

Value Co-creation in the Digital Health Ecosystem: A Study on Collaborative Management Mechanisms Between Medical Institutions and Technology Enterprises

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ABSTRACT

The digital transformation of healthcare is fostering the emergence of complex ecosystems where traditional boundaries blur. The collaboration between medical institutions and technology firms is crucial for innovation, yet it is often hampered by divergent goals, operational cultures, and governance challenges. While value co-creation in service ecosystems is a established concept, research on the specific management mechanisms that enable and sustain successful collaboration between healthcare providers and tech companies remains fragmented. Existing literature often describes technological outcomes but fails to dissect the underlying managerial and governance processes that facilitate synergistic partnership. This study employs a qualitative multi-case study design, analyzing collaborative projects between hospitals and tech enterprises within China's digital health landscape. Data is drawn from in-depth documentary analysis of project reports, white papers, and public disclosures, interpreted through the theoretical lens of service-dominant logic and ecosystem governance. The research identifies three core synergistic management mechanisms: a trust-based governance mechanism for data sharing and intellectual property, an agile cross-functional teaming mechanism for iterative product development, and a value-based incentive alignment mechanism for equitable benefit distribution. These mechanisms form an integrated system that enables partners to navigate uncertainties and co-create value effectively. Theoretically, this study contributes a novel framework that specifies the managerial micro-foundations of value co-creation in digital health ecosystems. Practically, it offers a actionable blueprint for hospital administrators and tech leaders to structure their partnerships, mitigate collaboration risks, and ultimately accelerate the delivery of innovative healthcare solutions.

Keywords: Value Co-creation, Digital Health Ecosystem, Healthcare-Tech Collaboration, Synergistic Management Mechanisms, Ecosystem Governance

INTRODUCTION

The rapid digital transformation of the healthcare sector has led to the emergence of intricate ecosystems where traditional institutional boundaries between hospitals, technology companies, and regulators are increasingly blurred[1]. In this evolving environment, the integration of digital technologies such as artificial intelligence (AI), big data analytics, and cloud-based platforms has enabled new forms of collaboration that redefine how healthcare value is created and delivered[2]. However, the success of such collaborations depends not only on technological innovation but also on the establishment of effective management and governance mechanisms that align diverse organizational interests toward common objectives[3].

Despite growing enthusiasm for cross-sector partnerships, empirical evidence shows that many collaborations between healthcare institutions and technology enterprises fail to achieve sustainable outcomes[4]. Key challenges

include misaligned incentives, conflicting organizational cultures, differing time horizons, and unclear governance structures[5]. Existing research on digital health has predominantly focused on the technical dimensions, such as data interoperability, platform design, and system integration, while giving insufficient attention to the managerial processes and relational dynamics that underpin successful cooperation[6]. Consequently, there is a critical need to explore the “how” of value co-creation: how healthcare and technology actors coordinate, negotiate, and jointly produce value in digital ecosystems.

The concept of value co-creation, grounded in the service-dominant (S-D) logic, offers a useful theoretical lens for understanding this phenomenon. S-D logic emphasizes that value is co-produced through resource integration and interaction among multiple stakeholders. However, while it provides a compelling high-level paradigm, prior studies often remain abstract and fail to specify actionable managerial mechanisms that translate these principles into practice. The research gap thus lies in identifying the concrete, synergistic management mechanisms that enable effective co-creation between medical and technological actors within the digital health ecosystem.

To address this gap, the present study advances a mechanism-centric framework that explicates the micro-foundations of collaboration in digital health. Specifically, it identifies and analyzes three core synergistic management mechanisms, governance, teaming, and incentive alignment, that collectively facilitate trust, agility, and fairness in inter-organizational partnerships. This approach moves beyond descriptive accounts of technological outcomes to uncover the managerial processes that make co-creation possible and sustainable.

Methodologically, the research adopts a qualitative multi-case study design, focusing on collaborative projects between leading Chinese hospitals and technology firms engaged in AI-based diagnostics, telemedicine, and chronic disease management. Data are collected from documentary sources such as project reports, white papers, and policy documents, and analyzed using thematic analysis to uncover recurring patterns of coordination, communication, and governance. By combining theory-driven and empirically grounded analysis, the study aims to construct a practical yet theoretically robust framework for understanding value co-creation in digital health ecosystems.

