BEYOND COGNITION: HOW MULTIPLE EMBEDDEDNESS CAN FACILITATE THE IMPLEMENTATION OF INSTITUTIONAL CHANGE

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INTRODUCTION

Institutional entrepreneurship is a complex process encompassing two phases: the *emergence* of an institutional entrepreneur, and the *implementation* of the institutional initiative (Battilana et al., 2009). As for the emergence of an institutional entrepreneur, scholars have been concerned with understanding how actors become detached from current institutional arrangements that shape and constrain their interests and beliefs, and conceive new institutional arrangements (Holm, 1995). In this regard, actors' multiple embeddedness – the position of actors across fields – might be an enabling condition for becoming detached from current institutions (Battilana et al., 2009; Greenwood et al., 2011). The reason lies in the fact that actors in multiple positions are more aware of alternatives (Greenwood & Suddaby, 2006), might develop greater capacities for creative and critical intervention (Bonxenbaum & Battilana, 2005; Emirbayer & Mische, 1998; Sewell, 1992), and might be exposed to multiple institutional logics that undermine the perceived inevitability of institutional arrangements (Greenwood et al., 2011; Seo & Creed, 2002).

We know much less on the role of multiple embeddedness during the implementation phase of an institutional initiative (Battilana et al., 2009). During this phase, institutional entrepreneurs make the case for their initiative and mobilize resources in order to make others coalesce around it (Battilana et al., 2009; Garud et al., 2002; Hardy & Maguire, 2008; Lawrence, 1999; Munir & Phillips, 2005). We attempt to shed light on this gap by presenting an inductive case study of an Italian social enterprise, the *Nuova Cucina Organizzata* (NCO), which occupies a position in two fields, the health care and the organized crime field. On one hand, NCO occupies a position in the health care field due to the fact that it gives employment opportunities to people with mental disorders. NCO is also located in the organized crime field, as it runs a restaurant and a social farming business on properties confiscated from the local criminal organization, known as the *camorra*. By occupying two distinct fields, the social enterprise not only deals with distinct issues and understandings (Greenwood et al., 2011), but it is also embedded in multiple networks of social relations where distinct struggles over resources and stakes take place (Bourdieu, 1985).

In this study we ask the following research question: how can institutional entrepreneurs, who occupy more than one position across fields, leverage their multiple embeddedness to implement institutional change?

THEORY

Embeddedness refers to actors' positions in a field (Battilana et al., 2009). This concept is broadly defined as "the degree to which actors and their actions are linked to their social context" (Reay et al., 2006: 978). In institutional theory, multiple embeddedness might help explain how actors conceive divergent norms, practices and beliefs if they are embedded in the same institutional setting they aim to change (Battilana et al., 2009; Holm, 1995). Actors occupying multiple positions are more likely to become institutional entrepreneurs as they are exposed to different and potentially conflicting sets of norms, practices and beliefs, which trigger reflexivity and lessen cognitive constraints associated with prevailing institutions (Boxenbaum & Battilana, 2005; Greenwood & Suddaby, 2006; Greenwood et al., 2011; Seo & Creed, 2002).

We have little knowledge of how multiple embeddedness influences later stages of the process of institutional entrepreneurship (Battilana et al., 2009). One exception is Maguire et al. (2004), who show that actors holding multiple positions, for example, representatives of pharmaceutical companies who were also involved in the AIDS movement, were seen as occupying legitimate positions by different stakeholders. Hence, these actors were more likely to build coalitions that facilitated the introduction of new practices in the emerging field of HIV/AIDS treatment advocacy.

During the implementation phase of an institutional project, institutional entrepreneurs mobilize the resources at their disposal in order to make others coalesce around their institutional initiatives (Battilana et al., 2009). Symbolic resources, such as discursive elements, are deemed to be very important in motivating others to endorse or support a new model (Fligstein, 1997; 2001; Etzion & Ferraro, 2010; Munir & Phillips, 2005; Rao et al., 2003).

