive, and contextual. The sixth and final step involved *reporting* our two analytical sections: negotiating safety in the pump routines and negotiating comfortableness about the backpack routines. We then chose the accounts and quotes that are presented in the next section as empirical vignettes that illustrate the emerging

interactions in the two routines during the implementation of the pump at the department.

Findings: emerging interactions in routines

To translate the idea of at-home chemotherapy into routines, healthcare professionals and patients interact and engage in an ongoing process to negotiate and enact safety. The healthcare professionals do this by checking the chemotherapy pump before patients take them home and by establishing that patients are comfortable about being discharged with the backpack. The next section presents how interactions emerge between frontline workers and patients when routines are enacted for at-home treatment in negotiating safety in the pump routine and in negotiating comfort in the backpack routine.

Negotiating safety in pump routines

Previously, patients received chemotherapy in hospital due to the dangerous nature of the medicine, either sitting in a chair or reclining in a hospital bed, normally for many hours. With the development of at-home treatment, patients with the ability to receive pump-administered chemotherapy were introduced to safety recommendations as a preparation for going home. The following excerpt from our ethnographic observations shows ostensive and performative aspects of safety checks of the pump before taking the medicine home:

> A nurse meets with a patient. His record states that the doctor decided that he should have a small dose of chemotherapy while at the hospital (via IV pole) and a larger dose at home via a portable pump . . . The nurse explains, 'You will also need to take a portable pump home with you'. The patient responds, 'Okay' and asks, 'Can I go and relax in the meantime?' Half an hour later it is time to introduce the pump. The patient is taken into an examination room and the nurse shows him the pump. She explains that it is important that the wires are not bent but that the pump should run completely on its own. She explains that it will start at 4 pm and run for four hours. She says, 'You only have to keep an ear out. It should make a sound when it starts up'. (Observation, 31 August 2020)

The routine consists of ostensive elements, i.e. explanation of the technical features, points of attention, and timeframes involved in the use of the portable pump. These conversations were reoccurring and central to the organization of at-home treatment because they were used to prepare patients to go home. The nurses, however, also describe how their performative relationship with these patients must be enacted within a shorter timeframe than before when they had several hours to talk with patients. Thus, they initially became afraid of losing close contact with patients:

> I remember in the beginning when we introduced the pumps, we [nurses] were extremely afraid of what would happen to our relationships with patients. During their first round of chemo, they were hospitalised for ten days and you got to know them. And now that they are being sent home instead, the relational work requires a different kind of effort, e.g. you have to spend the time you have with patients to get to know them and to talk about side effects. (Sophie, nurse, interview)

As this account shows the nurses are leery of failing to get to know their patients and connect with them as they did before. Also, not all patients immediately feel safe

bringing the medicine home, e.g. nurse Ann talks about how the hospital staff sometimes enact the routine by easing patients into accepting at-home treatment over a longer period:

> . . . if we determine that they are not yet in agreement [about receiving at-home treatment], then it must be done in a continuous process in which they [patients] remain hospitalised during the first treatment, and then we work on it . . . to make them compliant.

This quote shows how nurses engage in ongoing negotiations to ensure patient participation, for instance by inviting patients to try out the pump while remaining in the hospital where they can ask for help. This is one way of performing safety as an ongoing process of making the patients feel at ease.

The patients, on the other hand, perform safety through their interpretations of what it means to feel safe at home. Some of them welcome the opportunity and quickly learn to disconnect the pump themselves, while others are more hesitant. Patients build agency by finding their own ways to enact safety, which is the case for a patient named Kevin:

> Of course, I could say no thanks at any time, and then go to the hospital every day to get chemo. I was also welcome to do so if I was unsure about what to do . . . But at the same time, I could learn to disconnect it [the pump] myself . . . in the periods where it didn't administer chemo, that is. But I decided not to do that. I just chose to wear it all the time [at home]; it just became such a habit. There are maybe people who . . . couldn't handle it at home. But they thought I could do it, so I accepted.