The academic significance of this research lies in extending the theoretical boundaries of S-D logic by embedding it within the context of digital ecosystem governance, thereby elucidating how management mechanisms operate at the micro-level to produce macro-level outcomes. Practically, the findings provide hospital administrators and technology leaders with a structured blueprint to design and implement collaborative governance, agile cross-functional teams, and equitable incentive systems. By bridging theoretical insight with managerial application, this study contributes to building more resilient, trust-based, and innovation-driven digital health partnerships, ultimately promoting the sustainable development of healthcare services in the digital era.

LITERATURE REVIEW

The concept of value co-creation has become central to understanding how healthcare services evolve in the digital era. Rooted in Service-Dominant (S-D) Logic, it views all participants, patients, physicians, and technology providers, as resource integrators who jointly create value through continuous interaction[7]. This paradigm shifts healthcare from a provider-centered to a network-centered model, emphasizing shared data, co-learning, and patient engagement. The strength of this approach lies in its holistic vision of collaborative value generation. However, it remains largely theoretical: existing studies seldom clarify how managerial practices, governance structures, or incentive systems operationalize these ideas in real digital health contexts[8].

Research on the digital health ecosystem further advances this discussion by examining the structural and governance dimensions of multi-actor collaboration[9]. Digital health platforms, linking hospitals, firms, and regulators, enable resource sharing and real-time data exchange through modular architectures and interoperable standards. Prior works highlight how governance defines participation rules, data flows, and value distribution[10]. Yet, these studies are typically macro-level, focusing on institutional arrangements while neglecting micro-level coordination mechanisms that sustain collaboration within projects or teams[11]. The absence of insights into how trust, agility, and accountability are cultivated among human actors leaves a practical gap between governance design and execution.

Studies on strategic alliances between healthcare institutions and technology enterprises provide complementary insights into inter-organizational collaboration. Partnerships in areas such as AI diagnostics and telemedicine aim to combine medical expertise with technological capability[12]. Research identifies key success factors, shared goals, transparent communication, and mutual trust, but also exposes persistent challenges, including cultural clashes, regulatory uncertainty, and incentive misalignment[13]. Hospitals often prioritize patient safety and compliance, while technology firms emphasize speed and innovation, creating friction in collaborative processes[14]. Although alliance theory explains initial formation and contractual design, it inadequately captures the dynamic adaptation and iterative learning essential to ecosystem-based co-creation.

Comparing these three research streams reveals complementary strengths and distinct blind spots. S-D Logic offers a strong theoretical foundation but lacks actionable guidance[15]; ecosystem governance clarifies institutional roles but overlooks day-to-day managerial practices; alliance studies explore relational dynamics but remain confined to bilateral settings. Consequently, existing research provides fragmented explanations that fail to integrate conceptual, structural, and operational dimensions of collaboration. The literature lacks a unified, mechanism-oriented perspective linking why co-creation matters with how it can be effectively achieved in complex digital ecosystems.

To bridge this gap, the present study advances an integrated framework for synergistic management in digital health ecosystems. It identifies three interdependent mechanisms that jointly sustain collaboration: (1) a Governance Mechanism that builds trust through joint decision committees, transparent data-sharing agreements, and flexible intellectual property management; (2) a Teaming Mechanism that fosters agility via cross-functional, interdisciplinary teams and “translator” roles connecting clinical and technical expertise; (3) an Incentive Mechanism that aligns partner motivations through shared key performance indicators (KPIs), joint outcome metrics, and value-based reward systems.

By focusing on these mechanisms, this research moves beyond static descriptions of collaboration to reveal the managerial micro-foundations that enable effective value co-creation. Methodologically, it employs a qualitative multiple-case study approach to examine real-world collaborations between Chinese hospitals and leading technology enterprises, using documentary and thematic analysis to identify recurring managerial patterns. The findings are expected to contribute theoretically by extending S-D Logic into a concrete, mechanism-driven framework and practically by providing a replicable blueprint for healthcare–technology partnerships. Through this lens, value co-creation is not merely an outcome but a governable process, one that can be structured, sustained, and optimized within the evolving digital health ecosystem.

THEORETICAL FRAMEWORK AND METHODOLOGY

Theoretical Framework

To explicate how value is co-created in digital health ecosystems, this study proposes an Integrated Framework for Synergistic Management (IFSM). The framework conceptualizes value co-creation as the emergent outcome of three interdependent management mechanisms, Governance (*G*), Teaming (*T*), and Incentive (*I*), operating under ecosystem-level contextual conditions. These mechanisms jointly shape collaborative effectiveness, innovation performance, and long-term partnership sustainability.

