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REALIZING CORPORATE RESPONSIBILITY POSITIONING AND FRAMING IN NASCENT INSTITUTIONAL CHANGE

PhD Series 03-2016

Verena Girschik

REALIZING CORPORATE RESPONSIBILITY

**POSITIONING AND FRAMING IN NASCENT
INSTITUTIONAL CHANGE**

PhD School in Organisation and Management Studies

PhD Series 03.2016



COPENHAGEN BUSINESS SCHOOL
HANDELSHØJSKOLEN

Realizing Corporate Responsibility

Positioning and Framing in Nascent Institutional Change

Verena C. Girschik

Supervisors:

Peer Hull Kristensen

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Ph.D. School in Organisation and Management Studies
Copenhagen Business School

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Foreword

This doctoral dissertation forms part of a quest to understand how companies affect people's lives. Oscillating between my own critical attitude and hopeful experiences, I have attempted to offer a nuanced account. Maybe paradoxically, I hope that my work will disgruntle both the critics and the proponents of modern capitalism. If it provoked one person in each camp to revisit their views, I would be contented.

I have been warned that there are two types of doctoral dissertation: perfect and submitted. In so many ways, this submitted dissertation is only a temporary settlement, a milestone on an ongoing journey, as there are still frustratingly many ideas to be further explored and developed. And yet, this settlement creates a powerful opportunity to pause and reflect on the twists and turns and the ups and downs that shaped my path. Without a doubt, I have realized this doctoral dissertation in co-construction with many others to whom I would like to express my deep gratitude.

I am grateful to my supervisors Peer Hull Kristensen and Eva Boxenbaum for their scholarly advice and mentorship. Thank you, Peer, for your profound guidance on this journey, for your critical reading of my work, and for always seeing successes when I only saw flaws. Thank you for being my external spectator and keeping my spirit alive. Thank you for accepting what may be viewed as stubborn resistance to co-constructing this dissertation. Just how much I owe to you will be salient in every single chapter. Thank you, Eva, for teaching me both the institutionalized ways and the art of scholarly thinking and writing. Thank you for carefully uncovering any manifestations of intellectual laziness, for unflaggingly encouraging me to dig deeper, and for trusting that I could finish the painting. Your witty scholarly and moral support has truly uplifted this dissertation and the emerging scholar behind.

At CBS and particularly in the OMS doctoral school, I have found an inspiring and supportive environment. Many of my colleagues have contributed to my work and well-being throughout the process. Thank you all for supporting me in your unique ways, for your keen interest in my work and many inspiring discussions, and for knowing that one of the most important questions to ask your colleague is how she is doing. I am particularly indebted to the cohort at DBP and the sweatshop crew at IOA. Thank you for showing me how it's done, for sharing the pains and pleasures of PhD students' lives, and for blurring the boundaries between collegial concern and friendship.

This research would not have been possible without the generous support of the Global Stakeholder Engagement department at Novo Nordisk. Thank you for letting me be part of your journey, for your curiosity in my work no matter how theoretically heavy, and for your patience. Thank you for showing me how to create shared value. I am grateful for the hospitality with which I was welcomed at Novo Nordisk Indonesia.

Thank you for introducing me to your part of the world and for letting me study your impressive work. During my trip to Jakarta, I was fortunate to meet many wonderful people. Thank you for sharing your experiences and making my stay so enjoyable.

I have been fortunate to meet many great scholars and experience their academic kindness. Sometimes, a minor comment at a conference session or during an informal chat fundamentally changed my views. It is because of this strange asymmetry that I will now thank only those who have been formally involved. Thank you, Gregory Jackson, for discussing my work in its early stages and offering your thoughts throughout. To your refreshing perspectives—and to Habermas—I am indebted for a more sophisticated understanding of my empirical context. I would like to thank Nina Granqvist and Dennis Schoeneborn for engaging with my work as opponents at my final seminar. Thank you, Nina, for generously offering your stimulating ideas, for sharing your experiences, and for your enthusiastic encouragements. Thank you, Dennis, for opening my eyes on CCO, for your honesty at exactly the right moment, and for your sharp yet constructive comments.

I thank my wonderful family and friends—both near and far—who have supported my journey and provided for uncountable joyful experiences along the way. Im Besonderen danke ich meinen lieben Eltern, die mir das Prinzip der Wirkungskreise erklärt und vorgelebt haben. Darum musste ich nie an der Bedeutung meiner Arbeit zweifeln. Danke, dass ihr an mich geglaubt habt, und dass ihr mich bedingungslos und unermüdlich auf meinen Weg begleitet habt. Euch widme ich meine Dissertation. Mijn lieve Jasper, jouw liefde en geloof in mij hebben mij door deze spannende tijd heen gedragen. Met jouw geduld en toewijding heb je niet alleen dit proefschrift maar ook het leven daar omheen mooier gemaakt. Danke, mein lieber Peer, das Singen, Tanzen und Springen mit dir hat mich jeden Tag wieder ins Leben zurückgebracht. Danke, dass du mich stets daran erinnert hast, wie viel Freude es macht, sich leidenschaftlich in einer Aufgabe zu verlieren.

Copenhagen, 30 November 2015
Verena Girschik

Abstract

This doctoral dissertation aims to understand how companies realize corporate responsibility—both how they perform corporate responsibility in particular local contexts and how they negotiate understandings of what corporate responsibility means. It builds on an inductive case study of the Danish pharmaceutical company Novo Nordisk, a company known for its remarkable investments in integrating societal objectives into its business model and promoting new ways of thinking about and doing business. The case inspired the overarching theoretical question how actors construct and legitimize new ideas and practices at the nascent stages of institutional change. To address this question, the dissertation develops a micro-sociological approach to institutional change that brings to light how actors struggle over meaning in power relations by focusing on processes of positioning and framing. The three articles in this dissertation unfold distinct yet interdependent processes of positioning and framing that constitute new ways of performing and understanding corporate responsibility.

The first article explains how Novo Nordisk's Indonesian subsidiary positioned itself to gain influence and participate in improving diabetes care when field actors considered the company's engagement in healthcare illegitimate. The findings show that by building, cultivating and maintaining relationships with field actors, the company co-constructed common interests and mutual dependencies, which in turn facilitated new collaborative practices. Motivated by the observation that the subsidiary's new position and collaborative practices gave rise to framing conflicts, the second article asks how Novo Nordisk overcame such conflicts and achieved alignment around a new framing that strengthened and legitimized collaboration. The article explicates three non-confrontational mechanisms through which the frame alignment process moved the field toward a new consensus and effective collaboration. The third and last article is inspired by the observed sophistication and social skill with which Novo Nordisk members engage in interactive framing processes, and traces how they developed a framing of Novo Nordisk's responsibilities over time through interactions with external stakeholders and internal managers. The findings show that they increased the appeal of the responsibility framing by qualifying the company's responsibility through value- and identity-based claims.

This dissertation contributes to institutional theory by advancing our understanding of how actors construct and legitimate new ideas and practices at the nascent stages of institutional change. The articles theorize how positioning distributes agency among field actors and thereby shapes the co-construction of new practices; how actors legitimate new positions and practices as they align around a new framing; and how actors interactively develop a framing over time as to strengthen its appeal and promote

new ideas and practices. Overall, the dissertation advances a more complete understanding of institutional change by showing how actors lay the foundation for certain institutional trajectories and rule out others at the nascent stages of change when ideas and practices are most malleable. By highlighting relational and power dynamics, this dissertation offers implications for meaning-centered approaches to institutions, the institutional work literature, and communicative institutionalism. With regard to corporate responsibility in the context of complex societal problem, it proposes practical implications for business managers and policy makers.

Resumé

Denne ph.d. afhandling bidrager til vores forståelse af, hvordan virksomheder tager ansvar i specifikke lokale kontekster og hvordan de forhandler forståelsen af hvad 'virksomhedens ansvar' betyder. Afhandlingen bygger på et induktivt casestudie af det danske medicinalsselskab Novo Nordisk, en virksomhed, som er kendt for sine bemærkelsesværdige investeringer i at integrere sociale mål i deres virksomhedsmodel og for at promovere nye måde at tænke og bedrive virksomhed på. Denne case har inspireret det overordnede teoretiske spørgsmål om, hvordan aktører konstruerer og legitimerer nye ideer og praksisser i de tidlige stadier af institutionel forandring. For at adressere dette spørgsmål tager denne afhandling en mikrosociologisk tilgang til institutionel forandring som belyser hvordan aktører forhandler forståelser i magtforhold ved at fokusere på 'framing'- og positioneringsprocesser. De tre artikler i denne afhandling udfolder tre specifikke men sammenhængende framing- og positioneringsprocesser, som konstituerer nye måder at udføre og forstå virksomhedsansvar på.

Den første artikel forklarer hvordan Novo Nordisk's indonesiske datterselskab positionerede sig for at opnå indflydelse og deltage i at forbedre diabetesbehandling i en kontekst, hvor aktører i feltet anså virksomhedens engagement i sundhedssektoren som illegitim. Resultaterne viser, at ved at opbygge, kultivere og bevare bekendtskaber med feltets aktører skabte virksomheden fælles interesser og afhængigheder, som derigennem banede vejen for nye samarbejdspraksisser. Datterselskabets nye position og samarbejdspraksisser gav anledning til konflikter. Den anden artikel spørger, hvordan Novo Nordisk håndterede disse konflikter og opnåede overensstemmelse omkring en ny forståelse som styrkede og legetimerede samarbejdet. Resultaterne udfolder tre ikke-konfrontatoriske mekanismer hvorigennem framing-processen bragte feltet mod en ny konsensus og effektiv samarbejdsform. Den tredje artikel er inspireret af den høje grad af sofistikation, hvormed Novo Nordisks ansatte engagerer sig i framing-processer. Artiklen opsporer hvordan de udviklede en forståelse af Novo Nordisk's ansvarsområder, igennem udvekslinger med eksterne interessenter og interne managere. Resultaterne viser, at Novo Nordisk forøgende apellen af deres ansvars-framing ved at kvalificere virksomhedens ansvar igennem værdi- og identitetsbaserede udsagn.

Denne afhandling bidrager til den institutionelle teori ved at undersøge konstruktionen og legetimeringen af nye ideer og praksisser i de tidlige stadier af institutionel forandring. Artiklerne teoretiserer, hvordan positionering fordeler indflydelse imellem feltets aktører og derigennem konstruerer nye praksisser; hvordan aktører legetimerer nye positioneringer og praksisser ved at skabe overensstemmelse

omkring en ny forståelse; og hvordan aktører udvikler en forståelse for at styrke dennes appel og promovere nye ideer og praksisser. Afhandlingen bidrager til en mere fuldkommen forståelse af institutionel forandring ved at vise, hvordan aktører danner grunden for bestemte institutionelle baner og udviser andre i de tidlige stadier, hvor ideer og praksisser er mest formbare. Ved at pege på relationelle- og magtdynamikker i sådanne processer, bidrager denne afhandling med implikationer for forståelses-centrede tilgange til institutioner, litteraturen omkring institutionelt arbejde og kommunikativ institutionalisme. Hvad angår virksomhedens ansvar i forhold til komplekse sociale problemer tilvejebringer afhandlingen praktiske implikationer for virksomhedsledere og politikere.

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Part I

I. Introduction

The worlds' most pressing problems—such as poverty, environmental degradation and health crises—implicate business, and companies increasingly attempt to contribute to solutions. Especially in the face of weak governments, companies provide social services like healthcare and education, they protect human rights, and act as channel through which people exercise political rights, for example by enforcing minimum wages (Matten & Crane, 2005) or by contributing to peace in conflict areas (Kolk & Lenfant, 2013). Yet companies' increasing involvement harbors the risk of undermining our social systems because they escape democratic accountability (Scherer & Palazzo, 2011). Indeed, intellectuals have long warned against the dominance of corporations and their reckless re-structuring of our societies around commercial interests (Chomsky, 1999; Hertz, 2001; Klein, 2000; Korten, 2001). What is more, contemporary societal problems are complex and defy simple solutions (Dorado & Ventresca, 2013), so that even well-intended initiatives may trigger detrimental societal impacts (Khan, Munir, & Willmott, 2007). Because it is important that we understand how companies transform our societies, we must study how corporate responsibility materializes in local contexts.

Furthermore, companies' increasing involvement challenges widely-held beliefs and norms about their responsibilities and prompts the emergence of new ideas and practices. In their attempts to contribute to the solution of problems, companies prompt new engagements across sectors, for example as they join forces with NGOs to protect the environment (Ritvala, Andersson, & Salmi, 2014; Van Wijk, Stam, Elfring, Zietsma, & Den Hond, 2013). As a result, the traditional boundaries between social movements, civil society and companies become ever more blurred (De Bakker, Den Hond, King, & Weber, 2013; Scherer & Palazzo, 2011). Perhaps because traditional boundaries no longer delineate responsibilities, companies are ever more pressed to develop corporate responsibility strategies (McDonnell, King, & Soule, 2015; Scherer, Palazzo, & Seidl, 2013; Zhang & Luo, 2013), and new approaches to doing business have proliferated. For better or worse, ideas like the Bottom-of-the-Pyramid strategy (Prahalad & Hammond, 2002) or Creating Shared Value (Porter & Kramer, 2011) now form part of the mainstream repertoire of managers and promise guidance for developing new business models that cater to social concerns. Such ideas challenge

companies to rethink their business models and their engagement in society. But they do not consider that any new forms of engagement are constructed in the context of societal beliefs and norms. As companies attempt to construct new ideas and practices beyond traditional boundaries and thereby challenge societal beliefs and norms, they also negotiate new understandings of what corporate responsibility means. This doctoral dissertation is thus concerned with how companies realize corporate responsibility—in the double sense of performing and understanding it.

This research is grounded in an empirical case study of the Danish pharmaceutical company Novo Nordisk, a multinational company focused on the production, development and marketing of insulin used for treating diabetes. As is typical in the pharmaceutical industry, Novo Nordisk's business is intricately intertwined with local healthcare systems, which enable and constrain the marketing of medication. Especially in developing countries, healthcare systems have remained poorly equipped to cope with chronic diseases like diabetes, and thus lower people's quality of life by constraining access to care. Attempting to contribute to improving care in such countries, Novo Nordisk has invested heavily in collaborative arrangements with societal actors like governments and NGOs. The company is considered a corporate responsibility leader, and has over the last five years made a remarkable leap to second place in the Access to Medicine Index (Access to Medicine Foundation, 2014). Accordingly, Novo Nordisk epitomizes a pioneering company that has invested tremendous effort into integrating social objectives into its business model, and thereby contributing to social change. Moreover, Novo Nordisk employees promote new ways of thinking about and doing business worldwide, for example by attending conferences on social issues in management and by advocating integrative reporting. Thereby, they actively shape our understanding of corporate responsibility and contribute to institutional change.

The case inspires the overarching theoretical question how actors construct and legitimize new ideas and practices at the nascent stages of potential institutional change. To study the interplay of organizations and institutions, most contributions to institutional theory adopt a macro-sociological or "top-down" approach that focuses on how actors respond to or interpret societal logics (Friedland & Alford, 1991; Thornton, Ocasio, & Lounsbury, 2012). The top-down approach has shed much light on how institutions affect organizations, for example by explaining how companies respond to pressures for responsibility (Scherer et al., 2013) or how hybrid organizations overcome the macro-opposition of business and social objectives (Battilana & Dorado, 2010; Mair, Battilana, & Cardenas, 2012). Yet this approach conceptualizes institutions as "a-social at the micro level" (Hallett & Ventresca, 2006, p. 214) and analytically removed from struggles over meaning on local ground (Lounsbury, Ventresca, & Hirsch, 2003). To understand how Novo Nordisk realizes corporate responsibility—how the company not only performs responsibility activities but also negotiates what it means to conduct business responsibly—I instead adopt a micro-sociological or bottom-up approach to institutions (Lawrence & Suddaby, 2006) that focuses on the micro-level interactions in

which actors negotiate practices, positions and meanings (Zilber, 2002, 2008). I study how actors struggle over meaning in power relations as they construct and legitimize new ideas and practices by exploring processes of positioning and framing.

Working inductively inspired by the grounded theory approach (Corbin & Strauss, 1990, 2008; Suddaby, 2006), I studied how Novo Nordisk realized corporate responsibility in three distinct yet interdependent processes, which I explore in the three articles that form the core of this doctoral dissertation.

1. The first article zooms in on the practices of Novo Nordisk's Indonesian subsidiary and seeks to understand how the subsidiary gained influence and participated in improving diabetes care despite field actors considering the company's involvement in healthcare illegitimate. It shows how field actors' positioning distributes agency among them and enables them to change institutions together.
2. The second article traces how a team within Danish headquarters constructed a country report on the Indonesian subsidiary's activities—and thereby legitimized the subsidiary's new position and its emerging collaborative practices. It explains how organizational members reduce framing conflicts and construct frame alignment with other field actors when overt contestation is not feasible.
3. Zooming out of the Indonesia case, the third article follows how the team developed a framing of Novo Nordisk's responsibility throughout the entire series of country reports. It explicates how organizational members construct a framing that appeals to both external stakeholder and internal managers.

By focusing on these three processes in which Novo Nordisk performs and negotiates the meaning of corporate responsibility, the three articles unfold dynamics of positioning and framing that constitute the construction and legitimation of new ideas and practices at the nascent stages of institutional change.

This doctoral dissertation is structured in two parts. Part I is the so-called frame, an overarching description of the project that outlines my theoretical motivations, contextualizes the case of Novo Nordisk, explains my empirical approach, and provides an overview of the articles. I conclude the first part by discussing theoretical contributions, implications for practice, and exploring avenues for further research. Part II presents the three single-authored articles.

2. Theoretical motivations: The frontiers of institutional analysis

How do actors construct and legitimate new ideas and practices at the nascent stages of institutional change? To address this question, I adopt a micro-sociological or bottom-up approach to institutional change that draws attention to how actors struggle over meaning in power relations. In this chapter, I develop and position my approach by embedding this study in larger debates, discuss conceptual foundations and key concepts that guided my thinking, and thereby outline the frontiers of knowledge to which this research aims to contribute.

2.1 A meaning-centered perspective on the nascent stages of institutional change

As point of departure, I adopt Berger and Luckmann's (1966) view of reality as continuously produced and reproduced in social interaction. In this view, society has a dual character as it exists both as subjective meaning and objective facticity. Subjective meaning pertains to people's experiences of everyday life. To explain how subjective meanings become objective facts, Berger and Luckmann describe how people, by repeating activities frequently, construct and habituate themselves to patterns that can be reproduced. Habituation narrows people's choices and frees them from deciding on a course of action over and over again. Institutionalization takes place "whenever there is a reciprocal typification of habitualized actions by types of actors" (Berger & Luckmann, 1966, p. 72). That is, people come to share an understanding that certain types of actors perform certain types of actions. Detached from their original producers, institutions then confront people as objective facts. The most extreme case of such objectivation is reification: institutions are perceived of as "natural" and assigned an ontological status independent of human activity (Berger & Luckmann, 1966, p. 107). From this dialectic perspective, society is both a human product and an objective reality—an objective reality that is socially constructed.

While Berger and Luckmann's seminal work has remained an omnipresent reference for the definition of institutions and institutionalization processes (Meyer, 2008), many contributions to institutional theory show a tendency to view institutions primarily as reified social structures: they identify their universal properties and their impact on organizations in realist terms (Suddaby, Elsbach, Greenwood, Meyer, & Zilber, 2010). Yet Berger and Luckmann's phenomenological heritage saliently reverberates in interpretively-inspired branches of institutional theory. Scandinavian institutionalism (Boxenbaum & Pedersen, 2009; Czarniawska & Joerges, 1996), inhabited institutionalism (Hallett & Ventresca, 2006; Hallett, 2010) and other interpretively-inspired contributions (Meyer & Höllerer, 2010; Zilber, 2002, 2008) share a focus on the micro-sociological processes in which people attribute meaning to experiences and actions, and produce social reality as they negotiate interpretations. Meaning pertains to "not structure or practice per-se but to the intangible—that which is signified in institutional structures and practice" (Zilber, 2008, p. 152). Interpretively-inspired studies thus place meaning-construction front and center as they explore ongoing and local processes of social construction. In my work, I adopt a meaning-centered perspective on institutions and institutionalization to trace the social construction of corporate responsibility—and specifically the negotiations about what corporate responsibility means—and thereby contribute to our understanding of the nascent stages of institutional change.

I conceptualize the nascent stages of institutional change as the disruption of extant institutions and the construction of new ideas and practices, therein following stages models of institutional change that describe what happens to institutions and in what order. While institutions are stubborn, such models propose that change may be triggered by precipitating jolts, such as social problems or technological innovations that disrupt practices. On the field level of analysis, these jolts enable the entry of new actors or the ascendance of peripheral actors into influential positions (Greenwood, Suddaby, & Hinings, 2002). New entrants and peripheral actors may bring in new ideas because their low level of institutional embeddedness enables them to conceive of alternative arrangements and promote them as institutional entrepreneurs (Battilana, Leca, & Boxenbaum, 2009; Dorado, 2005; Leblebici, Salancik, Copay, & King, 1991; Maguire, Hardy, & Lawrence, 2004; Seo & Creed, 2002). Alternatively, change may result whenever actors face contradictions and conflict that prompt the reconsideration of the status quo (Seo & Creed, 2002), or when people experiment with new practices in their daily lives (Reay et al., 2013; Smets, Morris, & Greenwood, 2012). During these nascent stages, the status quo is challenged and new ideas and practices are negotiated.

As soon as new ideas and practices expand beyond the context in which they originate, they enter the stage of pre-institutionalization. This stage is characterized by the emergence of proto-institutions: new practices, technologies, and rules that "have the potential to become full-fledged institutions if social processes develop that entrench them and they are diffused throughout an institutional field" (Lawrence, Hardy, & Phillips, 2002, p. 283). For such proto-institutions to diffuse widely,

theorization is considered a precondition. Theorization refers to the “self-conscious development and specification of abstract categories and the formulation of patterned relationships such as chains of cause and effect” (Strang & Meyer, 1993, p. 492). Actors construct these categories and relationships—or general models of social life—in an attempt to justify new ideas and to legitimate the envisioned change by aligning with prevailing normative prescriptions or by asserting functional superiority (Greenwood et al., 2002). If successful, theorization enables the diffusion of new ideas and practices: “diffusion becomes more rapid and more universal as cultural categories are informed by theories at higher levels of complexity and abstraction” (Strang & Meyer, 1993, p. 493). As new ideas and practices diffuse, they become increasingly taken-for-granted.

Most contributions have studied institutional change based on cases in which new ideas and practices diffused successfully. Such studies have, for example, described how institutional entrepreneurs formulate and gain support for new ideas (Battilana et al., 2009; Svejenova, Mazza, & Planellas, 2007), how theorization enables diffusion (Greenwood et al., 2002; Rao, Monin, & Durand, 2003), and how and why new arrangements diffuse (DiMaggio & Powell, 1983; Tolbert & Zucker, 1983). Interpretively-inspired studies have contributed micro-sociological foundations of macro-diffusion patterns by explaining how practices change as they diffuse: how they acquire different meanings when people interpret, negotiate, and implement them in different organizational contexts (Ansari, Fiss, & Zajac, 2010; Boxenbaum, 2006; Gond & Boxenbaum, 2013; Hallett, 2010). Yet the selection of successful institutionalization processes entails a serious bias toward retrospective studies of ideas and practices that have flourished and against those that have failed (Zilber, 2008). More than that, such selection may mask consequential struggles over meaning at the nascent stages of change when new ideas and practices take shape and new forms of organizing emerge.

In my doctoral research, I prospectively followed the construction of new ideas and practices at the nascent stages of potential institutional change. When studying such processes prospectively, the problem is that there is no way of knowing whether or not particular ideas or practices will diffuse and become institutionalized. Rather than explaining institutional change, therefore, I merely aim to explain how actors construct new ideas and practices that challenge extant beliefs and inspire alternative ways of organizing. Such explanations may, nonetheless, contribute to our understanding of institutional change because they make salient the processes of meaning construction and negotiation that may slowly fade as ideas and practices become more stable and legitimate. More than that, insights into the construction of new ideas and practices may help us account better for theorization efforts and their outcomes (Lounsbury & Crumley, 2007). By adopting a meaning-centered perspective to study the nascent stages of institutional change, this research thus aims to contribute to the micro-sociological foundations of institutional theory and to more complete explanations of institutional change.

2.2 Bottom-up approaches to institutional change

The micro-sociological foundations of institutional change have been addressed by bottom-up approaches to institutions that focus on how interested actors work to affect institutions. The most popular and well-known bottom-up approach to institutional change is institutional entrepreneurship. Institutional entrepreneurship is concerned with how institutions arise or change when “organized actors with sufficient resources (institutional entrepreneurs) see in them an opportunity to realize interests that they value highly” (DiMaggio, 1988, p. 14). After DiMaggio’s seminal work on agency, the institutional entrepreneurship literature has been concerned with how individual or collective actors implement divergent change by formulating a vision and mobilizing allies behind that vision. Divergent change implies a break with institutionalized cognitive templates for organizing, thus disrupting a fields’ shared understanding of goals to be pursued and how they are to be pursued (Battilana et al., 2009). Such research has shed light on the processes in which institutional entrepreneurs bring about changes in practices (Khan, Munir, & Willmott, 2007; Maguire et al., 2004) and organizational forms (Greenwood et al., 2002; Greenwood & Suddaby, 2006) .

Yet the institutional entrepreneurship literature has been vehemently criticized for overemphasizing change and promoting an overly agentic view. First, studies of institutional entrepreneurship have been overly focused on stylized stories of institutional change, and by presenting change as explanandum have implied a conceptualization of institutions as punctuated equilibrium rather than as ongoing processes. Second, while the literature acknowledges that field characteristics and an actors’ social position enable or constrain institutional entrepreneurship (Battilana, 2006; Maguire et al., 2004), most studies are based on cases of successful change and describe how actors change institutions—seemingly *ad libitum*—hence exaggerating the potency of individual actors’ activities (Lounsbury & Crumley, 2007). The institutional entrepreneurship literature accordingly limits the focus of analysis to specific actors, and thereby adopts an overly atomistic view that neglects the embeddedness of the entrepreneur’s actions in social relations and the dynamics between different actors.

The institutional work perspective attempts to address these two concerns. Institutional work is concerned with the “purposive action of individuals and organizations aimed at creating, maintaining and disrupting institutions” (Lawrence & Suddaby, 2006). Based on the idea of entropy—the inherent instability of social order (Zucker, 1988)—institutional work highlights that institutional stability is an achievement rather than the default state of affairs, and that institutions require continuous maintenance. To study institutional creation, maintenance and change, institutional work scholars adopt a practice perspective. That is, they focus on “the situated actions of individuals and groups as they cope with and attempt to respond to the demands of their everyday lives” (Lawrence & Suddaby, 2006). The practice perspective draws attention to “the efforts of individuals and collective actors to cope with, keep up with, shore up, tear down, tinker with, transform, or create anew the

institutional structures within which they live, work, and play, and which give them their roles, relationships, resources, and routines” (Lawrence et al., 2011: 53). By focusing on institutional everyday life in action, the institutional work perspective promotes a strong process view of institutionalization as ongoing work-in-progress.

In addition to overcoming the focus on institutional change, a strength of the institutional work perspective is that it draws attention not only to institutional entrepreneurs but to “a wide range of actors, both those with the resources and skills to act as entrepreneurs and those whose role is supportive or facilitative of the entrepreneur’s endeavors” (Lawrence & Suddaby, 2006: 217). Remarkably, even powerless and marginal actors may change or take part in changing institutions, albeit in different ways and to different effects (Marti & Mair, 2009). Moreover, actors may coordinate their efforts (Dorado, 2013) as they push for change or defend the status quo (Lefsrud & Meyer, 2012; Maguire & Hardy, 2009). By widening the scope of analysis beyond institutional entrepreneurs, the institutional work perspective shows that agency is distributed: individual contributions combine and accumulate to paths of change or stability (Delbridge & Edwards, 2008; Lounsbury & Crumley, 2007). Change is accordingly conceptualized as nondeterministic, discontinuous and nonlinear (Lawrence et al., 2011; see also Zietsma & Lawrence, 2010) and driven by complex social dynamics: for example, actors may seek to gain power through institutional work (Rojas, 2010) and reconfigure field boundaries to include or exclude others (Granqvist & Laurila, 2011; Zietsma & Lawrence, 2010). Clearly, institutional processes are political and unfold through struggle, negotiation, search, trial and experimentation (Lawrence, Suddaby, & Leca, 2009).

