Agency at the Managerial Interface: Public Sector Reform as Institutional Work

Charlotte Cloutier,* Jean-Louis Denis,† Ann Langley,* Lise Lamothe‡
**HEC Montréal; †École nationale d'administration publique (ENAP); ‡Université de Montréal*

ABSTRACT

This article draws on recent developments in institutional theory to better understand the managerial efforts implicated in the implementation of government-led reforms in public sector services. Based on a longitudinal study of a massive reform effort aimed at transforming the province of Quebec's publicly-funded healthcare system, the article applies the notion of institutional work to understand how managers responsible for newly formed healthcare organizations defined and carried out their individual missions while simultaneously clarifying and operationalizing the government's reform mandate. We identify and describe the properties of four types of work implicated in this process and suggest that structural work, conceptual work, and operational work need to be underpinned by relational work to offer chances for successful policy reform. By showing the specific processes whereby top-down reform initiatives are taken up by managers and hybridized with existing institutionalized forms and practices, this article helps us better understand both the importance of managerial agency in enacting reform, and the dynamics that lead to policy slippage in complex reform contexts.

Policy reform aimed at economizing or improving service delivery has been a predominant theme in public administration for more than 30 years (Ferlie, Hartley, and Martin 2003; Hood and Peters 2004; Pollitt and Bouckaert 2011). However, research has persistently shown that reform efforts produce mixed or unexpected outcomes (Brunsson 2009; Ferlie, Hartley, and Martin 2003; Hinings and Greenwood 1988; Hood and Peters 2004). Despite a large body of literature on the topic, Ferlie, Hartley, and Martin (2003) have argued that there is still a need to develop more theoretically grounded studies in specific domains of public services (e.g., education, health, etc.) to provide deeper insights into the implementation and enactment of complex policy reforms.

The first three authors' names reflect equal contributions to the article. The authors thank the participants in this research for their collaboration and participants in the 2010 European Group for Organizational Studies subtheme on Institutions, Strategizing Activities, and Practices as well as the Montreal Organizations Writing Workshop for comments on earlier versions of the article. The authors thank Editor Sonia Ospina and three anonymous reviewers for their advice in developing this article. Address correspondence to the author at charlotte.cloutier@hec.ca.

doi:10.1093/jopart/muv009

Studies that examine public policy reform have tended to explain reform implementation by opposing top-down and bottom-up approaches (Matland 1995), notably by identifying factors that contribute to reform failure. From a top-down perspective, failure is often attributed to factors such as poor design, poor planning, or poor communication (Jewell and Glaser 2006; May and Winter 2009). From a bottom-up perspective (Lipsky 1980, 2010), reform failure is often attributed to discretion on the part of frontline staff who, because of sedimented routines, superior knowledge of operating conditions, overbearing workloads and/or insufficient resources, find ways to avoid carrying out reforms that do not suit their needs (Matland 1995; Moore 1987).

Of course, both top-down and bottom-up approaches provide a plausible but incomplete explanation for the frequently observed "slippage between policy intents and policy actions at the street-level" (Moore 1987, 76). Missing in these accounts are the managers of public sector organizations, situated at the confluence of top-down and bottom-up forces, who are responsible for large numbers of street-level workers and who interface directly with policy makers and politicians. Indeed, managers at this "meso"-level have been shown to be crucial intermediaries between the political elites who formulate reform proposals and the "street-level" professionals whose activities constitute policy as practiced on the ground (Baez and Abolafia 2002; Cho et al. 2005; Hupe 2011; May and Winter 2009). Yet surprisingly, little attention has been given to the nature of the ongoing *work* demanded of and engaged in by actors at this managerial level in the enactment of service reform even though it is here that ambiguities in reform proposals and contradiction with preexisting frameworks are likely to be most salient (Matland 1995).

We need to know more about how managers at this meso-level (i.e., the leaders of public service organizations tasked with implementing reform) cope with the challenges that reform elicits while positioning their organizations advantageously within a new policy terrain. We argue that the work these people accomplish is vital to determining the mix and extent of changes enacted on the ground, and indeed whether and how policy slippage will occur. In this article, we examine the nature of their interventions in relation to reform initiatives, drawing on recent developments in the notion of "institutional work" (Lawrence and Suddaby 2006; Lawrence, Suddaby, and Leca 2009) to do so. Specifically, we examine the activities and practices of managers at this level within the context of sweeping reform in the healthcare sector in Quebec, a Canadian province.

Building inductively on a detailed case study of this reform's implementation in four newly created organizations, our article contributes to the literature on policy reform implementation by developing an integrated model that explains how managers engage in different forms of "institutional work" that over time constitutes the reform that is actually enacted on the ground. Our model highlights the distinctive properties of each of the four forms of work identified (structural work, conceptual work, operational work, and relational work) and shows how each form is linked diachronically and synchronically to other forms. Our model provides a useful lens to explain how contradictions between novel policy proposals and preexisting practices influence each form of work in distinctive ways, diluting its impact to different degrees while at the same time and paradoxically creating opportunities for its enactment.

We begin our article by reviewing the literature on the role of managers in the enactment of public service reform. We then introduce the notion of "institutional work" which serves as the conceptual framing for our analysis. We present our methods, model, and findings in the following section. We conclude by discussing how our model contributes to our understanding of public sector reform more generally.

THE ROLE OF MANAGEMENT IN THE ENACTMENT OF PUBLIC SECTOR REFORM

As Montjoy and O'Toole (1979, 465) noted, "Governmental programs are normally implemented by organizations" (see also Calista 1986; Denis and Forest 2012) with the result that *organizational managers* necessarily participate in policy reform initiatives. Research on policy implementation has taken a variety of perspectives on the role of organizational management in such initiatives. Early studies, often referred to as the "top-down" view, were concerned with identifying factors that ensured policy proposals were implemented as planned (Montjoy and O'Toole 1979; Pressman and Wildavsky 1979; Sabatier and Mazmanian 1980; Van Meter and Van Horn 1975). In these studies, the expectation was that managers would act as direct conduits of reform (Sabatier and Mazmanian 1980; Van Meter and Van Horn 1975). At the same time, these studies argued that ambiguity in policy objectives (Montjoy and O'Toole 1979; Sabatier and Mazmanian 1980; Van Meter and Van Horn 1975), conflict surrounding them (Van Meter and Van Horn 1975), and the multiplicity of agencies involved (Pressman and Wildavsky 1979) inhibited managerial interventions and thus policy reform itself. In other words, managers were seen as key players in implementation, but their effectiveness was bounded by characteristics of the context in which they acted (Chackerian and Mavima 2001; Matland 1995).

Meanwhile, building on Lipsky's (1980; 2010) work, authors adopting the "bottom-up" view observed high levels of discretion among frontline workers (or "street-level bureaucrats"), and a limited capacity of management to directly influence their behaviors (Marinetto 2011; May and Winter 2009; Maynard-Moody, Musheno, and Palumbo 1990; Meyers, Glaser, and Donald 1998; Teodoro 2014). This perspective suggested that managers had to find ways to constrain the discretion of street-level workers by channeling it through stronger incentives, rules, and controls (Elmore 1979; Wenger and Wilkins 2009). Some studies found that although management interventions could make a difference (May and Winter 2009; Riccucci 2005; Sandfort 2000), individual workers' goals, knowledge, and predispositions were more influential in predicting policy-compatible behaviors.

In contrast, other authors noted that street-level workers might use their specialized knowledge and autonomy to improve services for clients (Durose 2011; Moore 1987; Rowe 2012). From this perspective, street-level workers are viewed as active and intelligent participants in policy reform, capable of engaging with policy makers and managers, adapting policy principles to the realities of their local environments, and even contributing with innovative solutions to local problems (Durose 2011; Foldy and Buckley 2010; Hill 2003; Moore 1987; Rowe 2012). In this view, the role of managers is not so much to *control* street-level workers but rather to *engage* them in discussions on how to improve services in ways coherent with policy objectives (DeLeon and

DeLeon 2002; Maynard-Moody, Musheno, and Palumbo 1990; Mischen and Sinclair 2009).

Indeed, for some authors, the very definition of public management implies a capacity for judgment, agency, and discretion. For example, Lynn, Heinrich, and Hill (2000; 239) argue that the study of public management is concerned with the "discretionary actions of actors in managerial roles subject to formal authority." From this perspective, ambiguity in policy initiatives enhances managerial agency in enacting reform. At the same time, as the previous paragraphs have suggested, such agency is challenged by the multiple levels of participation in policy implementation (Hupe 2011; Lynn, Heinrich, and Hill 2000). Indeed, managers of agencies charged with policy change must often intervene in contexts where they share influence with other actors driven by different and possibly conflicting goals and preferences (Hupe 2011; Montjoy and O'Toole 1979). In addition, policy reforms often enter into contradiction with established institutionalized rules, norms, and practices (Hinings and Greenwood 1988; Sandfort 2000).

Thus, managing reform in a context of ambiguity, pluralism, and contradiction is far from simple. Although studies have suggested that management can make a difference (Hupe 2011; May and Winter 2009; Meier and O'Toole 2002; Riccucci 2005; O'Toole Jr and Meier 2015), the literature to date has granted only marginal attention to what managers located at the nexus of policy and practice during reforms *actually do*. How do they interpret and work with policy reform intentions? How do they engage others in reformative initiatives? And how do these processes unfold in situations where work roles and practices are situated within well-defined sociohistorical institutional contexts, where the lines of authority are not always clear, and where the interests and values of stakeholders are not always aligned? Finally, how and why do their activities generate patterns of policy enactment that are modeled more or less closely on espoused political intentions? We argue that a framework developed around the notion of "institutional work" is helpful in addressing these questions.

