# Conditions for Workplace Innovation in a Public Organisation

A Domino Effect of Emerging Barriers

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## Abstract

Previous studies have shown that innovation processes in public sector organisations are difficult due to various innovation barriers inherent to the public sector, but few studies have empirically explored the barriers in a way that is close to organisational practices and conditions for successful innovation remain unclear. Therefore, the purpose of the paper is to explore and discuss conditions for workplace innovation in public sector organisations, with particular focus on the conditions that enable and constrain an innovation process in such organisations. The paper builds on a qualitative case study of an innovation process in a Swedish municipality. The process was studied from development and testing of a new approach to the provision of health and care (H&C) until the early stages of adoption of the new approach throughout municipal H&C operations. The findings show that the conditions that enabled the innovation process primarily related to the initial stages of the process, when developing and testing the new approach to H&C, while barriers that emerged as particularly strong in the implementation phase slowed down and hampered the innovation process. There were two types of barriers that constrained learning, those stable over time and those that emerged during the innovation process, and the barriers were formed in a complex pattern of domino-effects raising through overhead municipal departments and administration systems.

Key words: workplace innovation, conditions for learning, conditions for innovation, barriers to public sector innovation, municipalities

# Introduction

This paper focuses on workplace innovation in public organisations, particularly the conditions that enable and constrain an innovation process. Such a process is viewed as a process that entails the development of a new idea, that creates value, and is taken in use (cf. Mulgan, 2007). Innovation refers to "the introduction of something new (an idea, product, service, technology, process, and strategy) to an organization" (Demircioglu, 2016, p. 1), and for the 'new' to qualify as an innovation it needs to be implemented. Nevertheless, researchers often study innovation generation and adoption phases separately, perhaps because workplace innovation processes are complex, not least because new ideas are often generated and tested in one organisational location and adopted or implemented in others (Damanpour, 2020). Separate generation and adoption locations seem to be the case in Swedish municipalities, drawing on studies of innovation processes in this type of public organisations (Lidman, 2023; Nählinder & Fogelberg Eriksson, 2017; Wihlman, 2014). Furthermore, the early stages of innovation processes, such as development of new ideas, seem to attain more support in municipalities than the actual implementation of the new ideas, which may hamper innovation processes (Lidman, 2023; Nählinder & Fogelberg Eriksson, 2017).

It is suggested that public sector innovation is a mean to mitigate challenges, such as budget deficits and increasing citizen needs, that public organisations often face when providing public services (Albury, 2005; 2011; Torfing et al, 2021). In addition, workplace innovation has been put forward as an important mean to attract and retain public sector workers and professionals (Steijn & Knies, 2021). Previous studies have however shown that innovation processes in public sector organisations are difficult due to various innovation barriers, inherent to the public sector (Cinar et al, 2019). These barriers relate to e.g. risk aversion, organisational inertia, silo structures, complex budgetary processes and tight budgets (Brown & Osborn, 2013; Stewart-Weeks & Kastelle, 2015; Torugsa & Arundel, 2017). There are also limited possibilities in allocating resources to the support of innovation activities in public sector workplaces, which may function as barriers to innovation processes on the workplace level (Lidman et al, 2023; Wihlman et al., 2016). However, the view of barriers as distinct antecedents of innovation has been criticized for being overly static, as it neglects the potentially dynamic features of barriers in relation to innovation processes and outcomes (Alteneiji et al., 2025; Cinar et al., 2019), also in large public organisations (Halvarsson Lundkvist & Gustavsson, 2018). While research on public sector innovation has grown substantially, previous studies have tended either to focus on discrete barriers or to analytically separate phases such as idea generation and implementation. Consequently, limited attention has been paid to how enabling and constraining conditions evolve dynamically across different phases of the innovation process, particularly at the workplace level in large public organisations. This gap is significant, not least because few empirical studies have explored innovation processes in ways that are close to organisational practices (Gallouj & Zanfei, 2013), and because the conditions for successful innovation remain insufficiently understood (Liarte et al., 2025).

Against this background, the purpose of the paper is to explore and discuss conditions for workplace innovation in public sector organisations, with particular focus on the conditions that enable and constrain an innovation process in such organisations.

This paper contributes to public sector innovation research by offering a processual and learning-oriented analysis of workplace innovation. Empirically, it provides a longitudinal, practice-near account of how enabling and constraining conditions emerge, interact and intensify when an innovation process moves from development and testing towards implementation. Theoretically, the paper intervenes in debates on public-sector innovation barriers by conceptualising them not as static antecedents but as dynamic learning conditions that unfold over time.