This quote illustrates how Kevin abstains from disconnecting the pump at home, instead, he feels safer having a nurse doing it at the hospital. This example shows how the routine is continuously enacted over time by nurses and patients, as new interactions occur when patients perform maintaining their safety in a variety of ways. This is also the case with a patient named Paul, who talks about how a technical problem occurred with his pump at home, which led to uncertainty and a lack of safety:

> . . . I checked all the wires to see if I had opened everything and if there was anything that was broken, where I had to bend the wire or something, but I couldn't see anything at all . . . yes, and then I kind of sat there and tried to press on the buttons . . . and it kept going . . . Then, of course, I called the ward, and of course, it was in the evening, so I had to call another ward, and she was trying to guide me but couldn't understand what was happening because it shouldn't have been doing that. So finally, she said, you just have to come in. So I had to drive in last night. And just have the pump sorted out, and the worst part is that we didn't find out why it was happening.

This situation shows the patient enacting safety together with the hospital staff, which requires action from him, which can sometimes be difficult. He takes the backpack home, even though safety can be difficult to achieve, because he likes the freedom of staying at home. Freedom was an issue that became a strong public value and that everyone articulated during all patient interviews. A statement by a patient named Susan illustrates this:

> All that time you already spend inside the hospital, there isn't much you can do, but the pump at least allows you to stand up and cook. You can take a nap in your bed, which is why I wish you could do the whole treatment at home.

The freedom that the pump provides makes patients wish that they could do even more treatment at home in the long term since they already benefitted from it in the short term, e.g. they could do whatever they liked at home while receiving their treatment. The nurses also talk about how this treatment method can be used in the long run in different treatment programmes, not only for cancer patients, and thus reform the period of which many patients stay at the hospital.

In sum, the enactment of the dynamic safety negotiations between patients and frontline workers led to new patient values about freedom in bringing medicine into their homes – even though it sometimes required extra action from the patient (a trip to the hospital) and even though nurses worried about losing close contact with the patient because of the shorter timeframe in which they were able to engage in conversations with patients at the hospital.

Negotiating comfort in backpack routines

Previously, healthcare professionals monitored patients while they were sitting or lying down for hours in hospital to receive their medicine, but this aspect of treatment disappeared once patients began receiving treatment at home. Following this change, the nurses worked together with patients about managing the pump in the backpack while also engaging in interaction about the patient's comfort. In the following excerpt from an ethnographic observation a nurse and a patient are getting a backpack ready together, which involves both ostensive and performative elements in the enactment of the backpack routine:

> The pump suddenly makes a loud sound. The nurse exclaims, 'It beeps to draw attention to itself'. They laugh. She explains to the patient what to do when the pump is finished, 'You have to do almost the same thing as when you draw blood, for example with the wipes'. She hands the backpack to the patient. It is heavy and the patient can't quite figure out how to position it to avoid getting tangled in the wires. The nurse says, 'Yes, it's weird to run around with something like this. Now you've got a little friend'. She tells the patient that she can come back to the department after four hours to disconnect the pump while a nurse watches. The patient responds, 'No, I'll manage'. (Observation, 21 September 2021)

This excerpt demonstrates how the backpack routine requires a new type of interaction with patients that contains ostensive and performative elements. The nurse guides the patient (what to do when the pump shuts off) but also laughs with the patient, which enhances their interaction. The description shows how the patient and the nurse enact the dynamic backpack routine while simultaneously establishing a trusting and comfortable relationship.

When enacting the backpack routine, the nurses describe how they are afraid of what it means to be technologically oriented in their new interactions with patients:

> . . . sometimes if you have someone who just needs to get the pump reattached, then you must also prioritise talking to the patient, in the sense that it is often when we sit and turn the wires on and off and do other things [with the pump] that we also talk a lot about side effects. And so we kind of cover all the bases, so to speak, so you get to talk about how they feel and ask them if they eat and drink, and all that, and I think that in general, we are very good at getting everything done anyway. Well, that's always the danger if you minimise some procedures, to save time, but we must still talk to patients . . . (Emily, nurse, interview)

This account shows the new interactions between staff and patients that emerge in the ongoing enactment of the backpack routine. The nurses continuously enact this routine to accommodate two needs: packing the backpack and having conversations with patients. The routine includes ostensive and performative elements, but as the nurse notes, the relational aspects undergo a transformation when nurses are required to establish trusting relationships with patients in a short span of time.

