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醫療網絡內部競爭之管理：英國與台灣之跨國比較研究

摘要

在策略聯盟網絡盛行的時代，合作夥伴間同時存在的競爭與合作成為聯盟網絡的主要特性之一，而學者認為“內部競爭”可視為組織疆界內重疊的活動，在策略聯盟網絡中，如何管理組織間錯綜複雜的競合關係乃是最大的挑戰。在合作網絡中，內部競爭雖有其黑暗面，但若能適當管理，也可能產生正面效果，因此強調網絡管理機制的重要性。本研究在於探討網絡中其內部競爭對於合作績效的影響，以及網絡管理機制如何管理內部競爭以便產生較佳的績效。本研究計劃原針對台灣及英國各一個醫療網絡進行比較研究，初步對台灣醫療網絡分析後，認為有必要延伸以強化研究結論，因此共發展兩個子研究，研究一為醫療網絡，比較台灣與英國，已完成台灣資料收集分析；研究二為銀行網絡，已完成台灣三個銀行網絡資料分析。

有關英國醫療網絡部份，由於研究者於2010年7月17日~8月12日赴英國收集資料(計劃執行期間至2010年8月31日止)，期間透過與Professor Mike Bourne及Dr. Veronica Martinez (Centre for Business Performance, Cranfield University)合作，得以訪問到一個醫療網絡，由兩個PCT (Primary Care Trust)所共同管理，包括在Poole, Dorset, and Bournemouth等地區的三家醫院，截至回國之前，已完成對於PCT管理中心的訪問，以及Poole Hospital之訪問，另外Dorset Hospital及Bournemouth Hospital因院長休假，以郵寄問卷及conference call進行，目前仍在資料收集中，因此英國醫療網絡部份尚未完成研究結果分析，所以僅部份達成預定目標，但將繼續完成後續的資料收集與分析，且將來可能繼續透過與Cranfield University之合作，針對子研究二之銀行網絡進一步在英國進行資料收集。

本研究目前針對一個台灣醫療網絡及三個銀行網絡部份之研究成果，已接受發表於2010 Strategic Management Society Annual Conference (SMS)，後續待英國資料完成分析，將進步與Professor Mike Bourne及Dr. Veronica Martinez於國際學術期刊共同發表論文。本研究成果報告則針對子研究一之台灣醫療網絡及子研究二之台灣銀行網絡說明，此部份研究成果已被接受發表於策略管理國際研討會。

關鍵詞：內部競爭、管理機制、聯盟網絡、競合

ABSTRACT

Existing studies regard co-opetition as “competition and cooperation.” Less attention has been paid to “competition in cooperation.” The debate of whether internal competition in cooperative network has a positive or a negative impact on performance has not reached a convergent conclusion. Internal competition, however, can be beneficial if it is well-managed. The relationship between internal competition and performance may vary with the management mechanisms in the cooperative networks. The purpose of this research is to answer the questions: Should a cooperative network manage more or less on the internal competition? How does the management mechanism moderate the relationship between internal competition and actor’s performance? We conducted two consecutive studies. The first study was done with a healthcare network, from which we derived four findings in accordance with our findings. We found that the higher the internal competition, the less the management mechanism, the resulting performance is high, vice versa. The results of the first study, however, are contradictory to the existing perception. Despite we explained this dissonance, we conducted the second study in three inter-branch networks of a bank to further examine whether the nature of internal

competition lead to different result? Four findings were derived from the second study, demonstrating that the higher the friendly internal competition, the less the management mechanism, the resulting performance is high, vice versa. On the contrary, the higher the vicious internal competition, the more the management mechanism, the resulting performance is high, vice versa. By conducting two studies, we intend to unfold the phenomenon of managing competition in cooperation, to provide our exploratory findings and implications for future research and practice.

Keywords: *internal competition, management mechanism, strategic network, cooperation*

INTRODUCTION

The issue of “cooperation *and* competition” has been noticed in the strategic management field (e.g., Brandenburger and Nalebuff, 1996; Lado, Boyd, and Hanlon, 1997; Tsai, 2002; Luo, 2007; Peng and Bourne 2009). However, less attention has been paid to the notion of “competition *in* cooperation. The simultaneous existence of cooperation and competition between partners is an important characteristic of strategic alliances (Das and Teng, 2000). Firms in cooperative networks need to manage the paradox of simultaneous competition and cooperation. Thus, managers are challenged to deal with the complexity of co-opetition within alliances and networks (Gnyawali, He, and Madhavan, 2006).

Internal competition, however, can be beneficial if it is well-managed. Some scholars think that internal competition in cooperation too often results in massive duplication of services, capital spending, and marketing efforts (e.g., Birkinshaw, 2001; Gimeno, 2004). On the contrary, internal competition can motivate cooperative partners to interact with each other to pursue common interests and to share knowledge and technological progress (Tsai, 2002), thereby creating market expansion (Lado, et al., 1997). Thus, internal competition not only represents a dark side, but also a bright side, as long as it is kept under control. Constructive competition between cooperative partners leads to effectiveness, but vicious competition hinders performance. So, while the debate of whether internal competition in cooperation has a positive or a negative impact on performance has not reached a convergent conclusion, the main purpose of this research is to answer should an organization manage more or less on internal competition? How does the management mechanism moderate the relationship between internal competition and performance?

This research is exploratory because the issue of competition in cooperation is emergent. Our intention is to conduct in-depth case research to provide new evidence in order to give an insight into what is occurring. We conducted two consecutive studies. The first study was done with a healthcare network, from which we derived four propositions in accordance with the findings. That is, the stronger the internal competition, the less the management mechanism, the resulting performance is high, *vice versa*. The results, however, are contradictory to the existing perception that the stronger the internal competition, the more the management mechanism is needed. Despite we explained this dissonance by the specific characteristics indigenous to the Taiwan healthcare setting, we conducted the second study in three inter-branch networks in the banking setting to examine whether the inside nature of internal competition lead to different result? From the second study, we expected to provide deeper findings to support the other four propositions. By conducting two studies, we intend to unfold the phenomenon of managing competition in cooperation, providing our exploratory findings and implications for future research and practice.