I aim to further advance our understanding of the political processes at the nascent changes of institutional change by adopting a meaning-centered perspective. Putting meaning front and center draws attention to how people engage in interpretive work as they interactively produce and process meaning and construct shared beliefs that may inspire future lines of action. While a meaning-centered perspective shares with institutional work the focus on ongoing political processes, it counters the methodological individualism that still haunts many studies by defining as unit of analysis the interactions between people and groups of people (Fine & Hallett, 2014). In so doing, it does not neglect that people purposively and intentionally put effort into creating, maintaining and disrupting institutions. Yet it highlights the constitutive effects of interactions by acknowledging that people’s purposes and intentions may not necessarily be stable over time and independent of others because people often work things out together. More than that, paying attention to how actors construct and struggle over meaning motivates a stronger emphasis on power: people struggle over meaning in power relations (Lawrence, 2008; Zilber, 2008), and some actors enjoy greater power to shape meanings than others (Hallett, 2010). Putting meaning front and center thus enriches the institutional work perspective by promoting a more relational and powerful approach to the study of institutional change.

2.3 Putting meaning front and center: Key concepts

To study the nascent changes of institutional change by adopting a more relational and powerful approach to institutional change, I use two key sensitizing concepts: positioning and framing. In what follows, I introduce the two concepts, define how I use them, and discuss how they contribute to our understanding of institutional change. In the articles, I dive deeper into specific debates and point out my contributions.

Key concept: Positioning

Putting meaning front and center in the study of institutional processes entails an inquiry into how actors construct and struggle over meaning in power relations. I adopt a relational conception of power as “a property of relationships such that the beliefs or behaviors of an actor are affected by another actor or system” (Lawrence, 2008, p. 174). In contrast to possessive conceptions of power as commodity, relational conceptions view power as an effect of social relations (Willmott, 2010). To study the relationships between actors in an organizational field, I take as point of departure the concept of social position. Social position refers “not only to formal, bureaucratic position, but also to all the socially ‘constructed’ and legitimated identities available in a field” (Maguire et al., 2004, p. 658). To highlight the ongoing construction of positions and how actors position themselves and others, I adopt the concept of positioning. Positioning draws attention to power relations by highlighting how interactions generate, reinforce or disrupt relations of autonomy and dependence (Oakes, Townley, & Cooper, 1998).

Most studies on the role of positions and positioning in institutional theory use the imagery of center and periphery to describe actors’ positions and the resources and legitimacy their social relations confer to them. In empirical case studies, the distinction between central and peripheral actors is presented as clear-cut, as centrality is often attributed to influence actors that are saliently endowed with resources and legitimacy. Yet theoretically, definitions of what centrality entails have remained alarmingly elastic as they draw on insights from various literatures such as work on societal elites (e.g., Greenwood & Suddaby, 2006) or social network theory (e.g., Battilana, 2006, 2011) and do not unpack their conceptual foundations. Especially when studying institutions in the making and struggles over meaning, the dichotomy of center and periphery is likely to overshadow more subtle processes in which actors influence and mobilize others.

Because the concept of positioning emphasizes politics and power, it highlights the complex interplays of institutional agency and resistance in institutional processes (Lawrence, 2008). By accommodating the complexity of social dynamics and institutional life in action, the concept may thus enhance our understanding of how a variety of actors engage in different activities and how their efforts contribute to the construction of new ideas and practices. In the first article; I attempt to advance our understanding of how relational dynamics distribute agency among field actors by

showing how Novo Nordisk's subsidiary positioned itself in the field of diabetes care in Indonesia to overcome legitimacy problems and gain influence.

A second strength of the positioning concept is that it draws attention to social interactions across as well as within organizational boundaries. This point is best illustrated by contrasting positioning with the institutional take on organizational identity. While organizational identity highlights how organizational members define their organization in relation to their environment (Glynn, 2008), identity is self-referential and thus focuses on processes of identity construction internal to the organization. In contrast, positioning draws attention to how actors interactively negotiate their own and others' positions in the field. Thereby, it neither views intra-organizational processes as the sole locus of identity construction, nor does it categorically treat organizations as actors. Instead, intra-organizational processes matter in that they influence how organizational members construct the organization's position and struggle over meaning in interaction with others. I highlight the importance of this interactive middle-ground and the dynamics that drive meaning negotiations in the third article by tracing how a group within Novo Nordisk develops a framing of the company's responsibilities through several rounds of negotiations with external as well as internal stakeholders.

Key concept: Framing

Frames and framing have become ubiquitously used concepts in organization theory (Cornelissen & Werner, 2014). In institutional theory, most contributions refer to Goffman (1974) and define frames as schemata of interpretation which actors use to make sense of the occurrences they encounter. The concept is attractive for institutional theorists because it addresses cognitive and normative aspects of institutions and contributes to our understanding of how actors construct and struggle over meaning. Yet the ubiquitous use of frames and framing in institutional theory has led to a divergence in approaches to the concepts. Cornelissen and Werner (2014) provide a comprehensive review of how the concepts have been used in different streams of literature and on various levels of analysis. In what follows, I highlight relevant contributions in institutional theory to clarify my own use. To this end, Table 2.1 offers a selective overview.

Institutional frames are widely shared and taken-for-granted cognitive schemes that structure expectations and guide action. As macro-level templates for organizing experience, they enable and constrain ways of thinking and acting. Conversely, when reflexive actors look for available schemas of interpretation to make sense of their experiences, institutional frames, like institutional logics, constitute a repertoire that actors can "pull down" and use as resources (Thornton et al., 2012; Werner & Cornelissen, 2014). As Cornelissen and Werner (2014, p. 206) note, "the real strength of the framing construct for institutional theory is its dual character in capturing the institutionalization of enduring meaning structures, and in providing a macro-

Table 2.1: The use of frames and framing in institutional theory

	Institutional frames	Rhetoric framing	Interactive framing
Understanding of frames and framing	Frames as widely-shared and taken-for-granted schemes	Framing as rhetorical strategy to influence others	Framing as interactive process in which actors co-construct meaning
Research interests	How frames guide action, and how actors use them as resources	How actors mobilize others	How shared understandings emerge
Key references	(Borum, 2004; Thornton et al., 2012; Werner & Cornelissen, 2014)	(Fiss & Zajac, 2006; Granqvist & Laurila, 2011; Lefsrud & Meyer, 2012; Weber, Heinze, & DeSoucey, 2008)	(Ansari, Wijen, & Gray, 2013; Gray, Purdy, & Ansari, 2015; Lounsbury et al., 2003)

structural underpinning for actors’ motivations, cognitions, and discourse at a micro level.” Most studies of institutional frames, however, use actors’ discursive output to name frames, which are assumed to exist exogenous to actors and their interactions, and are merely “processed” as actors contest meaning (Borum, 2004). Such studies thus privilege the role of frames as macro-level structures and pay less attention to the micro-level struggles in which frames are constructed, reproduced, and shaped.

In contrast, privileging micro-level struggles, contributions to rhetorical framing have focused on how actors use frames and framing as tools. These contributions take inspiration from the social movements literature and specifically the seminal work of Benford and Snow (Benford & Snow, 2000; Snow, Rochford, Worden, & Benford, 1986). The rhetorical view highlight that frames and framing matter not only when actors interpret institutional pressures in their search for pragmatic solutions, but also when they become aware of various potential interpretations and use them strategically to advance their interests. In this view, actors use framing to construct and legitimate their own identities and to convince and mobilize others. To illustrate, Fiss and Zajak (2006) show how firms use framing strategies to influence the interpretation of organizational action by stakeholders and secure their support. Moreover, Lefsrud and Meyer’s (2012) study of the discursive construction of climate change shows how actors not only struggle over the issue, but also use framing to construct and legitimate expertise, thereby positioning themselves and others. As these contributions illustrate, the rhetorical view of framing focuses on how actors use language to prompt cognitive reactions in others (Cornelissen, Durand, Fiss, Lammers, & Vaara, 2015).

Bridging the two perspectives and highlighting both the embeddedness of action in macro-level structures as well as the strategic agency at micro-level, Lounsbury et al. (2003) introduced the notion of field frame: The “notion of field frame is an

intermediate concept that has the durability and stickiness of an institutional logic, but akin to strategic framing, it is endogenous to a field of actors and is subject to challenge and modification.” Accordingly, when struggles over meaning at micro-level settle, they may scale up and evolve into field frames, and eventually into institutional frames (Gray et al., 2015). Indeed, framing has been shown to drive the emergence of new fields (Granqvist & Laurila, 2011), market categories (Weber et al., 2008), and industries (Lounsbury et al., 2003). Because the framing concept affords an understanding of actors’ strategic framing activities while acknowledging their structural embeddedness, it is well-suited to inform post-heroic explanations of institutional change. What is more, it may advance bottom-up approaches by showing how micro-level interactions may generate frames that eventually acquire the taken-for-granted quality of institutions (Gray et al., 2015).

Notwithstanding the concept’s explanatory power, a major weakness of most framing studies is that they insufficiently account for relational dynamics. As is most salient in rhetorical framing, many studies adopt a sender-oriented view of communication as they focus on the mobilizer and portray other actors as passive recipients. In this view, others may react to a framing, especially when being targeted, resulting in contests in which actors attempt to convince each other (Kaplan, 2008). The problem with this view is that it neglects how actors construct, maintain, and transform meaning interactively, and how framings endogenously evolve through contests and struggles. The interactive view of framing addresses this problem by acknowledging that an actor’s framing is not independent of the framing of others. It thereby centers attention on how framings are constructed, maintained and transformed in interaction (Ansari et al., 2013; Dewulf et al., 2009; Gray et al., 2015). Clearly, actors do use framing strategically to strengthen their own identities and positions as well as advance their own agenda. Yet the interactive view highlights that actors often construct, edit and revise their framings in interactions with others before and while they use them—strategically or habitually. It thereby recovers the constructionist and relational dimensions of framing processes in which actors jointly construct alignment of their interpretations (Benford, 1997; Snow et al., 1986).

The framing concept, and particularly the interactive view adopted here, enables a relational and thus powerful approach to understanding meaning construction, and may therefore advance our understanding of how actors co-construct interpretations of newly emerging positions and practices at the nascent stages of institutional change. In my work, I am particularly interested in how actors co-construct interpretations that align relevant actors around a new understanding, thereby legitimizing and shaping new positions and emerging practices. The second and third article in this dissertation aim to contribute to our understanding of frame alignment processes by exploring the interplay between framing and positioning. Specifically, the second article presents a study of how Novo Nordisk staff, in interaction with stakeholders, built a new understanding of the Indonesian subsidiary’s position and emerging inter-organizational collaboration. In the third article, I explore the interactive middleground between intra-

and inter-organizational dynamics by studying how a group within Novo Nordisk develops a framing of the company's responsibilities through several rounds of negotiations with external stakeholders as well as internal managers.

3. Changing Diabetes®: The case of Novo Nordisk

“Changing Diabetes® is our response to the global diabetes challenge. It is a promise to answer the needs of people with diabetes in every decision and action. As a global leader in diabetes care, we are committed to developing innovative treatments and making them accessible to people with diabetes all over the world.”

— Novo Nordisk (2011)

Aligning with the global health agenda set by international organizations like the World Health Organization (WHO) and the United Nations, pharmaceutical companies have been increasing their efforts to improve access to healthcare in developing countries. While some of their efforts qualify as philanthropy, there has been an industry-wide push toward business models that integrate access to health into corporate strategy, for instance through Bottom of the Pyramid approaches (Prahalad & Hammond, 2002). The Access to Medicine Index, an independent non-profit-organization, evaluates the top 20 research-based pharmaceutical companies' access-to-medicine activities based on companies' efforts to bring medicines, vaccines and diagnostic tests to people in 103 low- and middle-income countries. The index shows that companies increasingly embed access in their governance structures and strategies, implement equitable pricing strategies that are closely targeted toward poor population groups, and build local capabilities (Access to Medicine Foundation, 2014). The index has been headed by the UK-headquartered giant GlaxoSmithKlein since 2008. Following closely, Novo Nordisk achieved second place in 2014, after rising from eighth in 2010 to sixth in 2012.

Most attention and effort has been directed at infectious diseases, such as HIV/Aids, tuberculosis, malaria and most recently Ebola. Notwithstanding the continued challenge of infectious diseases, many developing countries additionally face growing burdens of chronic non-communicable diseases (NCDs). With rising incomes and changing lifestyles, risk factors such as lack of exercise, obesity, and smoking increase the prevalence of cardiovascular diseases, diabetes, cancer and chronic respiratory diseases. While such diseases have long troubled developed countries, estimates show that 77 percent of people with diabetes in fact live in low- or middle-

income countries (International Diabetes Federation, 2013). Diabetes results in sustained high blood sugar levels, which if inappropriately treated may lead to serious complication as high blood sugar levels harm the blood vessels, among other problems causing blindness or kidney failure. The WHO projects that diabetes will be the seventh leading cause of death in 2030 (Mathers & Loncar, 2006). Putting NCDs on the global health agenda, the WHO has set the target of 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases (World Health Organization, 2014).

In contrast to infectious diseases, which can often be prevented through vaccines or cured with one-off treatments and within short time-spans, addressing NCDs and specifically diabetes is more complicated. In the early stages, diabetes can be treated with lifestyle and diet changes, and/or oral antidiabetic drugs. But as the disease progresses, these measures no longer yield satisfactory health outcomes and patients require insulin injections. Patients then need to monitor their blood glucose levels, and inject appropriate doses of insulin: when too much insulin is injected, blood glucose levels fall to below-normal levels, which may quickly cause organ or brain damage. As yet, the healthcare systems in most developing countries are not equipped to deal with diabetes and patients are often not diagnosed until they suffer from serious complications. Since patients require life-long medical attention and costly treatment, improving access to diabetes care requires structural solutions embedded in local healthcare systems. Through access to health initiatives, Novo Nordisk attempts to contribute to such solutions—and build its markets.

3.1 The Novo Nordisk Way

Novo Nordisk is a Danish-headquartered pharmaceutical company focused on the development, production and marketing of insulin. It is the largest Scandinavian company (by market capitalization), and employs 39,000 employees worldwide. While the larger pharmaceutical companies have adopted diversified business models, Novo Nordisk depends on insulin for the largest proportion of its revenues. Holding a 26% global market share in 2014, Novo Nordisk has retained a leading position in the diabetes market. In addition to market leadership, Novo Nordisk has been considered a leader in sustainability: the company's social engagement is not only reflected in its rise to close second place in the Access to Medicine Index, but it has also continuously been highly ranked in the Corporate Knights index of the Global 100 most sustainable corporations and the Dow Jones Sustainability Index. I summarize basic background information in Table 3.1.

In addition to the company's focus on leadership in diabetes, a distinctive feature of Novo Nordisk is its ownership structure. Novo Nordisk's share capital is divided into A and B shares. A shares have the same nominal value as B shares but confer ten times more voting power (200 votes), and are exclusively held by Novo A/S, a holding

Table 3.1: Background information on Novo Nordisk

Size	<p>Novo Nordisk is the biggest Scandinavian company by market capitalization, the total market value of its outstanding shares approximating DKK 750 billion (EUR 100.5 billion) in July 2015, and employs 39 000 employees in 75 countries.</p> <p>Novo Nordisk has sales and marketing offices in 180 countries, production in eight countries, and R&D in three countries. Its annual sales amounted to DKK 88.806 million (EUR 11.910 million) in 2014. Novo Nordisk held a 26% global market share in diabetes care in 2014 with its main competitors being Sanofi and Eli Lilly.</p>
Historical milestones	<p>1923 Nordisk Insulin-laboratorium was founded. Novo Therapeutisk Laboratorium was founded in 1925. Both companies competed on insulin, and Novo later started developing enzyme products.</p> <p>1989 The two competing companies merge into Novo Nordisk.</p> <p>2000 Novo Nordisk splits into Novo Nordisk, Novozymes and NNIT, demerging enzyme business and the information technology division, and focusing Novo Nordisk on healthcare.</p>
Products	<p>The company's main source of revenue, almost 80% in 2015, is in diabetes care. The remaining 20% stem from biopharmaceuticals, specifically from hemophilia care, growth hormone therapy and hormone replacement.</p>
Ownership	<p>Novo Nordisk's B shares (each conferring 20 votes) are listed on NASDAQ OMX Copenhagen and the New York Stock Exchange. The company's A shares (each conferring 200 votes) are not listed and held exclusively by the holding company Novo A/S, a public limited liability company. As of April 2015, Novo A/S holds 74.6% of votes and 27% of capital, and institutional and private investors hold 25.4% of votes yet 73% of capital. Novo Nordisk A/S is in turn fully owned by the Novo Nordisk Foundation.</p>
The Foundation	<p>The Novo Nordisk Foundation has a dual objective: to manage the commercial and research activities by Novo A/S, and to serve scientific and humanitarian purposes. Novo A/S focuses solely on commercial activities, and administers the foundation's controlling interests in Novo Nordisk, thereby ensuring revenues for the foundation. Addressing its scientific and humanitarian objectives, the foundation primarily awards grants for research at public institutions aimed at improving health and welfare, for example within biomedicine and family medicine, but also art history.</p>
Funded organizations	<p>Novo Nordisk funds the World Diabetes Foundation (WDF, established in 2002), an independent and non-profit foundation, which aims to improve diabetes care in developing countries. Novo Nordisk also owns Steno Diabetes Center (established in 2010), a non-for-profit organization that contributes to diabetes care and prevention worldwide.</p>

Table 3.2: The Novo Nordisk Way

The Novo Nordisk Way

In 1923, our Danish founders began a journey to change diabetes.

Today, we are thousands of employees across the world with the passion, the skills and the commitment to continue this journey to prevent, treat and ultimately cure diabetes.

- Our ambition is to strengthen our leadership in diabetes
- Our key contribution is to discover and develop innovative biological medicines and make them accessible to patients throughout the world.
- We aspire to change possibilities in haemophilia and other serious chronic conditions where we can make a difference.
- Growing our business and delivering competitive financial results is what allows us to help patients live better lives, offer an attractive return to our shareholders and contribute to our communities.
- We never compromise on quality and business ethics.
- Our business philosophy is one of balancing financial, social and environmental considerations - we call it 'The Triple Bottom Line'.
- We are open and honest, ambitious and accountable, and treat everyone with respect.
- We offer opportunities for our people to realise their potential.

Every day, we must make difficult choices, always keeping in mind, what is best for patients, our employees and our shareholders in the long run.

It's the Novo Nordisk Way.

company fully owned by the Novo Nordisk Foundation. B shares, in contrast, are publicly traded, and confer fewer votes (20 votes). B shares are held by private and institutional investors as well as Novo A/S. By concentrating most of the voting rights in Novo A/S (currently almost 75%), this ownership structure shields Novo Nordisk from the influence of short-term investors and permits greater strategic flexibility. Long-term orientation is explicitly communicated—both internally and externally—as part of The Novo Nordisk Way. First launched in 1996, the Novo Nordisk Way is the company's philosophy and expresses the company's ambitions and directions, as displayed in Table 3.2.

The Novo Nordisk Way also highlights the company's Triple Bottom Line, a business principle stipulating that Novo Nordisk should seek to conduct its operations

in financially, socially and environmentally responsible ways. By making a contribution to society, the company aims to protect its license to operate and secure long-term business success. The Triple Bottom Line is not only espoused in the Novo Nordisk Way, it was also included in Novo Nordisk's bylaws, the company's Article of Association in 2004. Putting the Triple Bottom Line principle into practice, Novo Nordisk has a long history of attempting to engage with stakeholders and establish collaboration that benefits all parties. In general, this approach is not unique to Novo Nordisk, but deeply-entrenched in a Scandinavian tradition of cooperative stakeholder relations (Strand, Freeman, & Hockerts, 2014; Strand & Freeman, 2013). Yet Novo Nordisk has invested extraordinary effort into stakeholder engagement. In fact, even The Novo Nordisk Way was created in dialogue with a wide range of stakeholders including employees, patients, healthcare professionals, and politicians.

3.2 Changing Diabetes®

Rooted in the Triple Bottom Line as business principle, Novo Nordisk started to tailor its corporate sustainability agenda to the company's new focus on healthcare after the demerger in 2000. Yet in early 2001, Novo Nordisk was one of 39 pharmaceutical companies that formed a coalition to block imports of generic low-cost drugs to South Africa and thereby impeded access to life-saving HIV/AIDS medication for millions of poor people. The rich companies' pursuit to protect their patents to the disadvantage of developing countries received condemnation from around the world, and led to protests outside Novo Nordisk's facilities in Copenhagen. In response, Novo Nordisk set up urgent stakeholder meetings of top management with Danish and international NGOs, including the WHO and the International Diabetes Foundation. Soon after, Novo Nordisk launched its first access to health strategy, called LEAD, which the company argues had been in the making but was accelerated and accentuated by the legitimacy crisis. To top up its response, Novo Nordisk founded the World Diabetes Foundation, an independent non-for-profit organization aimed at improving diabetes care in developing countries. Today, Novo Nordisk evokes the South Africa crisis as a critical experience and a turning point for its approach to developing countries (Novo Nordisk, 2012). And indeed, when a new dispute on patent protection emerged between the South African government and the Innovative Pharmaceutical Association of South Africa in early 2014, Novo Nordisk resigned from the industry association, thereby taking a clear stance against the proposed lobbying activities.

Novo Nordisk's early access to health strategy was in 2005 further developed under the Changing Diabetes® brand platform. Changing Diabetes® expresses Novo Nordisk's aim to strengthen its identity and reputation as leader in diabetes care. On the other hand, it reflects the increased integration of social objectives into the core business strategy by articulating as primary objective the improvement of patients' lives. Building the brand, Novo Nordisk initiated several flagship programmes, such as

the Changing Diabetes® World Bus Tour, an attempt to raise awareness by touring the world and, for example, visiting schools. Changing Diabetes® has developed into an umbrella for several initiatives, including not only awareness campaigns, but also local leadership forums as well as maternal and child health programmes. Since 2008, Novo Nordisk has been implementing the programme more deeply into the organization and has started to develop action plans for specific markets (for an analysis of the branding process, see Schultz, Hatch, & Adams, 2012). All initiatives are designed and carried out in collaboration with local and international stakeholders.

Such collaboration is not always easy to achieve, however. In Indonesia, Novo Nordisk's fully-owned subsidiary faced difficulty establishing collaboration with local stakeholders because they considered the company's involvement in healthcare illegitimate and feared accusations of corruption. Nonetheless, the subsidiary managed to position itself as the leading commercial partner in the fight against the growing diabetes burden and conducted awareness, advocacy and education programmes in collaboration with the local government, the professional organization and the patient organization. I will return to the case of Indonesia and describe Novo Nordisk's positioning in the first article of this doctoral dissertation.

3.3 Integrated reporting

Promoting alternative ways not only of how to do business but also of how to report about it, Novo Nordisk does not publish a sustainability report. Leading the sustainability agenda, Novo Nordisk was the first Danish company to issue an environmental report in 1994, and issued its first social report in 1998. Today, standards for sustainability reporting, such as global standards set out by the Global Reporting Initiative (GRI), have emerged and been adopted by many major companies. Novo Nordisk, however, digresses from such standards and instead pioneers integrated reporting. Integrated reporting, as defined by the International Integrated Reporting Council, pertains to concise communication about the company's activities that is integrative on two dimensions. First, it integrates short-, medium-, and long-term value creation, and second, it integrates financial, social, and environmental value creation rather than reporting them separately. Novo Nordisk has adopted integrated reporting arguing that it reflects how the company is managed.

The latest innovation in communicating Novo Nordisk's activities, the so-called Blueprint for Change programme, not only integrates different aspects of value creation but also overcomes the dichotomy of retrospective reporting and prospective action. Initiated in 2010, the programme is led by the Global Stakeholder Engagement group, and produces a series of case studies carried out in collaboration with local subsidiaries. On the corporate website (Novo Nordisk, 2015), the purpose of the programme is described as follows:

“The programme aims to enhance the understanding of how Novo Nordisk creates value through its Triple Bottom Line business principle. This is done by identifying the drivers of value creation, measuring realized benefits for both society and the organization, and sharing this information with our stakeholders. Based on that, the company optimises its value creation and inspires others to make sustainability-driven business decisions.”

The second and third articles in this doctoral dissertation center on the Blueprint for Change programme and explore how a team within the Stakeholder Engagement department—henceforth Blueprint team—constructed the country reports. Lacking a template to apply or examples to follow, the Blueprint team had to discern how to best construct such reports and how to frame issues and initiatives as well as Novo Nordisk’s position and responsibilities. In the second article, I zoom in on the construction process of the Blueprint for Change report on the activities of Novo Nordisk’s Indonesian subsidiary to study how the Blueprint team constructed and legitimated the subsidiary’s position and collaboration with stakeholders. In the third article, I explore how the Blueprint team developed the framing of Novo Nordisk’s responsibility throughout the series of Blueprint country reports as they increasingly attempted to appeal not only to external stakeholders but also to managers in Novo Nordisk.

3.4 Novo Nordisk as a research context

Novo Nordisk’s progressive integration of business and sustainability and the pivotal role assigned to stakeholder engagement endow the company with a distinctive character. The company’s commitment to and investments in changing diabetes afford the study of how a company performs corporate responsibility in particular local settings. What is more, the remarkable effort invested into communicating the company’s responsibilities and their experience in engaging stakeholders makes salient how the meaning of corporate responsibility is constructed and negotiated in interaction with others. Decisively, the company pioneers alternative ways of doing business and communicating about the company’s operations worldwide. As Novo Nordisk not only constructs new ideas and practices but also legitimizes and promotes them more widely, the company participates in theorization efforts, and might thus be contributing to institutional change.

The distinctive features of the case entail unique opportunities to learn (Stake, 2000) about the micro-sociological processes at the nascent stages of institutional change. First, the company’s pioneering work enables the study of how new ideas and practices are constructed—rather than the adoption of ideas practices that were constructed and legitimated elsewhere. Second, given the company’s history of remarkable investments in corporate responsibility and stakeholder engagement, it has already established its leadership—and celebrated successes. As a result, the case

affords the study of how a company experiments with corporate responsibility in a sophisticated and successful way. Given the distinctiveness of the company, I consider Novo Nordisk an extreme case (Flyvbjerg, 2006)—a case that makes salient the construction and legitimation of new ideas and practices at the nascent stages of institutional change and thus harbors great revelatory potential.

4. Empirical approach and methods

“Social order exists only as a product of human activity. No other ontological status may be ascribed to it without hopelessly obfuscating its empirical manifestations.”

—Berger & Luckmann (1966, p. 70)

Embracing a meaning-centered bottom-up approach to studying the construction and legitimation of new ideas and practices at the nascent stages of institutional change, this study emphasizes the continuous construction of reality. I accordingly adopt a strong process view (Hernes, 2014; Tsoukas & Chia, 2002) and conceptualize change as ongoing micro-processes that constitute organizational phenomena. Understanding reality as socially constructed and social life as processual, my research lies squarely in the interpretive tradition in organization studies (Hatch & Yanow, 2005). In line with my interpretively-inspired theoretical approach, my empirical study is designed to access informants' meaning and search for their understanding of reality, and my theorizing aims to avoid simplistic explanations and instead to provide a rich understanding of the phenomenon (Charmaz, 2006).

I present the outcomes of my efforts in the three articles that form the core of this doctoral dissertation. In an attempt to conform to academic standards, however, the three articles present truncated and stylized version of the process in which I constructed my empirical study and theoretical insights. Acknowledging that both my data and theorizing reflect my situated research process, I adopt a more reflexive stance in this chapter. In what follows, I describe my research process and explain my choices to show some of the intricacies and demonstrate that my analytical construction is solid. To this end, this chapter also contains an account of my relationship with Novo Nordisk. I conclude by reflecting on the limitations of my empirical approach.

4.1 Research design

To advance our understanding of the micro-political processes at the intersection of business and society, I qualitatively studied a single case: the case of Novo Nordisk.

This qualitative research design is appropriate because the focus on a single case allows for a higher level of immersion and thus learning about and from the case (Stake, 2000). Such in-depth qualitative inquiry is necessary to advance an understanding of micro-political processes that accepts the complexity of social life because it affords attention to immediate, local causes and temporal causal orders (Miles & Huberman, 1994). Moreover, because little is known about the phenomenon, an in-depth case study offers an opportunity to extend and build theory. Accordingly, the case study is instrumental to advancing our understanding and was selected for its revelatory potential (Stake, 2000). While in the articles, theoretical considerations precede the empirical material, this research is phenomenon-driven and the case inspired rather than merely illustrates the theoretical argument (Siggelkow, 2007).