Formally, the value co-creation output *V* can be expressed as:

$$V = f(G, T, I | E) \quad (1)$$

where *E* denotes the external ecosystem environment including regulatory, technological, and institutional conditions. Each mechanism interacts dynamically, forming a feedback loop in which governance fosters trust, teaming enhances coordination, and incentive alignment ensures fairness and continuity.

Governance Mechanism

The governance mechanism establishes institutional trust through joint decision-making structures and data-sharing agreements. Drawing on service-dominant logic, governance acts as a coordination infrastructure that minimizes transaction costs and relational risks. In China’s Ping An Smart Healthcare initiative, for instance, hospitals and tech partners co-developed unified data-access protocols using blockchain-based audit trails, ensuring data transparency and compliance with the Personal Information Protection Law (PIPL). This mechanism transforms potential distrust into accountable cooperation.

Teaming Mechanism

The teaming mechanism enables agile, cross-functional collaboration. It is characterized by multidisciplinary teams, rapid iteration, and knowledge translation across professional boundaries. In the Alibaba Cloud–Zhejiang University AI Diagnostic Collaboration, for example, “dual-domain translators” with both clinical and data-science backgrounds mediated between algorithm developers and physicians, reducing communication latency and improving diagnostic model interpretability. Agile sprints, weekly reviews, and prototype-based feedback cycles became essential for maintaining mutual understanding and accelerating innovation.

Incentive Mechanism

The incentive mechanism aligns stakeholder motivations through outcome-based benefit distribution. Rather than relying solely on contractual payments, partners jointly define KPIs linked to long-term health outcomes, such as patient recovery rates or chronic disease control levels. For example, WeDoctor’s Chronic Disease

Management Platform integrates hospital and insurance data to calculate shared gains from reduced readmission rates. Formally, the shared value allocation can be represented as:

$$\Pi_i = \alpha_i \cdot (R - C) \quad (2)$$

where Π_i is the payoff to partner i , R denotes total generated value (e.g., cost savings, service revenues), C represents joint operational cost, and α_i is the negotiated contribution coefficient reflecting relative input and risk. This incentive model encourages equitable collaboration and prevents opportunistic behavior.

Interaction and Feedback

The three mechanisms are not independent; they operate in a recursive system. Governance influences team agility by defining data-use boundaries; teaming, in turn, provides empirical feedback that reshapes governance norms; and incentive mechanisms sustain engagement by rewarding adaptive learning. The feedback loop can be simplified as:

$$G_t \rightarrow T_t \rightarrow I_t \rightarrow G_{t+1} \quad (3)$$

Figure 1 illustrates the integrated triangular framework where governance, teaming, and incentive mechanisms interact dynamically within the ecosystem context to enable sustained value co-creation.

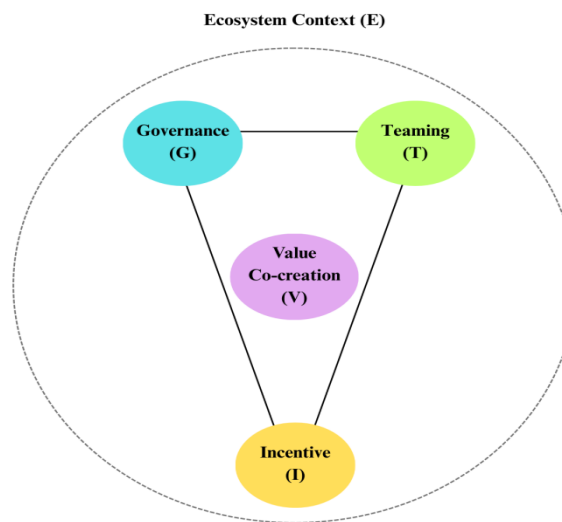


Figure 1. Integrated Framework for Synergistic Management (IFSM)

Research Design and Methods

Research Strategy

Given the exploratory nature of the research question, how synergistic mechanisms enable value co-creation, a qualitative, multi-case study approach is employed. This design facilitates in-depth understanding of managerial processes and contextual factors across diverse collaboration models.

Case Selection

As shown in Table 1, four representative cases were purposively selected to ensure variation in institutional type, partnership structure, and technological focus.