THEORETICAL BACKGROUNDS

Internal Competition

Birkinshaw (2001) describes *internal competition* as parallel or overlapping activities inside

the boundaries of a firm. Khanna, Gulati, and Nohria (1998) indicate that the competitive aspect of an alliance is a consequence of each firm's attempt to also use its partners' know-how for private gain. Tsai (2002) identifies *inter-unit competition* as units in an organization that compete with each other for internal resource and external market. Das and Teng (2003) define *inter-partner conflict* as the degree to which partner firms have competing interests, preferences, and practices that cannot be easily reconciled in an alliance.

Scholars have indicated that internal competition has two opposing effects on performance. Negatively, internal competition is seen as indicative of an inability to define a clear strategic direction (Birkinshaw, 2001). Gimeno (2004) argues that *intra-network competition* undermines the firms' unique advantage and power. Kim and Parkhe's (2009) study shows that competing similarity has a significant negative effect on alliance performance. In the healthcare industry, LeTourneau (2004a) argues that competition leads to duplication of services, capital spending, and marketing efforts, and it diffuses scarce resources such as nurses or physicians. Parties involved in competition not only face financial disadvantages, they are also likely to fall behind industry leaders in patient/physician satisfaction and in market share. Positively, in a multiunit organization, competition motivates units to interact with each other to pursue common interests and benefit from the synergy of inter-unit knowledge sharing (Tsai, 2002). Das and Teng (2003) recognize the positive effect of inter-partner conflict which leads to increased communication between partners, and may result in sharpened strategic objectives and a better understanding of each other's position. Birkinshaw (2001) identifies three primary benefits of internal competition: creating flexibility, challenging the status quo, and motivating greater efforts. In addition, Luo, Slotegraaf, and Pan's (2006) study supported that cross functional competition has a positive and significant effect on customer performance and on financial performance.

For what, exactly, do partners compete with each other in a network? Birkinshaw (2001) classifies internal competition as two different types: (1) competition between technologies or product ideas, and (2) competition between business lines for the same customers. Tsai (2002) identifies two dimensions of inter-unit competition. Internally, units vie for limited resources within the organization. Externally, the units try to outperform other units that offer similar products or services in the marketplace. Therefore, we considered two types of internal competition. First, *inward competition* refers to actors competing internally for power, resource allocation, and benefit distribution inside the boundary of a network. Second, *outward competition* refers to the extent to which actors compete externally for customers in the marketplace by offering similar products and services.

Management mechanism

Since competition is inevitable, the management mechanism has a critical role in transforming the internal competition from the dark side into the light, despite management mechanism across firms may become more complex and difficult. Scholars have found several sources of difficulties which lead to internal competition and need to be managed. First, internal competition may arise from lack of goal congruence (Das and Teng, 2003), strategic inconsistency, or lack of internal organizational unity. Therefore, management mechanism for such incompatible strategic goals focuses on governance structure (Jones, Hesterly, and Borgati, 1997), strategic formulation and the decision-making process.

Second, internal competition may result from potential resource dependency, inability to re-deploy transaction-specific assets, resource allocation disagreements, imbalanced investments, or competition in downstream markets (Das and Teng, 2003) and upstream suppliers. Thus, well-functioned mechanism of resource integration and allocation are essential in allocating resources equitably, eliminating resource redundancy, mitigating effects

of transaction-specific assets, and repositioning the firms in the marketplace. Third, internal conflicts may also result from problems such as divergence scope and domain, difference in strategic interest, unmet or divergent interests and expectations, heterogeneous partner operation (Bengtsson and Kock, 2000), power differentials due to unbalanced dependency. Thus, management mechanism of benefit coordination and conflict is employed to resolve disputes and conflicts, to equally distribute profits, to avoid a power imbalance between partners, and to share responsibility for the achievement of collective goals.

Fourth, internal competition between partners may also be aroused by information asymmetry (Mohr and Spekman, 1994), knowledge imitation (Das and Teng, 2003), asymmetric resource commitment, or lack of reciprocity. Frequent and joint decision making can facilitate knowledge and resource sharing, which, in turn, will balance the commitments between partners (Gimeno, 2004). Finally, cultural differences between partners, misunderstanding, distrust, or opportunistic behavior may also lead to internal competition. In alliances or networks, to achieve synergistic benefits among competing units, coordination mechanism is necessary to facilitate trust, which, in turn, will reduce appropriation concerns (Barretta, 2008; LeTourneau, 2004a; Gulati and Gargiulo, 1999; Gulati and Singh, 1998). In short, in spite of dark side, internal competition can contribute to performance when the management mechanism is adopted properly. Internally, competition can be managed by strategic goal consistency, power balance, equal resource allocation and profit distribution. Externally, it can be beneficial to all the members in a network by redefining each member's domain and by avoiding competition in a downstream market. Based on the theoretical perspective, we argue that in the cooperative network, different types of internal competition may affect performance, thus, the network should employ various management mechanisms to control competition in cooperation. We therefore conducted two studies to understand whether a cooperative entity should manage more or less on competition in cooperation.

STUDY ONE

Research setting and data collection. In the first study, we selected a Taiwanese healthcare network as the research setting. In Taiwan, healthcare policies force hospitals to form alliances and networks to cope with regulatory pressures. The Bureau of National Health Insurance (BNHI) initiated the National Health Insurance System in April 1995. In order to control the national healthcare expenditures, the BNHI has initiated several programs to encourage inter-hospital cooperation rather than competition. These pressures force hospitals to control costs and to become more efficient by engaging in various inter-organizational cooperative strategies. However, due to the geographical confinement in Taiwan, geographic closeness leads to intensive competition, therefore, the nature of strategic collaboration, combined with geographical proximity among hospitals, reveals the coexistence of competition and cooperation, highlighting the importance of managing competition in cooperation. We investigated a healthcare network, which is composed of six hospitals and two clinics. We collected qualitative data from in-depth face-to-face interviews with a semi-structural questionnaire by interviewing eight executives and top managers from these network actors. They have had more than 15 years of healthcare practical experiences.