Specifically, this study was designed with the primary aim to build process theory. Process-based theorizing stands in sharp contrast to variance-based theorizing, which aims to explain the relationships between independent and dependent variables by insulating net effects of single variables. While variance-based theorizing is most strongly associated with quantitative methods, it also features in qualitative studies when researchers search for patterns across cases (Eisenhardt, 1989; Langley & Abdallah, 2011). In contrast, process-based theorizing focuses on unfolding phenomena over time and aims to explain how a series of events, activities, or choices produces a phenomenon (Langley, 1999; Mohr, 1982; Van de Ven, 2007). Rather than showing *that* things change or what causes change, process-based theorizing thus shows *how*. Emphasizing sequential contingencies, the conceptual products of process-based theorizing include temporal patterns, generative mechanisms, evolving meanings, or a combination thereof (Langley, 2009). Because such explanations retain some of the complexity of the social phenomenon studied, they contribute “sometimes-true theories” rather than generalizable truths (Davis & Marquis, 2005).

Throughout the case study, I used an inductive, interpretive approach inspired by the grounded theory approach (Charmaz, 2006; Corbin & Strauss, 2008), which is well-suited to build process theory (Corbin & Strauss, 1990; Langley, 1999). As Suddaby (2006) reminds us to acknowledge, I did not enter the field with a “blank mind”, but used the theoretical considerations and concepts introduced in the previous chapter as starting points and for sensitization. As is crucial to this approach, I conducted data collection and analysis in conjunction, which allowed me to let my emerging theorizing guide further data collection. As Corbin and Strauss (2008, p. 145) explain, such theoretical sampling—collecting data based on concepts or themes derived from data—offers “the flexibility to go where analysis indicates would be the most fruitful place to collect more data that will answer the questions that arise during analysis.” I provide a detailed description of my research process and my use of theoretical sampling below.

Generally, my analytical strategy is characterized by the constant comparison of different pieces of data with emerging codes, themes and concepts, as well as constant iteration between my data and extant theory. Following Corbin and Strauss (2008) and taking inspiration from what is now often referred to as the “Gioia method” (Langley &

Abdallah, 2011), I began my analyses descriptively and thus close to the raw data by coding openly, using in vivo codes whenever feasible. Comparing the raw data extracts and codes, I grouped them into first-order concepts. Using axial coding—relating the concepts to each other—I constructed second-order themes that move beyond description and toward more abstract categories. Finally, I distilled aggregate dimensions that form the key theoretical categories. For each analysis, I constructed a so-called data structure: a hierarchical display that links first-order concepts to second-order themes, and second-order themes to aggregate dimensions. I will not further elaborate on the methods used for data collection and analysis in this chapter because I describe them in detail in the methods sections of the three articles. In what follows, I present the underlying research process.

4.2 Research process and overview of the data

My doctoral research is motivated by the general question how companies realize corporate responsibility in the context of complex societal problems. Given this preliminary focus, Novo Nordisk attracted my attention because of the strong espoused commitment to changing diabetes. I was fortunate to be granted access to conduct this study at the company. My research process may be roughly described in four interconnected phases delineated by time or space and in which I collected different types of data. The first phase (Summer 2012) centers on my exploratory work with Novo Nordisk in which I refined the focus of the project in collaboration with my key informant and accepted the opportunity to study Novo Nordisk's activities in Indonesia. The second phase (Autumn 2012-Spring 2013) describes the main phase of my field work at headquarters in which I followed the research on and the construction of the Blueprint for Change report on Novo Nordisk's activities in Indonesia. The third phase (December 2012) describes my field work in Indonesia, where I collected data at the Indonesian subsidiary and interviewed external stakeholders on local activities. Finally, the fourth phase (2014-2015) is composed of follow-up and reflection meetings, mainly at headquarters. In what follows, I detail my research process during the four phases, and show how the articles emerged from the ongoing data collection and analysis. I then provide an overview of the collected data.

Phase I: Refining the focus

Before attempting to get access to Novo Nordisk, I had conducted desk research tracing the company's corporate responsibility activities through publicly available sources, including mainly information by Novo Nordisk on the company's corporate website including also the first Blueprint for Change reports, Danish and international newspaper articles, and NGOs' websites. Beyond gaining background knowledge that would place my research in context, I aimed to understand what challenges Novo

Nordisk might be facing so that I could frame my research project in ways they would find interesting. My early framing centered on managing with integrity in countries where corruption is a common way to conduct transactions. In conversation with an external consultant working for Novo Nordisk whom I met at a public event, I adjusted my use of words to how company members talk: for instance, instead of talking about subsidiaries, they talk about affiliates. I then constructed a one-page outline attempting to promote my project, and the external consultant helped me distribute it to the people she thought might be interested. I was fortunate to catch the interest of the head of the Global Stakeholder Engagement (GSE) department, and soon got invited for a meeting with the person who would become my key informant throughout the project.

The purpose of this first meeting as well as subsequent meetings was to identify potential synergies between my project and the GSE department's work. My key informant shared with me how he thought about corporate responsibility and stakeholder engagement, and through our discussions, I gained insights into what he thought were challenges for Novo Nordisk's corporate responsibility agenda. My focus on managing with integrity was perceived as part of a broader challenge: how to gain support from and establish collaboration with key stakeholders such as local governments, hospitals, and NGOs so to ensure the company's license to operate as well as make a contribution to improving diabetes care. At the time of our discussions, my key informant, as leader of a team, was just embarking on the Blueprint for Change case study on the company's activities in Indonesia, and invited me to collaborate with him and his team. Realizing I had been offered exceptionally privileged access, I decided to refine the focus of my research to the study of how the local subsidiary engaged with local stakeholders to improve diabetes care in Indonesia, a question which would be the starting point for my first article.

Phase II: Field work at headquarters

During the second phase, I followed and collaborated with the team on the case study on Indonesia. At the start, my key informant invited me to Novo Nordisk's newcomers' guide, an online programme meant to introduce new organizational members to the company's workings and principles, such as the Novo Nordisk Way. He also introduced me to the other members of the GSE department, and I was asked to present my project in a departmental meeting. At this stage, we negotiated a non-disclosure agreement, which enabled my key informant to share all information on the case openly. I received my own access card to the building, as well as a card with which I could buy lunch in the canteen—both privileges usually reserved for Novo Nordisk employees. During the next months, I participated in formal meetings with the team, as well as between the team and other internal groups including the Indonesian subsidiary. I also had full access to relevant documentation, for example Powerpoint slides in which the general manager of the Indonesian subsidiary presented his operations. More than that, lunches and informal departmental meetings, such as birthday celebrations, offered abundant

opportunities for informal conversations. As part of their research, the team travelled to Indonesia to conduct interviews with stakeholders, and while I could not travel with them, I was afterwards given access to all recordings and collected their narratives on the trip. Throughout the phase, I spent about two days a week at the company, which allowed me to attend all relevant meetings on the case as participant observer, while retaining some critical distance. I will further elaborate on my relationship with the team and the challenges of my privileged access below.

Throughout this phase, I meticulously took notes and voice-recorded my meetings and discussions, and recorded my own thoughts and reflections after each day at the company. The data collected in this phase not only enhanced my understanding of the Indonesia case, but also provided me with access to the Indonesian subsidiary and enabled me to plan my own field work: through early analysis, I gained a preliminary understanding of the subsidiary's activities, of who the key stakeholders were, and of key challenges or conflicts. While my main purpose was still to understand the Indonesian subsidiary's engagement with stakeholders, I was also intrigued—and sometimes bothered—by how the team conducted the case study, how they strategized and negotiated with the Indonesian subsidiary and other internal actors, and how they made choices in their research design and presentation of findings. Nonetheless, it was not until I realized how strong an impact the case study report would produce in Indonesia—a realization I had in the fourth phase of my research process—that I started to theorize the construction process.

Phase III: Field work in Indonesia

The purpose of this third phase in my research process, my field trip to Indonesia, was to tap into local understandings of Novo Nordisk's attempts to contribute to improving diabetes care. During the second phase, I had not only gained a preliminary understanding of the Indonesian context, key stakeholders, and the subsidiary's challenges and activities, but I had also been introduced to the subsidiary's general manager. More than that, I had initiated contact with my local key informant, a PhD student at the department of community medicine, University of Indonesia in Jakarta, who had been working on diabetes-centered projects with the World Diabetes Foundation. Having arranged access to the Indonesian subsidiary and armed with an initial list of relevant informants, I travelled to Jakarta in December 2013, in the middle of my second phase of the research process. For budgetary and personal reasons, I stayed in Jakarta for only two weeks. Yet I was fortunate to be able to use these two weeks productively because I benefited from privileged access to the Novo Nordisk's subsidiary, and because the subsidiary staff and my local key informant helped me navigate the local context—both physically and culturally.

I arrived in Jakarta in the weekend and thus outside regular office hours, but nonetheless had the opportunity to immediately enter the field as the general manager had invited me to begin my stay by attending a training arranged by the subsidiary in

collaboration with local stakeholders on Sunday. During this training day, in addition to getting an impression of what went on during such trainings, I had a chance to introduce myself and talk to some of the key stakeholders, schedule meetings with them for the coming week, and have informal conversations with Novo Nordisk staff. After this rich experience, I began my field work at the subsidiary. On the first day, the general manager welcomed me and introduced me to his team, explaining to them that I was there to learn about the subsidiary's activities and explicitly granting them permission to talk to me openly. For the entire stay, I was given my own access card to the building so that I could come and go as I saw fit. I spent my time around meetings and interviews in the office observing day-to-day business-as-usual and joining the staff for their regular breaks and lunch—although after instructions from the general manager lunch was moved to a special restaurant to ensure I would not get sick. I spent a total of six days at the local subsidiary, interviewed all members of the management team and observed relevant meetings.

In addition to the subsidiary's perspective, I wanted to understand how local stakeholders viewed Novo Nordisk's involvement, and therefore spent four days on meetings with local stakeholders. I did not manage to arrange my meetings myself, at least partly because I did not have a Blackberry and could thus not use Blackberry messenger—the dominant local communication channel. I therefore relied on my key informant to schedule meetings for me with members of the university and the professional organization. All my interviewees offered me a warm welcome and some of my interviews were followed by an invitation for lunch. My meeting with the government official was arranged by the subsidiary's PR manager, who also drove me to the meetings. My first attempt to meet the official failed because she was busy after all, so we rescheduled the meeting. Because of Jakarta's everlasting and inescapable traffic jams, the rescheduled meeting implied that I would spend several hours with the PR manager, enjoying informal and "off-the-record" conversations in the car and a cup of coffee at the Starbucks in her favorite mall. Finally, I also spent two days visiting clinics, which helped me to contextualize the interviews and to fully grasp local conditions.

Phase IV: Reflection meetings

After following the construction process of the Blueprint for Change report on Indonesia and conducting my own field work in Jakarta, I conducted preliminary analyses on my data on Novo Nordisk's activities in Indonesia, and consolidated my insights in a first draft of the first article before I went on maternity leave. Upon return from leave, I scheduled a first reflection meeting with my key informant in which I would present my insights. During this meeting, he shared with me the recent developments in Indonesia, in particular how the Blueprint for Change report had been launched and the political leverage it had created. Motivated by the question of how the report could create such an impact, I started theorizing the construction process—thereby laying the foundation for the second article. Since spring 2014, I have been

meeting with my key informant and other team members about every three months on average, both to collect their reflections on my insights and to follow their work. Through this continued engagement, I also noticed how their understanding of the company’s corporate responsibility activities and their practices of communicating about such activities evolved—an observation which motivated the third article in which I reconstruct this evolution through an analysis of the country reports in the Blueprint for Change series.

Summarizing the research process, Figure 4.1 illustrates when the motivation or early formulation of the research question for each article emerged (displayed by arrows), and in what data each article is primarily grounded (displayed by parentheses). The first article was motivated by the research question formulated in the first phase, when I became aware of the problems the Indonesian subsidiary faced in establishing collaboration with local stakeholders to contribute to improving diabetes care. It builds on data primarily collected in Indonesia during Phase III to unfold the processes of positioning through which Novo Nordisk gained influence. The second article focuses on the construction of the Blueprint for Change report on Indonesia, building mainly on data collected in Phase II. It theorizes on the process retrospectively, however, as the observed impact of the Blueprint report motivated the research question on the role of framing in strengthening and legitimizing new positions and practices. Finally, the research question for the third article emerged from my prolonged engagement with the company, as I observed ever more sophistication in the Blueprint team’s framing efforts, and their increasing appeal to both external stakeholder and managers in Novo Nordisk. The third article is primarily based on an analysis of the reports, but uses insights acquired throughout the whole research process to contextualize the development of the framing. Overall, my research process afforded the study of three processes of positioning and framing in which new ideas and practices were constructed and legitimized—the interdependencies of which I discuss in the concluding chapter.

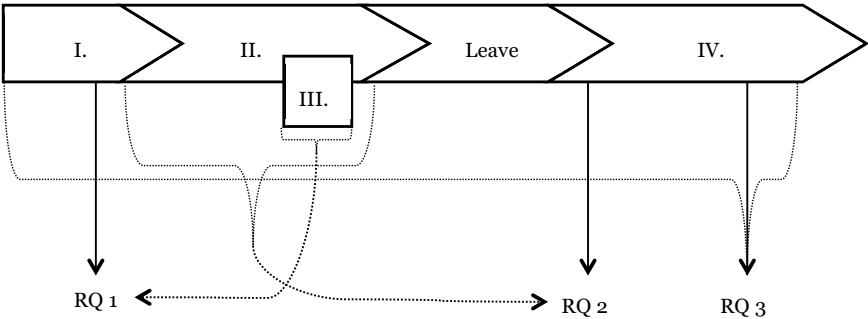


Figure 4.1: Overview of the research process

Overview of the data

Throughout the research process, I used a multi-method approach for data collection (Miles & Huberman, 1994). Using interviews, participant observation, informal conversations, and archival research in combination allowed me to access people's sense-making and strategizing, as well as more widely shared understandings. In the articles, I provide a detailed description of data sources and collection, including for example details on the selection of informants for interviews and questions asked. In this section, I therefore merely provide an overview of the data. To illustrate how the collected data enable triangulation of headquarters, subsidiary and field-level perspectives, I present the data ordered by these categories in Table 4.1.

4.3 My relationship with Novo Nordisk

In describing my research process, I alluded to my remarkably privileged access to Novo Nordisk. Such access is of course a privilege and has enabled me to tap into practices and experiences that I could otherwise not have studied. Yet privileged access also harbors intricate challenges. In this section, I describe my relationship with Novo Nordisk and offer my personal reflections on the challenges of close engagement.

Ownership and independence

In contrast to so-called industrial doctoral projects co-financed by companies, my project was fully funded by Copenhagen Business School and I do not have any ties—neither financial nor personal—with Novo Nordisk. Moreover, my doctoral research is not embedded in any larger research project, and while I was fortunate to receive substantial support from my supervisors, I managed and negotiated my engagement with Novo Nordisk independently. This independence enabled me to develop my project as I envisioned, but it also imposed on me the responsibility to guard my scholarly interests. In the first phase of my research process, I had refined the focus of my project in discussion with my key informant. My key informant also arranged the formalities, including most importantly a non-disclosure agreement. The non-disclosure agreement, among other things, stipulates the right of the company to review and veto the publication of my work. I clearly perceived the agreement as a threat to my scholarly independence, yet I would soon realize that the agreement's primary purpose was not to keep me from publishing: the agreement enabled my key informant to be able to talk to me openly and share internal documentation, thus to ensure that he would not violate company rules and regulations.

Table 4.1: Overview of the data

Type of data	Headquarters	Subsidiary	Field
Interviews		7 informants, including the GM and the management team in relevant functions (sales and marketing, medical, public relations)	8 informants, including members of Perkeni (3), university staff (2), the government (1), Steno (1), World Diabetes Foundation (1)
Observations	14 days with Blueprint team; 3 meetings of Indonesian GM and financial manager with headquarter staff	1 meeting (3 hours) of GM with management team	1 day of training in diabetes care for GPs; 2 days of visits to community clinics
Documents	Full access to internal documents used to prepare the report on the Indonesian subsidiary's activities, including also 7 tape-/video-recorded interviews with field actors; Document on the methodology for Blueprint for Change reports; Internal emails on the launch of the Blueprint in Indonesia	3 internal documents and 6 documents (1 to 36 pages) used in communication with field actors	
Archival data	7 Blueprint for Change country reports; Access to care strategy document and other publicly available documents on sustainability activities	3 presentations on the subsidiary's operations intended for internal use	Newspaper articles, pictures and videos available online
Reflections	5 meetings	1 meeting	1 meeting (on Skype)

During the negotiation of the non-disclosure agreement and the following meetings, I realized that my key informant had in fact become the co-owner of my project in Novo Nordisk: He had to justify to his superiors that he was investing time in me, and illustrate the value of my project for his own and the GSE department's work. To illustrate, his stake in my project became salient when he asked me to present my project to the wider GSE department, and he was visibly relieved when he evaluated that I had done a "good job." In addition, although less relevant for the focus of my project, my project fed into intra-organizational politics as I started sharing insights. For example, my key informant indicated that my insights on the Indonesian subsidiary's activities might help the general manager of the Indonesian subsidiary to explain and legitimate his approach, and my insights on the Blueprint construction process could be useful in negotiating the budget for the making of future reports with top management. These examples show that my key informant, the GSE department, and the Indonesian subsidiary were all local players in global games, engaging in their own intra-organizational struggles for legitimacy and resources all the time (Kristensen & Zeitlin, 2004). Despite my formal independence, my research project and my own engagement had to some extent become implanted in the company.

Form of engagement

At the start, the project set out as collaborative basic research (as described in Van de Ven, 2007): I agreed to collaborate with my key informant and his team on the Blueprint for Change report for Indonesia, thereby leveraging synergies between their work and my project. While our exploration of mutual interests with great openness promised potential for such collaboration, I soon encountered two major challenges. First, while the project gained practical as well as scholarly relevance through our close engagement, I still felt strongly about how I wanted to go about it and the need to safeguard my academic interests. After initial exploration where we all attempted to gain a basic understanding of the Indonesian context and the subsidiary's activities, I felt pushed toward addressing their practical problems that arose in the making of the report rather than working on my own project. Second, I found it challenging to maintain my critical distance. The typical Novo Nordisk member is highly educated, many having a background in business studies or having completed MBA training. They possess strong social skills, are assertive yet kind, always welcoming and appreciative. It is always a pleasure to be around—and temptingly easy to go native.

To counter the instrumentality with which my own, and research in general, was approached and to retain my critical distance, I chose to limit my time at the company and retreated into the ivory tower to safeguard my own project and recover my theoretical interests. While we kept exchanging and even collaborating, I had explicitly drawn a line between their project and mine. For instance, we both did field work in Indonesia, but we went there separately and at different times. I helped them with some interview transcription and provided feedback on their theorizing, and I got their

thoughts on my emerging ideas. In the end, however, our projects were clearly detached. My project can therefore better be described as basic research with stakeholder advice (Van de Ven, 2007) punctuated by episodes in which knowledge was co-produced in collaboration. To counter the challenges emerging from close engagement, I thus attempted to oscillate between detachment and immersion. While efficacious, this engagement strategy was not uncomplicated and challenged me to develop ambidexterity.

Cultivating ambidexterity

In my experience, close engagement affords practical relevance and inspires a more nuanced understanding and thus theoretical advances. Yet distance is critical for being able to see and reflect, and to move beyond immediate practical problems. Throughout my research, I travelled back and forth between the two worlds of practice and academia and constantly shifted roles between internal participant and external observer. Both worlds and roles required different ways of thinking and speaking. In the business world, people look for timely solutions for urgent, practical problems, preferably communicated in easily accessible and workable terms with sufficient contextualization to avoid a “not-invented-in-my-backyard” reaction. In the academic world, time is known to breed quality, and communication ought to be theoretically-informed and highly-nuanced. The differences in timing norms and communication challenged me to think both fast and slow, and to constantly translate back and forth between my scholarly insights and practical implications.

Rather than compartmentalizing both worlds by being a participant at the company and being the critical scholar elsewhere, I used these roles flexibly to leverage their benefits as I saw fit. Specifically, in my meetings at Novo Nordisk, I often assumed the role of the critical scholar, primarily by introducing alternative ideas or challenging theirs. In an attempt to maintain my personal integrity, I often made explicit what role I was adopting at a given point in time, for instance by introducing an idea by the phrase “From a theoretical perspective, one could instead argue that ...”, or voicing criticism only after warning “Let me adopt a critical stance now.” Throughout, my experience was that my informants appreciated contributions from scholarly me—even when critical and even if they sometimes lacked practical implications for the situation at hand. Overall, by developing this ambidexterity of scholarship on the one hand and practical understanding on the other, I was able to develop insights that could contribute to practice and therefore ensured not only continued engagement but also the overall relevance of my project. In addition to increasing practical relevance, however, my engagement and attempts to cultivate ambidexterity throughout enabled me to further advance my theorizing through constant comparison of my emerging theories with my informants’ understandings.

4.4 Limitations

Having detailed my research process and my relationships with the case company, this chapter concludes by addressing the limitations of my approach. I reflect on specific limitations in the three articles, and will therefore limit this section to limitations that apply to the overall design.

Firstly, my research aimed to study continuous processes but eventually re-constructed them from fragments. When following the Blueprint team in constructing the report on Indonesia, I attempted to capture all on-topic interactions. Yet I am sure I missed many too, such as that epitomic informal chat at the coffee machine or that additional meeting they had forgotten to tell me about. My short stay in Jakarta allowed only for a snapshot and retrospective accounts. And my analysis of the Blueprint for Change report series is only a proxy for the developing understanding I aimed to trace. Partly because I could not be at all places at the same time, and partly because I sometimes only realized what mattered after it had happened, my descriptions of the processes are re-constructions based on fragments. Inevitably, substantial patchwork was required to construct coherent accounts of the focal processes. I addressed this challenge by collecting not only a large number of fragments, but also by triangulating different data sources, and later by comparing my accounts to those of Novo Nordisk staff and my key informant in Indonesia during reflection meetings. These strategies strengthened my account and enabled me to move toward theoretical saturation. Still, maybe a longer stay in the field in the spirit of an ethnographic study or fully collaborative research could have addressed this limitation more potently by producing larger fragments and fewer holes. I hope that increasing research experience and scholarly maturity will enable me to engage even closer with organizational processes in the future.

A second limitation follows from my close engagement with Novo Nordisk. Many people I encountered along the way wondered about my relationship with the company, and some asked: “So are you Novo Nordisk?” I explained my engagement and highlighted my financial independence and scholarly role, but my explanations probably did not fully counter that people associated me with the company. While the association helped me during my field work at headquarters and contributed to the openness with which I was met, it posed a constraint on the role I could assume and the openness of my informants in Indonesia. Most saliently, even though I approached local stakeholders through my key informant at the university, they knew about my relationship with the company and may thus have refrained from commenting critically on the company’s engagement. I attempted to tackle this constraint through informal conversations in which I openly voiced my own thoughts on Novo Nordisk’s activities and offered critical reflections. I faced a similar concern with Novo Nordisk employees at the Indonesian subsidiary because they knew about my collaboration with the Blueprint team and thus associated me with headquarters. Again, both during formal interviews as well as informal conversations, I explained my stance as explicitly as

possible. Taking a clear stance, however, was not always easy because—as explained above—I was often tempted to go native. In addition to explaining my role to others, I therefore constantly asked myself whether I was adopting Novo Nordisk thinking and rhetoric. While explanation and reflection did not free me from being associated with Novo Nordisk, I believe that these tactics helped me maintain personal integrity and create trustful relationships with my informants.

Finally, this study is subject to the limitation that haunts all single case studies: the idiosyncrasies of the case raise questions about the generalizability of findings. The aim of this study was to build process theory, and the local explanations I have constructed are subject to boundary conditions to which I pay close attention in discussion sections of the articles. I generally expect the three processes explored in the articles to feature in most organizations and their interactions with other field actors—albeit in different ways and in different configurations. Yet the case of Novo Nordisk is distinctive in that the company experiments with corporate responsibility in a sophisticated and successful way. While the case makes salient the construction and legitimation of new ideas and practices, it may mask complications and difficulties and downplay potentially darker sides of such processes. A fruitful avenue for further research would be to expand our understanding through the study of cases at the other extreme, such as a company that is commonly perceived as profit-fixated and thus less social, and in public discourse attempts to limit rather than share responsibility for societal problems. A second avenue would be to assess the relevance of the three processes and their interrelationships in a larger set of organizations, for instance through mixed methods designs such as Qualitative Comparative Analysis, which enables the systematic comparison of a larger number of cases (Rihoux & Ragin, 2009).

5. Overview of the three articles

This doctoral research addresses the overarching research question how actors construct and legitimize new ideas and practices at the nascent stages of potential institutional change. Grounded in the case study of how Novo Nordisk realizes corporate responsibility, the articles theorize three distinct yet interdependent positioning and framing processes. Table 5.1 summarizes each article by presenting the research question, theoretical motivation, empirical focus and key findings.

The first article, titled *Beyond center and periphery: The role of relational work in institutional change*, uses the positioning concept to advance our understanding of how relational dynamics distribute agency among field actors. The article starts by noting that the commonly-evoked dichotomy of center and periphery may mask how a variety of actors in different positions shape change. To address this concern, my analysis explicates how Novo Nordisk's subsidiary positioned itself in the field of diabetes care in Indonesia to overcome legitimacy problems and gain influence. The findings show that the organization attained a position that allowed it to influence institutional change by building, cultivating and maintaining relationships with central actors. Through such relational work, field actors co-constructed common interests and mutual dependencies, which in turn facilitated new collaborative practices and enabled them to change institutions together. As the article shows, paying attention to subtle and complex positioning processes may advance our understanding of the distributed co-construction of new practices.

Yet the performance of a new position and new practices need not imply their legitimacy, and may in fact prompt struggles over positions and meaning. The second article, titled *Silent struggles: Framing a new understanding of business in society*, is motivated by the observation that Novo Nordisk's new position and the newly emerging collaboration gave rise to framing conflicts and contestation. The article hence asks how actors overcome such conflicts to strengthen and legitimize collaboration. To explain how actors reduce framing conflicts when overt contestation is not a viable option, the article presents how Novo Nordisk members, in interaction with stakeholders, constructed a country report on the Indonesian subsidiary's activities—and thereby successfully promoted a new understanding of the subsidiary's position and its

Table 5.1: Overview of the three articles

	Research question	Theoretical motivation	Empirical focus	Key findings
1	How do organizations attain influence to contribute to institutional change when they are not considered legitimate actors in an organizational field?	To understand how relational dynamics distribute agency among field actors	The efforts of Novo Nordisk's subsidiary to gain influence and contribute to improving diabetes care in Indonesia	Develops the notion of relational work to shed light on how an organization may attain a more influential position by constructing common interests and mutual dependencies.
2	How do organizational members reduce framing conflicts to strengthen and legitimize inter-organizational collaboration?	To explain how actors can negotiate meaning and construct frame alignment when overt contestation is not a viable option.	The construction process of the Blueprint for Change report on Novo Nordisk's activities in Indonesia	Develops a model of frame alignment that explicates three non-confrontational moves through which actors recast meanings and positions.
3	How do organizational members construct a framing that appeals not only to external stakeholders but also to internal members?	To understand how actors interactively construct a framing that aligns external actors and their own organization.	The development of the framing of Novo Nordisk's responsibilities through the series of Blueprint for Change country reports.	Develops a model of frame alignment which highlights the potential of value- and identity-based amplifications for consociating various actors and inspiring new lines of action.

emerging collaborative practices. The findings explicate three non-confrontational elements of frame alignment processes that were crucial to gaining field actors' support: reconstructing the field interactively, manufacturing a common construction, and manufacturing a collective identity. In conjunction, these three moves constitute mechanisms through which actors may recast meaning and positions to mitigate the relentless tensions between people's own understandings and emerging common ground as well as between their own identity and their positioning within a collective, and thereby move a field toward a new consensus and effective collaboration. Consequently, the article shows that frame alignment may legitimate and thereby strengthen newly emerging positions and practices.

The third and final article, titled *Shared responsibility for wicked problems: Reframing corporate responsibility*, continues the exploration of frame alignment

processes. Motivated by the observed sophistication and social skill with which Novo Nordisk members engage in interactive framing, the article addresses how they developed a framing over time and increasingly attempted to strengthen its appeal not only to external stakeholders but also to managers within their own organization. To this end, the article moves beyond the Indonesia case and traces the emerging framing of the company's responsibilities throughout the series of Blueprint for Change country reports. The findings show that alignment was driven by recurring interactions through which actors became increasingly familiar with other field actors' value propositions and intra-organizational politics, and increasingly skilled at mediating between the two. The challenges and successes that feature in these interactions drove the development of a framing that proposes and operationalizes a value-based intervention and constructs synergies between organizational and broader societal objectives. By exploring frame alignment process at the intersection of intra- and inter-organizational processes, the article points at the role of intra-organizational processes for the construction and legitimation of new positions and practices.

By focusing on three processes in which Novo Nordisk performs and negotiates the meaning of corporate responsibility, the three articles unfold dynamics of positioning and framing that constitute the construction and legitimation of new ideas and practices at the nascent stages of institutional change. Before I present the three articles in their entirety in Part II of this dissertation, I conclude Part I by developing theoretical contributions, implications for practices, and avenues for further research.