AN INSTITUTIONAL PERSPECTIVE ON REFORM: MANAGERS AS INSTITUTIONAL WORKERS

Institutions have been defined as "a relatively stable collection of rules and practices, embedded in structures of *resources* that make action possible (…) and structures of *meaning* that explain and justify behavior-roles, identities and belongings, common purposes, and causal and normative beliefs" (March and Olsen 2008, 691, emphasis in the original). To the extent that public sector reform attempts to significantly alter rules, practices, and structures of meaning within a particular field of activity (such as the delivery of healthcare), reform can be seen as an attempt at deliberate institutional change (Goodin 1998; Lowndes and Wilson 2003).

Yet, institutions have important inertial qualities. Major policy reform initiatives in an established institutional field can be seen as constituting an exogenous shock that interacts with existing institutionalized arrangements with potentially unexpected consequences (Barley and Tolbert 1997; Rice 2013). For example, Edelman (1990, 1992) shows how structures created in order to respond to regulatory pressures contribute to shape the interpretation of the law they were created for, ultimately

resulting in the interpretation and institutionalization of the law itself in new ways. In a similar vein, but at a more micro-level, Baez and Abolafia (2002) and Currie et al. (2012) draw on institutional frameworks to examine the role of elites as promoters of reform, who also nevertheless partially reproduce preexisting institutional patterns. These studies begin to illustrate how individuals may act as agents in institutional change, leading us to the potential of considering public sector managers as "institutional workers."

Indeed, in recent years, the field of organizational institutionalism has taken on a new energy as a variety of scholars have argued for reaching beyond conceptions of institutions as disembodied and reified macro-level forces "out there" that inexorably mold organizations in their image (DiMaggio and Powell 1983), toward a perspective in which institutionalized meanings and practices are sustained, reproduced, translated, and transformed through the activities of individuals and organizations in local situations (Barley 2008; Hallett and Ventresca 2006; Lawrence and Suddaby 2006; Lawrence, Suddaby, and Leca 2009, 2011; Rice 2013; Zilber 2008). This view is captured in the notion of "institutional work" coined by Lawrence and Suddaby (2006, 215) and defined as "the purposive action of individuals and organizations aimed at creating, maintaining and disrupting institutions."

The notion of institutional work is of particular interest here for several reasons. First, it recognizes managers as embedded "agents" who are not merely executors of reform but are agents whose activities contribute to shaping it. Second, implied in the notion of institutional work is the idea of effort in the face of resistance. Institutional work is considered to be truly "work" as it involves challenging and negotiating existing rules, practices, and beliefs that may be in opposition to it. Third, this notion recognizes the distributed and pluralistic nature of reform efforts, where individual managers share agency with a wide spectrum of actors none of whom has complete control over outcomes. Indeed, although managers as "institutional workers" in the cause of reform may strive to *disrupt* previous institutionalized forms and *create* new ones, other agents in the field may reciprocally strive to *maintain* previous arrangements that appear to favor them.

In sum, institutional work's micro-level focus on the practical, effortful, sometimes partial and not always successful activities directed at institutional change seems well suited for studying the activities and efforts of managers located at the center of policy reform as they manage, exploit, and adjust their actions to the ambiguity, pluralism, and contradiction that major reform gives rise to. In this study, we therefore explore the forms of institutional work that managerial level actors undertake as they engage with and attempt to enact a new institutional template.

METHODOLOGY

Research Context

The context for this study is the Quebec healthcare system. In this system, healthcare is publicly financed through taxation, and political authority plays a major role in the definition of health policies, system priorities, and resource allocation. The system is structured around three levels of governance: central government with the Ministry

of Health and Treasury Board, regional health authorities (of which there are eighteen), and healthcare organizations with their own independent boards of directors. The Quebec healthcare system is well known for its investments and achievements in public health. Since the early 1990s, each regional health authority has had its own public health directorate focusing on prevention and monitoring. There was a growing sense at the onset of reform that some of these responsibilities could be devolved to more local entities.

In 2003, a major reform was launched driven by three main concerns: (1) the need to limit the growth of health expenditures in the context of an aging population, (2) the need to significantly improve the coordination and continuity of care to better respond to the needs of more vulnerable populations, and (3) the desire to place greater emphasis on nurturing health (prevention) in addition to treating illness (care). Although, these concerns were not new, politicians were of the view that previous reforms had had limited impact because of their focus on downsizing and restructuring. The current reform aimed to go further by inducing significant change, notably in the organization and delivery of care, as well as in the underlying philosophy of the system (MSSS 2004). Because the intentions of the reform were to achieve both fundamental changes in organizational structures as well as a major shift in philosophy or "interpretive scheme," it can be construed as an intended shift in "institutional archetype" or template (Hinings and Greenwood 1988).

The creation of 95 new Health and Social Service Centres (HSSCs) associated with specific geographical territories was one of the specific ways that the government chose to respond to the challenges invoked above. By merging healthcare organizations with different missions (acute care, community and home care services, long term care) on the same territory, it was expected that patients would benefit from improved continuity of care and that the merger of numerous union accreditation units would augment administrative efficiency and flexibility. To improve continuity of care even more, HSSCs were also assigned the responsibility to create "local health networks" by collaborating with other providers within their territories, such as nongovernmental organizations and physicians working in private clinics.

In addition to structural changes, the reform also imposed a change of philosophy in the provision of healthcare services, notably by giving HSSCs an explicit responsibility for "population health." This meant that the newly formed organizations were mandated to proactively promote the health of all the people living in their territory rather than to only provide services to those who requested them. This shift was described as a move from a "service-based" to a "population-based" approach (see table 1) in service provision. HSSCs were thus mandated to develop intersectoral interventions aimed at improving population health by creating partnerships with municipalities, schools, and industries within their territory around issues such as suicide prevention, the promotion of healthy lifestyles, or the promotion of drug- and alcohol-free driving, among others.

The proposed changes were structurally and conceptually complex. On the one hand, the merger of several organizations with quite different missions into larger new entities created considerable upheaval. For example, the number of different prior entities amalgamated into one varied from two to six among the four organizations we studied. Making this more complex still was the additional mandate to implement

Table 1
Transformation From Service-Based to Population-Based Healthcare

	Service-Based Approach (Old)	Population-Based Approach (New)
Responsibilities	Individuals who use services	Population of the local territory (users or not)
Objectives	Provide care and treatment to people who request service	Improve the health of the population
Service offering	Focus on diagnosis and cure	Full continuum: including prevention, cure, and rehabilitation
Actors mobilized	Professionals within the healthcare system	Healthcare system plus local partners (schools, municipalities, community organizations)
Organizing principles	Organization structured by the type of service offered	Organization structured by programs oriented around population needs

seamless continua of care across former organizational boundaries, including not only the merged entities but also other independent provider organizations serving the same geographic territory. This implied a radically new way of thinking and organizing. In keeping with the new population-based philosophy, services had to be planned as a function of the needs of the overall population rather than just as a function of existing provider capabilities and current demands. Furthermore, new evaluation criteria, based on the newly formed organizations' capacity to sustain or improve the health status of their population, needed to be put in place accompanied by outreach and preventive activities aimed at assisting vulnerable populations. Yet, although the new HSSCs were created to promote a population-based approach, they nevertheless needed to continue delivering services, reflecting both columns of table 1. The managerial challenge was to balance population demands for more services with political demands for increased investment in interventions aimed at improving the health of the population overall (Breton, Denis, and Lamothe 2010; Breton et al. 2009).

The proposed reform of the Quebec healthcare system clearly took place in a context characterized by ambiguity, pluralism, and contradiction. Evidence from early interviews shows that those charged with implementing it, even at senior management levels, were quite confused about its meaning. As the Chief Executive Officer (CEO) of one of our sample organizations put it, "But with population responsibility, there's a lot of work to be done. What does it mean? How far do we go? I don't know. All that still remains to be defined." Similar comments were made by the CEOs of the other three HSSCs as shown in table 2.

Moreover, the newly minted HSSCs were not alone in tackling the task of reform. On the one hand, the Ministry of Health and the Regional Health Agencies (who were responsible for overseeing the HSSCs) were energetically involved in their own efforts to promote the population-based approach ("They too have to switch gears"). On the other hand, the HSSCs also needed to collaborate with other organizations serving clients on their territories, notably with medical clinics and teaching hospitals, who

Table 2
Evidence of Ambiguity Surrounding the Reform

HSSC1	"But with population responsibility, there's a lot of work to be done. What does it mean? How far do we go? I don't know. That remains to be defined." (CEO, HSSC1).
HSSC2	"I see our main mission as bringing health services close to the population. But population health in general… that's pretty vague. (…)" (CEO, HSSC2)
HSSC3	"And that [population responsibility], nobody… had seen it. It was like a UFO – we talked about it but we didn't know what it was, what it would mean." (CEO, HSSC3)
HSSC4	"The particular challenge is that we all have to develop a population-based mindset, and we have our work cut out for us with that at every level" (CEO, HSSC4)

operated according to different principles from those outlined in the proposed reform. For example, the payment method for physicians remained "fee-for-service," a form of incentive more compatible with service-based interventions. Given that physicians are a particularly powerful professional group in Canada and that the proposed reform did not offer them any obvious benefits, the HSSCs were likely to encounter at best indifference, and at worst active and effective resistance from this group, especially if particular initiatives undertaken in the name of reform were seen to challenge dominant positions or prerogatives.