Measurements. Based on theoretical perspectives, we classified *internal competition* into inward competition (e.g., Birkinshaw, 2001; Tsai, 2002) and outward competition (e.g., Bengtsson and Kock, 2000; Ketchen, Palmer, and Gamm, 2001; Chung and Kalnins, 2001). *Inward competition* refers to actors' competing internally for power, resource allocation, and benefits distribution inside the boundary of a network. It is captured by the extent to which

actors competing for the following on a 7-point scale: (1) each hospital's opinion adopted by the network, (2) each hospital's influence on the network decisions, (3) each hospital's ability to access network-specific information, (4) each hospital's ability to allocate network resources, (5) each hospital's dependence on the network, (6) each hospital's ability to acquire benefits from the network, and (7) each hospital's task assignments given by the network. On the other hand, *outward competition* refers to the extent to which actors compete externally for customers in the marketplace by offering similar products and services. We use both geographic proximity and service-scope proximity to measure outward competition. Geographic proximity is used to define healthcare market, whereas service-scope proximity is used to define hospitals offering similar products and services.

Management mechanism is a set of process and means used for controlling and managing the network-related activities in order to attain collective goals. Following the prior studies, the management mechanism in this study is captured by measuring a 7-point scale questionnaire that measures the extent to which each actor perceives the following items: (1) a collective decision-making mechanism, (2) a collective strategy-formulation mechanism, (3) a resource integration and allocation mechanism, (4) a benefit distribution mechanism, (5) a conflict coordination and resolution mechanism, (6) a knowledge and resource-sharing mechanism, and (7) a trust mechanism.

Hospital *performance* can be measured either objectively or subjectively. In this study, we chose subjective measurements because the information on financial performance for these hospitals is not available. In addition, Ketchen, et al. (2004) mention the measures of successful cooperation, suggesting that final outcomes may include perceived success (by to managers or subunits), concurrent financial gains (by all firms in a relationship), relationship goal achievement, product or process improvement, and resource sharing. Therefore, we measured each hospital's perceptual performance on a 7-point scale on the following items: (1) satisfaction with goal attainment, (2) willingness of continuous cooperation, (3) satisfaction with the network's overall performance, (4) satisfaction with the hospital's financial performance, (5) cost reduction, (6) attractiveness of human resources, and (7) power status in the local market and community.

Data analysis. We followed Tsai's (2002) study by analyzing the matrix that contains the information on internal competition between actors in a multiunit organization. Tsai used a 24x24 matrix to analyze the inter-unit competition between 24 units in a company. Here, in our study, the unit of analysis is each actor (hospital or clinic). In order to measure the inward competition that each focal actor encountered, the interviewees first reported the status of their hospitals and clinics, and then evaluated the other partners on seven items of inward competition. The average score for the self-report and the partner-report indicated the power status of each actor. At the dyadic level, a 8x8 matrix was used to analyze the difference between a focal hospital and its partners in power status. Finally, the sum of all differences at the dyadic level represented the inward competition that a focal hospital encountered. On the other hand, outward competition was measured by the difference between actors in both geographic proximity and service-scope proximity. We measured the geographic proximity by the "Maction PaPaGoV5.0" from the internet to accurately calculate the distance between hospitals. Meanwhile, service-scope proximity is calculated by the difference between any two hospitals in the medical service lines. A 8x8 matrix, with scores of "geographic distance × service-scope proximity," represents the outward competition.

Results and discussion

Table 1 ranks the following in descending order of performance: inward competition, outward

competition, management mechanism, and the performance of each hospital in the network. In terms of inward competition, four hospitals demonstrated high performance, of which two hospitals (H and F) showed strong inward competition, but two hospitals (B and A) showed weak inward competition. Also, four hospitals demonstrated low performance, of which two hospitals (D and E) showed strong inward competition, but two (G and C) showed weak inward competition. Similarly, in terms of outward competition, four hospitals demonstrated high performance, of which one hospital (F) showed strong outward competition, but three hospitals (B, H, and A) showed weak outward competition. In the low performance group, three hospitals (D, G, and E) showed strong outward competition, but hospital C showed weak outward competition. The results demonstrated that internal competition, whether inward or outward, does not linearly associate with performance. This finding is consistent with existing research that internal competition may have positive as well as negative effects on performance.

While further examining the role of management mechanism upon the relationship between internal competition and performance, we did find the moderating effect. In terms of inward competition, we found that when inward competition was strong, hospitals D and E showed a higher perceived management mechanism but low performance; hospital F showed just the opposite correlation. On the contrary, when inward competition was weak, hospital B showed a higher perceived management mechanism and high performance; hospitals C and G showed a lower perceived management mechanism and low performance. Similarly, in terms of outward competition, we found that when outward competition was strong, hospitals D and E showed a higher perceived management mechanism but lower performance; hospital F showed just the opposite correlation. On the contrary, when outward competition was weak, hospitals B and H showed a higher perceived management mechanism and high performance; hospital C showed a lower perceived management mechanism and low performance. According to the results, we propose the following:

Finding 1: In a network where inward competition is strong and the management mechanism is low, the resulting performance is high; conversely, in a network where inward competition is strong and the management mechanism is high, the resulting performance is low.

Finding 2: In a network where inward competition is weak and the management mechanism is high, the resulting performance is high; conversely, in a network where inward competition is weak and the management mechanism is low, the resulting performance is low.

Finding 3: In a network where outward competition is strong and the management mechanism is low, the resulting performance is high; conversely, in a network where outward competition is strong and the management mechanism is high, the resulting performance is low.

Finding 4: In a network where outward competition is weak and the management mechanism is high, the resulting performance is high; conversely, in a network where outward competition is weak and the management mechanism is low, the resulting performance is low.

Table 1. The results of inward competition, outward competition, management mechanism, and performance in STUDY ONE

Actor \ Construct	Inward competition	Outward competition	Management mechanism	Performance
B	6.947(L)	889(L)	5.88(H)	6.57(H)
H	-1.340(H)	967(L)	6.57(H)	6.14(H)

A	21.947(L)	2862(L)	5.43(L)	5.71(H)
F	0.947(H)	598(H)	5.43(L)	5.71(H)
D	2.660(H)	575(H)	5.71(H)	5.43(L)
G	-15.484(L)	557(H)	5.14(L)	5.43(L)
C	-13.624(L)	762(L)	4.29(L)	5.29(L)
E	-2.053(H)	532(H)	5.58(H)	5.29(L)

Note: H: high L: low; The inward competition represents the sum that focal hospital encountered from all the other partners in the network. The smaller the absolute value, the higher the inward competition. A “+” sign means the actor is a relatively strong competitor; a “-” sign means the actor is a relatively weak competitor. The outward competition represents the sum that focal hospital encountered, in terms of “geographic distance × service-scope proximity”.