The public value of the backpack routine emerges when the agency of patients increases since they can ask for a specific one based on their personal preferences:

> The patient takes a small handwritten note from his breast pocket with pre-prepared questions. He asks, 'Can I get more eye drops?' The nurse responds that she will get them immediately, adding, 'I found the belt pack that you asked for'. The patient puts his hand on her shoulder and says, 'Thank you very much! It's much easier to sit down with'. (Observation, 24 September 2021)

In general, many patients said that they did not like the backpack because multiple straps made it unnecessarily complicated and they became tangled up in the straps and wires. Many patients experimented at home by placing the pump in another bag:

> Of course, it's weird at first, walking around with something like that, with wires in your chest and . . . and handling such long wires, and . . . And, by the way, but I quickly learned that . . . this utterly grotesque bag that they put the chemo pump in, that is . . . I replaced it immediately. (Timothy, patient, interview)

Accordingly, patients have more agency in performing their part of the backpack routine through their involvement in the at-home treatment. They talk with the nurses about their preferences, which benefits their level of comfort, in addition to independently trying out their own solutions at home.

This presentation of our findings demonstrates how routines evolved in the context of at-home chemotherapy, which comprised changes in the interactions between frontline workers and patients in ongoing negotiations that revolved around safety at home with the pump and achieving the right level of comfort when carrying the backpack around at home, all of which led to different work for the nurses compared to previously when all patients were given the same treatment in hospital.

Discussion: routines as a precondition for frontline innovation

Eisenhardt and Graebner (2007) discuss how theory can build on a single case and justify this approach to theory building as a viable research avenue by examining why no existing literature has addressed the issue. In our case, previous literature does not assume that routines can act as drivers or a precondition for innovation processes. We asked how routines emerge in innovation processes and found the answer by analysing the micro-interactional and public value aspects of an innovation process. Thus, by investigating the phenomenon of routines in depth via a qualitative study, we unfolded how routine negotiations and interactions are a key aspect of innovation processes, especially in the implementation processes from idea translation to practice. Our findings led to the development of two hypotheses that can contribute to the current public management literature on incremental frontline innovation. First, routines are negotiated enactments involving both intra and inter-organizational processes and, second, they include public value-creation processes. Lastly, we would also like

Table 4. Interactions in routines in public innovation.

Definition of routines	Checking the pump	Packing the backpack
Ostensive/performative	Explaining technical features/patient contact	Guiding what to do correctly/creating trust
Intra- and inter-negotiations	Safety is negotiated between patients and nurses	Packing is negotiated between patients and nurses
Enactments	Enacting safety	Enacting comfort for patients

Table 5. Public value creation process.

Loci/elements	Short term	Longer term	Future change
Individual (patient)	Freedom, safety, and comfort	Agency in treatment	Staying at home
Society/public healthcare system	Individualisation/ partial compliance	Cost reduction/prioritising of human resources	Less hospitalisation/new expectations of hospital care

to address the implications and possibilities of using a multidisciplinary approach by combining organizational theory and public management theory.

Routines are negotiated intra- and inter-organizational enactments

Previous studies of routines view routines as the main source of inertia in organizations (Hannan and Freeman 1984), a stance that has also affected the understanding of routines in public innovation studies as barriers to innovation. Management studies have only studied the notion of routines to a limited extent (Gieske, Duijn, and van Buuren 2020; Møller 2021; Windrum 2008). Our ethnographical study of routines adds to these studies by showing how routines are constantly negotiated in interactions between frontline workers and users as both intra-and inter-organizational processes.

The Feldmanian perspective of routines includes ostensive and performative aspects but mainly intra-oriented processual aspects (Feldman 2000; Feldman et al. 2016; Rerup and Feldman 2011). Our analysis demonstrates how routines go beyond ostensive and performative interactions since they also include negotiated interactions with actors outside the organization (patients), e.g. in the ongoing negotiations between nurses and patients. Table 4 summaries how the routines in our analyses are defined by ostensive and performative aspects, intra- and inter-negotiations and enactments.

Our analysis demonstrated how patients enacted the pump and backpack routines in their own way and how patients receiving at-home treatment enacted their agency by becoming involved in designing their desired patient pathway or replacing the backpack at home. These findings would not be possible by applying an intra-organizational routine perspective. Our analysis also shows the micro-setting negotiations aligning our findings with recent studies of frontline public innovation (Fuglsang 2010; Hartmann 2014; Mortensen and Needham 2022), but also expanding this literature, by demonstrating how frontline workers' enactments with users are part of their routine work.

Routines as a value-creation process

Previous frontline innovation studies demonstrate how frontline innovation happens when employees benefit from changing work conditions (Nisar and Maroulis 2017). Our study establishes how frontline innovation occurs through enactments between frontline workers and users through their creation of public value. As pointed out before, frontline workers merely enacting routines creates change and novelty. Table 5 demonstrates the public value aspects of the two routines from the empirical findings.