In sum then, at the beginning of our study, senior managers in the new HSSCs saw themselves as agents of fundamental reform supported by governmental discourse about a move toward a new population-based healthcare philosophy. However, not only were the implications of this reform unclear, its legitimacy among various key stakeholders was far from established.

Data Collection and Analysis

The analysis in this article is based on a longitudinal case study of the implementation of the above reforms between 2005 and 2007, focusing specifically on managerial interventions within four newly created HSSCs. The four cases were purposefully chosen to cover the range of types of HSSCs in the healthcare system—in other words, a maximum variation sample (Patton 2002). Specifically, two of the HSSCs included an acute care hospital, whereas two did not (see table 3). While the two organizations that included an acute care hospital (HSSC3 and HSSC4) had to deal with a complex process of merging organizations with disparate missions, the two that did not (HSSC1 and HSSC2) had to deal with the equally complex process of negotiating contractual relationships with acute care hospitals outside their formal jurisdiction. In this article, we focus principally on the similarities in the institutional work activities engaged in by senior managers across the disparate sites. Despite differences between the organizations, the patterns of activities accomplished were similar across sites, and it is these patterns that are of most interest in this article. After describing these patterns, we do, however, provide a brief comparison between two of the organizations whose approaches were most different, in order to reveal certain tradeoffs among types of institutional work in managing

reform implementation. In what follows, when we refer to "managers," our focus is specifically on the top management teams of these four HSSCs.

Data sources for our study included nonparticipant observations of 324 management meetings, 136 interviews with managers in the HSSCs, including the CEOs, as well as with senior managers in regulatory agencies and partners. We also collected documentary evidence (planning documents, organizational charts, and minutes of meetings) over the study period. Interviews lasted between 45 and 90 min. We asked respondents to describe the actions they were taking as a team in relation to the reform initiative as well as the progress and challenges they were encountering in doing this work. Interviews were recorded and transcribed, and detailed field notes were taken at all meetings. Table 4 provides further details of primary data collection.

Data coding and analysis took place in multiple stages. We began by inductively coding the first round of interview data (up to 2006) in order to draw out key practices related to how the HSSCs were implementing policy reform. This first level of coding and analysis led to the identification of two complementary processes (which we labeled "structuring" and "sensemaking") that appeared critical in the early development of the HSSCs.

Following a brainstorming session among research team members around these two key themes, the first author then undertook a second level of coding and analysis. The goal of this second phase was to validate whether the initial themes were confirmed in the additional data (through to 2007) and to dig deeper into these themes, notably by identifying the specific activities linked to each of them and to analyze these

Table 3
Characteristics of the Four HSSCs

	Region 1	Region 2
No acute care hospital	HSSC1 3 former organizations, 7 sites ~2,000 employees	HSSC2 2 former organizations, 5 sites <1,000 employees
With acute care hospital	HSSC4 6 former organizations, 11 sites ~3,500 employees	HSSC3 6 former organizations, 17 sites ~4,000 employees

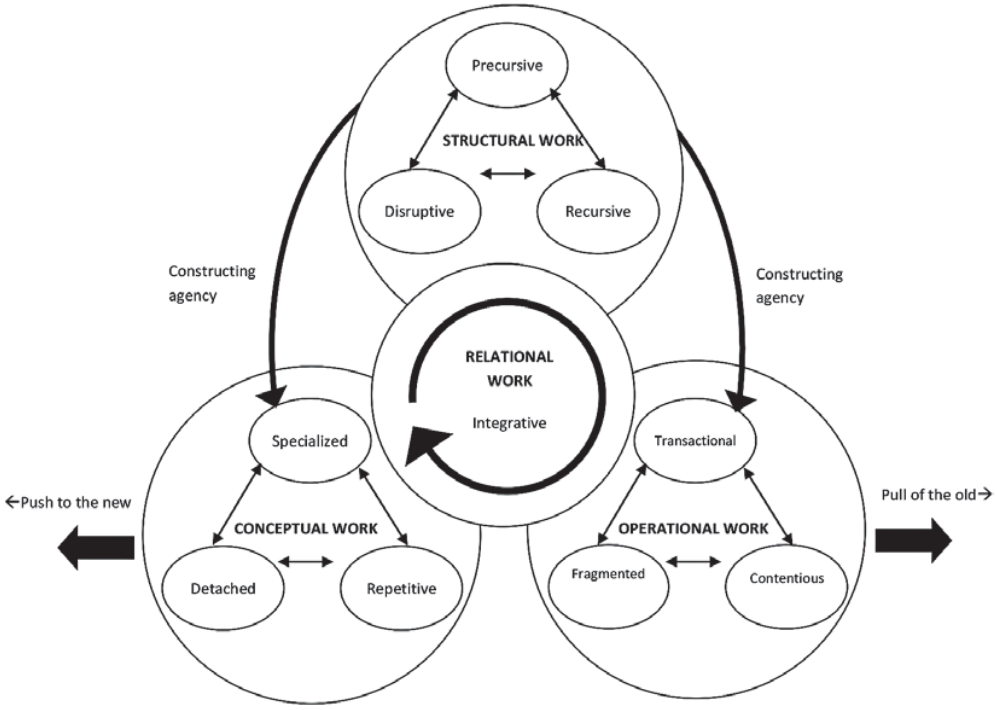
Table 4
Interviews and Meeting Observations in Four HSSCs and Regional Agencies

	HSSC1	HSSC2	HSSC3	HSSC4	Regions	Total
Interviews						
2005	13	8	9	0	0	30
2006	3	3	9	13	0	28
2007–2008	15	16	14	24	9	88
Total	31	27	32	37	9	136
Meetings						
2005	15	5	28	0	12	60
2006	31	28	33	12	16	120
2007–2008	19	17	43	34	31	144
Total	65	50	104	46	59	324

activities on a temporal basis. Once this was completed, the research team gathered again to review the second round of findings and decide on next steps. At this stage, the different activity codes were grouped together into higher-order themes. The initial breakdown of processes in terms of structuring and sensemaking were seen as not fine-grained enough to capture all the nuances that emerged from the data. New groupings, partly inspired by categories and ideas stemming from current theorizations of institutional work (Lawrence and Suddaby 2006; Perkmann and Spicer 2008) were therefore applied. These fit well, and we consequently decided to apply an institutional work lens to our data.

On this basis, two of the authors, with the help of a research assistant, organized the data for each of the four cases chronologically into 4-month blocks. This was done in order to maintain sequential integrity of the coding process. We then organized coded data extracts relating to activities that HSSC managers undertook in their reform implementation efforts into two columns, one based on meeting transcripts and the other based on related statements from interviews, which helped to reveal the ways in which respondents made sense of what they were doing at each stage of the process. The activities identified within each 4-month block were then grouped together to form the four categories of institutional work described in the article. On this basis, we undertook a final phase of analysis which involved comparing the coded segments within each of the four categories of work and classifying them into 12 emergent properties as described in the findings section and shown in figure 1. Further evidence of these properties for each of the four HSSCs can be found in Supplementary Appendix Tables A1–A4.

Figure 1
A Model of Forms of Institutional Work in the Enactment of Policy Reform



In the section that follows, we first present our emergent model which shows how the four types of work we identified interact with each other to shape reform implementation. We then describe the properties of each form of institutional work that the managers we observed engaged in as they attempted to deal with their challenging mandate. Finally, in our discussion, we clarify how the institutional work perspective enables a deeper understanding of the processes involved in the implementation of public sector reform.

TOWARD A MODEL OF MANAGERIAL AGENCY IN THE ENACTMENT OF PUBLIC SECTOR REFORM

As discussed above, our research led us to identify empirically four types of work associated with the implementation of policy reform. These we labeled "structural work," "conceptual work," "operational work," and "relational work." In our analysis, structural work refers to managerial efforts to establish formalized roles, rule systems, organizing principles, and resource allocation models that support a new policy framework. Conceptual work refers to efforts by managers to establish new belief systems, norms, and interpretive schemes consistent with the new policy. Operational work refers to managerial efforts to implement concrete actions affecting the everyday behaviors of frontline professionals that are directly linked with the new policy. And finally, relational work, which underpins the other three, refers to efforts aimed at building linkages, trust, and collaboration between people involved in reform implementation.

Figure 1 shows how the different types of work identified interlink conceptually and over time. Our model proposes that managers engage in these four kinds of work in their attempts to appropriate, enact, and shape public sector reforms, with each type of work having different properties (illustrated in the circles) and playing different roles. From this perspective, the managerial process of enacting reform is seen as evolving through a complex articulation of the different types of work. The three key properties of each type of work define its key features. These are important in understanding how and why the various activities engaged in by managers influence implementation as well as how and why each may also lead to policy slippage.

Although it is useful to separate them analytically, all four types of work flowed into and around each other. As we argue later in the article, we suggest that their interaction and mutual reinforcement may be a condition for their effectiveness. In line with the chronological nature of our data, certain types of work appeared earlier than others in the implementation process, and this is reflected in the order in which we describe them here. However, as we shall see, a purely sequential model does not do justice to the overlapping and iterative nature of the reform's implementation process.

In the following section, we develop our analysis to explain how the four types of work influence reform implementation, indicating how they interact over time, and how the nature of the context of ambiguity, pluralism, and contradiction influences how they play out in renewed public service arrangements. Following the general description, we examine sources of policy slippage associated with each type of work, and elaborate more on the stories of two of the cases: HSSC1 and HSSC3, chosen because of their contrasting patterns of mobilization of the different types of work, leading to somewhat different outcomes.