We found that the moderating effect of the management mechanism upon the correlation between internal competition and performance did exist, whether in the case of inward or outward competition. This indicates that the stronger the internal competition, the less the management mechanism, the resulting performance is high, *vice versa*. These findings, however, are contradictory to the existing perception that the stronger the internal competition, the more the management mechanism is needed. This dissonance possibly can be explained by the characteristics of the healthcare setting in Taiwan. First, due to the close geographic distances between and among healthcare providers, patients’ high accessibility to healthcare resources forces hospitals to encounter intensive competition in the local market. Inevitably, hospitals are not free from intensive competition even if they join healthcare networks or alliances. Under such circumstance, too much control from networks may impede members from competing in the market. Flexibility and autonomy are essential for hospital members to define their market segments and then reposition themselves. Therefore, in a network where internal competition is strong and the management mechanism is low, the resulting performance is high.

Secondly, under the National Healthcare Insurance system, such as the Global Budget Program, hospitals and the BNHI must negotiate for the total medical care expenditures. These expenditures will be reimbursed to the healthcare providers for a fixed amount of medical services provided during a specified period of time. The annual budget is negotiated before the year begins. Medical services are calculated by “POINTS”. However, value for each point is calculated retrospectively by using the global budget divided by total amount of medical services provided (points). Under the set budget, hospitals monitor their internal care quality, service volume and medical behavior. That is, the more “points” hospitals generate during a specified period of time, the less revenue hospitals garner. In such circumstances, most of the healthcare providers have a “wait and see” attitude, which, in turn, results in weak competition. Trapped in such a dilemma, most hospitals will seek to form alliances or networks in order to keep a negotiated and balanced medical service volume. Network hospital members who are submitted to a resource allocation mechanism have benefited from patient referral and service scope negotiation between and among network partners, which leads to better performance. Therefore, in a network where the internal competition is weak and the management mechanism is high, the resulting performance is high.

Despite we explained this contradictory finding using the specific characteristics indigenous to the Taiwan healthcare setting, the sample of only one network with eight organizations is quite small, leading to a concern as to the robustness of the findings. We therefore conducted the second study to re-examine the research questions in different settings. Here, one more question is raised: *Does the nature of internal competition lead to different*

result? For example, when the internal competition is constructive or friendly, less management mechanism is needed; conversely, when the internal competition is vicious or fierce, more management mechanism is needed.

STUDY TWO

Research setting. In the second study, we selected three banking networks as our research setting. As liberalization and internationalization have become Taiwan Government's primary policies since 1991, the banking industry has been rapidly expanded by the reform from Credit Cooperatives into commercial banks and the establishment of new commercial banks and new local branches of foreign banks. Between 1991 and 2005, the number of banks had increased from 24 to 42 (number of branches from 953 to 3239). Considering the other types of local financial institutions and non-monetary institutes, the total branches of financial institutions has been raised up to 5943. Owing to over-banking and increase of subprime loan, the fragmented financial market has forced Taiwanese financial institutions to encounter the extremely intensive competition and insufficient profitability. They administered conservative policy to control the increase of overdue loan and to avoid the fierce competition among their local branches. Particularly, the formation of regional management or credit centers enables the banks to regulate their local branches by a restriction to authorization, to control an inter-branch credit management system, to maintain the assets quality, and to prevent loss by specialization of bank functions. The focal bank in this study was the first privatized bank and was reestablished in 1949. In 2002, it merged with another government-owned bank, resulting in the size with 100 domestic branches and 30 overseas branches. Due to the non-restriction to inter-regional services and the fierce competition between and among local branches, the focal bank set up two regional credit control centers in 1999 to perform the following functions: (1) the implementation of head office business objectives; (2) the enforcement of competitive advantage; (3) the improvement of resource allocation; and (4) the management of loan quality and risk. In this study, we investigated one regional credit control centers with jurisdiction of 19 branches, which are categorized into three networks by geographic distance: 7 branches in network A, 6 branches in network B, and 6 branches in network C.

Measurements. Based on practical perspectives, we classified *internal competition* into friendly competition and vicious competition. *Friendly competition* refers to actors' competing by improving its service quality, professional capability, and operation management. It is captured by the extent to which actors competing by the following items on a 7-point scale: (1) improve the scope of services, (2) enhance marketing competence, (3) human resource and team training, (4) service differentiation strategies, (5) improve service quality and shape managerial culture, (6) support of inter-branch transactions and conformity to inter-branches credit control system, (7) cooperate with co-branches to access external resource, such as syndicated loan ratio, and (8) improve physical environment such as location, parking, and facilities. On the other hand, *vicious competition* refers to the extent to which actors competing by threatening co-branches or collect customers and resources from co-branches. It is captured by the extent to which actors threaten co-branches by the following items on a 7-point scale: (1) vie with operations/assistant business and pricing strategy, (2) transfer customers from co-branches with staff transferring, (3) vie in forming strategic alliances externally to acquire customers from co-branches, (4) vie with inter-regional marketing to collect customers, (5) vie with offering loans and credit conditions, (6) vie in

forming relationships with financial holding institutions and head office, and (7) vie in acquiring human resources from head office.

Management mechanism in the second study is captured by measuring the extent to which each actor perceives the mechanisms exerted by the regional credit center on the following items on a 7-point scale: (1) inter-branch loans and credit business control, (2) inter-branch customer conditions offering and pricing control, (3) credit line and conditions approval and rejection, (4) inter-regional cases auditing and monitoring (5) negotiation on special cases, (6) resource integration, (7) monitoring performance and provide needed support for each branch, (8) internal audit system, (9) fairly provide industries and collaterals analysis reports, (10) provide operation consultation and legal support for non-accrual loans, (11) assistant on overseas customer visiting and risk analysis, (12) provide human resource training and development, and (13) fairly invite managers form branches to join the review committee.