The empirical findings show how cancer patients previously received the same medical treatment in hospitals; today, frontline workers negotiate with them since most receive part of their treatments at home. Staying at home boosts short-term value (Moore 2014; Osborne, Nasi, and Powell 2021) for individual patients as described in the empirical findings by creating freedom, comfort, and a sense of safety. The short-term value for society is that patient preferences are given more weight since the treatment has become individualized. The longer-term value (Moore 2014; Osborne, Nasi, and Powell 2021) for the patients is that they have more agency (to bring their own bag,) in their treatment and for society, patients can choose to stay at the hospital, receive partial assistance from nurses, or remove the pump by themselves at home. Our findings also show that at-home treatment provides longer-term benefits for society and the public ecosystem since it reduces costs and requires fewer human resources for a healthcare system whose resources are under pressure (the reduction of hospital beds). As future change (Osborne, Nasi, and Powell 2021), the routines allow patients to stay at home and reduce hospitalizations as they create new societal expectations of staying at home instead of going to the hospital.

Our empirical findings also show how routines in frontline innovation reflect the ambiguous relationship between exploitation and exploration (Gieske, Duijn, and van Buuren 2020), using existing organizational assets e.g. employee experience and ideas in the innovation processes, but also drawing more on patient' feedback in the interactions. Patients are thus, an important part of the exploration processes, but they also need protection, so they are not pushed to receive at-home treatment even though it makes them feel unsafe like in the case of Kevin.

Frontline innovation is often described in the literature as an incremental process (Houtgraaf 2023; Van der Voet and Steijn 2021), which is the opposite of radical innovation, which is defined by large-scale changes (Hartley 2005). Combining routine and public value literature creates the opportunity to rethink routines as only creating gradual improvement-based change while also creating value-based change. Value creation happens in routines when they produce new individual and collective short- and longer-term values, such as creating future preferences for staying at home instead of being in hospital.

Implications of a multidisciplinary approach

The aim of this study was never to test or replicate empirical results, but like Whetten (1989) and Colquitt and Zapata-Phelan (2007), to add a new 'what' to the implications of routines as a precondition of public innovation to existing theory. Previous multi-disciplinary studies have combined public management studies with digital management or psychology (Gil-Garcia, Dawes, and Pardo 2018; Grimmelikhuijsen et al. 2017). Our multidisciplinary approach combines public management studies with

knowledge from organizational theory by examining the relationship between routines, innovation, and public value. The Feldmanian perspective on routines can connect novelty to a public management understanding of routines by replacing ideas about inertia (Feldman 2000; Howard-Grenville and C Rerup 2016). The concept of public value from public management studies can inaugurate a new research direction for dynamic organizational routine studies by replacing ideas of an intra-organizational perspective with an inter-organizational and value creation perspective (Moore 2014; Osborne, Nasi, and Powell 2021).

Contributions combining public management and organizational theory (Tompkins 2005) have pointed to the more classical organizational concepts regarding, e.g. culture and coordination, which means combining more recent organizational concepts happens more rarely. Feldman's routine perspective underlines the potential of employing an organizational work perspective (Barley and Kunda 2001). Thus, this study of routines redirects the focus of classical organizational thinkers (March 1991; Weick and Quinn 1999) from solely considering human impact to encompass the impact of negotiating work.

Conclusion

This study aimed to examine the relationship between routines and innovation by rethinking the phenomena of routines by analysing the interactional and public value aspects of routines. Our findings demonstrate how interactions and enactments of safety in the pump routine and comfortableness in the backpack routine benefitted patient treatment and were part of an incremental long-term transformation of the healthcare system to support at-home instead of in-hospital treatment, providing freedom, safety, and comfort in terms of public value creation in the short term. This study of routines demonstrates how social dynamics, interactions, and enactments become a precondition of innovation, which indicates how routines are rooted in human interactions and experiences. One limitation of our study is that we neglected to examine the role that materiality plays in routines, which is an aspect that recent studies have demonstrated is also an important part of routines (Jarzabkowski, Bednarek, and Spee 2016). Even though these aspects are beyond the scope of this paper, they represent a highly relevant issue for future research. In addition, greater attention should be paid to the fruitfulness of combining contemporary organizational theory concepts and discussions with management studies in various areas by including, e.g. the role of materiality and time in more detail in future studies of routines in public innovation.

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