In general, the discourses of an institutional entrepreneur comprise three distinct framing strategies (Benford & Snow, 2000; Misangyi et al., 2008). First, via *diagnostic framing* institutional entrepreneurs claim the existence of a problem unattended to by prevailing institutions (Maguire & Hardy, 2006; Strang & Meyer, 1993). Second, via *prognostic framing* they devise an alternative model that solves the problem described in the diagnostic framing (Greenwood et al., 2002). Finally, via *motivational framing* institutional entrepreneurs create categories of actors associated with willingness to change, namely, status quo opponents and defenders. Along this latter framing strategy, institutional entrepreneurs "constantly make "us" and "them" kinds of distinction" (Hunt et al., 1994: 194), and construct status quo opponents as "the good", and status quo defenders as "the bad" (Benford & Snow, 2000; Creed et al., 2002; Misangyi et al., 2008).

As the introduction of a new institution is best conceived as a political process requiring collective effort (Fligstein, 1997; Rao et al., 2000; Wijen & Ansari, 2007), institutional entrepreneurs might need the support of neutral but potential supporters before other organizations can be motivated to endorse the new model (Creed et al .al, 2002; Demil & Bensedrine, 2005; Rao, 1998; 2000). Through motivational framing, institutional entrepreneurs might thus construct these "audience groups" - the media, powerful elites or bystander publics - as a category ascribed with an observer role (Hunt et al., 1994).

METHODS

The *Nuova Cucina Organizzata* (New Organized Kitchen, NCO) is a social enterprise located in a small village in the region Campania (Italy), situated near one of the most notorious

strongholds of the local organized crime, the camorra. The presence of camorra has critically pauperized the social and economic life of the region. The camorra not only has businesses in legal and illegal markets, such as drugs and construction, but it has also developed strong ties with politicians. For instance, corruption of public servants and white-collars, in public sectors such as the health care, is frequent and makes it possible for the camorra to reap part of the funds allocated for public services.

When NCO asked to transform a property confiscated from the camorra into a restaurant to give employment opportunities to people with mental disorders, it faced strong opposition from the local community, preoccupied with the proximity of this type of patient. NCO faced also several intimidations from the camorra, which opposed the use of "its" properties. Before NCO's opening, confiscated properties in the region were idle: entrepreneurs were not willing to run businesses on them, as they feared the retaliation of the camorra. Yet, confiscated properties hold a strong symbolic value because they represent the ill-gotten gains accumulated by organized crime at the expense of the community.

As a social enterprise that gives employment opportunities to people with mental disorders on properties confiscated from the camorra, NCO is present in the health care field and in organized crime, acting as an institutional entrepreneur in both fields. In the health care field, NCO successfully introduced a new model for treating patients with mental disorders within the regulative system of the region. This model opposed the taken for granted practice of treating patients in protective structures, e.g. hospitals and clinics, for prolonged periods of time, by advancing a model whereby patients are provided with home-like accommodations, jobs in social enterprises and a network of social relations. In the organized crime field, NCO challenged the taken for granted subjugation to the camorra, by promoting a business model imbued with values of legality and solidarity along the motto "social economy as antidote to criminal economy". In so doing, NCO aimed to contrast the wild individualism of the camorra, which enriched itself at the expense of communities, and promoted legal and fair business models aimed to form supportive communities.

The purpose of this study is to understand how actors positioned across multiple fields leverage this position to advance their institutional projects. As NCO is embedded in very distinct fields, it represents an ideal, "extreme" case study suitable for the purpose of theory building (Eisenhardt, 1989). We collected data on NCO since its creation in 2007 until 2014. The data gathered encompassed interviews with internal and external organizational stakeholders, NCO archive data, newspaper articles and videos from the local and national media, books and documentaries informing on NCO's institutional attempts in both fields.

Data were coded following an inductive approach that aggregates empirical observations into higher levels of abstraction (Gioia et al., 2012). The first round of coding followed an open coding procedure that generates a high number of codes (Strauss & Corbin, 1998) while being faithful to what informants say (Gioia et al., 2012). By noting nestings and overlaps (Clark et al., 2010) the first-order codes were reduced to thirty operational codes. These latter were then aggregated in ten second-order themes by abstracting them at a theoretical level of analysis (Clark et al., 2010). Finally, it became clear during the data analysis process that the ten second-order themes could be assembled into four overarching concepts relevant to the process of institutional entrepreneurship implementation: *multiple embeddedness*, *bridging diagnostic/prognostic framing across fields*, *bridging motivational framing across fields*, and *cross-field ally mobilization*.