Branch *performance* is measured by objective outcome. We measured each branch's objective performance by two comprehensive indicators on operation and management. The operation performance is composed of 25 indicators with different weight on each one; the management performance is composed of 10 indicators. The weight of each indicator is adjusted annually.

Results. The second study is at the data collection stage. A questionnaire is used for collecting data from interviewing at least 2 top managers of each network actor from these 19 branches and the regional center. Although we have not had evidence to support the relationship among internal competition, management mechanisms, and branch performance, by further looking into the nature of internal competition, we expected to observe the results of the second study can support the following:

Finding 5: In a network where friendly competition is high, less management mechanism is needed, the resulting performance is high.

Finding 6: In a network where friendly competition is low, more management mechanism is needed, the resulting performance is high.

Finding 7: In a network where vicious competition is high, more management mechanism is needed, the resulting performance is high.

Finding 8: In a network where vicious competition is low, less management mechanism is needed, the resulting performance is high.

Table 2. The results of friendly competition, vicious competition, management mechanisms, and performance in STUDY TWO

Construct Actor	Friendly internal competition (FIC)	Management mechanism on FIC	Vicious competition (VIC)	Management mechanism on VIC	Performance Level/Ranking*
A1	7.149(L)	5.750(H)	8.150(L)	5.667(L)	1/4(H)
A2	7.274(L)	5.708(H)	7.816(L)	5.619(L)	1/6(H)
A3	1.190(H)	5.583(L)	1.007(H)	6.143(H)	2/7(H)
A4	0.149(H)	5.458(L)	-0.041(H)	6.190(H)	2/8(H)
A5	-3.101(H)	5.875(H)	-3.946(H)	5.952(H)	4/17(L)
A6	-7.643(L)	5.667(L)	-7.374(L)	5.810(L)	5/14(L)
A7	-5.018(H)	5.833(H)	-5.612(H)	5.714(L)	4/16(L)
B1	6.236 (L)	5.667 (H)	7.317 (L)	5.429 (L)	1/7 (H)
B2	-4.806(L)	4.917 (L)	-3.206 (L)	5.429 (L)	5/16(L)
B3	1.903 (H)	5.417 (H)	1.222 (H)	5.667 (H)	2/14(L)

B4	-0.056 (L)	4.875 (L)	1.794 (H)	5.762 (H)	4/11(H)
B5	-0.222 (H)	5.417 (H)	-2.397(H)	5.857 (H)	3/9 (H)
B6	-3.056 (L)	5.292 (L)	-4.730 (L)	5.571 (L)	5/13(L)
C1	1.139 (L)	4.750 (L)	-0.706 (H)	5.810 (H)	4/1(H)
C2	1.972 (L)	4.583 (L)	1.675 (H)	5.667 (H)	2/9(H)
C3	-4.278 (H)	4.958 (L)	-2.944 (L)	5.429 (H)	4/19(L)
C4	6.181 (L)	5.083 (H)	4.627 (L)	5.000 (L)	2/6(H)
C5	-2.319 (H)	5.292 (H)	0.913 (H)	5.333 (L)	5/21(L)
C6	-2.694 (L)	5.042 (H)	-3.563 (L)	4.714 (L)	5/4(H)

Note: * there are five levels to identify the scale of each branch ranging from 1: the largest to 5: the smallest; Ranking refers the performance (derived from a comprehensive indicator on both operation and management) of each branch in the same level.

CONCLUSION

Many scholars do emphasize the importance of a management mechanism for balancing the paradox of opposing forces within network competition and cooperation (e.g. Das and Teng, 2000; Birkinshaw, 2001; Peng and Bourne, 2009). In a network, internal competition not only represents a dark side, but also a bright side—as long as it is well-managed. We conducted two consecutive studies. From the first study, we found that internal competition did have a positive and a negative effect on performance. More importantly, the management mechanism employed by networks did play a moderating role on the correlation between internal competition and performance. What surprised us in this study was that our finding was contrary to the previously accepted concept. Existing research asserts that the more intensive the internal competition, the more the management mechanism is needed. In this study, we found, conversely, that when internal competition is *strong*, the *less* the management mechanism is needed, resulting in better performance; when the internal competition is *weak*, the *more* the management mechanism is needed, resulting in better performance. The results of the first study, however, are contradictory to the existing perception. Despite we explained this dissonance, we conducted the second study in three inter-branch networks of a bank to further examine whether the nature of internal competition lead to different result? Four findings were derived from the second study, demonstrating that the higher the friendly internal competition, the less the management mechanism, the resulting performance is high, vice versa. On the contrary, the higher the vicious internal competition, the more the management mechanism, the resulting performance is high, vice versa.

Both studies share a characteristic that geographic closeness and regulatory pressure in the Taiwan healthcare and banking settings may be the key factors that force organizations to form cooperative networks, yet to simultaneously act internal competition in the networks. However, Western society, either the healthcare sector or the bank systems may potentially arouse similar geographic closeness and regulatory pressure on organizations. Despite scholars have shown us the benefit of strategic networks and alliances, less attention has been paid to the management of internal competition in the inter-organizational cooperation. Hopefully, from a theoretical perspective, this study stimulates existing thought and research on the issue of managing competition in cooperation. From a practical perspective, co-opetition potentially can lead to competitive advantages if it is designed in such a way that its negative impact can be minimized or avoided altogether (Ketchen, et al., 2001). The competition-cooperation tension should not be seen as dangerous. Instead, top management teams should understand and communicate to organizational members that cooperation and

competition can exist simultaneously, and both can contribute to achieving organizational goals (Bengtsson and Kock, 2000). In this study, our findings contribute to provide a reference for practice to understand the benefits from properly managing “*competition in cooperation*” in strategic alliances and networks.

