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Original Article

# Enhancing Inter-Organizational Collaboration On Public Service Innovation In Central Sulawesi Province

**Rahmawati Halim[1*], Slamet Riadi Cante[2], Mashuri H.Tahili[3], Munari[4], Mukarramah[5]**
[1*2,3,4,5]Public Administration Science, Faculty of Social and Political Sciences, Tadulako University, Palu, Indonesia
Email: [1*]rahmawatihalim1972@gmail.com; [2]riadicante@gmail; [3]mashuritahili6@gmail.com; [4]munaribudiawan867@gmail.com,

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## Abstract

Inter-organizational collaboration has been reconceptualized as a strategy to make public service innovation more effective and sustainable. Therefore, this study aims to analyze the relationship between inter-organizational collaboration and public innovation in Central Sulawesi Province in Indonesia. A quantitative method was used, and data were analyzed using descriptive statistics and Structural Equation Modeling (SEM) analysis. The results showed that inter-organizational collaboration, consisting of common aims, power, trust, membership structure, and collaborative leadership, positively contributes to public service innovation. In conclusion, inter-organizational collaboration offers benefits and is feasible for implementation to achieve a more efficient and effective innovation within public organizations.

**Keywords:** Inter-Organizational Collaboration, Public Service Innovation, Central Sulawesi Province

## 1. Introduction

The implementation of inter-organizational collaboration for public service innovation faces several challenges. This is because the concept requires the mutual trust of all actors regarding commitment to the achievement of common aims, leadership, structure of membership, and the political goodwill of the local government. According to the literature, collaboration is viewed as a dynamic and interdependent process, closely associated with the organizational environment.

There is a strong relationship between internal resource complementarities, differences in organizational forms, behavioral orientations, and institutional constraints in building service innovation. In general, inter-organizational collaboration is classified based on the scope, structure, forms, and targets being pursued. Although management literature has examined the collaborative process properly, the interrelationship between collaboration and the dynamics of institutional fields has remained largely unconsidered (Phillips et. al, 2000).

According to the literature, inter-organizational collaboration refers to a dynamic relationship among actors, the organizational environment, and stakeholders to create open coordination, problem-solving intentions, and increase individual normative behavior (Cummings & Worley, 2009). Other studies also stated that inter-organizational collaboration has become an important aspect to effectively facilitate the implementation of social welfare policy (Longoria, 2005). The five dimensions of inter-organizational collaboration affecting public service innovation have been proposed based on previous reports. Therefore, this study aims to describe and analyze the effect of inter-organizational collaboration on public service innovation at the local government in Central Sulawesi Province in Indonesia.

## 2. Literature Review

### 2.1. Inter-Organizational Collaboration

Inter-organizational collaboration is widely regarded as a complex process and remains an interesting discussion in the field of public administration. This concept comprises various components, including trans-mutational purpose, explicit and voluntary membership, organization, interactive process, temporal property, as well as innovation (Roberts & Bradley, 1991). Collaboration is considered an integral dimension of an organization's daily functioning. Under certain conditions of the environment, it can transform into collective action among actors (D'Amour, 2008). Some previous studies argued that collaboration was characterized by a high level of interdependency and a long-term nature relationship (Kożuch & Sienkiewicz-Małyjurek, 2015).

Several factors may affect the successful outcome of inter-organizational collaboration, including opportunistic behavior, a strict supervision system, centralization of coordination, and decision-making function. These factors can decrease the flexibility of activity and bordering innovation (Young & Denize, 2008). Inter-organizational collaboration has many advantages in the public sector (Huxham, 2003; Vangen & Huxham, 2010; Huxham, 1999). The performance of collaboration is also affected by the democratic situation, integration, transformation, policy, and sustainability (Lowndes & Skelcher, 2015; Skelcher & Smith, 2015; Skelcher & Sullivan, 2008). Collaborative approaches in public management are generally recognized as sources of public value. In the public sector, inter-organizational collaboration plays an important role in value creation and positively moderates the related processes (Picazo-Vela et el, 2018). Previous studies have established a strong relationship between inter-organizational collaboration and innovation through a portfolio approach. In general, inter-organizational collaboration was found to significantly influence the performance of the public sector (Huxham, 2003; Vangen & Huxham, 2010; Huxham, 1999).