By integrating perspectives from workplace learning theory, the paper advances understanding of how public organisations may become capable of both developing and sustaining workplace innovations. In particular, the study highlights collaboration as a central mechanism through which learning conditions shape the trajectory of public-sector innovation processes.

The paper builds on a qualitative case study of an innovation process in a Swedish municipality. The process was studied from development and testing of a new approach, including new work methods and processes coupled with it, to the provision of health and care (H&C) until the early stages of adoption of the new approach throughout municipal H&C operations. The innovation process was managed by a project leader and change leaders at the central municipal level. Employees (first-line unit managers and healthcare professionals and workers) contributed with knowledge and suggestions throughout the testing and development of new work methods and principles of organising that originated from a change of view on patients and recipients of care (hereafter referred to as 'the citizen'). The goal was to implement new work processes in which citizens were viewed from a salutogenic perspective, i.e. focussing on rehabilitation and what the citizens could manage by themselves or could be supported to do, instead of what they could not do by themselves. The next sections present the theoretical framework of the study, the research setting, methodology, findings, and finally discussion and conclusions.

## Theoretical framing

The theoretical framework combines several strands of literature to analyse conditions for workplace innovation in public sector organisations. Theory on workplace learning and the concept of learning environments constitute the primary analytical lens guiding the empirical analysis. This perspective is used to examine how learning conditions enable or constrain collaboration and learning throughout different phases of the innovation process.

Employee-driven innovation (EDI) provides a complementary perspective that foregrounds employees' active role not only in idea generation but also in the development and

implementation of new work practices. Finally, the concepts of exploration and exploitation, and organisational ambidexterity, serve as sensitising concepts that help to interpret temporal shifts in dominant learning conditions as the innovation process moves from development and testing towards implementation.

Workplace innovation, with its focus on employee involvement and a participatory process of innovation (Totterdill & Exton, 2021), is closely connected to workplace learning (Billett, 2012; Ellström, 2010; Engeström, 2001). In essence, the innovation process entails searching for "something that is not yet there" (Engeström & Sannino, 2010, p. 2). Even so, development of a new way of working starts in already existing work methods in most organisations (c.f. Ellström, 2010; Engeström, 2001). The innovation process itself starts with an idea that is new to the organisation, and it involves testing and evaluating the idea, to further developing it before eventually implementing it (Nählinder & Fogelberg Eriksson, 2019). This process has been depicted as a learning cycle that begins with questioning and analysing the current way of working and, under the right conditions, ends with the implementation of something new (Engeström, 2001). Groups of people who go through the cycle together may have different motives and, if a conflict of motives occurs, learning and thus also transformative action may be constrained. Conversely, if resolved, conflicts of motives can also be drivers of expansive learning, that is, learning that promotes transformative actions towards something new (Engeström, 2001; Engeström & Sannino, 2021). Learning is then about mutual engagement in activities that involve negotiations of meaning (Fuller et al., 2005).

In an established organisation, with set work processes, employees' creativity, and work-related knowledge, deriving from everyday work may enhance the evaluation and testing of the new and thus also the organisation's innovative capacity (Ellström, 2010; Evans et al., 2011; Halvarsson Lundkvist & Gustavsson, 2018; Høyrup, 2010). The notion of employee-driven innovation (EDI) takes it further, as it also encompasses the implementation phase of the innovation process (Høyrup, 2010). Billett (2012) states that EDI is necessary in organisations because it is employees, who actually, through their work, encounters job-related challenges. This is also shown by Ellström (2010), in what he refers to as practice-based innovation, in which innovative behaviour, when job-related challenges arise, can lead to implementation of new work methods throughout the organisation.

Since employees mainly learn through their daily work, those who support EDI must have detailed knowledge about the employees' job tasks (Amabile & Pratt, 2016, Cangialosi et al., 2020). Nevertheless, supporters of EDI must also meander through organisational conditions that may constrain learning (Billett, 2004; Derrick, 2020; Evans et al., 2006; Evans et al., 2011; Gustavsson, 2009), and thus also hamper the workplace innovation process (Halvarsson Lundkvist & Gustavsson, 2018, Lidman et al., 2023). Accordingly, an organisation's innovation capacity may all be a matter of workplace design (Ellström, 2011). Organisational conditions both interplay with employee engagement and have a direct effect on employee engagement (Billet, 2001; Lidman et al., 2023). Depending on the number of conditions that enable and constrain learning, the environment in which learning (throughout the innovation process)

takes place can be labelled as restrictive or expansive (Fuller & Unwin, 2004; 2011). In expansive learning environments various voices are utilized in dialogues, problems are solved across different organisational levels and departments and competence-development activities are aligned with the organisation's goals or objectives (Fuller & Unwin, 2011). On the contrary, in organisations with restrictive learning environments, employees are predominantly trained to learn their job, not to develop the work method or processes coupled with it (Fuller & Unwin, 2011). Thus, an expansive learning environment is more likely to support the creativity and innovation capabilities of people than a restrictive one (Billett, 2012; Ellström, 2010; Evans, 2012; Fuller & Unwin, 2011; Fogelberg Eriksson, 2014).