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計畫成果報告自評

本研究計劃原本只針對台灣一個醫療網絡及英國一個醫療網絡進行比較研究，在初步針對台灣醫療網絡進行分析之後，認為有必要延伸收集更多網絡資料，方能使研究

結論更具說服力，於是在赴英國收集資料之前，先在台灣針對三個銀行網絡進行研究，因此本研究共分兩個子研究，研究一為醫療網絡，針對台灣一個醫療網絡及英國一個醫療網絡分別收資資料；研究二為銀行網絡，針對台灣三個銀行網絡收資資料。

在研究執行部份，針對子研究一的台灣醫療網絡部份已完成資料收集與分析，子研究二有關三個銀行網絡也完成資料收集與分析，此部份皆達成預定目標，且比預定目標增加研究二的部份。

有關英國醫療網絡部份，由於研究者於2010年7月17日~8月12日赴英國收集資料(計劃執行期間至2010年8月31日止)，期間透過與Professor Mike Bourne及Dr. Veronica Martinez (Centre for Business Performance, Cranfield University)合作，得以訪問到一個醫療網絡，由兩個PCT (Primary Care Trust)所共同管理，包括在Poole, Dorset, and Bournemouth等地區的三家醫院，截至回國之前，已完成對於PCT管理中心的訪問，以及Poole Hospital之訪問，另外Dorset Hospital及Bournemouth Hospital因院長休假，以郵寄問卷及conference call進行，目前仍在資料收集中，因此英國醫療網絡部份尚未完成研究結果分析，所以僅部份達成預定目標，但將繼續完成後續的資料收集與分析，且將來可能繼續透過與Cranfield University之合作，針對子研究二之銀行網絡進一步在英國進行資料收集。

本研究目前針對一個台灣醫療網絡及三個銀行網絡部份之研究成果，已接受發表於2010 Strategic Management Society Annual Conference (SMS)，即將於9/12-9/15在義大利羅馬進行論文發表。後續待英國資料完成分析，將進步與Professor Mike Bourne及Dr. Veronica Martinez於國際學術期刊共同發表論文。

Tzu-Ju Ann Peng, Shu-er Huang, Liu, Chin-Ming (2010/09/12-2010/09/15). " Internal competition in cooperative network- To manage more or less?" **2010 Annual International Conference of the Strategic Management Society** Rome, Italy. (Accepted)

本研究獲得兩位在英國 Cranfield University (Centre for Business Performance, School of Management)學者的支持，分別為 Professor Mike Bourne 以及 Dr. Veronica Martinez。基於本人先前與 Professor Mike Bourne 曾有共同研究探討"既競又合"的議題，且已有一篇文章被接受發表於優良的 SSCI 期刊(*British Journal of management*, IF=1.839)，另外與 Dr. Veronica Martinez 曾有共同研究探討"網絡管理"的議題，且已有一篇文章被接受發表於優良的 SSCI 期刊(*International Journal of Operations and Production Management*, IF= 1.727)，此計畫期望能延續先前對於"競合"及"網絡管理"的研究主流，透過與英國學者的長期密切互動，本研究預期在理論面能更深入探討"合作中的競爭"之議題。在實務面，藉由對於不同的網絡內部競爭及管理機制的觀察，本研究期能提供實務界對於聯盟網絡管理之參考價值。

本研究目前先針對台灣的研究成果部份發表，已被接受於策略管理領域的國際研討會，此主題在國際學術上已受到注意，後續針對英國部份的資料收集完成，透過與國外學者的密切合作，不僅得以接觸到在英國的醫療產業受訪者，同時藉由合作發表文章，將信一定具有學術發表價值，並能提高台灣研究學者在國際學術社群之能見度。

國科會補助專題研究計畫項下赴國外(或大陸地區)出差或 研習心得報告

日期：99 年 9 月 20 日

計畫編號	NSC-98-2410-H-004-176		
計畫名稱	醫療網絡內部競爭之管理：英國與台灣之跨國比較研究		
出國人員姓名	彭朱如	服務機構及職稱	政治大學企管系
出國時間	2010/07/17-2010/08/12	出國地點	英國倫敦地區

一、國外研究過程

在此一年期的研究計劃期間中，本研究獲國科會補助赴英國倫敦地區進行研究，本人於 2010 年 7 月 17 日至 08 月 12 日期間出國收集資料，停留地點為 Cranfield University (Centre for Business Performance, School of Management)。在英國停留三週又四天，期間主要的工作內容如下：

(一)第一週工作任務為受訪機構及受訪者確認，工作項目包括：

1. 於 7 月 22 日參加 CBP 部門會議：由於個人仍為 Cranfield University (Centre for Business Performance, School of Management)之訪問研究員，於是參加每月例行一次的部門會議，並於會中報告此次的研究主題。
2. 部門會議之後，接著與 Professor Mike Bourne (Director of CBP)及 Dr. Veronica Martinez (Research Fellow)開會討論如何展開資料收集，會中先確定主要的聯絡人為 Ian，任職於 Poole NHS 之管理中心。

(二)第二週工作任務為訪問問卷內容確定及與受訪者確定訪問日期，工作項目包括：

1. 於 7 月 26 日與 Professor Mike Bourne 及 Dr. Veronica Martinez 開會共同討論並修改問卷內容。
2. 於 7 月 27 日與 Professor Mike Bourne 及 Dr. Veronica Martinez 開會，確定問卷內容。並與主要聯絡人約定第一次訪問時間，訂為 8 月 3 日。

(三)第三週工作任務為進行訪問及發放問卷，工作項目包括：

1. 於 8 月 2 日與 Dr. Veronica Martinez 開會，討論訪問前的準備工作。
2. 於 8 月 3 日與 Dr. Veronica Martinez 開會，到 Poole Hospital 進行訪問，當地距離 Cranfield University 約為單程 4 小時，來回共 8 小時的交通往返時間，訪問時間自 12:30~14:30，共兩小時。
3. 透過與 Ian 之訪問，瞭解到其所任職的醫療網絡，係由兩個 PCT (Primary Care Trust)所共同管理，包括在 Poole, Dorset, and Bournemouth 等地區的三家醫院，當與我們並進行對於 PCT 管理中心的訪問，以及 Poole Hospital 之訪問。另外對於 Dorset Hospital 及 Bournemouth Hospital 之訪問，因院長休假，後續以郵寄問卷及 conference call 進行。
4. 於 8 月 5 日與 Dr. Veronica Martinez 開會，討論第一次訪問後的問卷調整及郵寄問卷之邀請函及準備工作。

(四)最後一週僅有四天，主要工作任務為針對 Dorset Hospital 及 Bournemouth Hospital 之訪問進行後續準備，包括撰寫邀請函及郵寄問卷寄出等。於 8 月 10 日與 Dr. Veronica Martinez 開會，討論後續資料收集等工作。由於個人於 8 月 12 日離開英國，後續之資料收集將由 Dr. Veronica Martinez 協助完成。

二、研究成果

本研究目前先針對台灣的研究成果部份發表，已被接受於策略管理領域的國際研討會：

Tzu-Ju Ann Peng (2010/09/12~2010/09/15), "Internal competition in a cooperative network—To manage more or less?" *2010 Strategic Management Society Conference*, Rome, Italy.