How Does Structural Work Influence Reform Implementation?

The very creation of the HSSCs (as mergers of existing organizations) is an example of structural work, carried out in this case, by Regional Health Authorities. However, structural work continued within the HSSCs after their creation. A crucial element of structural work for these managers involved negotiating a new organizational chart and assigning specific roles and responsibilities to individuals, in alignment with the reform template. The importance of this for each organization's subsequent capacity to undertake other types work cannot be underestimated and was repeatedly noted by managers in all four organizations:

> "And now at last, we know a bit more who is doing what… already that is helpful. (…) There are changes that will happen" (senior manager, HSSC1, 2005);
> "For me, I'd say the biggest issue is who is doing what… When we know who is doing what, things start to go well." (senior manager, HSSC2, 2007).

In other words, the people who were most closely associated with implementing the new mandate found themselves in a kind of limbo until their roles and responsibilities had been defined. Despite organizational leaders' desire to spend time reflecting on the meaning of the reform (what we later call "conceptual work"), their collaborators had difficulty engaging in this kind of reflection (or indeed in doing anything) until their own positions were clarified. This leads us to the first important property of structural work: it is *precursive*. In fact, it is through structural work that *agents* who can undertake other kinds of work associated with the reform are assigned roles. Before this, it is hard for them to engage in substantive efforts to change anything else, including patterns of service delivery. This is illustrated in figure 1 by the arrows leading down from structural work to the other forms of work. Structural work is clearly on the critical path of reform efforts.

The importance of getting the structure right in order to enable reform efforts was particularly important in light of the other two key properties of structural work. The first of these is that structural work was not only precursive, it was also *recursive* (see figure 1) in the sense that any new structures generated through this work were constrained by prior structures that were, to varying degrees, in contradiction with the proposed new structures. For example, at HSSC3, the CEO's initial organizational chart had to be renegotiated with doctors afraid that they would lose influence in a highly conflictual process that in the end diluted attempts to radically shift roles toward the new policy. For HSSC1, the weight of prior arrangements manifested itself through demands from the Board of Trustees that two prior CEOs be included in the structure and that new roles be evenly divided among management staff from the pre-merger organizations:

> So one of the Board's wishes was that in the top management team… as far as possible, there would be room for everybody… so what happened was that the CEO met with everyone and asked them where they saw themselves in the organization. And with the people he had, he proceeded – he looked to see what he could do. (…) We have 15–16 top managers. We could very well function with less. With 12, we could survive… but the choice of the organization was that it was considered more motivating to start with the players, the people who played a management role…. (manager, HSSC1).

The third critical property of structural work was its *disruptive* nature, as it involved identifying positions, hiring, negotiating roles, moving people, and developing forums to discuss organizing, while at the same time maintaining existing operations and service levels. The supremely disruptive and time-consuming nature of the work involved in redesigning organizations to operationalize a radically new policy was expressed in the following way by the CEO of HSSC4: "Just putting the structure in place takes at least two years. (…) There's so much to do that all our energies are taken up with that and it has to be done well."

In summary, structural work is a highly disruptive form of institutional work that tends to be recursive (i.e., constrained by prior institutional arrangements) while at the same time being an important precursor to other forms of work aimed at implementing reform. Supplementary Appendix Table A1 provides additional evidence from the data concerning these properties for all four organizations. The implications of this for reform were significant. Managers who moved into positions as leaders of new agencies were pressured to move quickly to clarify structures in order to secure collaboration from staff, even as they were still groping to understand the meaning of reform. Although structural work offers an opportunity to create agents enabled to implement reform initiatives, pressures to move quickly can easily lead them into reproducing prior arrangements (recursiveness) when more innovative ones might be more desirable. At the same time, restructuring is disruptive. It distracts managerial attention for long periods of time, with the result that major adjustments after the initial shakeup are undesirable. Moreover, it is hard to move on to more substantive aspects of reform implementation until key organizational roles are stabilized, something that may take months or years given the cascading nature of structural change. Although structural changes are powerful elements in constituting a new policy framework, they are, however, incomplete if interpretive schemes do not accompany them (Bartunek 1984; Hinings and Greenwood 1988). This brings us to our second form of institutional work.

How Does Conceptual Work Influence Reform Implementation?

When the HSSCs were founded, Regional Health Authorities and the Ministry of Health produced numerous documents describing how and why the new policy should work. Despite this, HSSCs managers found that they had to nevertheless embark on extensive conceptual work of their own to determine what the new policy meant for them specifically and to communicate that to people at all levels inside and outside the organization (see the left-hand circle in figure 1). The production by all HSSCs of a strategic document called the "clinical project," which was required by the Ministry of Health, became the focal point for this work.

Conceptual work was *hard work*. Despite continued and sustained efforts from the very beginning, managers were still discussing the need to clarify the nature of the population-based approach at the heart of the reform (described initially by the CEO of HSSC1 using the metaphor of "unidentified flying object," see table 1) 2 years later, in 2007. We identify three key properties of conceptual work that sum up the experience of these organizations and their managers.

First, because of its theoretical nature, conceptual work tended to be *specialized*, that is, delegated to particular people with the time and skills required to do it. Indeed,

in all four HSSCs, top managers initially created a formal position responsible for undertaking conceptual work (linking it with structural work, see figure 1). This form of specialization also occurred in the broader institutional environment. For example, the regional agency for HSSS2 and HSSS3 even organized a major colloquium with international experts to stimulate interest in, but also to clarify, the new policy template. A cadre of consultants appeared who acted as interpreters and promoters of the reform:

> We have seminars, we have the Hospital Association, we have the regional agency, we have the ministry. We have specialists from everywhere (...) we have influences from all sorts of directions to help us reflect on and take the vision to the HSSC (Manager, HSSC)

Second, because of its specialized nature, conceptual work often appeared *detached* from existing operations. Indeed, because it took place at the level of discourse, the concepts and ideas it produced could remain relatively pristine. This, however, tended to highlight the extent to which the new ideas put forward by the reform were in contradiction with existing patterns of operation. This was expressed well by the CEO of HSSC3:

> At the same time, the HSSC's mandate – when we say population-based responsibility, there are very, very few people in the organization who will carry that. It is not possible in the sense that their work (health care professionals) is much closer to the ground. All these professionals, have been trained in a one to one relationship, … a social worker, an occupational therapist, a physical therapist, a doctor, a nurse, whatever, they have been trained to treat a person, not a population (CEO, HSSC3).

Finally, the third notable property of conceptual work was that it was *repetitive*. Because the new concepts and ideas around reform tended to be exchanged in forums that did not directly connect to people's everyday reality (detachment), they remained ambiguous for long periods of time, resulting in continuing needs to reformulate and make sense of them both for self and others. The following story from a manager at HSSC2 is typical:

> But I'd say that you still have to repeat it often, often, often, often. Because at the last meeting – we met with all the pharmacists on the territory… (…) We said – these aren't people who are easy to grab… we'll do it differently. So we had a meeting with all the pharmacists and we started at base zero. There's a reform, what is the reform, why etc. And there were some doctors from our own organization who were there. And one of them came up to me at the end and said, "You know, I must have heard this at least four times – now, I think I've just understood it."

Supplementary Appendix Table A2 provides further evidence of the nature of conceptual work across the four HSSCs.

In summary, like structural work, conceptual work is also very demanding—huge amounts of time in the HSSCs were devoted to meetings, reflections, and document preparation in repetitive cycles aimed at clarifying ambiguities about organizational purpose. The work tended to engage some people more than others limiting circulation

and appropriation by frontline staff of the reformative ideas. It was specialized among people in advisory positions and to some degree organizational leaders as they communicated with various constituencies. Finally, conceptual work tended to be relatively pure in its expressions of the proposed policy and was therefore often perceived as detached from ongoing operations. This in turn led to perceptions of contradiction, generating more ambiguity, and requiring yet more conceptual work in repetitive cycles. Thus, managers tried to help organizational members step outside current practices to make sense of the new policy. However, connecting new representations with operational activities was an ongoing challenge. This brings us to our third form of institutional work.

How Does Operational Work Influence Reform Implementation?

Operational work (shown in the lower right circle of figure 1) refers to managerial efforts to implement concrete actions directly linked with the new policy and involving frontline professionals. This is where the rubber hits the road in terms of reform implementation. Operational work contrasted with structural work and conceptual work in several ways. Contrary to the broadly coherent and integrated template for reform associated with conceptual work and the major shakeup in roles and functions associated with structural work, operational work tended to be oriented around highly specific initiatives, such as HSSC4's development of a new diabetics care program that provided integrated care across several organizational boundaries. As a consequence, operational work tended to be quite *fragmented* (see figure 1). Like other forms of work, it took considerable effort, involving managers in extended negotiations with other stakeholders and reinvestment of funds. Despite such efforts, progress was slow and success was both infrequent and hard won. As the CEO of HSSC1 noted:

> "In principle, it's a major reform. In principal and in theory, in spirit, it is an important reform. But in practice, we are still meeting with difficulties, where the levers are more or less nonexistent. So we have great difficulty in applying it – from principles to practices, there is an important margin – I'm talking about on the ground; because for the Minister and for the regional agency sometimes, it's done, but the transformation on the ground is important and it is very difficult."