6. Conclusion

How do actors construct and legitimate new ideas and practices at the nascent stages of institutional change? The three articles address this question by analyzing distinct yet interdependent processes of positioning and framing. In this section, I discuss how the three articles jointly contribute to institutional theory. Moreover, leveraging the empirical context of corporate responsibility in the face of complex societal problems, I offer practical implications for corporate managers and policy makers. I conclude by sketching two lines of research that I view as potential next steps on my emerging research agenda.

6.1 Theoretical contributions

This study contributes to a more complete understanding of institutional change by shedding light on the construction and legitimation of new ideas and practices at the nascent stages. At the nascent stages, newly emerging ideas and practices disrupt consensus and release for questioning what may previously have been taken for granted (Greenwood et al., 2002). This study shows that during such disruptions, practices and their meaning are remarkably malleable and actors experiment with new ways of acting and thinking. Yet this malleability recedes quickly as actors attempt to gain support for new ideas and practices and try to legitimize them by aligning around a new shared understanding. Because actors attempt to work toward legitimation, disruptions may potentially constitute small yet significant windows of opportunity for actors to imprint their influence on institutional processes. Specifically, as they negotiate meaning to legitimate emerging practices, they settle on relevant aspects, establish categories and attribute causal relations that define the new understanding. Such local settlements set the foundation for further negotiations and thereby define possible paths for theorization. As a result, it is at the nascent stages of institutional change that actors lay the foundation for certain institutional trajectories and rule out others.

Despite their importance, the nascent stages are easily overlooked because they need not appear disruptive. In the study at hand, disruption started with changes in

practices that were grounded in pragmatic considerations. With institutional sanctions still in place, actors avoided overt contestation as they attempted to stay under the social radar to maintain their own legitimacy. Subsequently, the new practices were legitimized through subtle moves of frame alignment in which actors co-constructed a new understanding of appropriate lines of action and positions. Because the process featured subtle and intricate co-constructions rather than overt contestation, it appeared progressive rather than disruptive. The study accordingly suggests that it may be easier to gain support for new ideas and practices when actors downplay disruptive effects and highlight the benefits of new practices—especially in highly politicized fields and when actors depend on the support of others (see also Ansari, Garud, & Kumaraswamy, 2015). The salience of institutional disruption thus hinges on whether actors frame new ideas and practices as disruptive or progressive.

By studying of construction and legitimation processes that are particularly salient at the nascent changes of institutional change, this research contributes to our understanding of the interactions between practices, positions, and meaning (Zilber, 2002, 2008). In the case studied here, the construction of new practices entailed the construction of a new position in an organizational field. The new practices and the new position, in turn, prompted struggles over meaning. These struggles were resolved by framing a new shared understanding among field actors that legitimized practices and positions. This study thus reinforces the idea that the same practices may be associated with different meanings, and that practices become less vulnerable to contestation when their coupling to meaning becomes tighter (Zilber, 2002). What is more, this study shows that the legitimation of new ideas and practices also requires that actors construct tight couplings of practices and meaning with positions: actors' positioning of themselves and other actors not only affords influence on practices and meaning negotiations, but it also shapes whether or not others identify with and support new ideas and practices. Future research may shed more light on the complex interactions between these processes and identify additional mechanisms through which actors couple practices, meanings, and positions.

The study enriches the institutional work literature by putting meaning and positions front and center and developing a relational and powerful approach that disentangles who does institutional work, how, and to what effect. With few exceptions (e.g., Delbridge & Edwards, 2008; Lounsbury & Crumley, 2007), the institutional work literature's interest in non-linear and distributed processes of institutional change has remained widely conceptual rather than empirical and analytical. This is because most studies adopt an atomistic view that takes actors' intentions as starting point and traces their purposive effort. Overcoming the atomistic view, this research has shown that the construction of common interests is a mechanism for actors' positioning in and organizational field and for the distribution of agency—and thus shapes new ideas and practices. Moreover, the study highlights the interactive construction of shared understandings, which in turn construct and legitimize actors' positions. Such relational dynamics—and specifically the subtle positioning moves and meaning

negotiations—strongly affect who exerts influence and to what effect in the co-construction of new ideas and practices. By paying close attention to relational dynamics, the study addresses “institutional theory’s lazy conflation of legitimacy and power” (Hudson, Okhuysen, & Creed, 2015, p. 3), and shows that such laziness has severe consequences: it blinds us from seeing the drivers of institutional change by limiting attention to the obvious and overt, thereby ignoring the subtle yet forceful.

Finally, this research contributes to the newly emerging communicative institutionalism (Cornelissen et al., 2015) by showing how actors co-construct meaning. Acknowledging that framing processes take place in power relations, the study highlights the interplay between constructions that are interactively co-constructed and those that are manufactured by individual actors yet gain support of others. Specifically, it shows that co-construction may be an antecedent to strategic framing because it facilitates the mitigation of tensions between people’s own understandings and emerging common ground as well as between their own identity and their positioning within a collective. Moreover, the findings make salient the sensitivity and skill required to interactively develop framings that appeal to a variety of audiences and thereby inspire new ways of thinking and acting. This study thereby points out that co-construction need not imply symmetry between actors, thus reinforcing the need for institutional analysis to move beyond its a-political ethos (Willmott, 2015). At the same time, the findings suggest that co-construction may be overshadowed by actors’ strategic rhetoric, and that we must thus follow a process closely to trace constitutive effects of interactions. These insights contribute to communicative institutionalism by elucidating the intricacies of co-construction processes and the mechanisms through which communication produces constitutive effects (Alvesson & Kärreman, 2011).

6.2 Implications for practice

For business managers

Corporate responsibility has become an imperative in many industries and confronts managers as stubborn reality. Many still manage corporate responsibility as an obligatory add-on to business-as-usual, an investment that may or may not produce incalculable reputational benefits. And while focus has been shifting toward integrating corporate responsibility into companies’ core business, in practice this shift tends to merely reinforce vacillation between business and societal objectives—and thereby the dichotomy. Countering this trend, a third way of managing corporate responsibility has emerged and centers on developing innovative ways of thinking about and doing business. This research advances our understanding of how managers may put this third way of managing corporate responsibility into practice by offering insights on how to develop and implement such innovations. Specifically, it shows that companies may co-construct innovations in engagement with a wide variety of stakeholders by aligning

interests and creating synergies—and thereby develop corporate responsibility strategies that create value for companies and the societies in which they operate. The study has illustrated the potential of such co-construction strategies for building markets and establishing market leadership in the face of complex societal problems.

For co-constructions to unfold their potential, the study indicates that managers need to negotiate them sincerely and skillfully. First, the study highlights the importance of positioning the company in the local market by reaching out to a variety of stakeholders and investing in relationships and collaborative initiatives. Moreover, it suggests that for such initiatives to work effectively, the involved actors need to converge around a shared understanding of appropriate lines of action as well as their positions within the collaboration. Managers may encourage convergence by investing in meeting with stakeholders and sincerely negotiating not only the collaboration but also the company's position. In these negotiations, managers may foster convergence by co-constructing value-based intervention and lines of action that accommodate various stakeholders' understandings and identities. Moving toward convergence hence requires not only generous travel budgets, but also people who navigate negotiations skillfully. On an organizational level, managing corporate responsibility in a third way thus requires investments in both elaborate stakeholder engagement and an appropriate human resource strategy.

For policy makers

The recent trend of ever more nauseating corporate scandals has intensified debates on global and national governance and regulation. While such debates and efforts are urgently needed, this research shows the potential of local negotiations to complement global and national efforts. It suggests that corporate responsibility is realized in particular local settings, and that the devil may hide in the details of locally constructed ideas and practices. Moreover, it implies that whether or how companies realize corporate responsibility may hinge on the ability of policy makers and civil society to prompt their entry into co-construction processes. The findings show that such co-construction processes may produce synergistic solutions to pressing problems when various actors agree on value-based interventions and converge around a shared understanding of the involved parties' positions and responsibilities. Such co-construction may be encouraged by offering local platforms or fora that bring stakeholder together. The challenge for policy makers lies in identifying relevant participants and framing the agenda—because these decisions set the boundary conditions of any negotiations. To address this challenge, policy makers must familiarize themselves with a diversity of local actors, their understandings and identities, and cultivate the social skills to mediate between them to mitigate tensions and promote collective understandings and identities. Much of the potential to make companies more responsible may thus lie in accomplishing corporate responsibility locally rather than globally.

6.3 Further research

By exploring the construction and legitimation of new ideas and practices at the nascent stages of institutional change, this doctoral dissertation contributes to a more complete understanding of institutional change. And yet, it leaves many aspects unexplored and raises myriad new questions. In what follows, I shortly outline two lines of research that I hope to explore in the future.

First, this doctoral research shows that intra-organizational struggles over meaning produce constitutive effects in and beyond an organization, and hence play an important role in processes of framing and positioning at the nascent stages of institutional change. Future research may extend my findings and unfold the role of intra-organizational dynamics. By following the work of individuals and groups and exploring how they arbitrate between stakeholders and their own organization, further research could disentangle how intra-organizational processes facilitate or hamper co-constructions with stakeholders. Such research may, for example, highlight how organizational members navigate tensions that arise from their own positioning in the organization and the organization's positioning in an organizational field. As the third article in this doctoral dissertation proposes, such tensions may arise when an organization does not walk its talk. To unfold intra-organizational processes, this line of research could build on insights on power and communication as developed in organizational discourse theory (Phillips & Oswick, 2012), for example by connecting to conflict and negotiation research (Dewulf et al., 2009) and to the literature that views communication as constitutive of organization (Brummans, Cooren, Robichaud, & Taylor, 2014; Cooren, Kuhn, Cornelissen, & Clark, 2011). By advancing our understanding of the interaction between intra- and inter-organizational dynamics, this line of research may contribute to an in-depth understanding of how actors co-construct and legitimate new ideas and practices across organizational boundaries, and thereby shed more light on the micro-level antecedents of institutional change. On a practical note, such research could shed light on how to construct and cultivate responsible organizations.

A second line of research may study the construction and legitimation of new ideas and practices in other fora, for example in social media. Such fora offer intriguing opportunities for research to advance our understanding of meaning negotiations because they likely feature different dynamics. For instance, corporate scandals like the collapse of the Rana Plaza factory, the BP Deepwater Horizon oil spill and the Volkswagen diesel cheat unsurprisingly triggered fierce contestation. Moreover, companies' efforts to uphold or repair their legitimacy, such as BP's Beyond Petroleum campaign, are sometimes reframed and used by others to mobilize against them. The positioning and framing dynamics in such interactions are theoretically interesting because social media invite broader sets of actors—whether organized or not—to raise their voices and offer them visibility, thereby challenging traditional power relations. More than that, these dynamics often seem to rely less on reasoning and instead evoke

and promote emotions and norms through the power of visuals such as pictures and caricatures, and through humor and sarcasm. This line of research therefore offers opportunities to advance our understanding of how new ideas emerge and diffuse, and may contribute to the promotion of a more powerful, emotional, and colorful institutionalism (Meyer, Höllerer, Jancsary, & van Leeuwen, 2013; Munir, 2014; Voronov & Vince, 2012). And in the context of corporate responsibility, it might also help us understand whether and how such meaning negotiations may prevent public and corporate amnesia (Mena, Rintamäki, Fleming, & Spicer, 2015).

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Part II

7. Beyond center and periphery: The role of relational work in institutional change

Private companies increasingly integrate social objectives into their business and attempt to contribute to the solution of contemporary social problems like poverty and health crises. Yet especially in highly politicized fields such as healthcare or education, companies' entrepreneurial engagement is often considered illegitimate. Based on an inductive case study of a pharmaceutical company's attempts to contribute to improving diabetes care in Indonesia, this paper shows that an organization may gain influence in an organizational field by investing effort into relational work as to build, cultivate and maintain relationships with other actors. The findings highlight how such relational work entailed the construction of common interests and mutual dependencies. The paper contributes to the institutional work literature by advancing our understanding of the relational dynamics through which actors distribute agency and change institutions together.

Keywords: Institutional change; institutional work; organizational fields; relational work; social issues in management

Introduction

Most contemporary social problems—such as enduring poverty and health crises—are wicked problems that defy simple solutions and require systemic change (Dorado & Ventresca, 2013). As corporate responsibility strategies have become an imperative in many industries, ever more private companies attempt to contribute to change, for instance by “creating shared value” for business and society (Porter & Kramer, 2011) or by making a profit by alleviating poverty through Bottom-of-the-Pyramid approaches (Prahalad & Hammond, 2002). Clearly, the entrepreneurship of resource-rich companies harbors potential, especially in developing countries where problems are

abundant and resources are scarce. Yet especially in highly politicized fields such as healthcare or education, companies' entrepreneurial engagement may be considered problematic and even morally inappropriate. How do companies contribute to the solution of social problems when their involvement is deemed illegitimate?

The literature on institutional entrepreneurship and institutional work has established that whether and how an organization may participate in and contribute to change hinges on its position in an organizational field. While new ideas often originate at the periphery (Battilana, Leca, & Boxenbaum, 2009; Leblebici, Salancik, Copay, & King, 1991; Seo & Creed, 2002), central actors—for example professionals (Greenwood & Suddaby, 2006; Suddaby & Viale, 2011) or governments (Tolbert & Zucker, 1983)—enjoy the expertise and legitimacy required to implement and diffuse change. Peripheral actors, in contrast, may not draw on the benefits of centrality and may thus not be able to effectuate changes (Mazza & Pedersen, 2004). Addressing the dilemma faced by peripheral actors, recent contributions propose a dynamic perspective suggesting that actors may attempt to garner influence and improve their centrality (Bertels, Hoffman, & DeJordy, 2014; Waldron, Fisher, & Navis, 2015). Yet the dichotomy of center and periphery may mask how a variety of actors in different positions influence change (Delbridge & Edwards, 2008; Lounsbury & Crumley, 2007).

This paper shows that an organization may attain a position that allows it to influence institutional change by building, cultivating and maintaining relationships with other actors. The paper is grounded in a single case study of a pharmaceutical company's investments in improving diabetes care in Indonesia. Using an inductive approach (Corbin & Strauss, 2008) building on interviews, observation and secondary sources, the empirical study traces the company's efforts to position itself in the field and effectively engage in institutional work. The findings highlighting that the company gained influence through relational work, thereby co-constructing common interests and mutual dependencies. The paper advances our understanding of institutional entrepreneurship and work by drawing attention to the relational dynamics that distribute agency and shape how actors change institutions together.

Institutional work and social positions

Attempting to overcome the tendency towards portraying actors as either institutional dopes or hypermuscular entrepreneurs, the institutional work perspective aims to provide a nuanced view of interactions between actors and institutions. Institutional work pertains to “the purposive action of individuals and organizations aimed at creating, maintaining and disrupting institutions” (Lawrence & Suddaby, 2006). Acknowledging that actors' purposive actions form part of a complex process, this perspective draws attention to “how individual actors contribute to institutional change, how those contributions combine, how actors respond to others' efforts, and how the accumulation of those contributions leads to a path of institutional change or

stability” (Lawrence, Suddaby, & Leca, 2011, pp. 55–56; see also Delbridge & Edwards, 2008; Lounsbury & Crumley, 2007). Accordingly, agency is distributed, and the change agents who contribute to these institutional processes are diverse—including, for instance, elite professionals (Greenwood & Suddaby, 2006; Suddaby & Viale, 2011) but also marginalized women in rural Bangladesh (Mair & Martí, 2009). Studies have shown that while both elite and marginal actors may play a role in institutional processes, who they are—their social position in the field—affects how they may engage in institutional work and to what extent their efforts are effective.

Social position refers “not only to formal, bureaucratic position, but also to all the socially ‘constructed’ and legitimated identities available in a field” (Maguire, Hardy, & Lawrence, 2004, p. 658). Extant studies usually describe social positions in terms of an organizational field’s center and periphery. This distinction pertains to actors’ embeddedness in the relational system relative to other actors, and their capacity to influence institutional process to advance their interests (Greenwood & Suddaby, 2006). Accordingly, central actors are well-connected with other actors in the field and enjoy elite status and authority. Peripheral actors, in contrast, are only loosely connected to the other actors in the field and are considered low-status individuals or organizations with marginal influence. Whether actors assume central or peripheral positions in a field affects their exposure to and perception of institutional pressures as well as their opportunities for strategic action (Battilana et al., 2009; Dorado, 2005; Greenwood, Raynard, Kodeih, Micelotta, & Lounsbury, 2011).

In explaining institutional change, it is commonly proposed that change originates at the periphery because peripheral actors are more reflexive of institutions and more motivated to change them. Peripheral actors are likely to be exposed to multiple, incompatible institutions, which may lead to a shift in consciousness and heightened reflexivity (Seo & Creed, 2002). As a result, it may be easier for peripheral actors to conceive of alternative institutions (Battilana et al., 2009). Moreover, they are likely to perceive these alternative institutions as more attractive and may be less inclined to uphold the status quo, which probably caters to the interests of central actors rather than their own (Seo & Creed, 2002). As peripheral actors are less connected to other organizations from which appropriate behaviors are conveyed, they are less prone to “receive the social nudging and policing that reaffirms existing practices” (Greenwood et al., 2011, p. 340). The lower likelihood of being sanctioned by central actors makes experimenting with alternative institutions less costly for them (Leblebici et al., 1991). For these reasons, peripheral actors may assume an important role in initiating institutional change.

Conversely, a peripheral position may undermine actors’ ability to effectuate and spread change (Mazza & Pedersen, 2004), whereas central actors are more likely to succeed in its implementation and diffusion (Greenwood & Suddaby, 2006). For instance, Tolbert and Zucker (1983) show that civil service reform in the US diffused more rapidly when mandated by the state. Similarly, Rao, Munin and Durand’s (2003) study highlights the role of elite chefs in the movement of traditional French cuisine to

Nouvelle Cuisine (see also Gomez & Bouty, 2011). These studies suggest that central actors are in a better position to change institutions because their centrality confers to them sociopolitical legitimacy with respect to diverse stakeholders and access to dispersed sets of resources (see also Battilana et al., 2009; Maguire et al., 2004). In their endeavor to change institutions, actors accordingly benefit from occupying a central position in an organizational field.

Yet this argument builds on a static view of social relationships, which ignores that organizational fields evolve and change and social positions may be re-configured (Davis & Marquis, 2005; Hoffman, 1999). For example, institutional change may erode the relevance of previously core resources and thus the power of central players while ascending previously peripheral players into higher positions (Leblebici et al., 1991; Reay & Hinings, 2005). New actors may emerge and become influential (Delbridge & Edwards, 2008), and actors that were previously quiescent may become increasingly active in their attempts to influence others (Scott, Ruef, Mendel, & Caronna, 2000). Moreover, increased collaboration and consolidation or cooptation may strengthen relationships between actors while weakening or disrupting others (Powell, White, Koput, & Owen-Smith, 2005; Van Wijk, Stam, Elfring, Zietsma, & Den Hond, 2013). Field actors' social positions and their ability to influence institutional processes thus change over time.

All the more, actors may purposively attempt to re-position themselves. As a case in point, Bertels, Hoffman and DeJordy (2014) touch upon the example of Greenpeace deliberately moving from the periphery toward the center of the US environmental movement and thus achieving a position that allowed the NGO to more effectively challenge institutions. Similarly, Waldron, Fisher and Navis (2014) highlight the rhetorical strategies of an NGO that achieved a more central position by associating itself with concurrent institutional change. These cases illustrate that actors may improve their position and gain influence in an organizational field and over institutional processes. By implication, these studies suggest that an organization may carry new ideas that originate at the periphery of the field into the center, thereby leveraging the benefits yet overcoming the limitations of its initial social position.

While these studies show that such dynamics of positioning in organizational fields affect the agency of individual organizations, we still know little about how agency is distributed among different actors (Lounsbury & Crumley, 2007). Recent studies have drawn attention to opponents of change by reporting instances of defensive institutional work (Lefsrud & Meyer, 2012; Maguire & Hardy, 2009). In addition to institutional entrepreneurs and opponents, Delbridge and Edwards' (2008) study of changes in the superyacht industry highlights the roles of opportunity creators and consumers of change. These studies thus indicate a need to overcome an atomistic view of actors and their positions, and instead examine how change is produced through the interactions between various actors in different positions. Moreover, by describing greater variety of positions, they suggest that the dichotomy between center and

periphery may overshadow the relational dynamics that confer influence—and thereby mask who influences change and how.

Advancing a dynamic view of social positions in organizational fields, this paper aims to disentangle how relational dynamics confer to actors the ability to influence institutional processes. To this end, it reports on a study of an organization that lacked legitimacy in an organizational field, yet re-positioned itself and gained influence in institutional change.

Empirical approach and methods

Research setting

To shed light on the relational dynamics of institutional change, this paper presents a case study of a pharmaceutical company's attempts to participate in improving diabetes care in Indonesia. While diabetes has been considered a first-world disease, it is increasingly taking hold in emerging markets with rising incomes and welfare. Yet the healthcare systems in those countries are still geared toward fighting infectious diseases—like typhus, polio and tuberculosis—and have remained poorly equipped to diagnose and treat chronic conditions like heart disease or diabetes, which in contrast to infectious diseases require life-long medical attention and treatment. As a result, chronic diseases severely lower people's quality of life and replace infectious diseases as most important cause of death. In Indonesia, the healthcare system is overburdened by the growing number of diabetes patients: most recent data indicate that 8.5 million Indonesians suffer from diabetes, and that Indonesia has the seventh-highest number of diabetes patients in the world (International Diabetes Federation, 2013).

Diabetes has recently received more attention vis-à-vis infectious diseases, but the Indonesian healthcare system has maintained the regulatory structures appropriate for short-term or one-off rather than life-long treatment. For example, the system does not allow doctors to prescribe anti-diabetic medication for extended periods of time as required for treating this chronic disease. As a result, diabetes patients need to renew their prescription every three to ten days. This is particularly problematic because patients must pay a fee for every prescription, and because they incur additional costs for traveling to the clinic. Moreover, costs are only partly covered by health insurance and many patients are unable to afford the amount of medication they need. Addressing these formal constraints would require heightened awareness of the chronic nature of the disease and the implications thereof for treatment rules and procedures, as well as greater prioritization and resource allocation to diabetes care.

But the problem extends beyond formal and financial constraints. Most general practitioners (GPs) have received insufficient training and do not recognize diabetes symptoms, so that the condition often remains undetected or misdiagnosed until patients suffer from severe or even life-threatening complications. Even if diabetes is

correctly diagnosed at an early stage, most GPs are insecure as to how to treat the condition, and many are afraid of administering insulin, which requires to be injected and may lead to dangerously low blood sugar levels when applied in too high doses. In addition, many people hold beliefs about insulin that keep GPs from prescribing and patients from using the drug. For example, rumors tell that using insulin puts people at greater risk of getting a heart attack. Another widespread belief is that insulin is made from pork, which makes its use unacceptable to the majority of Indonesians who are Muslims. Improving diabetes care, accordingly, requires changes to the healthcare system, to the practices of healthcare professionals and even to people's beliefs. The situation in Indonesia demonstrates that improving the lives of people suffering from diabetes requires substantial institutional change.

Over the last two decades, partly owing to advocacy by the World Health Organization, diabetes has gained more attention and is now acknowledged as a public health problem. An organizational field has emerged around the issue of diabetes, populated by organizations that put effort into improving care. For defining the field, it is instructive to describe diabetes care as a hierarchically-ordered institution, as in the nested-systems perspective laid out by Holm (1995). Diabetes care in Indonesia comprises both clinical practices and policy making. Policy making explicitly aims at manipulating clinical practices, exerts authority over them and shapes them—as typical for public healthcare systems (see, for instance, Reay & Hinings, 2005, 2009). Change may theoretically originate at either level. Yet in the case of diabetes care in Indonesia, change is promoted at the level of policy making. In what follows, my description therefore mainly focuses on the political level.

The organizational field of diabetes care in Indonesia features two central actors. The first central actor is the government, specifically the sub-directorate for diabetes in the ministry of health. The sub-directorate for diabetes coordinates the efforts of its extensive network—including many government bodies, NGOs and private companies—and it directs efforts across the Indonesian archipelago, thereby providing geographical coverage beyond Jakarta, the geographical center of the field. In addition to its role as a coordinator, the government acts as a gatekeeper as many undertakings require its approval. For instance, it has authority over public GPs, who need the government's permission to participate in education programmes. After several years of development, the government launched universal healthcare in 2014, where all registered residents receive a "healthy card" and are thereby granted basic access to care. Health insurance is administered by Askes, and diabetes care is covered by this public insurance scheme – albeit to a limited extent. While Askes now negotiates prices directly with pharmaceutical companies, the government still strongly influences the formularies specifying what types of care and what drugs are covered by health insurance. The government thus assumes the roles of coordinator and gatekeeper and occupies a central position in the field that cannot be bypassed by other actors involved in improving diabetes care.

The second central actor is Perkeni, the professional organization of endocrinologists, who are considered the experts in diabetes care. Perkeni constructs the guidelines for diabetes care that are then used and disseminated by the government as well as Askes. Moreover, Perkeni advocates to the government for prioritizing and investing in diabetes care, and to Askes for covering the costs of diabetes treatment. Perkeni has thus been driving improvements in diabetes care, and has strongly influenced how care is improving. Closely linked to Perkeni are Persadia, the patient organization, as well as the University of Indonesia in Jakarta. Persadia, often referred to as “the laymen association”, was established on behalf of and aims to advance the interests of diabetes patients. Persadia is supposed to be run by patients in the future, yet as of now the leadership is taken by Perkeni members. Most members of Perkeni and Persadia are connected to universities, and mainly to the University of Indonesia in Jakarta. As an interviewee working at the university put it: “the university is where the people of Perkeni work.” Generally, in order to assume a leadership position, one needs to have a research background, and so all leaders are also professors. Together, Perkeni, Persadia and the university are populated by the most influential people in diabetes care: “the key opinion leaders”, also referred to as “KOLs”.

At the periphery of the field, three Western pharmaceutical companies struggle for influence. Since anti-diabetic medication, most importantly insulin, may not be directly marketed to patients but requires prescriptions by healthcare professionals, the paucity of diabetes care impedes the companies’ business in these markets. To build the market and expand their share, the pharmaceutical companies attempt to improve diabetes care, thereby raise insulin prescriptions, and eventually expand sales. Figure 7.1 displays a map of the field, as relevant for the purpose of this case study.

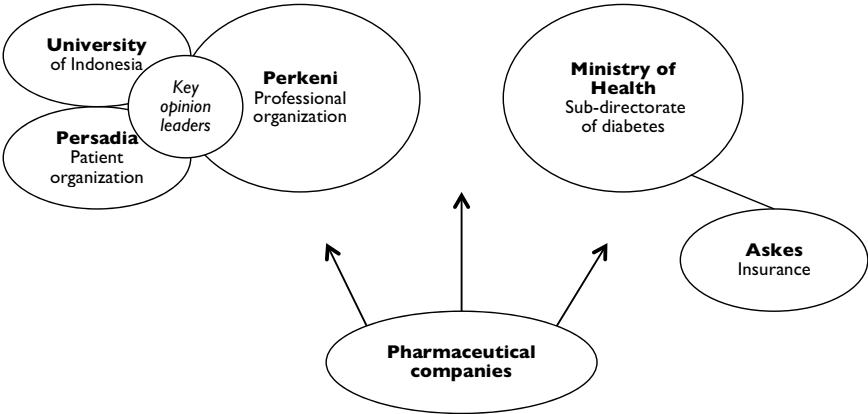


Figure 7.1: Map of the field of diabetes care in Indonesia

The central actors generally value the pharmaceutical companies' attempts to contribute to improving diabetes care, yet are reluctant to allow their participation in the process. Local actors are well-aware that pharmaceutical companies are resource-rich, and could thus make a strong contribution. Since diabetes treatment offers promising business opportunities, however, they are afraid that commercial interests may adversely influence the developments in diabetes care. The central actors also perceive the participation of the pharmaceutical companies as a threat to their own legitimacy, because close engagement would challenge their independence and impartiality. To secure their influence on in the field, the central actors thus need to remain dissociated from the pharmaceutical companies by keeping an arm's-length relationship. As a company manager describes their stance: "They want to show that they are independent. But they are open to private companies." In sum, the central field actors question whether pharmaceutical companies respond to broader societal as well as field actors' interests, which poses a barrier to achieving what Suchman (Suchman, 1995) refers to as pragmatic or influence legitimacy. To participate in improving diabetes care, the pharmaceutical companies therefore need to re-position themselves.