Returning to the conditions that either enable or constrain learning, a multitude of these have been found in the literature. These conditions relate to e.g. organisational structure, organisation of work, support from change leaders and managers, arenas for collaboration, time and other resources, such as access to HRD activities (Deutscher & Braunstein, 2023; Lidman et al, 2022; 2023). Following the stylized logic of an innovation process: generating new ideas, developing them and implementing them, it has been discussed that conditions vary in importance during the innovation process (Rosing et al., 2011), requiring ambidexterity to support public sector innovation (Criado et al., 2025). As have previously been pointed out, generation of ideas and creative search for alternatives (cf. *exploration*, March,1991) is supported by learning conditions such as encouragement and resources to experiment, taking risk and allowing errors. Adoption or implementation of the innovation is supported by learning conditions such as specific guidelines, monitoring of goal achievement and established routines (cf. *exploitation*, March, 1991). This points to the dynamic features of conditions for learning in relation to organisational innovation processes, and a continuous need for balancing and coordinating these throughout the organisation (Lam, 2005).

# Methodology

The paper builds on a qualitative case study of an innovation process in a Swedish municipality. The process was studied for two and a half years, from development and testing of a new approach to the provision of health and care (H&C) until the early stages of adoption of the new approach throughout municipal H&C operations. The researchers followed the innovation process and reported and discussed initial results from data collection with the participants. The research was carried out in accordance with ethical research principles, e.g. informed consent, and data was handled with confidentiality (Swedish Research Council, 2024).

## Data collection

Data was collected through interviews (two sets of interviews, in total 19 interviews with first-line managers, change leaders and H&C workers), participant observations of meetings (10 workshops with first-line managers or H&C workers led by change leaders), notes from meetings with the project leader and/or project affiliates, formal documents relating to the new approach to H&C, and three reflection seminars where top managers, first-line managers

and change leaders took part of the preliminary research results that were presented by the researchers and discussed by the participants.
Table 1 gives an overview of the data collection methods and data.

| **Data collection methods** | **Data** |
|---|---|
| Interviews | In total 19 interviews (transcriptions):<br>First set: 11 face-to face interviews with change leaders (2), first-line managers (5), senior management (2), nurses' aide (1) and assistance officer (1).<br>Second set: 8 online interviews with first-line managers (4), occupational therapist (1), change leaders (2), project leader (1). |
| Participant observations of meetings | Notes from observations of internal meetings / workshops. In total notes from 10 observations (5-7 typed A-4 pages each):<br>Five meetings for first-line managers<br>Two meetings for nurses, occupational therapists, physiotherapists, and other professions<br>Three meetings for nurses' aides |
| Notes from meetings | Notes from meetings, in total notes from 13 meetings:<br>One onsite meeting with project team, including project manager and 5 change leaders<br>One onsite meeting with two top-managers<br>Eleven meetings with project leader, online or phone |
| Documents | Written material/documents in the form of:<br>PowerPoint presentations and folders<br>Official and service letters<br>Project summaries<br>Project final report<br>Implementation plans |
| Participation in reflection seminars | Reflection seminar notes from three online seminars (12 typed pages in total).<br>Participants in the online seminars:<br>Seminar 1: Steering group members of which some had been interviewed and project leader<br>Seminar 2: Other interviewees first set of interviews + colleagues<br>Seminar 3: Steering group, change leaders and project leader |

Table 1. Data collection methods and data, an overview

Interviewees were selected in collaboration with the project leader that was responsible for the innovation process (generation and adoption of the new approach to H&C in the municipality). Important criteria were that the interviewees had insight into or had taken part in the innovation process. The project leader was instructed to propose both individuals that had been positive to the development of the new approach and those that were more

cautious or opposed to it or the changes suggested by it. The final decision on who to interview was the authors'. Both authors participated in the data collection in equal amount. The interviews were semi-structured and based on interview guides that included both similar and different themes and questions for the two interview sets. The themes are presented in table 2.

| **First interview** | **Second interview** |
|---|---|
| What is the new for whom? | |
| Organisation of the innovation work | Organisation of the innovation work and its main activities |
| Goals or expectations | |
| Conditions that enable or constrain the innovation work | Conditions that enable or constrain the innovation work |
| Support to unit managers | |
| Employee participation | Employee participation |
| How the innovation process is communicated | |
| | Results and effects of the innovation |
| Thoughts about the future for the new approach | Thoughts about the future for the new approach |

Table 2. Themes of the interview guides, first and second set of interviews

The 11 onsite interviews from set one lasted 45 minutes on average and the eight online interviews in set two averaged 25 minutes. Interviews were recorded and transcribed verbatim.