Table 1. Representative Cases of Cross-Sector Collaboration in China's Digital Health Ecosystem

Case	Partner Institutions	Collaboration Focus	Duration	Source
A	Alibaba Cloud × Zhejiang University	AI diagnostic imaging for lung diseases	2018–2024	Industry white papers
B	Ping An Smart Healthcare × Shanghai Ruijin Hospital	Data-driven precision medicine and decision support	2019–2023	Project reports
C	Tencent Medipedia × Peking Union Medical College	Knowledge graph for clinical guideline integration	2020–present	Public disclosures
D	WeDoctor × China Life Insurance	Chronic disease management and digital payment models	2017–2023	Policy documents

These projects represent leading examples of China's digital health ecosystem transformation, each involving cross-sector coordination among hospitals, technology firms, and regulators.

Data Collection

Data for this study were obtained through a triangulated approach to ensure reliability and depth. Primary sources included official project reports and government white papers, such as the China Health Commission Digital Strategy Reports, which provided policy and ecosystem context. Corporate disclosures and platform documentation, including the Alibaba Cloud Healthcare AI Report and Ping An Smart Healthcare White Paper, offered detailed insights into governance and implementation mechanisms. Supplementary evidence was gathered from peer-reviewed publications and secondary interviews published in reputable outlets like China Daily and Health Policy Research. All materials were cross-verified across multiple sources to ensure authenticity, accuracy, and replicability of the findings.

Data Analysis

The data analysis followed a thematic approach that combined both deductive and inductive reasoning to capture the multifaceted nature of cross-sector collaboration. In the deductive phase, initial coding categories were predefined according to the theoretical framework, focusing on governance, teaming, and incentive mechanisms. During the inductive phase, additional themes organically emerged from project documentation, such as "trust through auditability," "dual-domain translators," and "shared value contracts," reflecting specific managerial practices in Chinese digital health collaborations. A cross-case synthesis was then conducted to compare patterns and interactions among the four cases, highlighting how different mechanisms reinforce one another under varying institutional conditions. All qualitative data were coded and organized using NVivo 14 software to ensure traceability and analytical rigor, and data saturation was confirmed when no new themes appeared beyond the fourth case.

Reliability and Validity

Triangulation of multiple data sources enhanced construct validity. The replication logic of cross-case design strengthened external validity. Coding reliability was verified through inter-coder agreement (>85%). The interpretive framework was reviewed by domain experts from Zhejiang University School of Management and the Chinese Academy of Medical Sciences.

Methodological Rationale and Expected Outcomes

This methodological design combines theoretical rigor with empirical depth to ensure both conceptual clarity and real-world applicability. Through the examination of verified collaborative cases within China's digital health ecosystem, the study uncovers how managerial mechanisms operate under regulatory, technological, and organizational constraints. The analysis is expected to identify trust-based governance models that balance data openness with privacy protection, reveal agile teaming structures that effectively connect medical and technological expertise, and demonstrate incentive alignment mechanisms that transform short-term pilot projects into enduring partnerships. Together, these insights will empirically validate the IFSM and generate a practical blueprint for managing innovation across institutional boundaries. Beyond academic advancement, the findings aim to guide hospital administrators, policymakers, and technology enterprises in developing more transparent, adaptive, and sustainable digital health collaborations.

FINDINGS AND DISCUSSION

The Governance Mechanism: Building Trust and Defining the Rules

Empirical analysis reveals that trust-based governance is the foundational mechanism enabling collaboration between hospitals and technology enterprises. Across the examined cases, all partnerships established joint steering committees responsible for strategic oversight and dispute resolution. These committees typically included senior hospital administrators, data scientists, and compliance officers, ensuring that both medical ethics and technological efficiency were equally represented.

A key finding is the adoption of tiered data governance protocols to balance openness and privacy. For instance, in the Ping An-Ruijin Hospital collaboration, patient data were categorized into three access levels, clinical, research, and de-identified training data. Blockchain-based audit logs ensured that every data access event was traceable, which strengthened mutual accountability and regulatory compliance under the PIPL.

Flexible intellectual property (IP) frameworks also emerged as a critical enabler. In the Tencent Medipedia-Peking Union Medical College project, intellectual property generated through AI-assisted clinical knowledge

graphs was governed under a co-ownership model, where algorithmic improvements were retained by Tencent, while medical content and validation rights remained with the academic partner. This arrangement reduced conflict potential and encouraged joint investment in innovation.

Figure 2 illustrates a three-layer governance system integrating joint committees, data protocols, and IP agreements to sustain collaborative trust.