Studies have shown that higher intensity of inter-organizational collaboration leads to better service implementation. In addition, the target groups tend to become more positive about the project goal and objectives (Selden et al., 2006). This concept has become common in nongovernmental and nonprofit organizations, where implementation is targeted at improving people's lives. Collaboration in health care requires health care professionals to assume complementary roles and cooperatively work together, sharing responsibility for problem-solving and making decisions to formulate and carry out plans for patient care (Baggs & M. H. Schmitt, 1988; Fagin, 1992; W. Powell, Koput & Smith-Doerr, 1996). Empirically, the establishment of a common goal is important for achieving inter-organizational collaboration, as it helps clarify objectives and outcomes (Huxham, 2003; Huxham, 1996; Beech & C. Huxham, 2003).

Building trust through inter-organizational collaboration can facilitate the achievement of successful outcomes in public sectors (Vangen & Huxham, 2010; Huxham, 1996; Huxham, 2004). In this context, trust has three aspects, including ability, benevolence, and integrity (Mayer et.al, 1995; Muhl, 2014). In inter-organizational projects, this concept significantly affects staffing and rewards, which in turn influences knowledge acquisition and product innovation (Maurerm, 2010). Successful collaboration is determined by the intention of learning, trust, and technological cooperation in a public organization to build innovation (Dodgson, 1993; Lee, 2018). Furthermore, trust and commitment are important drivers of innovative behavior in the public sector (Lee et.al, 2010). Another study distinguished between effect and cognition-based trust, emphasizing the two dimensions as foundational for building

interpersonal cooperation (Rempel et.al, 1985; Rempel et.al, 1985; Molina-Morales et.al, 2011).

Inter-organizational collaboration is diversified in the scope, structure, form, and targets to be pursued (Kozuch & K. Sienkiewicz-Malyjurek, 2013). The role of leadership has been discussed broadly in making inter-organizational collaboration more effective. Collaborative approaches address public problems, combining policy entrepreneurship and leadership in cases where shared power creates difficulties and complexity (Crosby & Bryson, 2005). In the context of collaboration, leadership plays a crucial role as initiators or champions, sponsors, facilitators or mediators, participants, scientific and technical experts, as well as public decision-makers (Emerson, 2018; Emerson & Nabatchi, 2015). Therefore, principled engagement and shared motivation help build the capacity for joint action, which is generated through procedural and institutional arrangements, leadership, knowledge, and resources (Emerson & Nabatchi, 2015). Health programs require higher levels of leadership for sharing ideas and perspectives among diverse actors to develop and improve service (Mitchell & Shortell, 2000). Although efforts have been carried out to develop the literature on inter-organizational leadership, studies focusing on leadership within the inter-organizational domain are rare. Leadership plays a crucial role in ensuring a successful inter-organizational collaboration (Connelly, 2007).

## 2.2. Public Service Innovation

In public service management, the literature on innovation emphasizes the crucial role of inter-organizational collaboration as beneficial to the innovative performance of organizations (Faemsm et.al, 2005). Innovation in public service refers to activities associated with a change in organizational performance or productivity (Dunleavy & Carrera, 2013). In public management, innovation can be defined as the practical application of creative ideas to resolve persistent problems faced while pursuing the public interest. Inter-organizational collaboration is recognized as a key mechanism for effective accomplishment of innovation in organizations (Babiak, 2007; Davis, 2016; DiMaggio & Powell, 1983). Based on theoretical perspectives and empirical studies, a framework for inter-organizational collaboration can be developed. This framework identifies five core dimensions, namely common aims, power, trust, membership structures, and collaborative leadership. Therefore, this study aims to examine the effect of inter-organizational collaboration on public service innovation in local government in Central Sulawesi Province, Indonesia.

The analysis of each hypothesis in this study is presented as follows:

*H1*: Common aims in inter-organizational collaboration affect public service innovation.
*H2*: Power in inter-organizational collaboration affects public service innovation programs.
*H3*: Trust in inter-organizational collaboration affects public service innovation.
*H4:* Membership structure of inter-organizational collaboration affects public service innovation.
*H5:* Collaborative Leadership of inter-organizational collaboration affects public service innovation.

# 3. Method

This study applied a quantitative method, and data were obtained using a survey. The target population was identified based on secondary data from Banggai Regency, Central Sulawesi Province, and the data were analyzed using Structural Equation Modeling (SEM). Furthermore, a small sample method was used to determine the sample from the population. Given a population size of about 2400 individuals, the appropriate sample size was determined using the Krejcie and Morgan table (Krejcie & Morgan, 1970). Based on the margin of error α =

0.05%, the total sample was 331. To simplify a large number of variables into a more manageable component, Exploratory Factor Analysis (EFA) was applied to data collected from the pilot study of 110 respondents. Necessary adjustment to the questionnaires was based on the pilot results, and then the main data collection phase started in March 2025.