## Data analysis

Data analysis was conducted in several iterative steps. An initial, descriptive analysis was carried out continuously throughout the research project to follow the unfolding innovation process. Both authors engaged in this phase by jointly reading field notes, interview transcripts and documents, and by discussing emerging observations with participants during reflection seminars.

Subsequently, interview transcripts from each interview round were analysed separately using a data-driven thematic approach inspired by Braun and Clarke (2006). Both authors independently coded the material, focusing on empirical instances of conditions that appeared to enable or constrain learning and innovation during different phases of the process. Coding was performed iteratively, including several rounds of comparison and refinement.

Analytical disagreements were discussed until consensus was reached, leading to the refinement of categories and themes. Preliminary findings were presented at reflection

seminars, which functioned as an additional form of analytic validation by allowing participants to critically discuss and elaborate on the researchers' interpretations.
In a final analytic step, the two interview-based analyses were re-analysed together with observational data, documents and seminar notes. At this stage, enablers and constraints were interpreted as learning conditions in light of the theoretical framework. Collaboration emerged as a core integrative theme across data sources. Trustworthiness was strengthened through researcher triangulation, prolonged engagement in the field, and continuous dialogue between empirical material, theory and participant feedback.

## Research setting

This section shortly describes the Swedish municipal context and thereafter the municipality and workplace innovation process in focus of the study.

Municipalities are self-governed through an elected assembly, which employs a municipality director with chief executive power. The municipal council also appoints executive boards that govern municipal departments that hold operations such as elderly care, schools and road administration. The municipality where the studied innovation process took place had approximately 150 000 inhabitants and 13 000 employees. The innovation process took place under the executive board of Health and Care (H&C) within the department responsible for the health and care of disabled and elderly people in the municipality. H&C departments in municipalities often operate under difficult financial conditions as they tend to have budget deficits or tight budgets, paired with an increasing need of care among citizens due to an ageing population and hence increased costs. There is also a general shortage of skilled workers. Altogether these challenges effect the possibility of delivering high-quality H&C services (Fogelberg Eriksson & Halvarsson Lundkvist, 2024).

The above-mentioned challenges contributed to a general notion among central decision makers in the municipality that the approach to delivering H&C services needed to change into a new one, triggering a process of workplace innovation. The new approach to H&C (the innovation) was planned to be developed in three phases (the innovation process). The first phase, "initiation" (1,5 yrs), revolved around five interrelated and coordinated projects involving managers and staff representatives. These projects focused on developing a new model with methods and concrete working procedures for providing H&C, suggestions for changes in organisation and staffing, suggestions for change of competence profiles for recruitment and competence development, suggestions for management and budget systems, as well as suggestions for development of use of welfare technology. As the projects ended, the second phase, "test and development" (1,5 years), slowly started and was supported by four designated "change leaders" from the second year of the second phase. During the second phase, the new approach was tested in a limited number of H&C operations within one geographical part of the municipality. The Covid 19-pandemic delayed the second phase, as well as the third one, "implementation", as the new approach to H&C was rolled out in the entire H&C operations of the municipality.

The new approach that was developed was referred to as a rehabilitating working method. In municipal documents it was stressed that the new approach rested on four basic pillars: support based on the citizen's goals, working towards strengthening the citizen, the citizen as an equal party, and close cooperation between professions, the citizen and civil society. It was further emphasised that the support had to be designed so that the citizen's abilities were taken advantage of and, if possible, developed by everyone around the citizen working to strengthen them. The municipality's support to the citizen therefore had to be cohesive and coordinated throughout the citizen's care process. It was stated that this required better collaboration and interprofessional approaches in all parts of the citizen's process.

The new approach entailed a new way of thinking about and providing H&C services, which required educating both first-line managers and H&C workers and developing more rehabilitating working methods. As an example, instead of helping an elderly person to get dressed, the elderly person should receive adequate support to do so herself. The new approach not only required new working methods but also new ways of organising H&C services and new forms of collaboration between different professional workers.

## Findings

This section presents the findings, structured by conditions that enabled or constrained the innovation process, as well as taking two phases of the innovation process into account: when moving from development to testing of the new approach to H&C, and when moving from test to implementation of the new approach to H&C in the operations.