One of the three Western pharmaceutical companies is Novo Nordisk, a Danish company with more than 30,000 employees and global offices in 75 countries, including subsidiaries in several developing countries and emerging markets in Asia, Africa and South America. Novo Nordisk's main business focuses on the development, production and sale of insulin. In an attempt to integrate social goals into its business model and "create shared value" (Porter & Kramer, 2011), Novo Nordisk has espoused remarkable commitment to improving the lives of people with diabetes. In contrast to the other pharmaceutical companies, Novo Nordisk's business is entirely focused on diabetes, which implies that it is not only highly dependent on the insulin market, but also has the opportunity to focus its resources on diabetes care. Despite their clearly espoused Corporate Responsibility strategy, Novo Nordisk faced opposition from local actors who aimed to protect the field of diabetes care from commercial interests and hampered the company's involvement.

The case of Novo Nordisk in Indonesia presents a particularly instructive case to shed light on how an organization attempts to position itself as to contribute to institutional change. Selecting a resource-rich actor lacking legitimacy makes salient the effort it takes to attain the license to participate in and gain influence over institutional change processes. Because the case epitomizes the combination of high resources and lack of legitimacy, this paper leverages the benefits of the multinational corporation as a research context which is conceptually distinct yet theoretically enriching (see Roth & Kostova, 2003). The case therefore provides a promising research setting for the study of relational dynamics in institutional change.

Rationale and methodological approach

This paper is part of an ongoing inductive research project that studies Novo Nordisk's efforts to improve diabetes care in developing countries and emerging markets. In line with the institutional work perspective (Lawrence et al., 2011; Lawrence & Suddaby, 2006), I trace Novo Nordisk's efforts and activities directed at the institutional processes around diabetes care. The research design is inspired by the grounded theory approach (Corbin & Strauss, 2008) and adopts a process-based approach to explanation (Corbin & Strauss, 1990; Langley, 1999; Mohr, 1982).

At an early stage of the project, I became aware that Novo Nordisk's main challenge in Indonesia lay in overcoming the lack of legitimacy to participate in change, and that the company put tremendous effort into gaining influence. The case thus motivated the adoption of a dynamic perspective on social positions, and promises contributions to theory development. The case study of Novo Nordisk in Indonesia is thus instrumental (Stake, 2000) and inspires the theoretical argument (Siggelkow, 2007). While the unusual research setting and the extreme features of the case—specifically the lack of legitimacy and remarkable investments—may limit the generalizability of findings, this case may provide insights into processes that may not be as visible under normal conditions (Flyvbjerg, 2006; Pratt, 2009).

Data collection

The paper is based on data collected at headquarters and in Indonesia in the second half of 2012. Primarily, it draws on interviews with two groups of actors: members of the management team at Novo Nordisk Indonesia and relevant actors in the field. To define the field and identify relevant interviewees, preliminary interviews were conducted with the general manager of the Indonesian subsidiary as well as a key informant from the University of Indonesia in Jakarta, and the two key informants were asked to describe who was involved in and driving developments in diabetes care in Jakarta. The initial sample of interviewees included all actors mentioned by both key informants, and was updated and extended based on new insights and referral by interviewees. While not all mentioned actors agreed to be interviewed, the final sample includes informants from both central organizations in the field. Triangulating interviews with Novo Nordisk staff and interviews with field actors ensured that the research was not biased toward the company's perspective.

The interviews were semi-structured to ensure comparability across interviewees yet still allowing sufficient flexibility for the interviewees to express their points of view. The interviews aimed to produce narratives (Czarniawska, 2004) of how the field of diabetes care had been evolving and what the roles of the different actors were. More specific questions in the interviews with Novo Nordisk subsidiary's management team centered on how the subsidiary attempts to change diabetes care, which actors the company collaborates with and how, what challenges it faced and how it attempted to

tackle them. The interviews with field actors included questions on how the interviewees conceived of their own roles in diabetes care, what their ambitions were, what roles other actors assumed, who they collaborated with, whether and how they collaborated with private companies, and specifically with Novo Nordisk. The interviews with the subsidiary's management team took about 30 to 45 minutes, and the interviews with field actors averaged about 60 minutes. All interviews were audio-recorded and transcribed verbatim.

The interviews were complemented by observations and archival data. I observed a monthly meeting of the Indonesian subsidiary's management team, which lasted three hours and where each member reported their latest efforts and results. I also participated in three meetings with headquarters and the general manager of the Indonesian subsidiary in which the subsidiary's efforts to improve diabetes care were discussed. In the field, I observed a training day for GPs co-organized by Novo Nordisk and visited two clinics, in order to gain an empirically grounded understanding of the field. The archival data comprised internal documents about the Indonesian subsidiary's operations as well as the official documents about local collaborations, including proposals for collaboration and memoranda of understanding (MoUs) between Novo Nordisk and field actors. Throughout the research process, participant observation of and meetings with headquarter staff as well as internal documents complemented the insights from data collected in Indonesia. Finally, I obtained member reflections in follow-up meetings with headquarter staff, a member of the Indonesian management team, and my key informant at the University of Jakarta. The dataset was stored in NVivo 10, which facilitated the organization of data into three main categories: data from headquarters, from Novo Nordisk Indonesia, and from external actors. Together, these sources provide a comprehensive account of the subsidiary's efforts and how these efforts play out in the field. Table 7.1 provides a complete overview of the data sources.

Analytical process

My analysis consisted of two steps. First, to understand the field of diabetes care in Indonesia, its main actors, their positions and the field's dynamics, I analyzed respondents' explanations of their own as well as other actors' roles and their relationships with each other. Using NVivo 10, I coded the data using the names of the organizations, and then summarized the pieces of information in a role-ordered data display (Miles & Huberman, 1994) organized by informant and organization. This table allowed me to compare how different informants described the roles of the organizations, including Novo Nordisk. Overall, informants agreed on roles and positions, showing that the relational structures are clearly defined and stable. Minor discrepancies resulted from informants' focus on different aspects, yet their focus mirrored the relationships of the actors in the field. Based on this expansive table, I

Table 7.1: Overview of data

Type of data	Headquarters	Subsidiary	Field
Interviews		7 informants, including the GM and the management team in relevant functions (sales and marketing, medical, public relations)	8 informants, including members of Perkeni (3), university staff (2), the government (1), Steno (1), World Diabetes Foundation (1)
Observations	14 days 14 interviews with staff who were preparing a report on the Indonesian subsidiary's activities, including 3 meetings of Indonesian GM and financial manager with headquarter staff (approximately 4 hours in total)	1 meeting of GM with management team (3 hours)	1 day of training in diabetes care for GPs, 2 days of visits to community clinics
Documents and archival data	Full access to internal documents used to prepare the report on the Indonesian subsidiary's activities, including 7 recorded interviews with field actors	3 internal documents and 6 documents (1-36 pages) used in communication with field actors, 3 presentations on the subsidiary's operations intended for internal use	Newspaper articles, pictures and videos available online
Reflections	2 meetings	1 meeting	1 meeting (on skype)

then summarized the data by organization, allowing me to provide condensed account of each organization, on which the description of the research setting is based.

The second step aimed to trace the efforts of Novo Nordisk. Using the notion of effort as a sensitizing concept (Corbin & Strauss, 2008), I coded all sections describing the company's actions. The first-order codes closely followed the interviewee's wording, using In Vivo codes whenever possible. Again, I used data displays to summarize the data by interviewee as to allow for triangulation of the data from Novo Nordisk with the data from field actors. Juxtaposing Novo Nordisk's description with the perceptions of field actors confirmed the company's efforts and gave insights into their effects. Comparing coded segments to distil similarities and differences, I grouped the codes into second-order themes that summarize specific types of efforts or tactics. For example, the codes "introduce" and "get to know" were categorized and summarized as

Table 7.2: Second-order themes and data exemplars

Second-order themes	Exemplars from the data
Building relationships	
<i>Familiarizing</i>	<p>"I have visited, I think, all the stakeholders in the first few years to develop a relation, to know them, to understand them. The first three years, I think, three, three and a half years, I have worked very much in the market, to know the market. Because when I came here, nobody knew about the market. And if I do not know the market, I cannot decide. So I literally travelled around all the places." (Novo Nordisk manager)</p> <p>"Yes, I have met [the general manager] a few times. He was here only rarely. As a general manager, he can barely find the time. So he can't visit every doctor. But he introduced himself. For the first time, around 3-4 years ago, when he came here for the first time, when he started here. And else I mainly meet his assistants." (Perkeni member)</p>
<i>Linking</i>	<p>"Because they cannot support directly to patient. They cannot support also to the nurse. So they support only for the professionals. Sometimes, they have a programme for patients. If they have a programme for patient, they can work together with us or work together with PEDI." (Perkeni member)</p>
Cultivating relationships	
<i>Communicating</i>	<p>"We are engaging with the KOL, of course, the key opinion leaders ... We engage with them, we have to follow up with them." (Novo Nordisk manager)</p> <p>"I know Novo from the start of the NCD (non-communicable diseases) division, the department started in 2006. And I know them starting 2006. And (a competitor), I just know them in 2012. ... But Novo started in 2006, I know them. I know them very well. And also the personnel, the persons. ... And you know that sometimes the feeling is influenced by, like a personal approach. ... Sometimes a personal approach is very important." (Government)</p>
<i>Supporting</i>	<p>"I think Askes and we right now have good collaboration because they are aware about the awareness. Because even if Novo Nordisk just sells insulin, we are not only focused on insulin. We are fair, because we increase the diabetes awareness and not just insulin awareness. So I think we have good collaboration with Askes. ... Because they are aided, they are helped by us to train their doctors." (Novo Nordisk manager)</p> <p>"Novo Nordisk has a very practical role. Whenever there is need for some support on the ground, then you can always contact (the GM). ... It's about just giving them, just to support, whenever there is a problem. If they need some money, if they need a car when they're doing a training, you know, some very simple things, then Novo is just there. And for that reason, Novo</p>

gets a close relation to the people. ... And I believe it's the right thing to do, what (the GM) is doing, it's that you're showing that you actually mean when you say that you want to support. ... Sometimes there are a lot of minor things that need to be solved, and this is where Novo Nordisk is extremely helpful, because they would always back up where they can." (World Diabetes Foundation staff)

Maintaining relationships

Formalizing

"So it has been signed an MoU with Perkeni and us, Perkeni and Novo. That is an official MoU. It has been signed last June with (the GM) and the head of Perkeni. So we will do a lot of Perkeni activity in all of the town in Indonesia. So we have had an MoU" (Novo Nordisk manager)

"The government, we have started working with recently, so it's still new for us. But we have been able to define roles, you know, now, we have signed the MoU with the government. So now we are getting close and working with them." (Novo Nordisk manager)

Balancing

"You have to be careful about their sentiments and their sensitivity. If somebody is sensitive about that, if somebody doesn't like someone, or there is an overlap of jobs which creates a problem, you have to be careful about not overstepping the line. Just make sure that there is a proper understanding, do the background work properly and then proceed. There are some undercurrents which will know only if you work in the market." (Novo Nordisk GM)

"You have to be extremely careful because there are various stakeholders, so you don't create problems among different stakeholders. So that also you have to be extremely careful." (Novo Nordisk manager)

Changing practices

Educating

"We make a lot of courses, workshops, lectures, symposiums which mostly maybe is in insulin, but it is also for diabetes in general. So our targets are internists and now we are going for GPs also. Previously we were going for internist. So we upgrade their knowledge of the internists, so they can provide the standard care of diabetes. And now we are going to the GP so they can also provide the standard care of diabetes." (Novo Nordisk manager)

"I believe Novo is a world leader, especially when it comes to supporting such education programmes." (Perkeni member)

"But then they open their own office here, in Indonesia, and then through their activities, they invest more in training, communication with patients, communication with nurses, something like that." (Perkeni member)

Advocating

"And also we are advocating to the government the policy for diabetic patient. Right now it's not in the favor of diabetic patients." (Novo Nordisk manager)

Defining

"We also have a study, epidemiological study, cross-sectional, maybe you have heard of DiabCare, it is a study we also have from 1988. Even before the Indonesian affiliate was established, we have done DiabCare here in Indonesia. And the last is 2008 doing the DiabCare. The last study is to see how the tertiary hospitals give the standard care of diabetes. Is a cross-sectional study. And we still have [dissatisfactory outcomes] in the tertiary hospital. So after that, we also make lot of symposium, workshops, lectures, and now we are going to the 2012 DiabCare study. Maybe next year, 2013. So to see how the, how we already improved, or maybe worsened. I hope we're not worsened. But we have to see how we are doing." (Novo Nordisk manager)

"So they also interested in research as well. So we can make a multinational multi-center research together, and then they support us to make a publication." (Perkeni member)

"familiarizing." At this stage, I constantly compared the original data to the emerging themes and extant literature on institutional work. Some tactics have been described by Lawrence and Suddaby (Lawrence & Suddaby, 2006) as institutional work, in this case are directed at changing practices in diabetes care, and carry the labels previously used: educating, advocating and defining. Other themes were assigned labels that most accurately described the efforts.. A Finally, I demarcated aggregate dimensions that describe the purposes and effects of the tactics, specifically whether they were directed at creating, cultivating or maintaining relationships, or at changing institutions. To highlight the difference between efforts targeted at relationships with other actors and efforts targeted at practices, I follow Zietsma and Lawrence (2010) and summarize the latter as practice work. Table 7.2 displays the second-order themes and data exemplars for all aggregate dimensions.

Gaining influence through relational work

Building relationships

Novo Nordisk's Indonesian subsidiary was established in 2003, and nevertheless assumed a significant role only recently when a new general manager (GM) implemented new directions, and Indonesia was announced a new strategic market for the corporation in 2012. The new and current GM started his work in Indonesia by building relationships with other actors in the field. He carefully familiarized himself with key actors in the field, most notably the key opinion leaders, he explained:

"I have visited, I think, all the stakeholders in the first few years to develop a relation, to know them, to understand them. ... I have worked very much in the market, to know the

market. ... I even also make my management team work in the field, because other companies they don't go much [into the field]. So whenever they go, [the KOLs] appreciate that they are coming down to the customer level and they are trying to understand. So therefore I make sure not only me but also my management team go out and meet some key opinion leaders.”

In Indonesia, personal contact is considered a signal of genuine interest. Particularly in Jakarta, where traffic jams are the norm and overcoming even small distances is at best time-consuming if not nerve-wrecking, personal visits are highly appreciated. Through these visits, the GM and his team got acquainted and engaged with the key actors, their norms and values as well as interests in and concerns about diabetes care. This engagement generates mutual understanding—as the head of the sub-directorate for diabetes in the government says about its relationships with Novo Nordisk: “I know them, I know them very well.”

With other important field actors, however, Novo Nordisk could not directly initiate relationships because they did not consider it legitimate to meet and engage with the company. Most saliently, insurance provider Askes was reluctant to engage with Novo Nordisk because it feared being accused of corruption and thus risking its reputation and maybe even its mandate to administrate the universal healthcare system. To connect with Askes, Novo Nordisk relied on Perkeni to spread the word about Novo Nordisk's intentions and commitment to improving diabetes care.

Novo Nordisk also built relationships with otherwise inaccessible actors by collaborating with a third party. In establishing education programmes for GPs, Novo Nordisk collaborates with Steno. Despite being partly financed by Novo Nordisk's corporate profits, Steno is a non-for-profit organization and provides education on diabetes care for healthcare practitioners. Their clearly-formulated non-commercial and non-profit objectives have helped them achieve acceptance in the field. In Indonesia, Novo Nordisk collaborates with Steno as to reach doctors:

“So we sell the name of Steno to the doctors: ‘This is the Steno programme. Steno is the reference of diabetes, so it will be credible if you join this programme.’ So this is something we use in the presentation of the programme, so we make the doctor enjoy, and comfortable to join the programme.” (Novo Nordisk manager)

Involving Steno in the programme and referring to its identity as diabetes educators without commercial interests, Novo Nordisk legitimizes its programmes, which enables the company to build relationships with healthcare practitioners.

Building relationships accordingly refers to forming meaningful connections with other actors in an attempt to build common ground for further exchange or even collaboration. To build relationships with field actors, Novo Nordisk used two tactics: familiarizing and linking. Familiarizing extends beyond formally introducing oneself to engaging also with the places from which actors speak—the institutions behind the actions. Linking pertains to using a third party to connect with an actor that is not directly accessible. Including a third party may facilitate and justify relationships that would not be otherwise considered legitimate. Familiarizing and linking enabled Novo

Nordisk to establish its presence in the field and construct common interests with field actors. As a result, for Novo Nordisk, building relationships constituted an important first step in gaining influence.

Cultivating relationships

Having accomplished this first step, Novo Nordisk unceasingly put effort into cultivating its relationships with the central actors. To this end, Novo Nordisk devoted human resources to communicating with and being in touch with field actors. Because personal meetings were a resource-intensive task, much of the communication between the field actors and Novo Nordisk staff took place over Blackberry messenger. This enabled them to be up-to-date about each other's activities at all times. Being constantly in touch with other field actors was essential, as the GM explained:

"I am in constant touch with what's happening. I am not keeping myself away from the situation. I am not sitting in an ivory tower, I want to be in the field, one amongst them, just to listen and see what else we can do. If there is good feedback or bad feedback, we will know."

To make sure he could also communicate with the central actors face-to-face, the GM attended events where he could meet many key opinion leaders at once:

"Right now I am not able to go so much, but for example, tomorrow I am going to ... a big congress. So now I target these kinds of places where there is a congress and doctors are coming, so I can meet them, at least I keep in touch with them, I interact with them, so I can know what is happening in the market."

Frequently and continuously communicating with field actors enabled Novo Nordisk to quickly respond to any concerns or demands. By responding to these demands, Novo Nordisk not only enhanced its legitimacy in the field, but also avoided missing opportunities for further strengthening its relationships, for example through collaboration. In addition, communicating allowed Novo Nordisk to avoid conflict. As a member of the management team explained, sometimes small issues emerged, for instance, about what costs Novo Nordisk was allowed to cover. Using their communication skills, the management attempted to ensure that these issues would not become bigger and evolve into a conflict that might jeopardize its relationship.

Yet as resource-rich actor, Novo Nordisk's involvement in the field threatened to generate significant conflict by fostering antagonistic attitudes. Novo Nordisk attempted to avoid antagonism by taking a humble stance and framing its involvement as merely supporting local actors. When discussing the role of Novo Nordisk with field actors, they repeatedly emphasized how Novo Nordisk supported them in their endeavors. A member of the professional organization explained:

"They don't give money directly to us, but they give activities, so they help us to communicate more with doctors as well as to patients. ... They support us to make guidelines. And they are interested in research as well. So we can make a multinational

multi-center research together, and then they support us to make a publication. So they don't give money directly, but they give the opportunity to us to increase our own capacity as doctors, and also we can communicate with our colleagues, we can communicate with our colleagues from other countries.”

By supporting field actors, Novo Nordisk conveyed that they were collaborating toward common goals: “We have the same goals here: how to educate the doctors and treat the patients” (Novo Nordisk manager). While Novo Nordisk effectively participated in changing diabetes care, field actors perceived the company as advancing their ambitions and partaking in their projects rather than just fostering commercial interests. Importantly, Novo Nordisk acknowledged and reinforced the central actors’ positions in the field, and they therefore readily engaged with the company.

Novo Nordisk thus put continued effort into cultivating its relationships with central actors. In theoretical terms, cultivating relationships pertains to strengthening and enhancing the quality of relationships through intensified and binding interaction. Novo Nordisk cultivated relationships through two tactics: communicating and supporting. Communicating entails frequently and continuously exchanging information on each other’s concerns and actions, and paves the way for fruitful collaboration. Supporting entails enabling other field actors to embark on projects for which they would otherwise not have the necessary resources, thereby positioning oneself as valuable partner and avoiding antagonism. Novo Nordisk’s communicating with and supporting the central actors constructed mutual dependencies that bestowed the company with the permission to participate in the institutional processes around improving diabetes care.

Maintaining relationships

Having gained influence by building and cultivating relationships with central actors, Novo Nordisk put effort into maintaining these relationships as to consolidate and protect its social position. Novo Nordisk consolidated its relationships through formal contracts: The company signed Memoranda of Understanding (MoUs) with both central actors—Perkeni and the government. These MoUs stipulated Novo Nordisk’s commitment to invest in improving diabetes care and the concrete terms of collaboration. For instance, Novo Nordisk’s MoU with the Indonesian ministry of health specified the purpose of the collaboration, the parties’ duties and responsibilities, their role in implementation as well as financing. According to government staff, this contract was considered an “umbrella” under which to further develop the collaborative relationship. Accordingly, formalizing pertains to making explicit the terms of the relationship by stipulating its purpose and both actors’ responsibilities. It thereby solidifies both parties’ commitment to a relationship and common projects, thus strengthening the relationship further.

Cultivating strong relationships with central actors did, however, give rise to conflicts and thus threatened Novo Nordisk’s legitimacy. Novo Nordisk’s investments in

relationships, most saliently its support for local actors' endeavors, risked to alter the relationships among other field actors. Most notably, Perkeni and Persadia competed for similar programmes and resources. While both organizations were run by the same people, the organizations' members used the organizations for their personal power struggles: "It's a power game, a struggle for power" (Perkeni member). In order not to get involved in these games, Novo Nordisk had to carefully balance different actors' interests, as the GM explained:

"You can talk to Persadia, but make sure, that you know both of their interests. Like if you're talking about some programmes with Perkeni, then make sure that, you know, you are not hijacking some of the programmes of Persadia. So you should be knowing with whom to work on what. ... Sometimes, they will say that you should be working with Perkeni, then they say no, you should be working with Persadia, so you have to choose which one is better for you. Those are difficult choices."

The example shows that since the relational structures in an organizational field are multilateral, an actor's efforts may affect the relationships between other actors. In an attempt to avoid disruptions of field relationships as well as conflicts, an actor may attempt to diligently balance the interests of different actors. While this case suggests that actors may also disrupt relationships, Novo Nordisk benefited from putting effort into maintaining local relationships as to reinforce and stabilize the positions of the actors that conferred to Novo Nordisk the legitimacy required to participate in improving diabetes care.

After all, Novo Nordisk succeeded in establishing collaboration with central actors. It gained influence by building, cultivating and maintaining relationships with central actors. In what follows, I refer to an actor's efforts directed at advancing her social position through building, cultivating and maintaining relationships with other actors as relational work. Relational work enabled Novo Nordisk to achieve a social position from which to engage in institutional work and contribute to institutional change.

Changing institutions together

Together with the central actors, Novo Nordisk contributed to improving diabetes care through education, advocacy to the government, and by defining guidelines for diabetes care. Most importantly, Novo Nordisk invested heavily in education programmes, which took place all over Indonesia with activities every week. Its main programme was called INSPIRE, and provided trainings to specialists—endocrinologists and internists—as well as GPs. The trainings aimed to build the doctors' capacity in diagnosing and treating diabetes, thereby addressing all stages of the disease. A Novo Nordisk manager described the trainings:

"We are there to educate them on how to treat the patients according to their stage. When they only need to exercise, just continue with that. We also advise them on when patients

need the OAD (oral anti-diabetic drugs), and when to start the insulin. But when they need the insulin, then we teach them how to do it the proper way, how to use the pen to inject it. The most important issue is how to recognize the adverse effects, the hypoglycemia, and how to treat it.”

The education programmes aimed to provide doctors with the necessary knowledge and skills to diagnose and treat diabetes, and thus enable them to participate in diabetes care. As Lawrence and Suddaby (Lawrence & Suddaby, 2006) propose, “educating provides actors with the knowledge necessary to engage in new practices or interact with new structures”, and hence to support the new institution. In this case, building the capacity of the doctors enabled them to treat patients who they were previously not able to help. In addition, the trainings provided information that directly addressed the doctors’ beliefs about insulin. Their new knowledge about insulin enabled them to more readily provide diabetes care. In addition, it allowed them to address patients’ beliefs, thereby increasing acceptance of treatment.

Novo Nordisk did not run its education programmes alone but collaborated closely with Perkeni and Steno. The programmes were conducted on Perkeni’s terms: that is, in adherence to their values and norms. Most importantly, Perkeni required and ensured the absence of commercial content. Novo Nordisk understood and respected these terms, as a Novo Nordisk manager explained:

“It doesn’t mean we have to force them to use our products. Some people think that when the pharma company does something for society that it must have commercial content. That’s where the medical department wants to change the paradigm.”

In practice, during the trainings, often only Novo Nordisk’s medical staff was allowed inside the room, while other Novo Nordisk employees, especially marketing staff, had to wait outside: “Sometimes it’s a real pity, we have to wait outside, because it’s really scientific there. We want to give a different atmosphere to the course” (Novo Nordisk manager).

The terms of this collaboration were reflected in the organization of the programmes. Novo Nordisk, Perkeni and Steno had negotiated their roles and the division of labor:

“That is the thing that I heard from Perkeni, that they want a medical person be there to ensure that there is not promotional content or something. And I know exactly this is means no promotion should be involved in that at all. That’s why the sales and marketing people are not involved much during the course. It’s, they are doing the preparation, the hotel and so forth.” (Novo Nordisk manager)

The agreed-upon division of labor usually resembled what was described by another Novo Nordisk manager as follows: “Well, we work together with Steno, and Steno is composing or writing on the workflow, the modules, together with Perkeni. So Perkeni and Steno here are working together on the modules. And then the implementation for Indonesia is by us.” Importantly, this division of labor ensured Perkeni’s and Steno’s strong involvement in the content of the trainings, as well as the delivery of the actual

training. For example, in most programmes, Perkeni members gave the lectures. Novo Nordisk played a major role in organizing the practical matters, such as for example the training venue and catering, and thus also carried the main costs. Still, Novo Nordisk contributed to educational matters in that they issued suggestions for the content of trainings, for instance as its medical staff briefed the lecturers:

“They give the lecture, it’s not from us. And then one day before we conduct it, we always have a speaker briefing, so they know. ... We, the medical department, are still there as a partner during the course” (Novo Nordisk manager).

While the education programmes enabled more and more doctors to recognize the symptoms and prescribe treatment in accordance with local guidelines, doctors still faced structural barriers such as not being able to prescribe as much for longer periods. To complement its trainings, Novo Nordisk therefore put effort into changing the healthcare system and creating a regulatory environment that supports diabetes care through advocacy. Lawrence and Suddaby (Lawrence & Suddaby, 2006) describe advocacy as “the mobilization of political and regulatory support through direct and deliberate techniques of social suasion.” In its communication with the government, Novo Nordisk often resorted to presenting calculations on the diabetes burden to persuade the government to invest in diabetes care: The argument was that since diabetes is a chronic disease and requires life-long treatment, it imposes a heavy financial burden on the healthcare system, and this burden could be reduced by ensuring early diagnosis and appropriate care to prevent serious complications. Novo Nordisk made a similar argument in their negotiations with Askes, the insurance provider, to push for the insurance schemes to cover Novo Nordisk’s insulin. Novo Nordisk’s constant dialogue with the government and Askes aimed to mobilize support for the improved system of diabetes care that Novo Nordisk envisioned. Indeed, the company’s sustained advocacy stimulated the government to compose the National Diabetes Plan, a detailed document laying out improvements to diabetes care to be implemented all over Indonesia. Novo Nordisk had supported the development of this plan directly in its collaboration with the government and indirectly through Perkeni, and agreed to provide assistance for the plan’s implementation.

To back up the arguments used in their advocacy to the government and Askes, Novo Nordisk conducted research and attempted to engage in the setting of local guidelines. The company invested in a major research programme called DiabCare, establishing the state of diabetes care by measuring health outcomes over time:

“We also have a study, an epidemiological study, cross-sectional. ... It is a study we have from 1988. And the last is 2008. ... And now we are going to the 2012 DiabCare study, maybe next year. This is to see how outcomes have already improved, or maybe worsened. I hope they have not worsened. But we have to see how we are doing.” (Novo Nordisk manager)

Through this research programme, Novo Nordisk defined the diabetes problem, that is, how many suffer from diabetes and are not or inappropriately treated. Defining the

problem emphasized the importance of improving diabetes care. More than that, since data had been collected over time, Novo Nordisk evaluated how diabetes care had been improving, which provided a rough estimate of the effectiveness of its education activities.

In addition to providing scientific evidence, Novo Nordisk supported Perkeni in setting standards and making guidelines: “They also provide us with guidelines, we make the guideline, but they support us how to make the guideline” (Perkeni member). Through research and involvement in guidelines, Novo Nordisk partook in the definition of rules for diabetes care. Lawrence and Suddaby’s (Lawrence & Suddaby, 2006) describe this type of institutional work as efforts “directed at defining the construction of rule systems that confer status or identity, define boundaries of membership or create status hierarchies within a field.” In this case, Novo Nordisk participated in the process of defining the rules and regulatory structures of the improved system of diabetes care.