Reference to the absence of levers in the quotation above hints at a power deficit. Indeed, operational work was difficult because in many of its manifestations, it was frequently *contentious*, generating confrontation with entrenched power relationships as well as values and interests structured by older institutionalized rules. Initiatives could thus easily be resisted or rerouted by powerful actors—in this case, mainly the medical establishment or acute care providers whose preferred practices were in contradiction with the reform.

For example, in one initiative, a community nurse from HSSC2 was transferred to work at the emergency room of a regional hospital to ensure coordination of care for patients from HSSC2's territory. The initiative was intended to improve service for that population and was considered to be an innovation in population-based care. However, in practice, once the transfer occurred, the hospital seems to have appropriated the resource to its own preferred ends: "Well she thought she was going to work

in emergency, but finally… she does just about anything in the hospital. They sort of took someone from our HSSC to work there." It was not clear whether this initiative, which was justified on the basis of the policy reform, did not in fact operate in reverse, with the acute care hospital taking over resources from the local community instead of the other way around, thus reinforcing old institutionalized forms. Thus operational work aimed at creating new arrangements could sometimes be subverted by the "maintenance work" (Currie et al. 2012; Lawrence and Suddaby 2006) of other agents who captured initiatives to support existing arrangements.

Indeed, many of the operational initiatives that were most strongly promoted as grounded theoretically in the reform template in reality involved little shared commitment to new policy thinking in the short term. Rather, operational work tended to be *transactional* (the third property—see figure 1), that is, based on self-interested exchange, even though its results might be consistent with the reform philosophy. For example, although at HSSC1 agreements were sealed with three medical clinics on the territory concerning extended opening hours and expanded services for the local population, this happened without the clinics manifesting particular commitment to the population-based approach. Rather, these agreements were largely interest-based transactions that bridged competing approaches to care, shifting practice patterns within narrow boundaries. The medical clinics agreed to them in order to obtain additional resources (e.g., the provision of a budget for a liaison nurse), a pattern that involved no direct change in interpretive schemes. Similar patterns of transaction-based negotiation occurred around a project for creating convalescent beds in one of the teaching hospitals. As a regional manager noted:

> "Things have been achieved in the last year. (…) But it was difficult because [the teaching hospital] are people who negotiate. If they get their conditions, then they put things in place. Otherwise they don't take risks. (…) It's a relationship of negotiation, not of support."

Supplementary Appendix Table A3 provides further evidence on the properties of operational work across the four HSSCs.

To summarize, operational work aimed at turning theoretical policy templates (developed through conceptual work) into concrete practices also engaged HSSC managers in significant effort. Operational work was *fragmented*, localized, and contingent. Although new structural arrangements in the HSSCs allowed certain adjustments to operational practices to occur, others, especially those that were most innovative in their potential to reshape practices, were hard fought and expensively won. In fact, operational work tended to achieve results not through a groundswell of commitment toward new modes of thinking, but rather through *transactional* arrangements that produced some changes in practices, but that paradoxically left the old institutionally embedded thinking intact, and sometimes even inadvertently reproduced features of the old system. As such, many operational initiatives remained *contentious* as participants took part in them for different reasons, with no observable change in their perspective, at least during the study.

Thus, as illustrated by the horizontal arrows at the base of figure 1, we found that managers' conceptual work and operational work tended to flow on parallel tracks.

Conceptual work was abstract, global, and pristine in its expression of reform. It generated ambitious and creative visions, but these were often difficult to connect to day-to-day practice. Operational work was pragmatic, conciliatory, and partial. Although inspired by the ideals developed through conceptual work, it required discussion and negotiation on a different plane to have impact. The potential to connect operational work with an emerging policy template significantly lags the discourse that surrounds it. We would argue that this discourse is nevertheless necessary as it serves to motivate and legitimize the agency of managers leading the reform effort. Another type of work may, however, be necessary to bring the different types of work together.

How Does Relational Work Influence Reform Implementation?

Recall that relational work refers to efforts aimed at building linkages, trust and collaboration between people involved in reform implementation. Although relational work is not directly involved in reform implementation in itself, in our data it nevertheless appeared as a key ingredient underpinning other forms of institutional work. Although new structures, concepts and operational projects could be developed on paper, defined in offices and presented in Powerpoint presentations, without relational work, they were unlikely to penetrate very far. For this reason, relational work is placed at the center of figure 1, illustrating its integrative role.

Building on the examples given earlier, our observations show that *relational work underpinned structural work*. Although a formal organizational chart was necessary to ensure that people knew how their role contributed to new modes of functioning, it was not sufficient. Indeed, implementing a new structure required individuals occupying new roles to interpret them, grow into them, establish mutually satisfactory boundaries and build trust, a collective relational task. Respondents used the French word "apprivoisement" (translated literally as "taming" but meaning roughly getting to know each other) to describe this process:

> "So the period of apprivoisement lasted certainly a good year. (..) It is true that we developed a minimum of trust and we could sit down together around the clinical project and become interested in what everyone had developed based on their specific expertise" (senior manager, HSSC1, 2007);
> "I thought that setting up continuums of intervention would allow people to work together, so they would get to know each other, "s'apprivoiser," get to trust each other," (senior manager, HSSC4).

Similarly, *relational work underpinned conceptual work*. As expressed implicitly in the first quote above, the conceptual work surrounding clinical projects could only contribute to the development of a new policy template if it involved some kind of shared understanding. We discussed above the problem of conceptual work that remains detached or disconnected from people's experience. The importance of relational work to build these connections was brought home to us in comparing the experience of HSSC1, where a highly participative process of conceptualization occurred, with that of HSSC3 where conceptual work was carried out by an external consultant and a CEO who distanced themselves from operations and other managers:

> "He was someone with an incredible mind… the CEO… who would have done well to set aside the conceptual and philosophical aspect of the approach to go and weave some linkages with people on the ground… with middle managers and employees in particular, taking into account the hospital milieu." (manager, HSSC3).

Finally, *relational work underpinned operational work*. In other words, the success of *ad hoc* operational initiatives often depended on developing personal relations with individuals. As one manager expressed it: "And all this requires you to make links… to develop mutual trust… it takes a while" (senior manager, 2005). As another from HSSC2 noted in talking about a new single entry point for mental healthcare negotiated with partners:

> "There's a lot of sensitization work to be done at all levels. If we come with, let's say, our new mode of operations… we have partners, we have collaborators, they have to be involved in a major way. For example, the medical clinics – those people will not just be informed, they have to be consulted… They also have to be well-prepared."

In summary, as illustrated, structural work, conceptual work, and operational work were all underpinned by relational work (for additional evidence, see Supplementary Appendix Table A4). The search for a new organizational structure and the need for people to grow into their roles required ongoing interactions among managers. Conceptual work needed to involve individuals and groups at all levels of the organization to propagate a shared vision, and to engage professionals and external partners in its appropriation. Operational work demanded that managers, professionals, and partners develop trust and capabilities to harmonize interventions. Moreover, relational work not only underpinned each type of work on its own, it also offered potential for better integrating the different types of work together as shown in figure 1.

INTERACTIONS AMONG FORMS OF INSTITUTIONAL WORK AND SOURCES OF POLICY SLIPPAGE

As described and as shown in figure 1, the managerial process of enacting reform evolved through a complex articulation of four types of work. These forms of work play out with a certain loose temporal ordering. Specifically, structural work is precursive, and thus important at the start of the process although smaller adjustments may be needed later. Conceptual work also starts early, but as shown, it needs to be continually repeated over time because of its abstract nature and because of the ongoing need to motivate investments in operational work. Operational work starts later, but often demands renewal of conceptual work. Relational work is an important enabler of all the other forms of work and continues throughout the process. In other words, our data and model show that the process of implementing reform is not linear but rather involves a complex set of interactions in which structural, conceptual and operational work are carried out iteratively and are underpinned by relational work. Over time, the culmination of this mix becomes the "enacted" or "real" reform implemented on the ground. Central to this enactment are operational initiatives, as it is here that theoretical ideas supporting reform meet the activities of "street-level" professionals.

Table 5 pushes the analysis further by summarizing the nature of mutual interactions among the four types of work in the shaping of reform implementation as described above, and indicating at the same time how and why the different types of work, while contributing to the enactment of the reform, may also lead to policy slippage or dilution, as managers toil to navigate ambiguity, pluralism and contradictions with existing institutional templates. We now elaborate in more detail on the second part of this analysis, because it offers a more fine-grained understanding of the reasons why, even with the best of managerial intentions, slippage occurs in reform implementation. Indeed, we shall argue, based on a comparison of two organizations in our sample, that slippage within certain types of institutional work may paradoxically become an enabler of reform because it clears a path toward initiatives that might otherwise be completely blocked.