The findings section revolves around collaboration, which stood out as a core theme when analysing the empirical material from all data sources. The new approach, the rehabilitating working method, depended on collaboration between professions, the citizen and civil society: A fundamental idea in the rehabilitating working method was collaboration between different professions around a citizen with care or support needs. In addition, collaboration between the line organisation (delivering H&C services to citizens) and the authority organisation (deciding on what kinds of H&C services a citizen is entitled to) was mentioned as a prerequisite for the new approach. The interview responses showed that the new approach not only required collaboration between all professions based on the needs of the citizen, but also collaboration higher up in the organisational hierarchy to facilitate collaboration between the professions.

But collaboration within units and activities and btween them also emerged as a fundamental condition for the innovation process (cf. Torfing et al, 2020), in the development, testing and adoption of the new H&C approach. It was evident that collaboration was needed to be able to learn about, develop, test and implement the new approach. This included collaboration among and between actors both within and outside the H&C department, i.e. different professionals and workers with different responsibilities vis-a-vis the citizen in need of H&C services.

## Conditions that enabled the innovation process

Two constitutive conditions enabled collaboration and learning during the initial, developmental and testing phases of the innovation process. One condition was the *long-term commitment of politicians* and their long-term decisions that made it possible to start and sustain the innovation process. Another condition was that *the organisational innovation process was led and coordinated by a project leader* (a central-level change strategist), who had the mandate to get "the right people" together and offer arenas for generation and development of the new approach to H&C. The five initial projects were such examples of arenas where a selection of managers and employees jointly developed the new approach. The project leader also had an important role in developing consensus between the central H&C department and the local operations (H&C units) of the municipality during the initial phases of the innovation process.

In addition to these constitutive conditions, a condition that was put forward as generally enabling for all phases of the innovation process was having a *committed unit manager,* who for example showed interest in, prioritized and allowed employees to partake in the development or testing of the organisational innovation. Everyone taking part in interviews and reflection seminars emphasized the crucial importance of the unit manager for the development and implementation of the new approach.

As the innovation process moved from development into testing of the new approach at a selected number of the operational units, there were other types of conditions that were forwarded as important enablers of the innovation process and the collaboration between professions around the citizen. The designated *change leaders* that facilitated workshops and supported operations during the development and test phase were clearly emphasised as conducive for the innovation process by all participants. The change leaders functioned as concrete support in the units, exemplified in interview excerpts such as these: "It makes it easier as the change leaders structure the cross-professional meetings.", "It is good to have two change leaders who go out to the work groups, this helps with continuity and makes it easier to learn from each other.", "...it wasn't until these change leaders were appointed, and there was a group that started working on this and could steer it, that things became more action oriented."

The change leaders seemed to function as a hub for two types of collaboration when change leaders and the professions collaborated. First, they jointly developed tools and work models that were intended to be used in the future, and second, they initially worked jointly with the care plan for the citizen. It was clear that the change leaders supported both the process of developing methods and tools and the process around the citizen. However, the interviews did not provide a clear answer to what extent unit managers and change leaders collaborated to support the working group that worked with the citizen on a daily basis.

*Organising the staff in teams* around a few citizens worked as an enabling condition for collaboration and learning in the testing of the new approach to H&C. Working in

interprofessional teams was a new experience particularly for the care workers within so called home care. This type of care service – the most common in Sweden – involves care workers attending to individuals' needs in their private homes. It is typically carried out as solitary work, with limited daily interaction with colleagues or other professionals, in contrast to care work conducted in specialised housing.

## Conditions that constrained the innovation process

Several conditions that made the innovation process difficult or slowed it down were put forward in interviews, meetings and workshops. These conditions operated as barriers to the collaborative development and implementation of the new approach to H&C. A main finding was that barriers that constrained the innovation process varied in strength during the innovation process: Some conditions were stable barriers in all phases of the innovation process, while other barriers emerged and reproduced in a domino-effect-manner, particularly in the implementation phase. Another main finding was that the conditions that constrained the innovation process exceeded the number of enabling conditions. Since the constraining conditions were manifold they will be presented under sub-headings.

### Organisational structure and operational logics and cultures

Several conditions were related to the public organisational setting and its inherent complexity and differing operational logics and cultures. These interrelated conditions were presented as barriers through the entire innovation process, but with an emerging importance and special emphasis of their particularly constraining function as the units were to implement the new approach in their operations.

In the development and testing phase as well as in the implementation phase, the municipal organisational structure presented itself as consisting of *organisational silos*, or self-contained operations with their own operational, professional and financial borders. The participation of different professional and care workers that were to gather as a team around the citizen according to the new H&C approach was constrained by the formal borders of the organisational structure and the access of competent and available staff in each 'silo'.