三、建議與心得

本人於 2005 年國科會計畫，在英國之 Cranfield University 進行為期一

年的研究，回國後，仍繼續與英國學者共同合作研究，至今與與 Professor Mike Bourne 曾有共同研究探討"既競又合"的議題，2009 年已有一篇文章被接受發表於優良的 SSCI 期刊(*British Journal of management*, IF=1.839)，另外與 Dr. Veronica Martinez 曾有共同研究探討"網絡管理"的議題，且已於 2010 年有一篇文章被接受發表於優良的 SSCI 期刊(*International Journal of Operations and Production Management*, IF= 1.727)，此計畫期望能延續先前對於"競合"及"網絡管理"的研究主流，透過與英國學者的長期密切互動，本研究預期在理論面能更深入探討"合作中的競爭"之議題。在實務面，藉由對於不同的網絡內部競爭及管理機制的觀察，本研究期能提供實務界對於聯盟網絡管理之參考價值。

個人近年來有幸受惠於國科會計畫補助赴國外地區進行研究，自 2005 年以來，得以不斷延續與英國學者的合作關係。能與在 Cranfield University 的優秀學者一起合作，且透過他們的協助的以接觸到英國醫療產業的受訪者，這是個人一生中難得的機遇，與這些學者的長期合作與互動，除了對本人的研究有深層的精鍊，同時對於與國外學者的關係得以持續，這對本人未來的研究有很大的助益。

四、其他

無

國科會補助專題研究計畫項下出席國際學術會議心得報告

日期：99 年 9 月 12 日

計畫編號	NSC-98-2410-H-004-176		
計畫名稱	醫療網絡內部競爭之管理：英國與台灣之跨國比較研究		
出國人員姓名	彭朱如	服務機構及職稱	政治大學企管系
會議時間	2010/03/17-2010/03/20	會議地點	Levi, Lapland, Finland.
會議名稱	(中文)策略管理研討會 芬蘭 2010 (英文) Strategic Management Society Special Conference Finland 2010		
發表論文題目	(中文) (英文) Intellectual capital resource transformation and inertia in inter-firm partnership		

此次研討會發表的論文係由前一年度之國科會研究計劃「策略配適整合型研究-子計畫三-合作夥伴間智慧資本之策略配適與資源轉化之研究」(NSC-96-2416-H-126-011-MY2)而來，以下說明與會經過、會議心得與建議。

一、參加會議經過

本次研討會為策略管理學會所舉辦之 special conference，是由一群在歐洲的策略學者及幾位美國的學者所發起，主題為策略程序與策略實務 (Strategy processes and Strategy practices)，強調從實務的角度探討在組織運作的實務上，策略的形成過程為何？哪些人參與策略制及執行程序？策略又是如何隨時間進行改變？從更多不同的觀點去理解策略管理領域中程序與實務間的互動關係。研討會的主軸包括連結策略與管理及組織認知發展等研究主流，連結策略與組織及管理創新，探討動態能力及策略敏捷度。此次研討會因為強調策略實務，因此與會者除了學者以外，有更多的高階管理者、政策制定者、及企業顧問等參加。

第一天主題包括：Plenary Panel: Intersections of Strategy Processes and Strategy Practices；Keynote Session: Strategy Processes and Practices for Innovation and Renewal 以及三場 Parallel Paper & Panel Sessions；第二天為 Panel: Strategy Processes and Practice Development Needs Seen by Top Executives；Keynote:

Changing the Game With Business Model Innovation 以及 Keynote Panel: Striving Towards Competitive Advantage and Renewal Through Strategy、及三場 Parallel Paper & Panel Sessions ；第三天包括兩場 Concluding Panel: Future Directions of Strategy Process and Practice Research 及 Concluding Panel (continued): Future Directions of Strategy Process and Practice Research。

個人參與每一場 Keynote Panel section，以瞭解歐洲學者強調 Strategy as Practice 其主要觀點為何，以及在從質化研究方法進行策略之相關研究之未來趨勢走向為何，收獲很多。個人所報告的一篇文章獲得與會學者的熱烈討論，同時學者也提供許多意見。除了自己的報告之外，個人也參與其他場次不同學者的論文報告，同時也利用休息及用餐時間有機會與幾位來蘇俄、英國、法國、巴西、及瑞典之學者有較深入的討論與對話。

二. 與會心得

此次除了參加上列活動外，此次研討會特別安排一個場次由參與成員分組討論，探討推廣「策略程序與實務」的相關策略，以及推動策略管理認證的可行性。與會者約三十位，共分六組先進行小組討論，之後再由各組分別提出建議的意見，在兩小時的分組討論過程中，深入與其他五位成員互動討論，大家都非常熱烈提出意見，最後由各組彙總報告，得以瞭解其他組的建議，透過這種深度互動討論，個人收獲很大。由於此次研討會參與的學者多是非常關心如何以質化研究方法進行策略議題之研究，個人近幾年來，也是在此部份有較多投入，對我個人接下來的研究有很大的啟發，感覺是此行最大的收獲。

三. 考察參觀活動（無此項活動者省略）

無

四. 建議

過去有關策略的研究多是以量化模型，此次主要由歐洲學者發起的策略程序與實務研討會，強調質化研究方法，一些在這領域的資深學者分享研究過程的經驗及面對的困難與挑戰，這對國內開始主張質化研究有很大的幫助，由於是 special conference，以策略實務為主，主題更鮮明，與會者研究更集中在相同領域社群中，我認為此對於不論是中生代或剛畢業的年輕學者都有很大幫助。