MAIN FINDINGS & DISCUSSION

We found that embeddedness across two distinct fields allowed NCO to construct diagnostic and prognostic framing strategies that made the case for change in one field as relevant for the other field. In so doing, the institutional initiative attempted in one field transcended the boundaries of the field in which it was initiated, as it was constructed to appeal also to the interests of the actors in the other field. In constructing motivational framing strategies, NCO again leveraged its embeddedness across fields, and associated status quo defenders ("the bad") and opponents ("the good") with positive and negative traits of actors in both fields. Moreover, NCO constructed a third category of actors, "the ugly", that is, powerful but neutral state representatives that did not mobilize in favour of NCO institutional projects until they were designed as such.

To illustrate, in its attempt to introduce a new model for treating people with mental disorders, NCO argued that treating mental disorders along the traditional model, by recovering patients in hospitals and clinics for prolonged periods of time, did not attend to the problem of patients' social rehabilitation, given that patients had almost no contact with the outside for years. The argument was that a prolonged period of recovery in a protective structure put patients under a bell jar that produced further isolation and caused them to return into a state of psychological instability. According to NCO, patients' social rehabilitation within the community was considered an essential component for their mental wellbeing. However, when confronted with community protests, NCO understood that patients' social rehabilitation within a community that accepts organized crime would be problematic. In these social contexts, communities live in a sort of social decay, and contributing to the common good is deterred. Hence, in making the case for change in the health care field NCO connected the need to attend to patients' social rehabilitation within the community to the need to contrast the norms perpetrated by organized crime in the community (*bridging diagnostic and prognostic framing strategies across two fields*). NCO's attempt to introduce a new health care model was opposed by the health care executives of the region, who did not recognize NCO as a legitimate actor with regards to health care models. The new health care model would have implied that public funds, previously allocated only to private actors owning protective structures, hospitals and clinics, would also be allocated to social enterprises giving employment opportunities to people with mental disorders.

In constructing the categories of actors associated with status quo defenders and opponents, NCO constructed the category of people with mental disorders working with them, as actors fighting organized crime and committed to give confiscated properties back to their community ("the good"). Such category construction sharply contrasted with the label of "socially dangerous person" assigned to people with mental disorders within the traditional health care system. Faced with the refusal of health care executives to introduce the new model, NCO constructed the category of status quo defenders as corrupted actors standing by the camorra ("the bad"). In addition, NCO turned its attention to the President of the region, claiming that his lack of support contrasted with his role of state representative, which was expected to stand by the camorra fighters ("the ugly"). In so doing, while attempting to introduce change in the health care field, NCO constructed categories of actors associated with camorra and anti-camorra actors (*bridging motivational framing strategies across two fields*).

These cross-field framing strategies resulted in the mobilization of anti-camorra actors in favour of the institutional project NCO was attempting in the health care field. Among them

there were anti-camorra associations, anti-camorra magistrates, the President for the Valorisation of Confiscated Properties, and several politicians who supported the introduction of NCO's health care model within the regulative health care system of the region.

In the same time period, NCO attempted to introduce change in the local organized crime field, by promoting camorra-free businesses inspired by legality and solidarity. In constructing the diagnostic and prognostic framings, NCO recurred to some constitutive features of the attempted health care model. In theorizing its camorra-free business model, NCO introduced the norm of giving rights to the weakest members of the community as a way to nourish the wellbeing of the community. The problem identified in this field was that organized crime represented an economic system based on a wild chase for personal enrichment at the expense of the community. By giving patients with mental disorders a job opportunity, NCO aimed to promote a business model imbued by the values of solidarity and fairness, and create supportive communities, in contrast to the organized crime business model based on wild enrichment at the expense of others (*bridging diagnostic and prognostic framing strategies across two fields*).