The different organisational silos point to the considerable *organisational complexity* that municipal organisations substantiate. The silos did not only denote horizontal compartmentalization of municipal activities, but they also came with their own organisational hierarchies. Participants related that in order to navigate the innovation process, different departments and different hierarchical and managerial levels of the municipality and care operations needed to collaborate, particularly in the innovation implementation phase. It turned out that, in the innovation process, one measure that seemingly related to primarily one operation or part of the citizen's care process in turn affected several others in the municipal system. Thereto, the citizen's care processes – and thereby the innovation process – included collaboration with external actors such as regional health care operations (e.g. regional health care centres, hospitals). The complexity operated as an inertia to the

innovation process, since several operations and managerial levels needed to collaborate in order to implement the new approach to H&C, and this was difficult to bring about.

With the organisational complexity of public organisation sector responsibilities followed *competing goals, logics and cultures* in the municipal H&C. An example that was put forward by several participants, independent of each other, of existing competing operational logics on the workplace level was the work culture among some professional groups, which was centred around helping or serving the citizen, as a 'care servant'. This collided with the logic of the new approach to H&C, which instead focused on supporting the citizen to stay independent from concrete help or service. To that, different professions had their accustomed routines, processes and their own practice, which were partly governed by different laws and guidelines, for example relating to health care, social care or the municipal control system. This constrained the actual collaboration around the citizen's needs, and this made it more difficult to find common ground. Other examples of the varying rationales for professional groups with different organisational responsibilities were put forward: When an administrator working with aid assessment decides on what amount and type of municipal H&C services a citizen is entitled to, this is an exercise of authority steered by the logic of legal correctness and the municipal obligation to fulfil equal rights to its citizens. When care workers perform or deliver care service, this follows a logic of care and of adapting to the individual and her specific care needs. When a unit manager, responsible for keeping the budget in order, decides on how to organise work at the unit the logic is rather steered by the goal of lowering costs or keeping the budget in balance. Hence, a common goal of efficiency in the municipal H&C setting could either be understood as 'legally correct decisions', 'following the goals of the citizen', or 'cost containment'. These different logics acted as barriers in the innovation process, and these became more and more apparent as the innovation process proceeded.

### Budgets, funding and administrative systems

The constraining condition of organisational silos co-varied with the *different budgets* that employees of different units belonged to. This conditioned employee participation and activities, relating to both the innovation process and the new approach to H&C. The strained budgets and the general economic situation operated as constraints for participating in development and learning activities, as fill-ins had to be appointed, bringing double costs to the unit, if staff were to participate in the innovation process. The compensation calculations according to the remuneration systems, regulating the operations that collaborated in the innovation processes turned out as structural obstacles for developing the new approach and in some instances seemed to counteract the implementation of the new approach. Some private H&C companies (private contractors) delivered H&C services on behalf of the municipality, and these companies were compensated by invoicing the municipality for their services. An inherent idea of the new approach was to reduce costs if citizens could become more independent and in need of less hours of care. According to the participants such a situation was not favoured by the private companies, that instead were interested in invoicing the municipality as many hours of delivered care as possible.

As is common in other Swedish municipal H&C operations, the operations that participated in the studied innovation process used a large number of digital administrative systems, often daily. These were used for example to document aid assessment, care needs and plans for care, delivery of care service, reporting of critical incidents, administrating personnel and staffing, budget systems, invoicing – to mention some of them. It was repeatedly reported that these systems were apprehended as *incongruent administrative systems*, that did not facilitate collaboration neither in the innovation process nor in the actual care work in accordance with the new approach. Multiple systems required multiple reporting, and the information required or asked for by the system did not easily form a basis for collaboration around the new H&C approach. Instead, managing the administrative systems required considerable effort, but this did not support the innovation process nor the new approach to H&C. In addition, the procurement of IT systems that were ongoing during data collection could not support the innovation process, towards the new H&C approach. The procurement became a lengthy and complicated process and the absence of a cohesive and adequate IT system to support the new approach slowed down the innovation process.

### Availability of adequate resources

A stable barrier through the entire innovation process was the *lack of continuity of staff and managers*, and this related to all organisational levels of the municipal H&C. Several of the initiators of the innovation process were no longer there as the process continued towards implementation. This applied to both politicians and civil servants, something which necessitated constant anchoring work by the project leader (and change leaders) and re-starts that consumed resources that otherwise could have been allocated to developmental or implementation work. In the testing and implementation phases, it was noted that some professionals came unprepared to team meetings and were not informed about the citizen in need of care. The citizen's contact person was not always present at meetings, and different people around the same citizen could appear at different meeting times. This all related to the staffing situation, for example staff shortages, organisation of home H&C and scheduling. The assistance officers (administrators) did not work continuously around the same citizen, and to that could sometimes follow old guidelines (those prior to the new approach) when assessing the aid and care needs of the citizen. Managers that were employed during the innovation process were not always informed about the new approach to H&C, and they therefore lacked both knowledge of and interest in implementation of the new approach. Altogether, the lack of continuity of staff and managers was a condition that constrained the collaboration and slowed down the innovation process, particularly in the implementation phase.