另外從實務面來看，國內管理界目前正吹起個案教學風及撰寫企業個案，建議國內可推廣更多有關個案教學與撰寫之工作坊，邀請企業高階管理者共同參與，將國內企業對於策略管理之相關實務運作經驗撰寫成用以教學的個案，透過所觀察到的策略實務，將企業家及高階經理人的智慧結晶形成個案或研究發表，不但有助於策略的智慧傳承，更能提昇國內學者對實務的參與。

五. 攜帶資料名稱及內容

研討會論文集。

六. 其他

無

無研發成果推廣資料

98 年度專題研究計畫研究成果彙整表

計畫主持人：彭朱如		計畫編號：98-2410-H-004-176-				
計畫名稱：醫療網絡內部競爭之管理：英國與台灣之跨國比較研究						
成果項目		量化			單位	備註（質化說明：如數個計畫共同成果、成果列為該期刊之封面故事...等）
		實際已達成數（被接受或已發表）	預期總達成數（含實際已達成數）	本計畫實際貢獻百分比		
國內	論文著作	期刊論文	0	0	100%	篇
		研究報告/技術報告	0	0	100%	
		研討會論文	0	0	100%	
		專書	0	0	100%	
	專利	申請中件數	0	0	100%	件
		已獲得件數	0	0	100%	
	技術移轉	件數	0	0	100%	件
		權利金	0	0	100%	千元
	參與計畫人力 （本國籍）	碩士生	0	0	100%	人次
		博士生	0	0	100%	
博士後研究員		0	0	100%		
專任助理		0	0	100%		
國外	論文著作	期刊論文	0	0	100%	篇
		研究報告/技術報告	0	0	100%	
	研討會論文	1	0	100%	將進一步與 Professor Mike Bourne 及 Dr. Veronica Martinez 於國際學術期刊共同發表論文。 本研究目前針對一個台灣醫療網絡及三個銀行網絡部份之研究成果，已接受發表於 2010 Strategic Management Society Annual Conference (SMS)，即將於 9/12-9/15 在義大利羅馬進行論文發表。 Tzu-Ju Ann Peng, Shu-er Huang, Liu, Chin-Ming (2010/09/12-2010/09/15). ' ' Internal competition in cooperative network - To manage more or less?' ' 2010 Annual International Conference of the Strategic Management Society Rome, Italy. (Accepted)	

	專書	0	0	100%	章/本	
專利	申請中件數	0	0	100%	件	
	已獲得件數	0	0	100%		
技術移轉	件數	0	0	100%	件	
	權利金	0	0	100%	千元	
參與計畫人力 (外國籍)	碩士生	0	0	100%	人次	
	博士生	0	0	100%		
	博士後研究員	0	0	100%		
	專任助理	0	0	100%		

其他成果
(無法以量化表達之成果如辦理學術活動、獲得獎項、重要國際合作、研究成果國際影響力及其他協助產業技術發展之具體效益事項等，請以文字敘述填列。)

本研究 Professor Mike Bourne 以及 Dr. Veronica Martinez 共同合作。過去與兩位各有一篇文章發表於 SSCI 期刊(BJM, IF=1.839:IJOPM, IF= 1.727)，探討‘既競又合’及‘網絡管理’議題，此計畫延續先前的研究主題，在理論面更深入探討‘合作中的競爭’之議題。在實務面，藉由對不同的網絡內部競爭及管理機制的觀察，提供對於聯盟網絡管理之參考價值。

本研究先針對台灣的研究成果部份發表，已被接受於策略管理領域的國際研討會，後續針對英國部份，透過與國外學者的密切合作，不僅得以接觸到在英國的醫療產業受訪者，同時藉由合作發表文章，提高台灣研究學者在國際學術社群之能見度。

	成果項目	量化	名稱或內容性質簡述
科 教 處 計 畫 加 填 項 目	測驗工具(含質性與量性)	0	
	課程/模組	0	
	電腦及網路系統或工具	0	
	教材	0	
	舉辦之活動/競賽	0	
	研討會/工作坊	0	
	電子報、網站	0	
	計畫成果推廣之參與(閱聽)人數	0	

國科會補助專題研究計畫成果報告自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

達成目標

未達成目標（請說明，以 100 字為限）

實驗失敗

因故實驗中斷

其他原因

說明：

2. 研究成果在學術期刊發表或申請專利等情形：

論文： 已發表 未發表之文稿 撰寫中 無

專利： 已獲得 申請中 無

技轉： 已技轉 洽談中 無

其他：（以 100 字為限）

本研究部份成果已接受發表於國際研討會 2010 Annual International Conference of the Strategic Management Society。

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）（以 500 字為限）

本研究計劃原針對台灣及英國各一個醫療網絡進行比較研究，初步對台灣醫療網絡分析後，認為有必要延伸以強化研究結論，因此共發展兩個子研究，研究一為醫療網絡，比較台灣與英國，已完成台灣資料收集分析；研究二為銀行網絡，已完成台灣三個銀行網絡資料分析。研究者於 2010 年 7 月 17 日~8 月 12 日赴英國，回國前，已完成一個醫療網絡之管理中心及 Poole Hospital 之訪問，另外兩家醫院因院長休假，以郵寄問卷繼續收集。

本研究 Professor Mike Bourne 以及 Dr. Veronica Martinez 共同合作。過去與兩位各有一篇文章發表於 SSCI 期刊(BJM, IF=1.839;IJOPM, IF= 1.727)，探討' ' ' ' 既競又合' ' ' ' 及' ' ' ' 網絡管理' ' ' ' 議題，此計畫延續先前的研究主題，在理論面更深入探討合作中的競爭議題。在實務面藉由不同的網絡內部競爭及管理機制的觀察，提供聯盟網絡管理之參考價值。本研究先針對台灣研究成果部份發表，已被接受於策略管理國際研討會，後續針對英國資料，透過與國外學者的密切合作，不僅可接觸到英國受訪者，且可由合作發表文章，提高台灣學者在國際社群之能見度。