In constructing motivational framings, NCO associated "the good" with the mentally disordered fighting organized criminals. Contrary to these latter, who had destroyed the territory, people with mental disorders working on confiscated properties were improving life within the community. By framing the mentally disordered as the protagonists of the social and economic release of the community from organized-crime oppression, NCO aimed to trigger bottom-up processes of mobilization. As for the construction of "the bad", in the fight against organized crime, NCO faced the opposition of the camorra who threatened NCO with verbal intimidations and vandalization of confiscated properties. While NCO had expected the opposition of organized crime, its existence was mostly jeopardized when public health administrators initially refused to introduce its sponsored health care model; the introduction of the new health care model would have provided the means NCO needed to continue paying the patients for their work on confiscated properties in a moment of financial difficulty. As a consequence, NCO claimed that those who had more severely impeded the introduction of its camorra-free economic model, were public health administrators. This was consistent with the tenet that local health care administrators are frequently corrupted by organized crime. As for the construction of "the ugly" in the organized crime field, it must be said that organized crime power in Italy is associated with the weakness of the State. The inability of the State to contrast organized crime represents a constraint for actors attempting to fight it. In the NCO case, for instance, some confiscated properties were provided without the required certifications, while others did not respect standard norms of safety. These bureaucratic obstacles delayed, if not severely jeopardized, NCO activities on confiscated properties. In constructing frames for powerful but not supportive actors in the fight against organized crime, NCO framed state representatives as "the ugly" by opposing these actors with, once again, people with mental disorders. According to this framing, the laborious work of people with mental disorders on confiscated properties was opposed to the inactivity of state representatives in the fight against organized crime (*bridging motivational framing strategies across two fields*).

Throughout the years, NCO sponsored a model of social economy "as antidote to criminal economy", and successfully created a network of collaboration among sixteen organizations encompassing social enterprises which operate on camorra-confiscated properties, local entrepreneurs who oppose the camorra-practice of protection money, and an anti-camorra association. Moreover, these framing strategies succeeded in mobilizing actors in the health care field towards NCO camorra-free and social business model. Among those actors, there were

dozens of social enterprises giving job opportunities to people with mental disorders, patients' relatives and some prominent public health administrators. The modalities of the support differed among the actors. For instance, the relatives of people with mental disorders working for NCO, committed to advertise NCO products within their network of friends, donated NCO products as Christmas gifts, and brought the physicians they were in contact with, to eat at the NCO restaurant.

In this study we extend research on the role of multiple embeddedness in processes of institutional entrepreneurship (Greenwood et al., 2011). In addition to increasing awareness of alternatives and lessening the perception of the inevitability associated with current institutions (Boxenbaum & Battilana, 2005; Emirbayer & Mische, 1998; Greenwood & Suddaby, 2006), multiple embeddedness can play a role in the implementation phase as it provides institutional entrepreneurs with the ability to connect actors, issues and resources along multiple fields, via framing processes (Benford & Snow, 2000; Snow & Benford, 1992). As institutional entrepreneurs are environment cognizant actors (Battilana et al., 2009), NCO skilfully framed its institutional project in one field as having important positive spillovers for the other field in which it was embedded. By the same token NCO connected status quo defenders and opponents between the two fields. In this way, the potential for mobilization increased as the target audience of NCO discourse in each field extended beyond the actors immediately concerned by the institutional project.

The second contribution adds to the literature on institutional entrepreneurs' efforts to motivate others (Creed et al. 2002; Misangyi et al., 2009, Snow & Bedford, 2000). The results of our study show that the dichotomy between "the good" and "the bad" was not sufficient to introduce change. NCO had to construct also the category of "the ugly", identified in powerful but non-cooperative actors whose institutional role should have required them to mobilize. In so doing, we enrich the literature on ally mobilization (Hunt et al., 1994; Misangyi et al., 2008; Snow & Bedford, 2000) by showing that motivation to coalesce around an institutional project can be prompted in actors via distinctions among "the good" and "the bad", as well as via the "the ugly" category. The identification of this latter group might have important implications for our understanding of institutional change processes. It has been recently pointed out that actions by non-cooperative actors are generally neglected and conflicts in institutional change processes usually oppose fierce defenders and fierce opponents (Hardy & Maguire, 2008). However, as institutional change is a collective process that requires the mobilization of a multitude of actors (Vaccaro & Palazzo, 2015; Wijen & Ansari, 2007), overlooking the role of non-cooperative actors, and the ways in which institutional entrepreneurs fail or not to mobilize them, might be a significant loss for our understanding of why certain institutional attempts succeed while others fail.

REFERENCES AVAILABLE FROM THE AUTHORS