The questionnaires were distributed to 331 respondents for approximately 6 months. Among the 331 questionnaires distributed, only 300 were returned, representing a response rate of 90.6%. However, 31 responses were excluded due to issues such as incomplete answers (e.g., unanswered questions), uniform responses across the Likert scale, or damage to the questionnaire. A total of 16 aspects were also discarded based on the Mahalanobis distance.

# 4. Result and Discussion

This study aims to examine the effect of inter-organizational collaboration on public service innovation in Central Sulawesi Province, Indonesia.

## 4.1. Results of Validity and Reliability Test

A total of 300 responses were used for further data analysis. Inter-organizational collaboration consists of five dimensions. The dimension of common aims (CA) was assessed using five questions. Power (PW) was measured by five questions, trust (TR) was assessed by five questions, and membership structure (MC) was tested by five questions. Finally, leadership (LD) was measured using five questions. For exogenous variables, public service innovation was measured using seven questions.

The exogenous and endogenous variables were measured using a 5-point *Likert scale* with scores ranging from 1 (strongly disagree) to 5 strongly agree. The questionnaire items were adapted from existing instruments based on relevant literature.

The statistical analysis of the variables showed the effect of inter-organizational collaboration on public service innovation. The mean score for all variables was above 0.80.

## 4.2. Results of Descriptive Statistics

Data were carefully analyzed for several characteristics using SEM. These characteristics include multivariate normality, multicollinearity, and homoscedasticity. The results showed that the majority of respondents had an undergraduate educational level. The statistical analysis was carried out using SPSS through AMOS software version 25.

Based on the secondary data analysis results, the proportion of respondents was 52.2% males and 47.8% females. Approximately 65% were above 35 years, ranging between 35-50 years old. About 81% were university graduates, 19 % had a master's degree, and there were no violations of assumptions in each variable. EFA analysis conducted using SPSS version 26 confirmed convergent, discriminant, and nomological validity. All variables did not violate the assumption of nomological validity. Furthermore, the result showed that the reliability of variables was above 0.860, suggesting all constructs had good internal reliability.

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**Table 1.** Dimensions and indicators of research variables

| Concept | Dimension | Indicators | Code | Questionnaire items |
|---|---|---|---|---|
| Inter-organizational collaboration practices (Huxham & Vangen, 2010; Huxham, 2003) | *Common aims* (Baggs & Schmit, 1988; Fagin, 1992; Selden et al., 2006; Powell, Koput, & L. Smith-Doerr, 1996). | Responsibility | CA1 | Actors are sharing responsibility for problem-solving in health system innovation. |
| | | Making a decision | CA3 | Actors are making decisions together to formulate and carry out plans for patient health care innovation. |
| | | Objective and outcomes | CA4 | Actors are focusing on finding the objective and outcomes in the health care system innovation of stunting. |
| | *Power* (Vangen & Huxham, 2010; Innes & Boher, 2007) | Authority | PW3 | Each actor has the authority to determine the plans for health system innovation and implement them more effectively and efficiently. |
| | | Discursive power | PW4 | Each actor needs to improve their knowledge and act discursively because no one can grasp problems with a single act. |
| | *Trust* (Huxham, 1996, 2010; Vangen & Huxham, 2010) | Cognitive-based trust | TR1 | Each actor should have the reliability to enable conditions that facilitate the stunting programs in health system innovation. |
| | | Affect-based trust | TR3 | Each actor's non-calculative reliance on the moral integrity and goodwill to perform the stunting programs is successful. |
| | | Deterrence-based trust | TR5 | Each actors have to be able to trust another actor that they will perform in the health system innovation (stunting programs) |
| | *Membership structure* (Fitzgerald, 2004; Graddy, 2009; Fann Thomas et al., 2006; Kozuch & Sienkiewicz-Malyjurek, 2013; Young & Denize, 2008). | Structure for coordination | MS3 | Building effective collaboration, the structure for coordination between actors to work towards completion is needed to find high-level public service performance in health care. |
| | | Role of clarity | MS4 | Each actor should have a clear authority and function to overcome the overlapping work in health service innovation programs or stunting activities. |
| | *Collaborative Leadership (*Crosby & Bryson, 2005; Mitchell & Shortell, 2000; Connelly, 2007; Slater, 2005 | Facilitative leadership | LD4 | A leader should be prioritized and facilitated by each program in the health system innovation to reach a higher outcome. |
| | | Creative leadership | LD5 | A leader should have created new programs and technical skills to support the success of stunting programs. |
| Public Service Innovation (Dunleavy & L. Carrera, 2013) | Integrated innovation | Synergize | PSI1 | All of the stunting programs in health service innovation should be synergized with other institutions and stakeholders. |
| | Integrated public service | Foster and attract | PSI3 | The public service innovation should be fostered and attract the citizens or patients. |
| | Relevance | Social needs | PSI4 | All of the healthcare system program innovations must be relevant to the condition and interests of the community or citizens. |