Sources of Policy Slippage: Navigating Ambiguity, Pluralism, and Contradiction

It will not have escaped readers that despite enormous investments of managerial effort, the reform exercise we witnessed and described was in various ways diluted as it was enacted (i.e., some degree of "slippage" occurred). The features of ambiguity, pluralism, and contradiction embedded in this major reform initiative clearly offered

Table 5
Interactions Among Different Types of Work and Sources of Policy Slippage

Type of Work	Interactions With Other Kinds of Work	Sources of Policy Slippage
Structural work	Creates agents to engage in conceptual work, operational work, and relational work (associated with the precursive property); enables and constrains conceptual and operational work; disruptive and demanding nature distracts attention from other forms of work initially; creates demand for relational work	Dilution associated with the recursive property of structural work; structures cannot be recreated *de novo*, with the result that new structures partly embed patterns associated with older institutionalized forms. The effect is enhanced due to pressure to rapidly clarify structures in order to move ahead.
Conceptual work	Inspires and partly frames structural work; inspires and partly frames operational work but may appear abstract and detached from it; creates demand for relational work	Dilution associated with detachment of conceptual ideas from operational concerns. Need to continually repeat, adjust, and contextualize in order to achieve connections.
Operational work	Informs future structural work; tests realism of conceptual work; creates demand for relational work	Dilution associated with contentious nature of operational work, resulting in fragmented and transactionally negotiated initiatives.
Relational work	Facilitates structural, conceptual, and operational work	Dilution associated with smoothing over of differences between old and new templates.

opportunities for innovation, but also ultimately constrained managerial agency. For example, in the reform studied, ambiguity was inherent to the framing of the "population-based" mandate, offering opportunities for creative sensemaking around its meaning. At the same time, this new "responsibility" contradicted preexisting institutional norms and practices. Indeed, the new reform created a new set of public agencies whose mission was explicitly oriented toward population health but placed them in a context where they would have to negotiate with another set of entities firmly embedded in prior modes of operation, incentive systems, and power relationships. These contextual features manifested themselves directly in some of the specific properties of structural, conceptual, and operational work described above.

For example, the recursive property of structural work was grounded in the necessity for managers to negotiate new structural arrangements drawing at least in part on prior forms (see table 5 and earlier description). It is never possible to wipe the slate entirely clean. Because of its recursive dimension, structural work did not instantaneously create a cadre of agents fully committed to policy change. As Hallett and Ventresca (2006) and others have shown (Finn, Currie, and Martin 2010), pressures for change are always mediated by local systems of meaning and embeddedness. The structures created to enact the reform were therefore necessarily a compromise between the aspirations of the new policy and the realities of the old institutional order.

Contradictions and ambiguities also manifested themselves in the context of conceptual work but in different ways and with different consequences. As we saw, conceptual work often diverges significantly from the day-to-day experience of organization members (i.e., in other words, it can remain *detached*). In undertaking conceptual work (Greenwood and Suddaby 2006; Zilber 2008), managers aim to provide rationalizations for new institutional forms and ideas associated with reform agendas. Because of the disconnection with action, creativity is possible and contradictions can be sustained for a considerable time. However, when contradictions become manifest and raise concerns, this can trigger a need for further clarification of meanings leading to additional conceptual work in repetitive cycles. In our study, people constantly struggled to find ways to translate policy intentions to different audiences. To the extent that they succeeded, contextualization could lead to simplification of policy intentions, which would constitute another form of slippage.

Contradictions and pluralism manifest themselves also in the context of operational work, but differently than for structural or conceptual work. They emerge in the form of *contention* because of gaps between policy intentions and the interests of actors who agree to collaborate in them. As seen in our study, operational work tended to be fragmented and transactional, accommodating the interests of partners without necessarily altering mindsets and interpretative schemes, at least not in the shorter term (see figure 1 and table 5). The dilution of broad, innovative ideas into smaller, more manageable operational initiatives was observed in all four settings, another form of slippage.

Structural work, conceptual work, and operational work thus each embed and confront contradictions between the new policy and the old institutional orders in different ways. Conceptual work and operational work can themselves be seen as mutually contradictory, pulling in opposite directions as illustrated in figure 1. Conceptual work pushes toward the ideas associated with the new policy. In contrast, operational

work pulls back toward the old. We would argue that the tension between conceptual work and operational work almost seems necessary for successful policy enactment. Without ambitious and inspirational discourse, it is unlikely that any operational changes would occur at all, and without operational changes, policy implementation would be a "loosely coupled" illusion. Yet the disconnection between the two could be highly problematic. It is here that managers' relational work is particularly critical.

By favoring communication and new connections among networks of implementers, relational work played a central role in reducing conflict around policy goals. We argue that relational work is the glue that enabled the integration of the other three forms of institutional work (as shown in figure 1). Through relational work, managers navigate pluralism and contradiction, as they interact with a diversity of stakeholder groups that are crucial collaborators in reform initiatives, bridging some of the contradictions discussed above. Yet, interestingly, although relational work lubricated and articulated structural, conceptual, and operational work, enabling progress to be achieved, it did so by partially diluting the ideals lying behind the new policy (see table 5). Thus, even relational work contributes in some ways to policy slippage.

To help further illustrate the dynamics of our model, we describe the contrasting paths followed by HSSC1 and HSSC3 as they navigated the Quebec healthcare reform effort. Although management at HSSC1 was regarded by peers and the regional agency as having a relatively successful overall experience in terms policy reform implementation, both conceptually and operationally, HSSC3 was considered to be the least successful, as evidenced by the precipitate departure of the CEO 18 months into the reform period, with little, if any, concrete operational change occurring.

Part of the reason for the difference in reform implementation success might have been the additional complexity of managing a larger organization that included an acute care hospital. However, this was also the case for HSSC4 which did not experience the same degree of difficulty. Paradoxically, it was at HSSC3 that the senior manager attempted, at least initially, to adhere most faithfully to the principles of the reform in his early structural and conceptual work, proposing a radically new structural framework, and supporting this with an abstract conceptual model of the reform: "[He] had all the theory, but people came away wondering where we are going with that?" As one manager told us in the period before the departure of the CEO: "There is some discomfort… because the advisor and CEO are very close (…) they have many things they want to advance, and they've come to conclusions on that. They ask our advice, but we can see that it's already done." As we noted earlier, in this organization, there was a clear deficit in relational work to support the structural and conceptual work. Without having built up any kind of solidarity among organization members or even within the management team itself, proposed new structures encountered strong resistance from the medical staff, forcing a replacement in leadership. A new CEO was able to rebuild confidence with physicians, but ambitions for a population-based form of organization were considerably diluted. For example, structures were renegotiated backwards ("In my organization chart, I had to redo it to take into account the doctors... I really wanted a program vision, but for them it was dangerous"), illustrating again the recursive nature of structural work. Conceptual work was largely put on hold: this organization was the only one of the four not to produce a formal "clinical project" or plan before the end of our data collection.

In contrast at HSSC1, the CEO's initial structural work strongly reflected prior forms with the Board of the organization insisting that none of the previous CEOs of the different organizations composing the merged unit be asked to leave, and imposing a particularly large management team. The initial structure was thus strongly recursive. On the other hand, this rather top-heavy structure enabled the CEO to delegate one internal person to specialize in conceptual work and another to emphasize organizational development (contributing positively to relational work). In contrast to HSSC3, conceptual work was carried out in a much more interactive consultative manner by the internal specialist, who was advantaged by having many informal contacts across the organization. Overall, much greater effort was invested in relational work, both inside and outside the organization, and the CEO personally engaged in operational work by dealing directly and personally with local medical clinics. Although, his capacity to innovate was in part constrained by the structures put in place (e.g., the separation of nursing homes and other forms of care for the elderly was preserved whereas the reform would have suggested an integrated model) and by the capacity to negotiate with partners (the transactional nature of their collaboration), this organization actually achieved more than HSSC3 by adopting a less conceptually pure, but more pragmatic approach to reform.

This comparison suggests that an important insight concerning managerial work in reform implementation. This is that in reform initiatives of this type, while slippage between aspirations and real institutional change may be inevitable, there may be more and less productive paths to this result, involving different patterns of engagement in institutional work. Paradoxically, a dogmatic insistence on structural and conceptual purity in reform proposals may produce the most unsatisfactory results in terms of organizational outcomes. Real though still diluted change may only become possible when institutional work is carried out in such a way as to dedramatize and smooth over institutional differences (see also Sonenshein 2010; Stensaker and Langley 2010).

In summary, the model in figure 1 and analysis in table 5 show the central role of managerial work in enacting public sector reform, and articulate the specific activities through which it occurs. The model also shows how different components of this work contribute to reform implementation, while simultaneously diluting it as managers navigate the constraints of existing arrangements. As illustrated by the comparison between HSSC1 and HSSC3, skilled managers situated at the interface between policy makers and frontline workers are those who are able to judge where to make judicious compromises (i.e., accepting certain forms of policy slippage) in order to be able to better accomplish policy goals in other important areas, knowing full-well that such compromises may embed limitations. Reform is ultimately enacted through partially renewed structural arrangements, somewhat idealistic conceptual discourses repeatedly translated to different audiences, and operational changes that can be pragmatically negotiated to satisfy local interests, all lubricated by managers' relational skills in pulling diverse stakeholders together.

DISCUSSION AND CONCLUSION

We began this article by noting that neither top-down nor bottom-up perspectives have provided complete insight into the roles and activities of managers in policy implementation. For top-down perspectives, managers are seen as conduits for

reform (Montjoy and O'Toole 1979; Sabatier and Mazmanian 1980; Van Meter and Van Horn 1975) whose capabilities may be inhibited by ambiguity and pluralism (Matland 1995). For bottom-up perspectives, managers' roles are seen as limited relative to those of street-level bureaucrats (Lipsky 2010; Marinetto 2011; Maynard-Moody and Musheno 2000). In line with the previous literature, our study certainly highlights the complexities of managing reform initiatives. However, reaching beyond previous work, we develop a richer conceptual understanding of what managers actually do in the face of the constraints and opportunities facing them.

Specifically, we contribute to the literature on the enactment of public sector reform by developing a practice perspective grounded in the notion of institutional work (Lawrence and Suddaby 2006). This perspective draws attention to the embeddedness of managerial actions in existing institutionalized frameworks and enables a finer-grained understanding of the mix of activities engaged in to purposefully bring new arrangements into being while navigating the ambiguities, pluralism, and contradictions associated with prior ingrained structures, incentives, ideas, and practices. Although previous work has indicated that managers can make a difference (May and Winter 2009; Meier and O'Toole 2002; Riccucci 2005), our study examines exactly how they do this and the challenges they face in doing so.