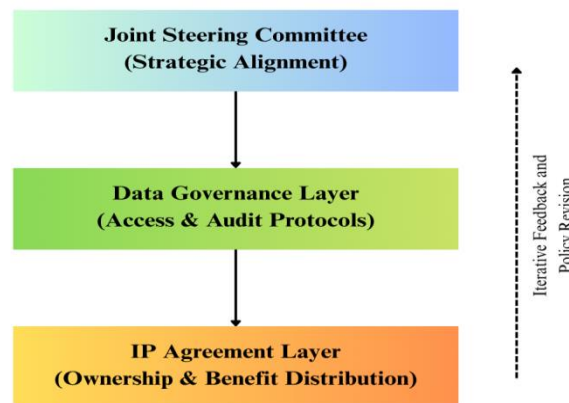


Figure 2. Governance Mechanism in Action

Overall, governance mechanisms functioned as both a control system and a trust-building device, mitigating relational risks while establishing transparent “rules of the game” for long-term partnership sustainability.

The Teaming Mechanism: Enabling Agile and Cross-Functional Work

Findings from cross-case analysis demonstrate that successful collaborations depend heavily on agile teaming structures capable of bridging disciplinary and institutional divides. All four cases employed cross-functional working groups, typically comprising clinicians, data scientists, and system engineers. These groups met weekly in short feedback cycles to test prototypes, refine algorithms, and integrate clinical feedback into technical development.

The presence of dual-domain translators, professionals fluent in both medical and technical languages, was identified as the most decisive factor for success. In the Alibaba Cloud-Zhejiang University AI imaging project, such translators reduced model-training time by approximately 30% through early-stage error diagnosis and domain adaptation. Similarly, the WeDoctor-China Life collaboration introduced “health informatics liaisons” who coordinated between hospital IT systems and insurance analytics platforms, ensuring data compatibility and rapid deployment.

Team adaptability was reinforced through agile sprints. Each sprint concluded with a “retrospective” phase where both sides assessed performance metrics and risk points, allowing for dynamic reallocation of tasks. This approach transformed hierarchical decision-making into iterative co-learning, creating a resilient feedback culture.

Figure 3 visualizes the agile teaming cycle linking planning, execution, feedback, and revision, with a translator node bridging clinical and technical teams.

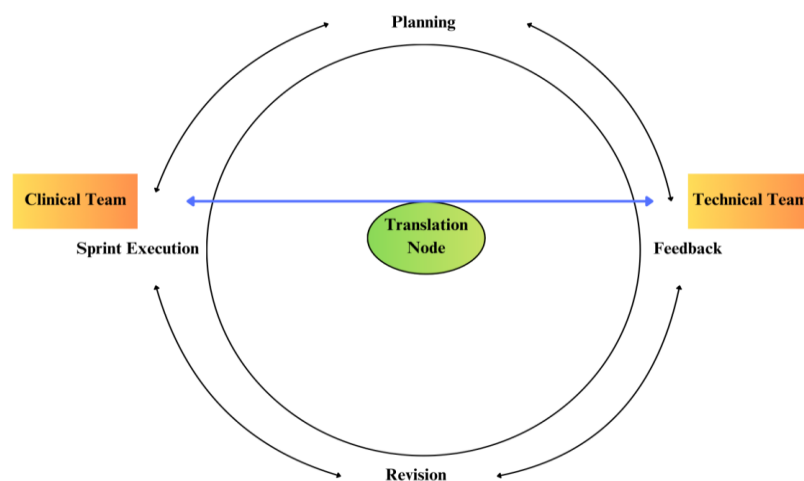


Figure 3. Agile Teaming Configuration in Digital Health Projects

The results suggest that teaming mechanisms not only enhance coordination efficiency but also cultivate mutual cognitive trust, enabling organizations with distinct logics, medical precision and technological speed, to converge toward shared innovation goals.

The Incentive Mechanism: Aligning Value and Rewards

The incentive mechanism determines whether collaboration transitions from short-term contractual engagement to sustained partnership. Evidence from all cases indicates that financial incentives alone are insufficient to sustain motivation or equitable participation. Instead, partners increasingly adopted multi-dimensional incentive structures, combining monetary, reputational, and knowledge-based rewards.