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**Table 2.** Results analysis of average variance extracted and Composite reliability

| | CA | PW | TR | MS | CL | PSI |
|---|---|---|---|---|---|---|
| AVE | 0.690 | 0.700 | 0.861 | 0.870 | 0.710 | 0.600 |
| CR | 0.870 | 0.820 | 0.860 | 0.930 | 0.830 | 0.870 |

**Table 3.** The resulting analysis for the Goodness of fit hypothesized measurements and the structural model

| | Absolute fir measures | | | | Incremental fit Measures | | Parsimony fit measure |
|---|---|---|---|---|---|---|---|
| | $X^2$ | *CMIN/DF* | *GFI* | *RMSEA* | *NFI* | *CFI* | *AGFI* |
| Criteria | >.05 | <5 | ≥ 0.90 | <0.05 | ≥ 0.90 | ≥ 0.90 | ≥ 0.90 |
| Obtained | 0.001 | 1.653 | 0.948 | 0.047 | 0.905 | 0.959 | 0.916 |

**Table 4**. Standardized regression estimates of each construct

| | *Estimate* | *S.E.* | *C.R.* | *P* | *Label* |
|---|---|---|---|---|---|
| PSI <---- CA | 0.601 | 0.160 | 2.210 | 0.027 | *Accepted* |
| PSI <---- PW | 0.686 | 0.087 | 7.009 | *** | *Accepted* |
| PSI <---- TR | 0.173 | 0.255 | 3.140 | 0.002 | *Accepted* |
| PSI <---- MS | 0.416 | 0.160 | 2.210 | 0.027 | *Accepted* |
| PSI <---- LD | 0.337 | 0.121 | 2.857 | 0.004 | *Accepted* |

*** Significant level α = 0.01

The absolute fit measures, including the likelihood ratio chi-square ($\chi 2$=123.963; DF=75; p= 0.000), were significant at the level of p <0.05. Other fit measures showed that the model was adequate for the data. Goodness-of-Fit Index (GFI) and Root Mean Square Error of Approximation (RMSEA) values were 0.948 and 0.047, suggesting that the model has a good fit. Furthermore, incremental fit measures, such as Normed Fit Index (NFI) and Comparative Fit Index (CFI), had values of 0.905 and 0.959, respectively, indicating the fit of the model. The parsimony fit measures, specifically the Adjusted Goodness-of-Fit Index (AGFI), had a value of 0.916, which is in the cut-off point of ≥ 0.90. This study proposed five hypotheses, which were tested using the SEM model through AMOS version 25.

Significance tests were conducted to determine whether to accept or reject the proposed association between exogenous and endogenous variables. All hypothesis measurements showed statistically significant results. This implied that inter-organizational collaboration, comprising five dimensions, affected public service innovation. Based on the hypothesis test results, common aims have a positive and significant effect on public service innovation (β = 0.601; p < 0.027) as indicated by α=0.05. Therefore, the proposed hypothesis was supported.

The results showed that power had a positive and significant effect on public service innovation, with a path coefficient (β = 0.686; p < 0.000) at the level of α=0.05. This implies that a one-point decrease in the power variable will reduce public service innovation by 68.6%. Consequently, power should be maintained adequately to make public service innovation more effective. The hypothesis predicted that trust affected public service innovation. The results

showed that trust had a positive and significant effect on public service innovation in the local government with the standardized path coefficient regression (β = 0.173, p = < 0.032) at the level of α=0.05.