Our model not only describes four types of work engaged in by organizational actors, it also identifies the properties of each type that help explain how and why forms of work interact with each another and by so doing contribute to both policy implementation and/or policy slippage over time (see table 5). In particular, our analysis shows how, despite significant efforts, reformative ideas inevitably confront the contradictions inherent to preexisting institutionalized arrangements, leading over time not to the radical transformation as originally imagined, but to a sedimented and hybridized form of transformation in which elements of the proposed reform are grafted onto previous arrangements. Although scholars of both policy implementation and institutional change have observed that reform efforts are often diluted (Cooper et al. 1996; Pressman and Wildavsky 1979), this study shows in detail how and why this dilution actually occurs, as well as the different forms it may take. Interestingly and paradoxically, it also shows how certain forms of dilution actually enable reform to happen.

Our study was carried out in the specific context of major healthcare reform in a Canadian province. We cannot therefore claim that our findings and model are transferable to all situations of policy reform. However, the model is likely to have particular resonance in situations where (a) the central "policy instrument" is the creation of a new or restructured organizational form with a mandate for implementation, rather than a simple reorientation of incentives or rules (Denis and Forest 2012; McDonnell and Elmore 1987) and (b) there are contingencies of ambiguity, pluralism, and contradiction, corresponding to the most complex situation described by Matland (1995). Many major policy reform initiatives appear to fall within this zone of resonance, as illustrated by multiple examples in the literature (Baez and Abolafia 2002; Chackerian and Mavima 2001; Cho et al. 2005; Montjoy and O'Toole 1979), suggesting that our model is relevant outside the context of its development. Note that the study focuses specifically on managers situated at the interface between policy elites and operational activities, that is, those in charge of new structures created by a reform. Although the ideas might possibly be extended to other managerial levels, this would be a question for future research.

Implications for Policy Makers and Public Managers

Based on this study, we suggest that policy designers would benefit from a deeper understanding of the nature of the work managers accomplish when they propose policy reforms. For example, reformers often rely on structural devices to implement reform: new organizational forms are created, and their managers are expected to reorient services in line with these structures (Montjoy and O'Toole 1979). However, in practice, the exact arrangement of structures created in response to legislative devices tends to diverge from policy intentions (see also Edelman 1992; Edelman, Fuller, and Mara-Drita 2001). What happens at this initial precursive stage of reform implementation is therefore critical, because it determines what will be possible later. As we showed in our comparison of HSSC1 and HSSC3, there is a difficult balancing act between introducing novel arrangements and building on past structures. Although innovation may be desirable to stimulate change, the risks of disruption and of antagonizing powerful interests inevitably raise concerns. Managers might do well to integrate flexibility into their organizational designs so that they can adapt to evolving contingencies. Policy makers need to accept and encourage such experimentation. The study also suggests that the complexity and the time-consuming nature of the work involved in redesigning and reorienting structures is often greatly underestimated. Although major structural reform may sometimes seem necessary to change the way services are delivered, the time taken to achieve structural change is such that "real" change in service delivery is likely to be significantly delayed.

Regarding the conceptual dimension of reform implementation, our findings underlined the importance of providing occasions to accommodate the ambiguity inherent in large-scale reforms. In their conceptual work, managers find themselves torn between framing new visions that can stimulate innovation and that correspond closely to policy intentions, and translating abstract policy ideas in ways that make them acceptable to frontline workers. Rather than simply reproducing the abstract theoretical discourse of higher level government actors, managers might consider grounding it by seeking input from legitimate but frequently overlooked actors, such as public service users. Participative approaches as proposed by Mischen and Sinclair (2009) may also be valuable in legitimizing new and contextualized visions of reform.

Our data also suggest that policy makers need to be more aware of the concrete and day-to-day challenges faced by managers as they engage in implementing reforms. When institutionalized incentives and practices are only weakly aligned with reformative goals, managers will inevitably struggle to find ways to interest frontline workers in them. Given the transactional nature of operational initiatives, greater consideration might be given to decentralizing the control of certain policy instruments, such as the ability to offer incentives, in order to support their development in line with reform. In addition, practitioners may do well to focus on sectors with potentially high impact in terms of learning, innovation and achievement of reform goals. These sectors may serve as prototypes for scaling-up in other areas, something that has been described as a strategy of small wins (Reay, Golden-Biddle, and Germann 2006).

Finally, it is hard to overestimate the importance of relational work in enabling managers to accommodate the challenges and contradictions faced in each of the other dimensions of their reformative mandate. Skills and competencies in this area appear particularly important in pluralistic settings where managers need to accept that

effective interventions will necessarily be the result of collective effort (see also Ospina and Foldy 2015). This suggests that policy makers could enhance policy capacity by favoring the development of relational skills in those slated to occupy key managerial positions (Ferlie et al. 1996). Other scholars have suggested that the mobilization of "relational spaces" (Kellogg 2009) grouping together proponents of reform initiatives may be productive in enabling people to build the coalitions and develop the tactics needed to move forward. Managers and others might benefit by engaging more systematically in the creation of such enabling, yet not-too-formal spaces for organizing.

In conclusion, this article contributes to the literature on public sector reform by illuminating the activities of organizational managers situated at the nexus of top-down policy initiatives and the everyday activities of street-level bureaucracies. Although others have observed that managers do make a difference, precisely what they do and how and why their doings might contribute or not to the enactment of reform has not been the center of attention. The model developed in this article offers a deeper understanding of the nature of agency at the managerial interface within the context of major public sector reform initiatives. Further research might draw on these ideas to compare more successful and less successful patterns of institutional work as well as investigate how different combinations and structures of policy instruments might influence the capacity for managers to successfully contribute to the enactment of public sector reform.

SUPPLEMENTARY MATERIAL

Supplementary appendix material is available at the *Journal of Public Administration Research and Theory* online (www.jpart.oxfordjournals.org).

FUNDING

This research was made possible thanks to support from the Canadian Institutes for Health Research (CIHR), the Social Sciences and Humanities Research Council of Canada (SSHRC), and the Fonds québécois pour la recherche sur la société et la culture (FQRSC).

REFERENCES

Baez, Bien, and Mitchel Y. Abolafia. 2002. Bureaucratic entrepreneurship and institutional change: A sense-making approach. *Journal of Public Administration Research and Theory* 12:525–52.

Barley, Stephen R. 2008. Coalface institutionalism. In *The Sage handbook of organizational institutionalism*, eds. Royston Greenwood, Christine Oliver, Kerstin Sahlin, and Roy Suddaby, 491–518. Thousand Oaks, CA: Sage.

Barley, Stephen R., and Pamela S. Tolbert. 1997. Institutionalization and structuration: Studying the links between action and institution. *Organization Studies* 18:93–117.

Bartunek, Jean. 1984. Changing interpretive schemes and organizational restructuring: The example of a religious order. *Administrative Science Quarterly* 29:355–72.

Breton, Mylaine, Jean-Frédéric Lévesque, Raynald Pineault, Lise Lamothe, and Jean-Louis Denis. 2009. Integrating public health into local healthcare governance in Quebec: Challenges in combining population and organizational perspectives. *Healthcare Policy* 4:e159–78.

Breton, Mylaine, Jean-Louis Denis, and Lise Lamothe. 2010. Incorporating public health more closely into local governance of health care delivery: Lessons from the Québec experience. *Canadian Journal of Public Health* 101:314–17.

Brunsson, Nils. 2009. *Reform as routine: Organizational change and stability in the modern world*. Oxford, UK: Oxford University Press.

Calista, Donald J. 1986. Linking policy intention and policy implementation: The role of the organization in the integration of human services. *Administration & Society* 18:263–86.

Chackerian, Richard, and Paul Mavima. 2001. Comprehensive administrative reform implementation: Moving beyond single issue implementation research. *Journal of Public Administration Research and Theory* 11:353–78.

Cho, Chung-Lae, Christine A. Kelleher, Deil S. Wright, and Susan Webb Yackee. 2005. Translating national policy objectives into local achievements across planes of governance and among multiple actors: Second-order devolution and welfare reform implementation. *Journal of Public Administration Research and Theory* 15:31–54.

Cooper, David J., Bob Hinings, Royston Greenwood, and John L. Brown. 1996. Sedimentation and transformation in organizational change: The case of Canadian law firms. *Organization Studies* 17:623–47.

Currie, Graeme, Andrew Lockett, Rachael Finn, Graham Martin, and Justin Waring. 2012. Institutional work to maintain professional power: Recreating the model of medical professionalism. *Organization Studies* 33:937–62.

DeLeon, Peter, and Linda DeLeon. 2002. What ever happened to policy implementation? An alternative approach. *Journal of Public Administration Research and Theory* 12:467–92.

Denis, Jean-Louis, and Pierre-Gerlier Forest. 2012. Real reform begins within: An organizational approach to health care reform. *Journal of Health Politics, Policy and Law* 37:633–45.

DiMaggio, Paul J., and Walter W. Powell. 1983. The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review* 48:147–60.

Durose, Catherine. 2011. Revisiting Lipsky: Front-line work in UK local governance. *Political Studies* 59:978–95.

Edelman, Lauren B. 1990. Legal environments and organizational governance: The expansion of due process in the American workplace. *American Journal of Sociology* 95:1401–40.