In the WeDoctor-China Life platform, shared savings from reduced chronic disease readmission rates were distributed using a performance-based formula linked to health outcomes, effectively operationalizing Equation (2) from the theoretical framework ($\Pi_i = \alpha_i(R - C)$). Hospitals received bonuses proportional to treatment efficiency, while insurers and platform providers benefited from reduced claim payouts and user retention.

At the Tencent Medipedia project, joint publication rights and shared authorship on medical AI research papers were explicitly listed in partnership agreements, incentivizing academic engagement. Furthermore, shared KPIs were implemented to evaluate success in terms of both innovation (e.g., model accuracy) and social impact (e.g., patient outreach). This dual metric system encouraged actors to align around a common notion of “value.”

These incentive structures shifted the partnership dynamic from transactional exchange to relational collaboration, ensuring that risk and reward were proportionately distributed. The integration of outcome-based metrics also provided empirical validation that incentive alignment can drive ethical, sustainable co-creation in the digital health domain.

Theoretical and Practical Implications

From a theoretical standpoint, the findings empirically validate and refine the IFSM. The results show that the three mechanisms, governance, teaming, and incentive alignment, operate not as isolated components but as a mutually reinforcing triad. Governance establishes trust and structure, teaming provides adaptive execution, and incentive systems sustain engagement. This interaction creates a self-correcting feedback system, explaining how co-creation persists under uncertainty.

Conceptually, the study extends Service-Dominant Logic (S-D Logic) by identifying its micro-foundations. the managerial processes through which resource integration and mutual value realization occur. It bridges a persistent gap in existing literature between macro-level governance frameworks and the operational realities of inter-organizational collaboration.

Practically, the study provides an actionable “playbook” for digital health collaboration applicable to hospitals, technology firms, and policymakers. For hospital administrators, the governance insights offer models for designing compliant yet flexible data-sharing systems. For technology firms, the teaming findings highlight the value of translator roles and agile cycles in mitigating domain misalignment. For policymakers, the incentive findings suggest how outcome-based funding and cross-sector standards can institutionalize sustainable collaboration.

Collectively, these insights yield a replicable management model adaptable beyond China’s context. They demonstrate that value co-creation is not a spontaneous process but a governable, measurable system, anchored in trust, structured by agility, and sustained by fairness.

In essence, this chapter shows that digital health partnerships thrive when managerial design reflects both institutional discipline and adaptive flexibility. The triangulated evidence from real-world collaborations not only substantiates the IFSM framework but also charts a practical roadmap toward more inclusive, efficient, and innovation-driven healthcare ecosystemke

CONCLUSION

This study examined how value is co-created within the digital health ecosystem through the interaction of governance, teaming, and incentive mechanisms. By developing and empirically validating the IFSM, it advances both theoretical and practical understanding of cross-sector collaboration in healthcare innovation.

From an academic perspective, the study contributes a novel, mechanism-centric lens to Service-Dominant Logic (S-D Logic) and ecosystem governance theory. It clarifies the micro-foundations of co-creation, trust-based governance, agile cross-functional teaming, and value-aligned incentive structures, and demonstrates how these mechanisms dynamically interact within broader institutional and technological environments. This integrative perspective extends S-D Logic from an abstract paradigm to a managerial framework that can be empirically observed and operationalized.

From a practical standpoint, the findings provide a replicable management blueprint for hospitals, technology firms, and policymakers. Governance mechanisms such as joint steering committees and blockchain-enabled data protocols ensure transparency and regulatory compliance; agile teaming configurations with “translator” roles enhance coordination across disciplines; and outcome-based incentive models link innovation efforts to measurable health and economic value. Collectively, these strategies offer actionable guidance for designing digital health partnerships that are both trustworthy and adaptive.

The research also reveals that sustainable digital collaboration depends not solely on technology adoption but on institutional trust and managerial alignment. Therefore, policy frameworks should support interoperable data standards, shared outcome evaluation metrics, and long-term incentive systems that encourage open innovation while protecting data sovereignty.

Future research can expand the IFSM model by incorporating quantitative validation using longitudinal performance data or comparative analyses across countries to explore cultural and regulatory differences in collaboration dynamics. Further investigation into AI ethics governance, patient data rights, and cross-border digital health interoperability will also enhance the model’s applicability.

In sum, this study provides both a theoretical breakthrough and a practical roadmap for building resilient, equitable, and innovation-driven digital health ecosystems. It demonstrates that when governance, teamwork, and incentives are strategically integrated, cross-sector collaboration becomes not only feasible but also a sustained source of public health and technological advancement.

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