The next hypothesis is that membership structure affects public service innovation in local government. The results showed that the path coefficient was achieved (β = 0.416; p = < 0.027) at the level of α=0.05 in the two-tailed measurements. This study proposes that leadership affects public service innovation. The results found that the standardized path coefficient was achieved (β = 0.337, p = < 0.004) with two-tailed measurements. Based on the standardized regression estimate of five dimensions, inter-organizational collaboration affects public service innovation. The analysis results prove that inter-organizational collaboration is associated with public service innovation. Common aims were found to have a positive and significant effect on public service innovation at local government (β = 0.601). This study confirms that the hypothesis is accepted. Therefore, common aims in inter-organizational collaboration should be applied to achieve the highest performance and sustainability.

Three indicators of common aims that affect public service innovation include responsibility, decision-making, objectives, and outcomes. The responsibility of actors in maintaining health service programs is needed to deliver these activities. When actors assume responsibility and actively participate in program development, the effectiveness and productivity of health service innovation are significantly improved. Reliability in service delivery, participatory decision making, as well as the pursuit of clearly outlined goals are fundamental to defining common aims in inter-organizational collaboration. These elements contribute to improved public engagement by providing useful information about rights, channels of redress, and quality assurance.

This study showed that power had a positive and significant effect on public service innovation, specifically stunting programs at local government (β = 0.686). Achieving inter-organizational collaboration requires the power and autonomy of actors to determine decision-making and facilitate public service innovation. Empirically, power facilitates the relationship between true cooperation and collaboration. Therefore, in the context of inter-organizational collaboration, power or leader authority at the local government should be exercised and assessed regularly. Other studies have found that power imbalances pose serious management challenges for building and sustaining trust. Power drives the intention to achieve goals more effectively, particularly through joint action as an important positive outcome from a productive relationship between organizations. Although power or authority has negative effects, specifically when misused, ensuring the sustainability of stunting policy implementation requires a mechanism for feedback to prevent program discontinuity. The greater the participation of local leaders in stunting programs, the greater the success of policy implementation. This study suggests that adopting a collaborative leadership approach has many benefits and enhances the possibility of success in stunting programs. Trust also has an important role in building inter-organizational collaboration.

The analysis results show that trust has a significant effect on public service innovation in local government (β = 0.173). Trust plays a crucial role in attaining sustainability. The membership structure in inter-organizational collaboration has a significant effect on public service innovation of stunting programs (β = 0.416). Finally, this study found that the collaborative leadership in inter-organizational collaboration had a significant effect on public service innovation in local government (β = 0.337). Leadership in the public sector plays a crucial role in maintaining the success of policy implementation at the local government level. Based on the above explanation, it can be concluded that common aims, power, trust, membership structures, and collaborative leadership are components of inter-organizational collaboration. These components rely not only on formal mechanisms but also on non-

calculative trust, rooted in moral integrity. Among organizations, actors should develop integrity, emotional, and social communication. This is important because building innovation in public service requires interpersonal collaboration with others (Hibbert, Huxham & Ring, 2008). Therefore, actors should have integrity, responsibility, and social communication with other institutions. Actors must develop trust over time through interaction and reciprocity in building inter-organizational collaboration (Muhl, 2014; Davis, 2016; Berman, 2018; Gulati, 1995). The results are consistent with previous studies stating that trust can be viewed from three basic perspectives, namely cognitive-based, affect-based, and deterrence-based (Dimaggio & Powell, 1983). Leadership is also crucial for collaborative advantages. It plays an important role in the process of building collaborative capital and innovation (Aarons & Sommerfeld, 2012; Aksoy, 2018; Zhang & Sims, 2008). Leadership collaboration renders an effective process rooted in the emotional domain (Crosby & Bryson, 2005; Connelly, 2007; Berman, 2018; Aarons & Sommerfeld, 2012). All issues related to the need for the development of innovation may be achieved through a collaborative leadership approach.

## 5. Conclusion

In conclusion, this study found that inter-organizational collaboration, consisting of five dimensions, has a significant and positive relationship with public service innovation. The analysis results showed that common aims had the strongest effect on public service innovation ($\beta = 0.601$), followed by membership structure ($\beta = 0.416$) and leadership dimension ($\beta = 0.337$). Trust ($\beta = 0.173$) and power influenced health service innovation ($\beta = 0.686$).

The relationship between inter-organizational collaboration and public service innovation could be used as the predominant strategy to strengthen and develop the sustainability of public service programs. In this context, power serves as a key driver of service improvement in the public organization for local government. The hypothesis results obtained through confirmatory factor analysis showed that common aims, power, trust, membership structure, and collaborative leadership affect public service innovation. The greater the effectiveness of inter-organizational collaboration, the better the future improvements in public service innovation.

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