Edelman, Lauren B. 1992. Legal ambiguity and symbolic structures: Organizational mediation of civil rights law. *American Journal of Sociology* 97:1531–76.

Edelman, Lauren B., Sally Riggs Fuller, and Iona Mara-Drita. 2001. Diversity rhetoric and the managerialization of law. *American Journal of Sociology* 106:1589–641.

Elmore, Richard F. 1979. Backward mapping: Implementation research and policy decisions. *Political Science Quarterly* 94:601–16.

Ferlie, Ewan, Jean Hartley, and Steve Martin. 2003. Changing public service organizations: Current perspectives and future prospects. *British Journal of Management* 14:S1–14.

Ferlie, Ewan, Lynn Ashburner, Louse Fitzgerald, and Andrew Pettigrew. 1996. *The new public management in action*. Oxford, UK: Oxford University Press.

Finn, Rachael, Graeme Currie, and Graham Martin. 2010. Team work in context: Institutional mediation in the public-service professional bureaucracy. *Organization Studies* 31:1069–97.

Foldy, Erica G., and Tamara R. Buckley. 2010. Re-creating street-level practice: The role of routines, work groups, and team learning. *Journal of Public Administration Research and Theory* 20:23–52.

Goodin, Robert E. 1998. *The theory of institutional design*. Cambridge, UK: Cambridge University Press.

Greenwood, Royston, and Roy Suddaby. 2006. Institutional entrepreneurship in mature fields: The big five accounting firms. *Academy of Management Journal* 49:27–48.

Hallett, Tim, and Marc J. Ventresca. 2006. Inhabited institutions: Social interactions and organizational forms in Gouldner's patterns of industrial bureaucracy. *Theory and Society* 35:213–36.

Hill, Heather C. 2003. Understanding implementation: Street-level bureaucrats' resources for reform. *Journal of Public Administration Research and Theory* 13:265–82.

Hinings, C. R. (Bob), and Royston Greenwood. 1988. *The dynamics of strategic change*. Oxford, UK: Blackwell.

Hood, C., and G. Peters. 2004. The middle aging of new public management: Into the age of paradox? *Journal of Public Administration Research and Theory* 14:267–282.

Hupe, Peter L. 2011. The thesis of incongruent implementation: Revisiting Pressman and Wildavsky. *Public Policy and Administration* 26:63–80.

Jewell, Christopher J., and Bonnie E. Glaser. 2006. Toward a general analytic framework: Organizational settings, policy goals, and street-level behavior. *Administration & Society* 38:335–64.

Kellogg, Katherine C. 2009. Operating room: Relational spaces and microinstitutional change in surgery. *American Journal of Sociology* 115:657–711.

Lawrence, Thomas B., and Roy Suddaby. 2006. Institutions and institutional work. In *Handbook of organization studies*, eds. Stewart Clegg, Cynthia Hardy, Walter R. Nord, and Thomas B. Lawrence, 215–54. Thousand Oaks, CA: Sage Publications.

Lawrence, Thomas B., Roy Suddaby, and Bernard Leca. 2009. *Institutional work: Actors and agency in institutional studies of organizations*. Cambridge, UK: Cambridge University Press.

Lawrence, Thomas B., Roy Suddaby, and Bernard Leca. 2011. Institutional work: Refocusing institutional studies of organizations. *Journal of Management Inquiry* 20:52–8.

Lipsky, Michael. 1980. *Street-level bureaucracy: Dilemmas of the individual in public services*. New York, NY: Russell Sage Foundation Publications.

Lipsky, Michael. 2010. *Street-level bureaucracy: Dilemmas of the individual in public services*. New York, NY: Russell Sage Foundation Publications.

Lowndes, Vivien, and David Wilson. 2003. Balancing revisability and robustness? A new institutionalist perspective on local government modernization. *Public Administration* 81:275–98.

Lynn, Laurence E., Carolyn J. Heinrich, and Carolyn J. Hill. 2000. Studying governance and public management: Challenges and prospects. *Journal of Public Administration Research and Theory* 10:233–62.

March, James G., and Johan P. Olsen. 2008. The logic of appropriateness. In *Oxford handbook of public policy*, eds. Martin Rein, Michael Moran and Robert E. Goodin, 689–708. Oxford, UK: Oxford University Press.

Marinetto, Michael. 2011. A Lipskian analysis of child protection failures from Victoria Climbié to "Baby P": A street-level re-evaluation of joined-up governance. *Public Administration* 89:1164.

Matland, Richard E. 1995. Synthesizing the implementation literature: The ambiguity-conflict model of policy implementation. *Journal of Public Administration Research and Theory* 5:145–74.

May, Peter J., and Søren C. Winter. 2009. Politicians, managers, and street-level bureaucrats: Influences on policy implementation. *Journal of Public Administration Research and Theory* 19:453–76.

Maynard-Moody, Steven, and Michael Musheno. 2000. State agent or citizen agent: Two narratives of discretion. *Journal of Public Administration Research and Theory* 10:329–58.

Maynard-Moody, Steven, Michael Musheno, and Dennis Palumbo. 1990. Street-wise social policy: Resolving the dilemma of street-level influence and successful implementation. *Political Research Quarterly* 43:833–48.

McDonnell, Lorraine M., and Richard F. Elmore. 1987. Getting the job done: Alternative policy instruments. *Educational Evaluation and Policy Analysis* 9:133–52.

Meier, Kenneth J., and Laurence J. O'Toole. 2002. Public management and organizational performance: The effect of managerial quality. *Journal of Policy Analysis and Management* 21:629–43.

Meyers, Marcia K., Bonnie Glaser, and Karin Mac Donald. 1998. On the front lines of welfare delivery: Are workers implementing policy reforms? *Journal of Policy Analysis and Management* 17:1–22.

Mischen, Pamela A., and Thomas A. P. Sinclair. 2009. Making implementation more democratic through action implementation research. *Journal of Public Administration Research and Theory* 19:145–64.

Montjoy, Robert S., and Laurence J. O'Toole. 1979. Toward a theory of policy implementation: An organizational perspective. *Public Administration Review* 39:465–76.

Moore, Scott T. 1987. The theory of street-level bureaucracy: A positive critique. *Administration & Society* 19:74–94.

MSSS. 2004. *L'intégration des services de santé et des services sociaux. Le projet organisationnel et clinique et les balises associées à la mise en oeuvre des réseaux locaux de services de santé et de services sociaux*. Québec, Canada: Ministère de la Santé et des Services Sociaux.

Ospina, Sonia M., and Erica G. Foldy. 2015. Enacting collective leadership in a shared-power world. In *Handbook of public administration*, eds. James L. Perry and Robert K. Christensen, 489–507. San Francisco, CA: Jossey-Bass.

O'Toole, Laurence J. Jr, and Kenneth J. Meier. 2015. Public management, context, and performance: In quest of a more general theory. *Journal of Public Administration Research and Theory* 25:237–56.

Patton, Michael Quinn. 2002. *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications.

Perkmann, Markus, and Andre Spicer. 2008. How are management fashions institutionalized? The role of institutional work. *Human Relations* 61:811–44.

Pollitt, Christopher, and Geert Bouckaert. 2011. *Public management reform: A comparative analysis-new public management, governance, and the neo-Weberian state*. Oxford, UK: Oxford University Press.

Pressman, Jeffrey L., and Aaron B. Wildavsky. 1979. *Implementation: How great expectations in Washington are dashed in Oakland*. Berkeley, CA: University of California Press.

Reay, Trish, Karen Golden-Biddle, and Kathy Germann. 2006. Legitimizing a new role: Small wins and microprocesses. *Academy of Management Journal* 49:977–98.

Riccucci, Norma. 2005. *How management matters: street-level bureaucrats and welfare reform*. Washington, DC: Georgetown University Press.

Rice, D. 2013. Street-level bureaucrats and the welfare state: Toward a micro-institutionalist theory of policy implementation. *Administration & Society* 45:1038–62.

Rowe, Mike. 2012. Going back to the street: Revisiting Lipsky's street-level bureaucracy. *Teaching Public Administration* 30:10–8.

Sabatier, Paul, and Daniel Mazmanian. 1980. The implementation of public policy: A framework of analysis. *Policy Studies Journal* 8:538–60.

Sandfort, Jodi R. 2000. Moving beyond discretion and outcomes: Examining public management from the front lines of the welfare system. *Journal of Public Administration Research and Theory* 10:729–56.

Sonenshein, Scott. 2010. We're changing—Or are we? Untangling the role of progressive, regressive, and stability narratives during strategic change implementation. *Academy of Management Journal* 53:477–512.

Stensaker, Inger G., and Ann Langley. 2010. Change management choices and change trajectories in a multidivisional firm. *British Journal of Management* 21:7–27.

Teodoro, Manuel P. 2014. When professionals lead: Executive management, normative isomorphism, and policy implementation. *Journal of Public Administration Research and Theory* 24:983–1004.

Van Meter, Donald S., and Carl E. Van Horn. 1975. The policy implementation process: A conceptual framework. *Administration & Society* 6:445–88.

Wenger, Jeffrey B., and Vicky M. Wilkins. 2009. At the discretion of rogue agents: How automation improves women's outcomes in unemployment insurance. *Journal of Public Administration Research and Theory* 19:313–33.

Zilber, Tammar. 2008. The work of meanings in institutional processes and thinking. In *The Sage handbook of organizational institutionalism*, eds. Royston Greenwood, Christine Oliver, Kerstin Sahlin and Roy Suddaby, 151–69. Thousand Oaks, CA: Sage Publications.