Another stable barrier through the entire innovation process was the general *lack of time.* Collaboration was limited by the ability to allocate time for participating in meetings, meeting times were generally considered too short to actually discuss and decide upon the citizen's care needs in relation to the new H&C approach, and managers were pressed by other issues and could not allocate time to participate where they would have needed in the innovation

process. Not only daily operations, but also multiple and parallel organisational change processes, were competing for time.

In the implementation phase, the project leader and the change leaders ascertained that the *change leaders lacked mandate*. The changes leaders were considered as important facilitators of the early stages of the innovation process, particularly in assisting units and interprofessional teams in their learning, testing and incorporation of the new H&C approach. In this phase, their role was clear, and they could both support and push units and teams to test the new approach. However, as the implementation phase was rolled out, and the responsibility for implementing the new approach was laid on unit managers, the change leaders' mandate to influence and support the innovation process diminished. The level of engagement of each unit manager varied in the implementation phase, and participants pointed out that the engagement for adopting the new approach in some cases was low. Altogether, this constrained collaboration around and implementation of the innovation.

Figure 1 attempts to visualise a selection of the most salient barriers mentioned above, and their emerging character, to the innovation process. The barriers became conditions that constrained learning and transformative action, and therefore also the innovation process and they became more salient during the transition from test to implementation. The figure also visualises that the conditions interacted in a complex web where one barrier in turn reproduced into other barriers, not only in a linear and causational way, but rather dynamically interconnected. Workplace cultures, the mandate of change leaders and the interest and engagement of managers to implement the new approach influenced the actions that participants took – or not – in relation to the adoption of the new approach to H&C. One example from the figure is that the compensation calculations (i.e. how to calculate care costs) formed a barrier to adopting the new approach since the new calculations collided with the prevalent ones, and the new calculations were in turn at odds with the municipal, organisational silo, budgets. These in turn collided with different operational logics and the municipal control system, creating barriers to the adoption of the new approach in the H&C operations.

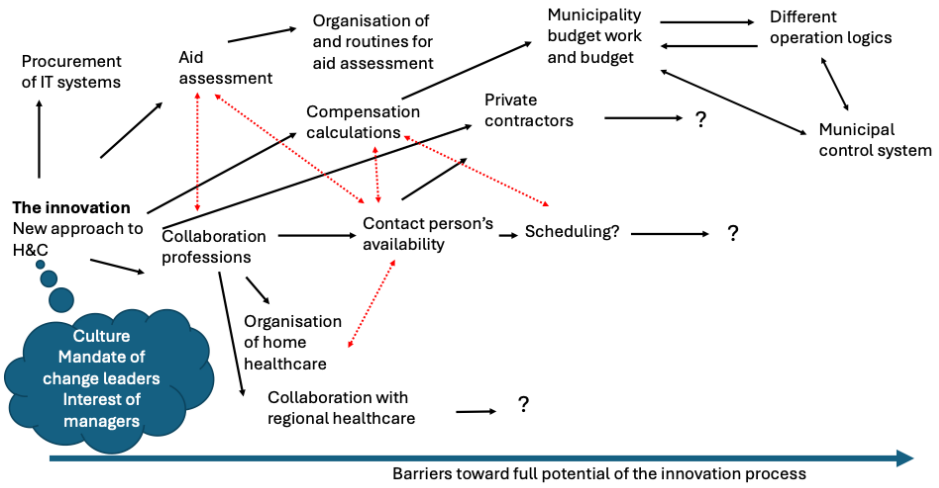


Figure 1. Examples of emerging barriers that slowed down the implementation of the new approach to H&C.

The figure further depicts how the innovation, that is, the new approach to H&C, during the course of the innovation process first affected collaboration between professions, procurement of IT systems, and aid assessment. It also directly affected compensation calculations and private contractors. But it did not stop there. In turn, as shown in figure 1 by arrows, various secondary barriers occurred as a result of the initial barriers, in respective context. The red, dotted, arrows, illustrate that the secondary barriers related to other barriers in other contexts. The question marks in figure 1 indicate that particpipants found it likely that new barriers will occur, for example when new schedules are launched.