The interplay of relational and practice work

Novo Nordisk’s strong involvement in improving diabetes care attests to its influence in the field. The company’s influence is particularly salient when comparing Novo Nordisk to its two competitors. Given the importance that central actors attached to independence and impartiality, one would expect them to have engaged equally with Novo Nordisk and its competitors. Indeed, the competitors had also entered the field, as a Novo Nordisk manager explained:

“Perkeni is organizing things with other companies, of course, they don't want to be exclusively collaborating with one pharmaceutical company because it's not good for their reputation. ... So as independent organization, they should not be only with one company. They need to maintain their independence.”

Accordingly, Novo Nordisk’s relationship with central actors did not exclude the competitors. To safeguard their own reputation and position, the central actors engaged with competitors and thereby conveyed that they did not endorse Novo Nordisk’s commercial interests. Another Novo Nordisk manager confirmed: “Officially, we have the same relationship.”

Yet in improving diabetes care, Novo Nordisk was the dominant and preferred partner for collaborative efforts. Most of Perkeni’s activities in collaboration with private companies were in fact with Novo Nordisk. For example, in supporting Perkeni to make guidelines, a Perkeni member estimated: “Probably, out of ten, seven are supported by Novo, two by [competitor 1], and one by [competitor 2]. Novo is number one.” More generally, another Perkeni member described: “[Competitor 2] only has small activities in Indonesia. [Competitor 1] is a little bit bigger. But the big one is Novo Nordisk.” The government similarly worked closest together with Novo Nordisk. When asked about the competitors, the head of the diabetes division in the ministry of health

promptly answered: “I don’t see them much.” The limited collaboration of the central actors with Novo Nordisk’s competitors shows that they engaged with them only to an extent that secured their own independence and impartiality. Novo Nordisk, in contrast, had established itself as the leading pharmaceutical company in the field of diabetes care. Figure 7.2 displays the position that Novo Nordisk achieved and the practice work that ties them to central actors.

Relational work enabled Novo Nordisk to engage in practice work because it allowed the company to achieve a social position from which it could exert influence in the field. Yet, in turn, Novo Nordisk’s investments in improving diabetes care also reinforced its relational work. A member of Perkeni describes how institutional work enabled Novo Nordisk to foster its relationship with the government:

“When they go to the ministry of health, they can prove to them that Novo has already done many things. So Novo does not come to the ministry of health without nothing. They can prove that they’ve done this and this and this. And that means a lot to the ministry of health.”

Since Novo Nordisk constructed common interests with central actors, the investments in and espoused commitment to practice work helped the company to further cultivate its relationships with the central actors, and thus reinforced its relational work.

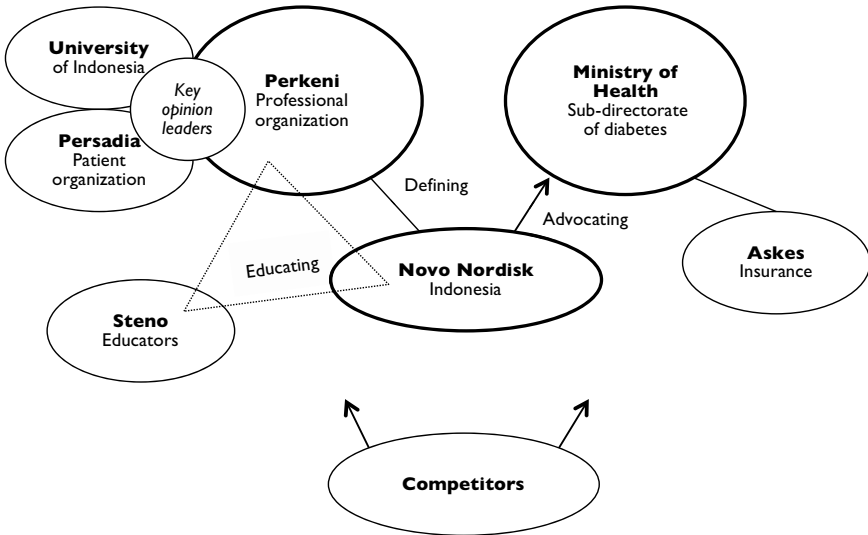


Figure 7.2: Improving diabetes care together

Discussion and conclusion

In highly politicized fields such as healthcare, companies often lack legitimacy and occupy positions in organizational fields that prevent them from contributing to the solution of social problems. Advancing a dynamic view of positions, this paper has drawn attention to the relational dynamics that confer to actors the ability to influence change. It has shown that putting effort into relational work as to build, cultivate and maintain relationships with other field actors may—if carried out skillfully and diligently—allow an organization to re-position itself and gain influence. Specifically, building relationships through familiarizing and linking with central actors allowed the organization to construct common interests. Further cultivating these relationships by communicating with and supporting them enabled the construction of mutual dependencies. Maintaining the relationships by formalizing them and balancing the demands of different actors stabilized the newly achieved influence. Rather than challenging other field actors and acquiring influence at their expense, relational work allowed the various actors to empower each other and change institutions together.

The paper contributes to the literature on institutional entrepreneurship and work by further explicating how agency is distributed among actors (Delbridge & Edwards, 2008; Lounsbury & Crumley, 2007). It reinforces Lawrence, Hardy and Phillip's (2002) finding that less powerful organizations can bring about new institutions through inter-organizational collaboration. By explicating the tactics through which the organization may build, cultivate and maintain collaborative relationships, it provides new insights as to how an organization may gain influence. What is more, the notion of relational work draws attention to the social context in which actors negotiate institutions as well as the division of institutional work. It thereby illustrates that institutional processes involve a variety of actors with different institutional agendas, and highlights how their individual and collective efforts accumulate in institutional change.

Moreover, the paper unfolds the role of actors' social skills when they aim to change institutions (Fligstein & McAdam, 2012; Fligstein, 1997, 2001). The findings show that while actors purposively attempt to shape their relationships as to advance their social positions, their efforts may have unintended consequence. Specifically, the case of Novo Nordisk in Indonesia highlights that relational work may alter the power balance between field actors and threaten an organization's legitimacy by involving it in others' conflicts. The need for balancing different actors' interests and thereby avoiding conflict suggests that relational work is risky: Novo Nordisk's ability to avoid unintended disruptions of its relationships attests to the company's thorough understanding of the field and its heightened sensitivity. Relational work is an ambitious yet delicate endeavor.

Finally, the paper contributes to our understanding of organizational fields. The notion of relational work draws attention to how actors shape the relational structures they inhabit, thereby highlighting new dynamics. To illustrate, fields have commonly been defined as relational spaces in which actors struggle for domination (Bourdieu &

Wacquant, 1992)—as institutional wars (Hoffman, 1999) or battlefields (DiMaggio, 1983), where struggle ends—if only temporarily—when actors win over others (Malsch & Gendron, 2013). This perspective suggests that actors may have to challenge others in an attempt to gain influence. Conversely, the findings show that an actor may gain influence by reinforcing other actors' positions while carefully avoiding conflicts and antagonism. Challenging the assumption that influence is a zero-sum game, this paper suggests the fruitfulness of incorporating relational conceptions of power (Lawrence, 2008; Willmott, 2010) into studies of how fields emerge, evolve and change.

As is often a concern with single case studies, the idiosyncrasies of the case raise questions about the transferability of the findings to other settings. Novo Nordisk was able to enter the field and skillfully build, cultivate and maintain collaborative relationships. Yet social skill and effort may not always suffice. For instance, central actors may not want to engage with an organization that challenges the dominant value propositions, as is the case for challenger movements (see, for instance, Bertels et al., 2014; Van Wijk et al., 2013). When actors' interests irreconcilably diverge or their identities preclude collaboration, they actors may need to resort to different—and maybe more aggressive—tactics, for instance confrontational tactics that aim to disrupt extant relational structures.

A second boundary condition concerns the role of financial and human resources. The case company qualifies as a resource-rich actor. Since relational work requires substantial investments, research-poor actors may need to use different tactics. For institutional work, Mair and Marti's study of BRAC, a Bangladeshi social entrepreneur engaged in protecting the rights of the poor, has shown that "women are contributing, in subtle, non-aggressive – and often very slow – ways, to undermining or transforming some of the existing institutions" (2009, p. 104). Their study demonstrates that the lack of resources may lead actors to advance their projects in innovative ways, and one may expect that the amount of resources also influence how actors may engage in relational work. Studying the relational work of different actors in various settings is a promising avenue for further research.

To conclude, these insights offer a promising outlook on the role of business in addressing contemporary social problems. Resource-rich companies may overcome legitimacy problems and contribute to the solution of social problems by building, cultivating and maintaining relationships with central actors like governments and professional organizations. Importantly, relational work entails that companies re-define their position in society in negotiation with central societal actors. These negotiations may limit the extent to which companies may pursue their business objectives to the detriment of social objectives and thereby alleviate concerns about the distributive consequences of private involvement in social change.

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8. Silent struggles: Framing a new understanding of business in society

Recent contributions to institutional theory have drawn attention to how actors address the cognitive and normative aspects of institutions through framing and show how actors struggle over meaning and positions in acrimonious framing contests. Yet we do not understand how actors negotiate meaning when overt contestation is not a viable option—for example when they must dampen conflict to foster collaboration. This paper presents a case study of a Danish pharmaceutical company that overcame framing contests, gained local stakeholders' support and became the orchestrator of collaborative arrangements aimed at improving diabetes care in Indonesia. Inductively following the framing process in real-time, the paper presents a model that explicates three moves through which frame alignment was constructed: interactively reconstructing the field, manufacturing a common understanding of actions, and manufacturing a collective identity. Taken together, these three moves constitute mechanisms through which actors may recast meaning and positions to mitigate tensions and move a field toward a new consensus and effective collaboration.

Keywords: collaboration; corporate responsibility, framing; frame alignment; institutional change

Introduction

Ever more companies espouse commitment to improving people's lives by promoting social change (De Bakker, Den Hond, King, & Weber, 2013; Matten & Crane, 2005; Scherer & Palazzo, 2011). For example, many pharmaceutical companies have launched access to care strategies: they claim to tackle problems in healthcare that impair access to care for poor people, notably inadequate facilities and the insufficient capacity of doctors. When implementing such strategies in local contexts, however, their engagement often prompts local stakeholders' reluctance or even resistance. Especially in highly politicized fields such as healthcare or education, stakeholders may perceive

companies' engagement as a threat to entrenched interests and as clashing with local norms and beliefs on how such fields ought to be organized. Moreover, stakeholders may contest whether to interpret a company's engagement as philanthropy or as attempts to exploit business opportunities. Such conflicts may produce incompatible interpretations of the situation, and thereby pose difficulty for establishing effective cross-sectoral collaboration and developing synergistic solutions to complex societal problems (Hardy, Lawrence, & Grant, 2005; Koschmann, Kuhn, & Pfarrer, 2012).

Recent contributions to institutional theory have drawn attention to how actors negotiate interpretations through framing and show how actors struggle over meaning and positions in acrimonious framing contests. Framing pertains to the processes in which actors construct and contest schemata of interpretation that guide how they make sense of their experiences (Benford & Snow, 2000; Cornelissen & Werner, 2014; Snow, Rochford, Worden, & Benford, 1986; Werner & Cornelissen, 2014). Empirical studies have shown that framing processes drive the emergence of new fields (Granqvist & Laurila, 2011) as well as the creation of industries (Lounsbury, Ventresca, & Hirsch, 2003) and markets categories (Khair & Wadhvani, 2010; Weber, Heinze, & DeSoucey, 2008). Moreover, studies have elucidated mechanisms that drive framing processes by explicating how actors compete for support in framing contests (Kaplan, 2008; Meyer & Höllerer, 2010), how they antagonistically negotiate their positions and identities (Granqvist & Laurila, 2011; Lefsrud & Meyer, 2012) and how they aggressively name and shame others, thereby urging them to act differently (Reinecke & Ansari, 2015). Yet we do not understand how actors negotiate meaning when overt contestation is not a viable option—such as when they must dampen conflict to foster collaboration.

This paper addresses the question how actors overcome framing conflicts to strengthen and legitimize collaboration. It presents a case study of how a Danish pharmaceutical company reframed local stakeholders' understanding of the company's engagement and became the orchestrator of collaborative arrangements aimed at improving diabetes care in Indonesia. Using an inductive case study approach (Corbin & Strauss, 2008) drawing on interviews, observation and secondary sources collected in real-time, the paper follows the process in which a global framing is amplified and aligned with stakeholders. The findings presents a model that details the discursive moves through which conflict was mitigated, a new shared understanding was constructed, and collaboration was legitimized. The paper concludes by discussing the implications of the model for our understanding of framing and frame alignment.

Theoretical motivations

Framing processes play a major role in institutionalization because they afford the mobilization of allies and thereby the legitimation and diffusion of new ideas and practices. In order for frames to mobilize collective action, they must perform three key tasks (Benford & Snow, 2000; Snow et al., 1986). First, diagnostic framing negotiates a

shared understanding of situation in need of change, and the attribution of a cause. The punctuation of a problem accentuates seriousness and may redefine what was previously seen as unfortunate as unjust or immoral. The attributional component focuses blame or responsibility, and has implications for what solutions are considered reasonable. For instance, whether climate change is considered natural or manmade is directly linked to whether it is inevitable or controllable (Lefsrud & Meyer, 2012). Second, prognostic framing proposes a solution and a plan of attack. Third, framing contains a “call for arms” (Benford & Snow, 2000, p. 617) that urges others to act, “moving people from the balconies to the barricades” (p. 615). Taken together, diagnostic and prognostic framing establish a shared understanding, and motivational framing mobilizes action.

Diverging understandings of a problem or different conceptions of appropriate solutions may give rise to framing conflicts. Framing conflicts evolve around which frame should guide the understanding of a situation and inspire lines of action (Kaplan, 2008). Importantly, from this perspective, “conflict is neither a state of the world nor a state of mind but a phenomenon that resides in the social interaction among disputants. Conflict ensues because of the way people interactively co-construct issues, relationships, and interactions (Dewulf et al., 2009, p. 161). Such conflicts become salient when they amplify beyond micro-level interactions and to the meso-level, and may then show as fierce contestation between groups or organizations in an organizational field (Gray, Purdy, & Ansari, 2015). On field level, such conflicts may persist overtly (Granqvist & Laurila, 2011; Lefsrud & Meyer, 2012) or end in ceasefire (Meyer & Höllerer, 2010). Alternatively, actors may overcome conflict by constructing new frames from existing ones and thereby accommodating multiple perspectives (Gray et al., 2015). For example, Ansari, Wijen and Gray (2013) describe the how field actors formed consensus and mobilized action by constructing an overarching “commons logic” of climate change which prompted actors to re-consider their own frames.

Yet we still know little about the micro-level negotiations in which people interactively construct and negotiate frames to align with and mobilize others (Benford & Snow, 2000; Snow et al., 1986; Werner & Cornelissen, 2014). Such frame alignment involves various interactive and communicative micro-level processes in which mobilizers attempt to achieve resonance, to “strike a responsive chord” (Snow et al., 1986, p. 477). In their early formulations, Snow et al. (1986) proposed that actors may achieve alignment in four types of framing processes: bridging, amplification, extension and transformation. First, bridging pertains to linking previously unconnected frames to tap into a specific group’s sentiment pools, for instance linking an issue to religion. Second, amplification pertains to clarifying and enriching an existing frame by identifying, idealizing or elevating the target group’s values and beliefs. In their review of the literature, Benford and Snow (2000) find that amplification is in fact the most widely used by social movements aiming to achieve resonance. Third, extension pertains to adding aspects to the frame to reach out to an audience to which the frame did not previously appeal. Finally, transformation pertains to systematically altering a

frame and providing a radical reinterpretation. These four types describe how a frame may change through a frame alignment process, but they do not offer insights into the mechanisms that drive such processes.

Offering a refined theoretical account by taking a cognitive-linguistic turn, Werner and Cornelissen (2014) develop the notions of frame blending and frame shifting to describe how actors align or contrast a new idea with frames available in a field through conjunctive or disjunctive language. Their description of fine-grained tactics sheds light on the ways of thinking that actors use at the early stage of change initiation when they formulate a vision and build common ground. In conceptualizing micro-level processes of frame construction, they focus on how individual actors' may use specific framing tactics to effectively mobilize and align with others. This account acknowledges the institutional embeddedness of meaning construction by explaining how embeddedness structures and constrains actors' speaking and thinking, and how the effectiveness of framing tactics hinges on whether or not the framing appeals to salient discourses. While preventing the portrayal of actors as overly strategic or heroic in their attempts to change institutions (Battilana, Leca, & Boxenbaum, 2009), their account retains an atomistic focus on individual actors and the effectiveness of their framing rhetoric. Indeed actors use rhetorical strategies to legitimate new lines of actions and mobilize others to partake in institutional change (Brown, Ainsworth, & Grant, 2012; Suddaby & Greenwood, 2005). Yet by adopting a rhetorical view on framing, we risk to overlook the processes in which people negotiate and co-construct meaning in interaction (Cornelissen, Durand, Fiss, Lammers, & Vaara, 2015) and thereby preclude the possibility that people co-construct frames and form consensus (Klandermans, 1988).

To avoid this risk, recent contributions to institutional theory propose an interactive view of framing grounded in the idea that people interactively exchange views and may thereby construct mutual understandings (Cornelissen et al., 2015; Gray et al., 2015). This view does not deny that actors use communication strategically: it considers strategic communication and rhetoric potent drivers of co-construction processes in which shared meanings may or may not emerge. Instead of limiting attention to a focal actor's attempts, this view thus emphasizes the interactive micro-level negotiations in which actors align frames. Moreover, rather than on the content of a frame and what changes as actors attempt to appeal to others, it focuses on the in situ interaction between actors and how they construct and re-construct frames. The interactive view of framing is thus well-suited to explore how actors align their understandings, potentially overcome framing conflicts and work toward consensus.

In this paper, I aim to contribute to the interactive view of framing by empirically tracing the interactions that constitute a frame alignment process. In what follows, I present a case in which framing conflicts were overcome and a new shared understanding strengthened and legitimated collaboration. Because overt and antagonistic contestation was not a viable option, the case sheds light on the more subtle negotiations through which actors aligned their understandings as they moved toward a new consensus that would enable them to collaborate effectively.

Novo Nordisk and the Blueprint for Change for Indonesia

This paper traces how the Danish pharmaceutical company Novo Nordisk overcame conflicts and legitimized its position as a partner in the fight against diabetes in Indonesia. Novo Nordisk is specialized in the development, production and marketing of insulin used for treating diabetes. The company's operations extend over 75 countries, including several developing countries and emerging markets in Africa, Asia and South America. While diabetes has commonly been considered a first-world disease, it is increasingly taking hold in other countries as incomes rise and living conditions improve. Yet the countries' healthcare systems are geared toward infectious diseases like polio and malaria rather than chronic diseases like cardiovascular conditions, cancer and diabetes. While infectious diseases can usually be treated within a short period of time, chronic diseases require life-long attention, and thus place new demands on the healthcare system. Most people suffering from diabetes are therefore inappropriately treated—if at all—which depresses their quality of life and lowers their life expectancy. In an attempt to improve the lives of people while expanding its business in these markets, Novo Nordisk invests heavily in improving diabetes care.

Novo Nordisk's approach to improving diabetes care is grounded in the company's global approach to stakeholder relations. In explaining the company's approach, Novo Nordisk draws on the notion of Shared Value Creation to show that addressing the diabetes problem serves the company's as well as society's interests. The idea of "creating shared value" has more recently become popular in the business world after Porter and Kramer's (2011) article in *Harvard Business Review*. "Creating Shared Value" pertains to integrating societal objectives into companies' business models so that their operations to create value for both business and society. Rooted in Scandinavian cooperative approaches to stakeholder relations (Strand, Freeman, & Hockerts, 2015; Strand & Freeman, 2015), Novo Nordisk has a history of stakeholder engagement aimed at establishing collaboration that benefits all parties. In fact, Novo Nordisk's engagement in China has been used by Porter to showcase how companies may create shared value (Porter, Hills, Pfitzer, Patscheke, & Hawkins, 2011).

In Indonesia, Novo Nordisk's fully-owned subsidiary has invested heavily in becoming a partner to local stakeholders and drive developments in diabetes care with their collaboration. The company has achieved collaborative arrangements with local stakeholders—most importantly the Ministry of Health and the professional organization of endocrinologists (Perkeni)—together with whom it attempts to improve care, for example by establishing extensive education programmes to train doctors in diagnosing and treating diabetes. Yet at the start, the subsidiary's influential position and its collaborative arrangements hinged on pragmatic legitimacy (Suchman, 1995) and did not extend to broader audiences in the field: the company gained influence because its partnerships served the interests of the involved parties. Morally and cognitively, however, local actors believed that they ought to stay neutral and impartial—thus keeping pharmaceutical companies at arm's-length—to prevent them

from infusing healthcare with commercial interests. What is more, the field was ridden by conflicts as to how diabetes care ought to be organized and some local stakeholders implicated companies as part of the problem rather than considering collaboration a viable option. Framing conflicts, distrust, and the lack of legitimacy attributed to the subsidiary's position in the field hampered its efforts and posed a barrier for collaborating effectively.

Conflicts were overcome and the legitimacy problem was mitigated when a team from headquarters constructed a report on the subsidiary's efforts that would reframe the subsidiary's position. The report was part of the so-called Blueprint for Change programme, a stakeholder engagement initiative to promote the company's responsibility agenda globally and locally as well as to evaluate local efforts. The construction of the report was initiated at Novo Nordisk headquarters—specifically a team within the Global Stakeholder Engagement group, hereafter referred to as Blueprint team—and carried out with the support of local subsidiaries. In the process, the team met with and interviewed subsidiary managers and local stakeholders, and the final report was published both in print and on the corporate website. The publication was celebrated in Indonesia during a public launch event. In preparation for the event, the subsidiary, in collaboration with the Danish ambassador in Indonesia, distributed the report as they attempted to encourage participation and recruit key actors as keynote speakers.

The launch event was well-attended by key stakeholders who had participated in the construction of the report, as well as a wider audience. What is more, Novo Nordisk had gained the support of the governor of Jakarta, a local political rock star and close friend of the Indonesian president, who participated as a keynote speaker. The event was eventually presented as organized collaboratively by Novo Nordisk and the Ministry of Health, and afterwards reported as a joint endeavor by the local newspapers. About a year later, in November 2014, Novo Nordisk orchestrated the Indonesian Diabetes Leadership Forum, a policy roundtable, as a follow-up event to the launch of the Blueprint. This follow-up event again involved local key stakeholders and the governor of Jakarta, but also a representative of the Indonesian Health Social Security Agency, which administers health care benefits within the governments' universal healthcare insurance scheme, as well as international stakeholders, notably the International Diabetes Federation.

The Blueprint for Change report played a crucial role in overcoming conflicts and legitimizing Novo Nordisk's position as a partner in the fight against diabetes in Indonesia. In this paper, I present the construction process and theorize how frame alignment was produced. The case offers an exceptional opportunity to learn how framing conflicts may be overcome when overt contestation is not a viable option—in this case because the goal was to foster effective collaboration.

Approach and data sources

This paper presents a single, exploratory case study selected for its revelatory potential and with the aim to build theory inductively. The paper is part of an ongoing research project that follows Novo Nordisk's attempts to improve diabetes care in emerging markets. During preliminary meetings with my key informant at headquarters, I learned about the Blueprint for Change programme and my informant—leader of a team within the Global Stakeholder Engagement group—was initiating the Indonesia case. This offered the unique opportunity to follow the construction process of the Blueprint for Indonesia and thus the company's construction of their publication right from the start.

This paper builds on data collected in 2012-2015 and follows the construction process in real time. Starting up the project, the team discussed how to approach their task and initiated contact and collaboration with the Indonesian subsidiary. They had meetings with the subsidiary's general manager as well as an informant from the University of Indonesia in Jakarta. This preliminary work served to gain a basic understanding of the Indonesian context and the main stakeholders. The team then travelled to Indonesia and collected primary data. They interviewed key stakeholders—including policy makers, doctors and patients—and visited clinics. All their interviews were video- or tape-recorded. After return to Denmark, the team theorized on their data and constructed the final report, throughout discussing their findings and the presentation with the Indonesian general manager. After publishing the report, the Blueprint team planned the launch event in collaboration with the Indonesian subsidiary and with the support of the Danish ambassador in Indonesia. Finally, they launched the Blueprint in a public event. Figure 8.1 provides an overview of the process.

To follow the construction process, I used participant observation, interviews as well as documents and other secondary sources. First, I observed the three meetings of the Blueprint team with the Indonesian subsidiary staff and also participated in seven additional meetings with the team in which they shared reflections and discussed the way forward. I was also granted access to the internal documentation in which the subsidiary presented the local situation. I was given full access to the data the Blueprint team had collected in Indonesia (including seven interviews with stakeholders) and interviewed them about their trip. To triangulating their interviews and to refine my understanding of the Indonesian context, I also travelled to Indonesia and conducted seven interviews with the subsidiary as well as six interviews with the same stakeholders about a month after the Blueprint team. After the team returned, I participated in seven meetings in which critical decisions on the report were taken, and discussed the presentation with the team to understand their rationales. The Blueprint report is part of the dataset, and I followed up with the Blueprint team on the launch event and the current situation. I was also given access to internal communication about the launch event. To triangulate their accounts of the launch and its reception, I collected pictures, texts and videos shared by others on social media.

To analyze the data, I first used temporal bracketing (Langley, 1999) to distinguish different phases in the construction process of the Blueprint report. The process is bracketed in two phases: first, the phase in which the Blueprint team attempted to gain an understanding of the Indonesian case in interaction with the Indonesian subsidiary and during their field trip to Indonesia; second, the phase in which the team analyzed the data and constructed the publication. Subsequently, I constructed a narrative for each phase to generate rich descriptions for the distinct phases of the process. Each narrative contained a vivid description of the interactions and meanings conveyed by different actors as well as a meta-description of the process detailing the context of interactions—thereby situating the interactions in the overall frame alignment process.

Third, for each phase, I iteratively moved back and forth between the data, the emerging themes, and existing theory toward the crystallization of the data structure as presented in Figure 8.1. I started by coding the primary data as well as the narratives constructed in the second step of the analysis using in-vivo codes and simple descriptive phrases. Since my first-order concepts highlighted identity aspects, I adopted Hardy et al.'s (2005) conceptualization of particularized and generalized membership ties in labelling the second-order themes that pertain to the framing of actors' identities and positions, and their conceptualization of private and common constructions to label the themes that pertain to the framing of problems and solutions. Finally, I grouped the second-order themes into aggregate dimensions that summarize the frame alignment process.