## Discussion

The findings showed that the conditions that enabled learning and facilitated collaboration in the innovation process primarily related to the initial stages of the process, when developing and testing the new approach to H&C (Lidman, 2023; Nählinder & Fogelberg Eriksson, 2017). In the development and testing phases of the innovation process, support from change leaders and managers, arenas for collaboration and teamwork and access to learning activities, such as workshops, were offered to employees and managers (Deutscher & Braunstein, 2023; Fuller & Unwin, 2011). This allowed participants to collaborate, experiment, develop and explore the new approach to H&C (Ellström, 2006) which indicates an expansive learning environment (Fuller & Unwin, 2004) in the early phases of the innovation process (cf. Rosing et al, 2011; Criado et al, 2025).

Despite enabling conditions for learning in the development and testing phase of the innovation process, the barriers that emerged as particularly strong in the implementation phase slowed down further collaboration and the actual adoption of the new approach to H&C (Evans et al., 2011), and thus also hampered the innovation process (Halvarsson Lundkvist & Gustavsson, 2018; Lidman et al., 2023). The mutual engagement in innovation activities involved negotiations of meaning (Fuller et al., 2005), but the different work cultures did not always function as promotors of transformation towards the new H&C approach in the implementation phase (Engeström, 2001; Engeström & Sannino, 2021). The collaboration and learning in various groups in the initial and test phases of the innovation process could not be sustained in the implementation phase because of emerging barriers in other operations, including lack of interest from unit managers and a shortage of time.

The findings showed that there were indeed both stable and emerging barriers that constrained learning in the innovation process (Fuller & Unwin, 2004; 2011). The barriers were formed in a complex pattern of domino-effects raising through overhead departments and administration systems (Lam, 2005). Although many of them related to the ones previously depicted as innovation barriers in the public sector context (Cinar et al, 2019; Lidman, 2023), these barriers could not fully be foreseen by the participants when the innovation process started and most of them emerged and grew stronger in the shift from the generation phase to adoption. The case thus showed that the H&C operation was able to develop and test the new idea but found it difficult to implement the innovation throughout

the organisation and thus benefit from its potential good value (Damanpour, 2020). In order for the new approach to H&C to be fully implemented, the emerging barriers would have needed to be addressed, triggering changes in other than the H&C operations. Collaboration at higher hierarchical municipality levels, to lessen the impact of the emerging barriers, had not been prepared for.

In this sense, the studied municipal innovation process is not unique. The municipality at hand shared the same concerns as many other Swedish municipalities that initiate a workplace innovation process, regardless of whether it is called a development project, development work, improvement work or something else (Wihlman, 2014). The lack of sustainability in the innovation process is often due to the fact that the other components in the complex system cannot receive or support what is 'ready' to be implemented (Lidman, 2023). Added to this is the realisation that every implementation requires a local workplace innovation process where also adopters need opportunities for learning and moving away from existing work methods, towards new ones (Ellström, 2010; Engeström, 2001; Engeström & Sannino, 2010). This expands the view of adopting an innovation as mere exploitation (cf. Rosing et al, 2011). The local innovation process, in turn, demands unit managers to work development oriented (Ellström, 2010). However, municipal unit managers often lack resources to prioritise innovation, particularly in the implementation phase (Lidman et al, 2022).

# Conclusion

This paper set out to explore conditions that enable and constrain workplace innovation in public sector organisations, with particular attention to how such conditions unfold across different phases of an innovation process. Based on a longitudinal case study of workplace innovation in municipal health and care operations, the study offers several contributions.

## Theoretical contributions

The paper contributes to public sector innovation research by advancing a learning-oriented and processual understanding of enabling and constraining conditions for innovation. Rather than treating barriers as static obstacles, the findings demonstrate how conditions emerge, interact and intensify over time, particularly during the transition from development and testing to implementation. By integrating concepts from workplace learning theory, the study shows how both stable and emerging learning conditions shape the sustainability of workplace innovation processes.

## Practical and managerial implications

For practitioners and managers in public organisations, the findings highlight that conditions that support collaboration and learning must be actively sustained beyond the early phases of innovation. While arenas for experimentation and dialogue supported development and testing, the lack of equivalent learning support during implementation constrained adoption.

Unit managers play a crucial role in creating learning conditions, underscoring the importance of managerial capacity and mandate to prioritise developmental work throughout the innovation process.

## Implications for governance and policy

At a governance level, the study suggests that successful workplace innovation in public organisations requires coordination across organisational silos, budget systems and administrative infrastructures. Anticipating emerging constraints during implementation calls for governance arrangements that enable cross-level collaboration and alignment of control systems, funding models and digital infrastructures with innovation goals.

Finally, as this study is limited to a single municipal case, future research would benefit from comparative and longitudinal studies examining how emerging learning conditions influence innovation outcomes across different public-sector contexts.

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