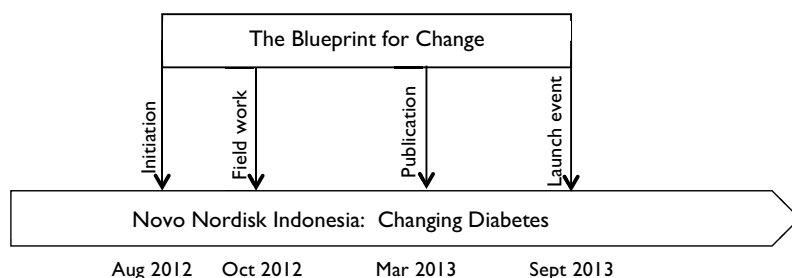


Figure 8.1: Overview of the construction process of the Blueprint for Change Indonesia

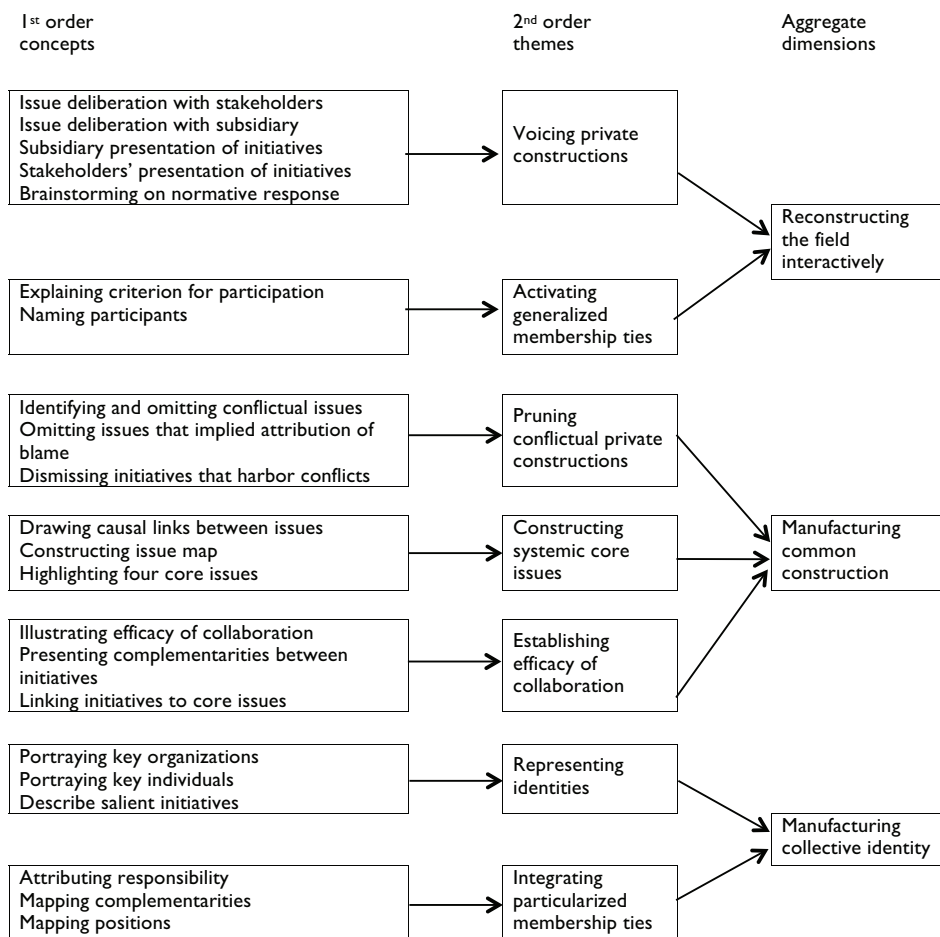


Figure 8.2: Data structure

Findings

To reframe the Indonesian subsidiary's position and legitimate collaboration, the Blueprint team resorted to a global framing which they had been developing based on previous Blueprint for Change country reports. The global framing presents diabetes as a complex social problem that requires a collaborative solution:

“To do something about diabetes, [people] need to know about the problem, they need to have access to clinics and facilities and treatments, they need to be able to pay for it. [Treatment] needs to be available in a format that they can use. And then of course, it should be in the right quality. Each of these presents issues that can be hindering any change. And you need to work together with different parties to change this. We cannot change this alone. The government probably can't change this alone. ... Nobody can do it alone.” (Blueprint team)

To identify concrete issues that constitute the complex problem, Novo Nordisk had developed the so-called 4AQ model, which categorizes issues into five aspects: awareness of diabetes; access to care; availability of treatment; affordability of treatment; and quality of care. The five aspects cover all stages of the patient journey and afford the identification of barriers on a patient's path from receiving an early diagnosis to achieving treatment targets and leading normal lives. The model establishes the complexity of the diabetes problem, and suggests that the problem can only be addressed through collaboration of several stakeholders, such as governments, professional organizations and private companies.

To motivate its own but also others' engagement, the global framing adapts the Creating Shared Value idea. Extending the Porter and Kramer's original idea to non-business actors such as governments and patient organizations, the framing proposes that collaboration should integrate various actors' interests:

“We need to find ways to work together, where each of these stakeholders is having a positive revenue model. ... If this is an NGO, then they should service what an NGO is servicing. If it's a private company, then they should be also earning money.” (Blueprint team)

In sum, the global framing thus diagnoses diabetes as a complex social problem, prognoses collaboration as a feasible solution, and motivates action by proposing that collaboration may serve all parties.

Using the global framing, the Blueprint team attempted to align with local stakeholders to reframe the Indonesian subsidiary's position and legitimate collaboration. As illustrated in Figure 8.3, three aggregate dimensions played a role in overcoming framing conflicts and producing frame alignment: (1) interactively reconstructing the field, (2) manufacturing a common construction, and (3) manufacturing a collective identity. In what follows, I elaborate on each of these dimensions and explain how they contribute to frame alignment in the face of conflicts.

Reconstructing the field interactively

The first phase in the construction process, the Blueprint team attempted to understand the situation in Indonesia through conversations with the subsidiary managers and local stakeholders. Already at the initiating meeting with subsidiary managers, the managers alarmed the team that local conflicts would surface and discussed implications for how the team could best go about the construction of the report. Describing the local field, the financial manager explained: “Stakeholders are very diverse. ... And even within the organizations, they fight. So it’s not a coherent set of stakeholders, and they paint different pictures.” Because of these conflicts, the general manager was concerned that bringing stakeholders together in a joint meeting would “bring trouble” and that answers would not be valid because “many will not speak in public meeting.” The team thus agreed with the subsidiary managers to meet stakeholders individually, and gather stakeholders later to present the final report.

After several months of desk research and conversations with subsidiary managers, the Blueprint team travelled to Indonesia to meet with local stakeholders, including government staff, members of the professional organization and the patient organization, as well as doctors and patients. The team’s main purpose of these interactions was to gain a better understanding of the Indonesia case by collecting the views of diverse sets of stakeholders. They therefore also visited local community clinics and poor patients in their homes. In addition to seeing people and places in Jakarta, the team travelled to the remote province of Ternate, an island with remarkably high diabetes prevalence, where a diabetes clinic that had been established with financial support from Novo Nordisk. Through the visits and conducted interviews, the team

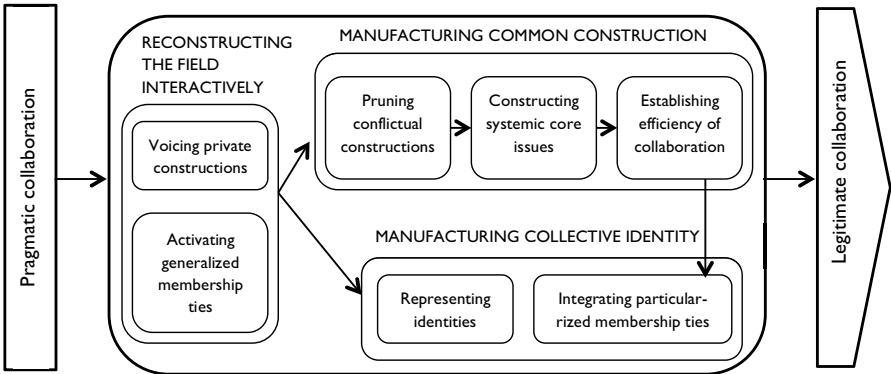


Figure 8.3: Model of frame alignment process

collected a rich inventory of people's experiences and experienced the Indonesian context—in its diversity—first hand.

Throughout, the team carefully documented pieces of information received from others and their own experiences. In addition, the subsidiary had supplied ample documentation in the form of written documents, PowerPoint presentations, and pictures. During the field trip, the team video- or tape-recorded interviews, and took pictures and notes during their visits. For instance, they took pictures of a poor patient and his home during a visit that they discussed often after return. Upon return to headquarters, the team archived the material and transcribed all interviews verbatim. Altogether, the team had compiled an inventory of particular experiences—an inventory stored on a large hard drive—which would serve as a resource for constructing the report. In what follows, I detail two discursive processes through which the team reconstructed the field in interaction with subsidiary members and local stakeholders: the voicing of private constructions and the activation of general membership ties.

Voicing private constructions. The setup of separate meetings with the subsidiary and individual stakeholders facilitated the voicing of private constructions. Private constructions do not refer to undisclosed understandings, and do not necessarily implicate private companies. Rather, they pertain to understandings and framings that are attached to particular participants rather than the group as a whole, and are often associated with the interests of particular organizations (Hardy et al., 2005). During the meetings, the Blueprint team asked both subsidiary managers and local stakeholders to explain their understandings of the problem and present their initiatives.

In conversations with subsidiary managers, the Blueprint team inquired into the subsidiary's experience of barriers to diabetes care, and discussed with the subsidiary managers how the subsidiary's initiatives addressed these barriers. The managers also presented the Indonesian subsidiary by introducing the organization and its market strategy, for instance providing detailed information on market segments and various local health insurance schemes. During the presentations and discussions, the managers commented on their relationships with stakeholders and alluded to the difficulty of Novo Nordisk's position as an emerging partner in the fight against diabetes on the one hand and a private company on the other. Specifically, the managers explained that some stakeholders thought that the subsidiary's pricing strategy was inappropriate. And immediately, the managers strongly espoused their disagreement by countering that other issues were impairing diabetes care: "Lowering prices will not change anything if the other parts of the wheel are not addressed" (financial manager). In addition, the subsidiary managers were concerned about conflicts among local stakeholder regarding insulin treatment, as the general manager explained: "There is a discord between endocrinologists, and especially the older ones oppose the idea that general practitioners may prescribe insulin." Indeed, both the product pricing issue and disagreements on insulin treatment would surface during the interviews with stakeholders.

The interviews with stakeholders began with an inquiry into the stakeholders' organizations, allowing them to talk about their stakes in diabetes care and their goals, for example by asking: "Within your association, how are you working with providing good quality care for patients?" Acknowledging stakeholders' expertise, the Blueprint team asked them to describe what they considered the most important problems with diabetes care. For example, they asked: "What does it cost for the patient to go to the health center?"; "How does the restriction [on prescriptions] affect doctors' jobs?"; "What medicines and treatment options are available at the community clinics?" In posing questions, the Blueprint team took guidance from the 4AQ model to ensure that they covered all five themes: awareness, access, availability, affordability, and quality of care. In addition, the team asked stakeholders to explain what good quality care meant to them, and thereby attempted to understand the conflicts the subsidiary managers had warned about. For example, the team asked a member of government staff: "What's your take on insulin? Who should have insulin?", and she replied "Insulin only in the hospital. For general practitioners it's not recommended to give insulin." By asking questions that prompted stakeholders to voice their concerns on conflictual issues, the team achieved an understanding of stakeholders' private constructions.

Yet in these interviews, stakeholders also directly provoked the Blueprint team by voicing the conflicts arising from the subsidiary's position. One stakeholder—an influential endocrinologist and university professor, a key opinion leader (KOL)—most explicitly expressed his concerns about Novo Nordisk's market strategy:

"You are pricing insulin based on your economic and life condition in the Western countries. But insulin should be used, or has to be used, by many people in developing countries. So, if we are talking about the pricing, we cannot afford insulin, and the people cannot afford insulin. ... So how can we arrange that? I think the activity that is supported by the CSR of Novo Nordisk or World Diabetes Foundation is just like, you know, paying back to the developed countries. But of course it does not even out."

Drawing attention to Novo Nordisk's pricing and market strategy, this stakeholder confronted the team with how local actors struggle over limited resources. Another stakeholder echoed this concern by drawing attention to the local reality of poverty which the majority of Indonesians still experience despite the growing economy. Addressing the pricing issue in less confrontational ways, yet another stakeholder emphasized the lack of government finance for healthcare more generally, and struggles to secure resources for diabetes care. Government officials highlighted prevention as the most viable strategy for lowering the financial burden on the healthcare system, and problematized the use of insulin as an expensive form of treatment that should be limited. During the interviews, the Blueprint team thus faced strong resistance against Novo Nordisk's involvement and especially its market strategy. In situ, the Blueprint team reacted appreciatively; they listened and acknowledged that the issue was mentioned, but did not enter into discussion.

The voicing of the subsidiary's as well as local stakeholders' private constructions enabled the Blueprint team to understanding participants' stakes. Yet it also prompted

discussion within the team on what the subsidiary's normative response ought to be. While they maintained a clear stance on insulin treatment based on Western standards, the team had taken issue with the pricing conflict already after the subsidiary's early presentations and talked about whether the subsidiary ought to change its market strategy to facilitate access to care also for poor patients. In Indonesia, the team was confronted with prevailing poverty and their visits to clinics and a poor patient's home left strong impressions which they would talk about long after. Still, after their return from Indonesia, they no longer doubted whether or not the subsidiary's strategy was appropriate. A member of the Blueprint team reflected on the subsidiary's strategy:

"My view has changed a bit now. They do invest a lot of money in other things but insulinization. That's very great to see. And in the future, they will invest even more. ... [Our first impression] wasn't balanced enough. We didn't have the whole view. I mean it's still about the business, but it's also still about society. But a lot of what they do, it's going to help our profitability, it's going to help our sales, but it also helps a lot of people who can now have access."

After their visit to Indonesia, the team had formed the consensus that the Indonesian subsidiary's strategy in fact was the best way for the company to improve care because it balanced business and societal interests.

Activating generalized membership ties. In their interviews with stakeholders, the Blueprint team activated a general sense of membership. Generalized membership ties are based on actors' connection to an issue or problem (Hardy et al., 2005), in this case the diabetes epidemic. In the interviews with stakeholders, such ties were evoked in two ways: by explaining the selection of interviewees, and by naming the stakeholders.

First, in explaining the purpose of the interviews, the Blueprint team emphasized that they attempted to gain an understanding of the diabetes field and for that reason wanted to speak to the interviewee. Often, they used references to establish why they had approached the interviewee, for example by explaining "Our boss said, we should really talk to you about this" or "He [NGO staff] was specifically saying, make sure to meet you guys. So that was his advice." Second, the Blueprint team named stakeholders in ways that closely connected them to the diabetes issue. For example, in an interview with a member of government staff, the Blueprint team asked: "What is your opinion? You are a specialist as well." Similarly, in an interview with a staff member of the patient organization, a Blueprint team member explained: "To make things change, you need to work with very many different champions. You are one of them." By framing the interview selection and thus the construction process of the report, and by naming stakeholders in ways that specified their connection to the diabetes problem, the team activated a general sense of membership and shared venture.

Manufacturing a common construction

After return from Indonesia, the Blueprint team began to construct the country report. In what follows, I explain how the team attempted to increase the probability that the

report would appeal to stakeholders. Because the Blueprint team only interacted with the subsidiary but not with stakeholders, the discursive processes may best be described as manufacturing or mobilizing rather than forming consensus (Klandermans, 1988). Two aggregate dimensions feature in these processes: the team manufactured a common construction and a collective identity. Common constructions “occur when participants negotiate a general agreement regarding the causes, symptoms, assumptions, and potential solutions that relate to the issue around which collaboration is formed” (Hardy et al., 2005, p. 66). Manufacturing a common construction highlights the team’s attempts to mobilize consensus on course of actions and emerging practices. I return to the manufacturing a collective identity—how the team manufactured consensus on actors’ identities and positions—in the next section.

Pruning conflictual private constructions. After their field trip, the Blueprint team analyzed their data as a preparatory step to crafting the publication. During this part of the framing process, the selection and exclusion of material formed a crucial part of the team’s work, and not all collected issues survived. The Blueprint team did not include the issue of product pricing, for instance. Among the team and in interaction with the subsidiary, the pricing issue had been settled, and it was not explicitly included in the Blueprint. Instead, prices were implicated only indirectly in connection to other issues that raise the costs of treatment for patients, such as the costs of transportation to clinics as well as the lack of insurance coverage. Similarly, the question about who ought to prescribe and who ought to be treated with insulin was indirectly taken up by including issues such as “lack of confidence among general practitioners” or “prescription restrictions.” Instead of including contested issues, accordingly, the team thus selected uncontested issues, which they assumed all stakeholders would relate to and most likely accept.

Moreover, the Blueprint team carefully considered how their framing would be perceived by local stakeholders: “we should be careful about the language because, if this is part of the publication, we shouldn’t offend anybody” (Blueprint team member). A concrete example that was discussed in detail was the issue of “poor quality of care in the public sector”. A Blueprint team member was concerned about including this issue in the publication: “I was thinking a lot about it, and I was thinking it could be very provocative if there is a Ministry of Health sitting there and looking at it.” The team considered how the issue could be reformulated, but eventually resolved to dismiss it. As in this example, issues that implied the attribution of blame were excluded.

The team also excluded initiatives that might raise new conflicts. A preliminary draft of the report included considerations on availability: the Blueprint team initially proposed to describe how the subsidiary addressed the problem that hospitals often run out of insulin stocks because they fail to pay the distributor. The subsidiary allowed the hospital to pay by loan, thereby solving their cash flow problems. While the Blueprint team considered this “a fantastic financial innovation”, the subsidiary’s general manager did not want this arrangement to be part of the publication since, so he argued, “it’s just small scale and selected hospitals”, and he wanted to avoid that “other

hospitals will want it too.” As this example shows, the Blueprint team had to negotiate the included issues and initiatives with subsidiary managers to mitigate the risk of igniting local conflicts.

Constructing systemic core issues. The team categorized the different issues using the 4AQ model; the collected problems were mapped according to whether they constituted problems with awareness, access, availability, affordability, or quality of care. As part of the analysis, the Blueprint team constructed interdependencies between different issues. For example, they linked the issue that insulin is not always available to the lack of cooling facilities in pharmacies, and to the broader problem of the unstable supply of electricity. During analysis and in the final report, the team presented the issues and interdependencies in a complex issue map. Rather than punctuating specific issues, the map illustrates interdependencies and portrays the diabetes problem as multifaceted and complex. The visual illustration reinstates that the problem cannot be addressed by a single actor and defies the definition of one root cause—and thereby draws attention further away from the issues that were excluded, most importantly the contested issue of prices. On the map, the team highlighted four issues that featured the most linkages to other issues and thereby marked them as core issues: low public awareness (awareness), inequality of healthcare supply and demand (accessibility), lack of resources (affordability), and insufficient treatment and care (quality). Because the core issues are presented as systemic rather than related to particular actors and initiatives, their level of abstraction precludes the attribution of blame to any of the field actors.

Establishing efficacy of collaboration. The team selected local initiatives to showcase the efficacy of collaboration and the subsidiary’s engagement in addressing the four core issues. Selected collaborative initiatives, such as training programmes for health care professionals (HCPs), demonstrate how such collaboration works and what value it may produce. Moreover, the descriptions establish complementarities and synergies between initiatives, for example by showing how Novo Nordisk’s involvement frees resources elsewhere: “By sponsoring training programmes that allow HCPs to obtain state-required continuing medical education credits, we enable the government to redirect its resources to patient care” (Blueprint report). By establishing the efficacy of collaborative initiatives and Novo Nordisk’s involvement in addressing the four core issues, the initiatives are recast as deliberate and systematic attempts to address the complex problem. Thereby, the report moves beyond the understanding of collaboration as pragmatic and private arrangement and instead frames collaboration as systematic and legitimate solution.

Manufacturing a collective identity

Representing identities. Despite the pruning of conflictual private constructions, the rich inventory collected in the interaction with the subsidiary and stakeholders afforded the representation of key stakeholders and experiences. First, the report presents five organizations as key partners and describes their positions and responsibilities. For

example, the Ministry of Health is presented as responsible for policymaking and coordination, and the patient organization is presented as being invested in increasing local awareness. More than that, individual stakeholders—specifically representatives of the most important organizations and key opinion leaders—are represented in the report: the report features pictures of stakeholders taken during the field trip as well as quotes from the interviews. For example, a member of the professional organization who voiced concerns with prices during the interview is quoted as follows: “You know that if all the people are aware of their health and they would go to the health system, we will be bankrupt” (key stakeholder quoted in report). While this quote does not fully cover the stakeholder’s concerns with the subsidiary’s market strategy, it does represent his warning about the overarching affordability issue. By including the stakeholders and their voices in the report, the selected quotes and pictures represent them and attest to their participation.

Second, the team chose to present initiatives that were salient to local stakeholders. Specifically, they included the local stakeholders’ pet projects in the report. For example, the report presents how the subsidiary addresses awareness through clinical research with the professional organization, by hosting a World Diabetes Day with the patient organization, and by supporting Posbindu—a government initiative of community programs aimed mainly at preventing chronic lifestyle diseases. Moreover, the report describes how the subsidiary addresses accessibility by building capacity of healthcare practitioners in collaboration with the professional organization. The highlighted collaborative arrangements align with local key organizations’ identities and positions in the field: specifically, it represents the governments’ position as coordinator and their interest in prevention, the patient organization’s concern with raising awareness among the population, and the professional organization’s focus on ensuring appropriate treatment. The report thereby represents and promotes local organizations’ espoused identities and positions.

Integrating particularized membership ties. In addition to representing individual stakeholders and key organizations, the Blueprint team constructed an integrated model that presents their relationships. As a starting point for constructing the model, the Blueprint team drew connections between the issues and stakeholders’ interests or “business models”, assigning issues to those organizations that have the most direct stakes in solving them.

“It’s their problem, so they know what the issue is about, so they maybe also need to advocate for it. ... And when you find solutions, they should be involved.” (Blueprint team member)

By attributing responsibility for specific issues to those who have an interest in addressing them, the framing aligns with stakeholders’ identities and further reinforces generalized membership ties.

Additionally, the attributed responsibilities served as the starting point for constructing the model that integrates stakeholders’ positions within the field: the

model establishes not only how each stakeholder contributes to improving care, but also how their efforts supplement and complement each other, thereby showing the direct relationships between specific actors and their positions. For example, Novo Nordisk's subsidiary is connected to the professional organization because the company offers the professional organization data and financial resources, and the professional organization offers the subsidiary support, knowledge and an improved reputation. Connecting the responsibilities and showing complementarities affords the elaboration of the organizations' particularized membership ties. Such ties pertain to direct relationships among participants and thus specifying responsibilities and positions (Hardy et al., 2005). By mapping these particularized ties and integrating them into a map of stakeholders' positions in the field, the model presented in the Blueprint report offers a new understanding of responsibilities and field positions that is grounded in stakeholders' identities but re-constructs their particularized ties.

Discussion

Framing conflicts entail incompatible interpretations of a situation and appropriate courses of action and therefore pose difficulty for establishing effective cross-sectoral collaboration and developing synergistic solutions to complex societal problems. This paper aimed to advance an interactive framing perspective by asking how actors may overcome framing conflicts and construct frame alignment. Grounded in a case study of how conflicts were dampened to strengthen and legitimate collaboration, the paper developed a model of frame alignment that highlights three non-confrontational moves. First, the interactive reconstruction of the field entails the voicing of diverse understandings while activating a general sense of membership among participants. This first step forms the groundwork for reframing actions as well as actors. It enables the manufacturing of a common understanding of appropriate courses of action through the pruning of conflictual issues and the construction of systemic core issues that may be addressed through collaboration. Moreover, it affords the representation of participants and the integration of their positions into a collective identity. Taken together, these three moves constitute mechanisms through which actors may recast meaning and positions to mitigate the relentless tensions between people's private understandings and emerging common ground as well as between their understanding of their own identity and their positioning within a collective, and thereby move a field toward a new consensus and effective collaboration.

Theoretical contributions

This paper advances an interactive view of framing (Gray et al., 2015) by tracing a frame alignment process in real time and showing the constitutive effects of interactions. It illustrates the continuous interplay between actors' strategic efforts to influence others

and the co-construction of understandings in interaction—thereby highlighting not only how strategic efforts drive emerging shared understandings, but also how emerging understandings enable effective framing. In the case presented here, interaction facilitated the effective framing of actions and actors by affording the inclusion of people's personal understandings and the representation of their identities. Inclusion and representation, in turn, are likely to have pre-empted resistance by suggesting to participants an attractive new position and collective identity. These findings imply that to understand frame alignment processes, we need to pay attention to the interpersonal dynamics within and among small groups of people (Fine & Hallett, 2014), and to how actors mobilize others by discursively constructing collective identities (Hardy et al., 2005; Wry, Lounsbury, & Glynn, 2011).

A second implication concerns the tendency to focus on what is in a frame when we name and describe frames as we study framing contests (Benford, 1997; Werner & Cornelissen, 2014). This paper shows that when negotiations over meaning touch upon non-negotiable issues, the attribution of blame or undesired initiatives, skillful pruning may be necessary for actors to arrive at a shared understanding and legitimate collective action. The findings establish that pruning may contribute to the mitigation of conflict and enable actors to overcome inaction, which carries particular relevance in the context of complex societal problems which defy unambiguous definitions of underlying causes and appropriate solutions (Dorado & Ventresca, 2013; Reinecke & Ansari, 2015; Rittel & Webber, 1973). Yet pruning may also potentially entail that crucial issues are dismissed prematurely that some voices are silenced—which may impair collaboration later on (Koschmann et al., 2012). By showing how actors may pre-empt discussion as they place aspects outside a frame, this paper draws attention to the potentially dark side of framing processes.

Finally, in detailing how alignment was constructed in interaction with local actors, the paper highlights the importance of local experiences and practices for frame resonance. Previous research has highlighted that the effectiveness of framing efforts may hinge on their resonance with salient macro discourses (Kellogg, 2011; Rao, Monin, & Durand, 2003; Werner & Cornelissen, 2014). Conversely, this paper shows that frame alignment was achieved by appealing to local experiences and practices to which key stakeholders could relate and with which they identified. The appeal to local practices established both credibility and salience—two factors that Benford and Snow (2000) identified as crucial for frame resonance: local practices demonstrated the empirical credibility and importance of the claims made, and rendered acceptable the credentials of those who make the claims. By showing that a framing may attain its appeal from connecting with and offering a new interpretation of local and situated experiences and practices rather than macro-level discourses, this paper suggests that for advancing our understanding of frame alignment processes, we need to move beyond “pull-down” approaches to institutions and toward approaching institutions as negotiated in local, situated interactions (Cornelissen et al., 2015; Hallett & Ventresca, 2006; Hallett, 2010).

Boundary conditions and avenues for further research

The case was selected because its idiosyncrasies make salient the theoretical issue, yet they also form boundary conditions for transferability of the identified mechanisms to other settings. In the case at hand, the frame alignment process was instigated and dominated by an outsider to the local context. As outsider, the Blueprint team was able to maintain distance—though not neutrality—to local struggles over meaning and positions, which enabled them to act as mediator between the Indonesian subsidiary and local stakeholders. Indeed, institutional theory has long acknowledged that outsiders generally retain heightened reflexivity and are therefore more likely to introduce new ideas (Battilana et al., 2009; Leblebici, Salancik, Copay, & King, 1991), and that institutional entrepreneurs benefit from occupying positions that bridge diverse sets of stakeholders (Maguire, Hardy, & Lawrence, 2004). Clearly, the Blueprint team's outsider position may constitute an enabling condition, but it remains unclear how their position affected their interactions and whether and how it influenced others' participation and receptivity. Further research should seek to disentangle how actors' positions shape their ability to mitigate conflict and push frame alignment.

In addition, the company studied here constitutes an extreme case (Stake, 2000) in that it has a strong history of stakeholder engagement and its investments in corporate responsibility communication are extraordinary. Most saliently, the Blueprint report for Indonesia had been preceded by similar country reports, and the Blueprint team was therefore equipped with previously acquired skills and a global frame that shaped the team's engagement with the Indonesian subsidiary and local stakeholders. The findings show that the moves that drove frame alignment in this case were subtle and refined, and enabled by a thorough understanding of the field and its landscape of actors, actions, and meanings. It therefore stands to reason that the team's skills and experience were crucial to the construction of frame alignment. Further research may advance our understanding of how organizational members develop skills and frames that allow them to navigate and align diverse sets of stakeholders in highly politicized fields such as healthcare.

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9. Shared responsibility for wicked problems: Reframing corporate responsibility

Recent studies show that companies increasingly assume responsibility and contribute to the solution of complex societal problems, especially when pressured or implicated by others. This paper argues that for such espoused responsibilities not to remain decoupled from business-as-usual, a company's espoused responsibilities need to appeal not only the support of external stakeholders but also internal buy-in. Presenting a qualitative, interpretive study of a pharmaceutical company's reporting on sustainability activities, I show how organizational members amplified a framing of corporate responsibility that appealed to both societal and business actors by narrowing the company's responsibility to key contributions that align with the company's core business. Through several amplifications, the framing maximized appeal to both societal and business actors, and achieved the potency to promote corporate responsibility in and beyond the company. The paper makes three key contributions: (1) it contributes to an interactive framing perspective by explicating mechanisms that drive frame alignment; (2) it contributes to our understanding of how talk may inspire action by showing how organizational members construct and operationalize the meaning of corporate responsibility (3) it contributes to our understanding of collective action in the context of wicked problems by shedding light on the potential of value-based interventions.

Keywords: Corporate responsibility; decoupling; framing; frame alignment; wicked problems

Introduction

Companies are facing ever increasing pressure to contribute to the solution of contemporary societal problems. Responding to this pressure and in anticipation of

future activist strikes (McDonnell, King, & Soule, 2015), many companies invest in corporate responsibility initiatives that stretch beyond business-as-usual. Most saliently in countries with weak governments, companies increasingly engage with healthcare and education, protect the environment, and even act as channels through which people assert human and political rights (Scherer & Palazzo, 2011). Their engagement blurs the traditional boundaries between private and public actors, and may thereby prompt contestation and struggles in which companies re-negotiate their responsibilities. For what problems ought companies to assume responsibility? And how ought they to contribute to solutions? Such negotiations are critical yet intricate because they may establish, maintain, or threaten a company's legitimacy—its license to operate (Joutsenvirta & Vaara, 2015).

A company's legitimacy hinges on whether a company's responsibility framing aligns with the expectations of its stakeholders. Constructing such alignment with several stakeholders is difficult, particularly in the context of complex societal problems—also called wicked problems—that defy unambiguous definition and provoke disagreement among stakeholders on what courses of action could provide efficacious solutions (Dorado & Ventresca, 2013; Reinecke & Ansari, 2015; Rittel & Webber, 1973). Because of the ambiguity around wicked problems, framing processes constitute a crucial mechanism through which responsibilities are assigned. For example, Reinecke and Ansari (2015) show how companies assumed responsibility for the intractable conflict in the Democratic Republic of Congo. After conflict minerals had been framed as the root cause and companies across industries had been publicly named and shamed, they started to engage with the problem—regardless of whether they sourced minerals from Congo or not. In this example, companies protected their legitimacy by eventually assuming responsibility and co-authored the framing of responsibilities in public deliberations. Such negotiations, Reinecke and Ansari show, may over time enable the emergence of a field frame of corporate responsibility, a new shared understanding of companies' responsibility. Their study thus suggests that framing processes harbor great potential for making companies more responsible and increasing their investments in the solution of pressing societal problems.

Yet we do not know when and how negotiations with external stakeholders prompt companies to sincerely invest in responsibility initiatives. Recent studies suggest that espoused commitments may indeed induce action (Christensen, Morsing, & Thyssen, 2013; Hamilton & Gioia, 2009; Haack, Schoeneborn, & Wickert, 2012), and point at intra-organizational dynamics as the key mechanisms for overcoming discrepancies between espoused commitments and practices (Turco, 2012): externally espoused framings of a company's responsibilities may become part of internal political processes as members use them to negotiate their own identities and interest (Kaplan, 2008). We may not assume, however, that any framing of a company's responsibilities has constitutive effects (Alvesson & Kärreman, 2011; Brummans, Cooren, Robichaud, & Taylor, 2014; Cooren, Kuhn, Cornelissen, & Clark, 2011). Instead, acknowledging the role of intra-organizational dynamics raises the question how organizational members

construct framings of their company's responsibility that affect how other members think and go about doing business.

To address this question, this paper presents a qualitative study of a Danish pharmaceutical company's framing of its own responsibilities in addressing diabetes, a chronic disease recognized as global epidemic with the potential to cause a worldwide healthcare crisis (e.g. World Health Organization, 2014). I traced the development of the company's framing through an inductive, interpretive analysis of a series of case studies—so-called Blueprints for Change—which report on the company's activities in seven countries. Through the series of reports and driven by negotiations with internal and external stakeholders, organizational members developed a framing that promotes corporate responsibility to both societal and business actors by qualifying and thus narrowing the company's responsibility. Theorizing on how the framing is amplified—clarified and invigorated—over time, I present a model of reframing corporate responsibility and elaborate on the mechanisms that drive frame alignment. The paper concludes by discussing how the findings advance our understanding of frame alignment processes, the links between corporate responsibility talk and action, and the discursive construction of collective action in the context of wicked problems.

The Trojan Horse model of corporate responsibility

Companies are likely to eventually acquiesce to pressures for responsibility and invest in corporate responsibility initiatives when implicated by others (Reinecke & Ansari, 2015). Indeed, most companies nowadays have designated groups or departments, formulate responsibility strategies, and issue sustainability reports. Yet institutional theory suggests that when such investments are driven primarily by external pressures rather than operational requirements, they likely remain decoupled: companies espouse commitments to expected courses of action while, behind the scenes, business continues as usual (Boxenbaum & Jonsson, 2008; Bromley & Powell, 2012; Meyer & Rowan, 1977). Decoupling—in the corporate responsibility context also referred to as “window-dressing”—is problematic because the company may attain legitimacy by claiming that it invests into the solution of a problem, while its contribution—if any—remains marginal. Even worse, window-dressing may divert attention from irresponsible corporate activity.

Painting a more positive picture, recent studies show that decoupling might be a transitory phenomenon. Hamilton and Gioia (2009) show that green-washing eventually had the unintended consequence of greening companies' identities. Similarly, in Haack, Schoeneborn, and Wickert (2012) study, the ceremonial adoption of corporate responsibility standards prompted corrective action: by talking the talk, the studied companies committed to moral values and started reducing the discrepancy between talk and action. While the mechanisms that transform corporate responsibility talk into action are not yet well-understood, the literature points at two ways in which

intra-organizational dynamics play a major role in overcoming decoupling. First, the discrepancy between talk and action may cause organizational members to experience cognitive inconsistencies and may thereby threaten their professional interests and identities, thus prompting them to act in accordance with the espoused commitment (Fiss & Zajac, 2006; Turco, 2012). Second, members may use the espoused commitment in internal political struggles to win over others to support a strategy (Kaplan, 2008; Kellogg, 2009; Turco, 2012). Third, members may attempt to recouple espoused commitments and practices by re-constructing meaning as a new basis for action (Hallett, 2010). Clearly, intra-organizational dynamics matter for whether talk transforms into action, which suggests the crucial role of organizational members in promoting changes in practices.

These insights prompt the argument that corporate responsibility groups may play a major role in framing a company's commitments and mobilizing support, and that they are thus crucial for understanding the link between corporate responsibility talk and action. While many companies may have established such groups in response to pressures from societal actors, these groups may promote corporate responsibility internally in an attempt to legitimize their own role in the organization and secure support and resources. Because their professional interests and identities are invested in the company's responsibility activities, they are likely to take ownership of the responsibility agenda and use the responsibility framing to compete over legitimacy and support (cp. Kaplan, 2008). Indeed, Haack et al. (2012, p. 830) find that practitioners account for corporate responsibility commitments by what they term the Trojan horse story: protagonists of sustainability may emerge in an organization, and promote corporate responsibility as "internal activists." Like the mythological Trojan Horse, a corporate responsibility group may summon organizational members who attempt to infuse traditional business thinking with responsibility considerations. This view suggests that corporate responsibility groups do not merely represent the interests of external stakeholders inside the organization (cf. Pache & Santos, 2010), but they frame the sustainability agenda and promote it internally—thus using framing processes to negotiate between their own commitments and several sets of social expectations (Cornelissen, 2012).

The interactive framing of responsibility

Framing pertains to the interactive construction of interpretation schemes in which actors negotiate a common understanding of experiences (Benford & Snow, 2000; Snow, Rochford, Worden, & Benford, 1986). Through framing, actors define problems, attribute blame and responsibilities, define solutions and motivate action. Framing processes play a major role in the negotiation of responsibilities, especially in the context of wicked problems that defy unambiguous definition (Reinecke & Ansari, 2015). If an emerging framing aligns with audiences and mobilizes broad-based

support, it may evolve into a field frame, a relatively stable frame that—while still subject to modification—attains “the durability and stickiness akin to an institutional logic” (Lounsbury, Ventresca, & Hirsch, 2003, p. 72). A company’s framing of its responsibilities thus carries significance beyond the organization as it may contribute to the formation of a field frame, for example by formulating a vision for change and inspiring new ways of thinking and doing (Werner & Cornelissen, 2014). Indeed, framing processes have been shown to drive the emergence of new fields (Granqvist & Laurila, 2011), industries (Lounsbury et al., 2003), and market categories (Khair & Wadhvani, 2010; Weber, Heinze, & DeSoutcey, 2008).

Most contributions to the institutional literature have viewed framing as a rhetorical strategy used instrumentally by actors to advance their own stakes (Cornelissen, Durand, Fiss, Lammers, & Vaara, 2015). For example, several studies have focused on identifying actors’ frames and how they use them in framing contests (e.g. Kaplan, 2008; Lefsrud & Meyer, 2012). Yet this perspective considers other actors as passive—as the voiceless targets of strategic efforts—thus suggesting asymmetry between senders and receivers. Because of this sender-centered view of communication, the rhetorical perspective risks the reduction of framing to self-presentation and influence over others (Cornelissen et al., 2015). It thereby locates meaning “between the ears” rather than “between the noses” of people (Dewulf et al., 2009, p. 162), and as a consequence overlooks how frames are interactively constructed through ongoing and sometimes subtle negotiations over meaning.

An interactive perspective of framing, in contrast, emphasizes how actors negotiate meaning in interaction and thus viewing frames as co-constructions (Dewulf et al., 2009; Gray, Purdy, & Ansari, 2015). This perspective overcomes the asymmetrical view of communication as rhetorical strategy and instead focuses analysis on how actors construct framings in negotiation with others as they attempt to align with those whose support they aim to secure. By definition, such frame alignment processes involve micro-political struggles over meaning in which actors attempt to match their understandings and create fit (Benford & Snow, 2000; Snow et al., 1986). This view suggests that the power of framing processes to produce organizing effects hinges on whether actors achieve frame alignment. Yet interactive frame alignment processes have as yet received limited attention in the literature (Cornelissen et al., 2015; Werner & Cornelissen, 2014), and we therefore lack an understanding of the mechanisms that constitute the construction of frame alignment.

Assuming an interactive framing perspective aimed at identifying such mechanism in frame alignment processes, this study is driven by the research question how organizational members frame their company’s responsibility in an effort to align with both external and internal stakeholders. To answer this question, I conducted an empirical study that traces the development of a company’s responsibility framing.

Empirical approach and methods

To study the interactive framing process in which a corporate responsibility group constructs the company's responsibilities, I analyzed a series of country reports—so-called Blueprints for Change—in which the Danish pharmaceutical company Novo Nordisk presents its local activities aimed at improving diabetes care. The Blueprint series is the latest sprout of integrative reporting, aimed not only to report on the responsibility initiatives but also on the business case of local activities and targeted at external stakeholders as well as internal managers. Moreover, the reports are constructed interactively in negotiation with stakeholders, and thus constitute temporary settlements of understandings. Accordingly, the series of reports provides a unique opportunity to study how the framing of the company's responsibilities develops through several rounds of negotiation.

Research context

Novo Nordisk is a Danish pharmaceutical company focused on the development, production and marketing of insulin used for treating diabetes, and has achieved a leading position in the industry, holding a global share of 26% in the insulin market in 2014. In addition, the company is considered a corporate responsibility leader, having risen to second place in the Access for Medicine Index in 2014 and scoring consistently high in the Corporate Knights index of the Global 100 most sustainable corporations and the Dow Jones Sustainability Index. Novo Nordisk's dual success lies at least partly in its long history of stakeholder engagement rooted in the Scandinavian tradition of cooperative stakeholder relations which rejects a narrowly economic view of the firm (Strand, Freeman, & Hockerts, 2015; Strand & Freeman, 2015). Indeed, the Triple Bottom Line has been part of Novo Nordisk's Articles of Association, the company's bylaws, since 2004, and is highlighted in the company's identity statement, the so-called Novo Nordisk Way. Because, so they argue, it reflects the way they do business, Novo Nordisk does not issue a sustainability report, but instead has been advocating integrative reporting. Like the integrated annual report, the Blueprint for Change reports present the company's activities in an integrated fashion. Yet the Blueprint for Change reports zoom in on specific countries and hence describe the company's activities in greater detail.

The company operates in 75 countries, including many developing countries and emerging markets. The Blueprint case countries are selected based on strategic considerations and by 2015 seven countries have been covered, including China, the US, Bangladesh, Indonesia, India, Turkey and Russia. The reports were constructed by a team within the Global Stakeholder Engagement group, which I will refer to as Blueprint team henceforth. In the making of the reports, the Blueprint team collaborated with Novo Nordisk's local subsidiary and engaged with local stakeholders. Moreover, all reports had to be approved internally by Corporate Communications, the

legal group, Corporate Branding and, if applicable, regional headquarters. Finally, the Blueprint reports were presented to an internal audience before publication on the corporate website. A recurring challenge for the Blueprint team is to align the concerns of all stakeholders in one publication. Because the reports aimed to ensure the support of such a variety of internal and external stakeholders, they constitute settlements—albeit temporary and malleable—that reflect the negotiations with all these actors.

The Blueprint for Change series of country reports sheds light on interactive framing processes of responsibility because it makes salient the theoretical issue and lends itself to analysis. Novo Nordisk's long history of stakeholder engagement entails a mature practice of aligning with stakeholders, offering an opportunity to study a case in which the framing of responsibilities is negotiated and a relatively high degree of alignment is achieved. Moreover, because the reports are constructed in negotiation with stakeholders whose support the framing aimed to secure, they constitute temporary settlements in an interactive frame alignment process. Such settlements often remain implicit and thus difficult to study, but the series of reports in this case entails the presentation of the settlements in text, which renders them accessible for analysis. The case therefore allows insights into frame alignment processes that might not be visible in other settings.

Data sources

To answer the question how the framing of the company's responsibilities developed in negotiation with external and internal stakeholders, I conducted an in-depth analysis on the seven country reports in the Blueprint for Change series. The reports are publicly available on Novo Nordisk's corporate website. The first Blueprint report was issued in February 2011, and the latest report included here was issued in April 2015. The length of the reports varies from 16 to 28 pages, and each report has a distinct theme. Table 9.1 provides a timeline of the reports, and displays the codes used to refer to the reports in the remainder of this paper. In addition to the reports, the analysis draws on an internal methodology document: a guidebook of 20 pages that outlines how the Blueprint reports should be constructed, and which was developed by the Blueprint team in 2012 while constructing the Blueprint on Indonesia. Finally, in 2015, after preliminary analysis of the reports, I arranged a one-hour reflection meeting in which I asked the Blueprint team to reflect on and discuss the challenges of constructing the Blueprint reports. The meeting was tape-recorded and transcribed verbatim. Novo Nordisk's publicly available Access to Health Strategy as well as information on access to health provided on the corporate website served as background information.

A major challenge in the analysis of the reports was to delimit the emerging framing of corporate responsibility from variation driven by local challenges. For understanding how the publications were constructed and the contexts in which they were negotiated, I draw on rich empirical material collected within the scope of a wider research project that has been following Novo Nordisk's attempts to improve diabetes

Table 9.1: Timeline of the Blueprint reports

Issued	Title	Code	# of pages
Feb 2011	Changing diabetes in China	CN	16
Jan 2012	Creating shared value through socially responsible initiatives in the United States	US	28
Jun 2012	Changing diabetes in Bangladesh through sustainable partnerships	BD	24
Mar 2013	Where economics and health meet: changing diabetes in Indonesia	ID	28
Jun 2014	Developing partnerships to change diabetes in India	IN	20
Nov 2014	Innovating diabetes care in Turkey	TU	24
Apr 2015	Investing in diabetes care in Russia	RU	24

care in developing countries since 2012. Through my engagement with the Blueprint team, and in-depth tracing of the construction of the Blueprint on Indonesia, I gained background information on the cases and the local challenges that had to be addressed. Moreover, I learned about the team's rationales and observed their developing understanding over time. A record of continued meetings since August 2012 allowed me to trace the development of team's understanding, and I used the recordings and transcripts of the meetings to support the analysis of the reports.

Analytical Approach

Inspired by the grounded theory approach (Charmaz, 2006; Corbin & Strauss, 2008), I worked inductively with the aim to build process theory (Langley, 1999; Mohr, 1982). As preliminary analysis, I conducted an in-case analysis of each Blueprint report, summarizing the structure and main argument on around four pages per case. Drawing on my knowledge of the company's challenges in the case countries and of the process in which the reports were constructed, I included contextual information in the summaries. By placing the reports in context, I aimed to gain a richer understanding of the challenges and interactions that drove the development of the framing. I then used NVivo 10 for open coding to generate descriptive categories. While coding, I moved through the reports multiple times to apply the developing coding scheme to reports coded previously.

Aiming to reduce the complexity of the data, this preliminary understanding of the reports allowed me to employ a temporal bracketing strategy (Langley, 1999) and group the reports into three phases: assessment, theorization, and application. The first phase features two reports (CN and US) that assess how the company creates value for business and society by describing the company's activities and measuring their impacts. In the second phase (BD and ID), a model is developed that theorizes on how

Novo Nordisk can realize such value. The theorization is driven by established local practices, which the reports aim to further strengthen and legitimate. In the third phase (IN, TU and RU), countries were selected in which the company aimed to further strengthen stakeholder engagement to motivate collaboration. For this purpose, the theory is refined to maximize impact and further align the framing with stakeholders. Moreover, the reports in the third phase reflect the maturity of the reporting practice not only in that they feature the most sophisticated framing, but also in that a junior team became involved under the guidance of the Blueprint team.

As a next step in the analysis, I traced the development of the framing across the three temporal brackets by using the openly coded data to identify what part of the framing remained stable and changed. I thereby focused on how the framing fulfilled the three framing tasks described by Benford and Snow (Benford & Snow, 2000), paying particular attention to how the reports articulate the problem and attribute responsibility. Iterating between the data and the framing literature, I found that—in contrast to Reinecke and Ansari’s (2015) model of responsabilization—the development of the framing was not driven by frame shifts. Rather, the early formulation was amplified over time. Amplification pertains to “the clarification and invigoration of an interpretive frame,” (Snow et al., 1986, p. 469). This distinction is important because it indicates that the framing retained consistency over time: rather than challenging previous versions, the framing becomes more precise and more sophisticated. After identifying five amplifications, I identified the mechanisms through which the framing developed. Table 9.2 presents the data structure and illustrative quotes. Amplifications 1a through 1c occurred in the theorization phase, and amplifications 2a and 2b occurred in the application phase.

Findings

The framing of Novo Nordisk’s responsibilities evolved from promoting a traditional corporate responsibility argument focused on creating value *for* stakeholders, to sharing responsibility *with* stakeholders and eventually toward limiting the company’s responsibility to optimize value creation. In what follows, I describe the amplifications of the framing and the mechanisms that drove the development of what I refer to as qualified responsibility framing.

Early diagnostic formulation: a complex societal problem. The wicked problem to which Novo Nordisk responds—and which is described in all reports—is the diabetes epidemic. The Blueprint on China begins by devoting a page to establishing the growing burden posed by the disease for individuals and society, drawing on publicly available data to show increasing prevalence and displaying projections in a graph. The data are invigorated by quoting the Chinese Health Minister: “Chronic diseases such as diabetes and hypertension are becoming public health challenges” (CN, p. 3). Further enforcing a sense of urgency, the Blueprint warns: “Increasing childhood obesity in China is to

diabetes and chronic diseases what melting glaciers are to climate change: a warning signal of times to come” (CN, p. 3). Similarly, the Blueprint on the US advises that “the diabetes epidemic is growing at an alarming rate” (US, p. 14), and a graph illustrates the projection that the total annual direct medical and indirect societal costs of diabetes to 215 billion US dollars over the next 15 years. The growing costs—in addition to human suffering—suggest an urgent need for intervention. In addition to societal implications, increasing diabetes prevalence has clear business implications: although not articulated explicitly in the report, for Novo Nordisk, since the company’s main business rests on insulin, growing diabetes prevalence indicates market growth.

In addition to creating a motivation and urgency for acting on the problem, both from a business and societal perspective, the Blueprint on the US elaborates on the nature of the problem. Diabetes is presented as a complex and multifaceted challenge. The Blueprint specifies five categories of drivers: individual, healthcare system, social, government, and public awareness. A figure lists specific challenges in each category resulting in a comprehensive yet diverse presentation, including, for instance, individuals’ genetic disposition and history cardiovascular disease, healthcare practitioners’ education, governmental food supply policies and media coverage. As presented, the drivers of the problem are diverse and defy the narrow definition of a single root cause. The early formulation of the framing does not allow the formulation of specific intervention, but instead suggests a broad approach: “Diabetes trends present a complex challenge that requires interventions on multiple fronts” (US, p. 6).

Early prognostic formulation: corporate responsibility investments. Assessing the value created for business and society, the Blueprint on China formulates Novo Nordisk’s intervention as “holistic strategy that went beyond business as usual—provision of new innovative treatments and services—by also focusing on physician training, patient education, strengthening the healthcare system, public awareness, local production and R&D” (CN, p. 4). The report focuses on assessing the efficacy of Novo Nordisk’s intervention, and for that purpose leverages the company’s Triple Bottom Line approach by examining business, economic, social and environmental value created by specifying value drivers, such as profit, employment, and access to health, that afford operationalization for quantitative measurement, such as market share, number of jobs created, number of lifeyears saved and CO² reduction. By providing quantitative evidences on the efficacy of corporate responsibility investments, the Blueprint on China demonstrates the value created on the distinct dimensions.

Maintaining focus on assessing the value created through sustainability investments, the Blueprint on the US introduces the notion of shared value creation. As the report defines shared value, it is “about realizing synergies between business and society” (US, p. 26). The introduction of the shared value into the Blueprint draws attention to the potential for a business strategy that integrates business and societal objectives. Still, the intervention is described as a stakeholder-focused business strategy, defined as business solutions “addressing patient, societal, and stakeholder needs” (US, p. 3). In the early formulation, stakeholders thus feature as the targets of

Table 9.2: Data structure and illustrative quotes

	Previous framing	Amplification	Mechanism
Phase 2: From assessment to theorization			
Ia:	<p>Complex and multiple root causes</p> <p>“Urbanisation, high calorie diets and physical inactivity are all lifestyle related factors known to cause diabetes” (CN, p. 2)</p>	<p>Barriers to ameliorate situation</p> <p>“Complex issues involving awareness, accessibility, affordability and availability have prevented millions of people who live with diabetes from receiving high-quality care” (BD, p. 2)</p>	<p>Formulation of value-based intervention</p> <p>“We know that prevention and quality care can help to reverse this crisis.” (US, p. 7)</p>
Ib:	<p>Stakeholders in need of assistance</p> <p>“The Triple Bottom Line is grounded in the needs of patients and society.” (US, p. 4)</p>	<p>Stakeholders as partners</p> <p>“Novo Nordisk takes a conscious partnership approach that identifies patient needs and ensures sustainable business models throughout the value chain. It means that each partner should gain from the collaboration.” (ID, p. 23)</p>	<p>Construction of stakeholders' expertise</p> <p>“Whether we then engage other stakeholders or act as a third-party advocate for improvement, this kind of interdependent web requires that we understand the strengths each entity brings to the value chain and how we can support their efforts.” (BD, p. 21)</p>
Ic:	<p>Corporate responsibility</p> <p>“We manage our business in accordance with the Triple Bottom Line principle and pursue business solutions that generate value to business, patients, and society.” (US, p. 1)</p>	<p>Shared responsibility</p> <p>We are investing ahead of the curve, making substantial internal improvements that enable us to partner with others on initiatives aimed at breaking down barriers to better diabetes care. (ID, p. 7)</p>	<p>Construction of stakeholders' professional and moral responsibilities</p> <p>“Novo Nordisk is committed to changing diabetes in Indonesia, but we cannot do it alone. A collaborative approach is necessary to achieve sustainable improvements in people's health.” (ID, p. 8)</p>

Table 9.2: Data structure and illustrative quotes (continued)

	Previous framing	Amplification	Mechanism
Phase 3: From theorization to application			
2a:	Identify most pressing issues “We collaborate with our partners on activities and programmes that address issues most acutely in need of attention. These activities become drivers of how we create value.” (ID, p. 7)	Identify issues with greatest potential “Together with partners, we work to address this by focusing on areas where we can have the biggest positive impact, and in the process create shared value for society and our company.” (TU, p. 2)	Construction of efficacious intervention “In the course of our research, awareness and affordability did not turn out to be areas where we could have the most impact, in part because of systemic factors. For instance, when there is universal healthcare, affordability becomes less of an issue. However, the elements in the framework are interlinked and many of our highlighted activities therefore affect these two elements in an indirect manner.” (TU, p. 7)
2b:	Shared responsibility (see above)	Qualified responsibility We collaborate directly with partners to address complementary needs, such as patient education. For needs that are beyond our core competence, we may facilitate the bringing together of stakeholders with different competencies.” (TU, p. 8)	Construction of company’s expertise and responsibilities “Novo Nordisk’s strength lies in developing innovative medicines and making them available to people who need them.” (IN, p. 16)

the proposed intervention—as those who may benefit from the company’s corporate responsibility investments.

Amplification 1a: From root causes to barriers. As the problem was in the first phase presented as complex and multifaceted and defying definition of a single root cause, the diagnosis lacked specificity that would make it amendable to intervention by allowing the causal linking of problems to specific solutions. Not denying the importance of these drivers, the Blueprints in the second phase introduce the so-called comprehensive barriers model, or 4AQ model. First introduced in the Blueprint on Bangladesh, the model describes five dimensions that may harbor barriers to diabetes care: accessibility, availability, affordability, awareness, and quality of care. In the Blueprint on Bangladesh, the model is presented as developed in collaboration with local stakeholders and based on the corporate access to health strategy. Yet the model’s significance is strengthened in the Blueprint on Indonesia through reference to the global discourse on access to health:

“Our approach to healthcare access is rooted in the Universal Declaration of Human Rights, which defines right to health as essential for an adequate standard of living. Four key elements shape the right to health: availability, accessibility, affordability and quality. In addition, the World Health Organization has identified awareness of diabetes as a critical barrier in developing countries. Together, these five barriers form a framework for identifying diabetes care issues in Indonesia.” (ID, p. 4)

As the quote illustrates, the mechanisms driving this amplification is the articulation of a normative or value-based intervention: building a well-functioning healthcare system that focuses both on prevention and quality treatment.

The introduction of the 4AQ model shifts attention from root causes or drivers toward barriers to ameliorating the social ills. Moreover, these barriers to care constitute barriers for Novo Nordisk to realize market potential. Reflecting on the Blueprint for Indonesia, a member of the Blueprint team explains:

“What affects market growth in Indonesia? If I’m an investor, and I see the number 64 endocrinologists, then I know there is a huge limitation to the growth of a company that needs the services of endocrinologists to sell their products. So anything the company is doing to change that is of positive value for me to believe that they will actually achieve this growth that they are talking about or even speed it up.”

The model thus amplifies the framing with an understanding of barriers that ought to be addressed to realize both societal and business objectives.

Amplification 1b: From stakeholders in need to stakeholders as partners. In the first phase, the Blueprint reports were centered on assessing how the company’s corporate responsibility investments serve stakeholders needs. The Blueprint on Bangladesh, however, prompted a rethinking of the role of stakeholders as mere recipients of the company’s investments to also considering them as potential partners with business models of their own as well as complementary expertise. In Bangladesh, a partnership with a local NGO facilitated Novo Nordisk’s success and the Blueprint presents partnerships as key ingredient to the company’s approach, as a path to shared value

creation: “Shared value grows out of partnerships.” (BD, p. 2). Theorizing on the success of the partnership in Bangladesh, the Blueprint explores the conditions under which such a model works.

The key features of sustainable partnerships, according to the Blueprint, are that each partner needs to have “a compelling business case” (BD, p. 7). That is, the partnerships should advance the parties’ interests. Moreover, the partners should bring complementary strengths and expertise, so that they can assume different tasks and each define their distinct key contribution. And finally, the partners need to align their vision—improving people’s health— and unify the direction in which the collaboration is directed. The following quote summarizes the model:

“No one can tackle the diabetes epidemic alone – it requires partners to work together. We can play a useful role in identifying barriers that prevent people from getting diabetes and patients from reaching desired outcomes. Whether we then engage other stakeholders or act as a third-party advocate for improvement, this kind of inter-dependent web requires that we understand the strengths each entity brings to the value chain and how we can support their efforts. When fighting diabetes in LDCs [Least Developed Countries], Novo Nordisk should take a conscious partnership approach that identifies patient needs and ensures sustainable business models throughout the value chain. This not only satisfies the immediate need for product and service supply, but also ensures a foundation for meeting long-term demand. As greater numbers of patients receive care and reach optimal treatment outcomes, population health improves and the marketplace for Novo Nordisk products expands. It is the very essence of shared value.” (BD, p. 21)

By acknowledging the interests and expertise of stakeholders, the partnership model thus empowers them and highlights their crucial role in effectively addressing barriers to care.

Amplification 1c: From corporate responsibility to shared responsibility. As an implication of the partnership model, the Blueprints in the second phase frame responsibility for solving the diabetes problem as shared among the partners, thereby generating symmetry between the company and others. All stakeholders, according to the model, should contribute in ways that serve its business case and that leverage their expertise:

“It is important to recognise that the fight against diabetes is multifaceted. Because of this, there are actions that we can take either directly or in conjunction with partners (for example, medication supply and accessibility), and others (for example, prevention through efforts to combat malnutrition) that are best addressed by organisations with complementary expertise.” (BD, p. 21)

Based on the ideas of complementary expertise and business models, the Blueprint presents a “flow model” of flows of products and goods that stakeholders exchange, displaying what partners offer and gain in return. For example, Novo Nordisk offers financial resources and insulin to the local NGO, and receives reputation benefits and profits in return. While the flow model remains relatively simple in the Blueprint for Bangladesh because there is only one key partner, the Blueprint for Indonesia presents a more complicated model with several partners and more complicated win-win

constructions, thus suggesting an even more pronounced allocation of tasks and responsibilities. The Blueprint clearly articulates the responsibilities of key partners: for example, the government is responsible for policymaking and coordination, the professional organization is responsible for access to care and healthcare practitioners' capacities, the patient organization is responsible for improving awareness (ID, p. 8).

The Blueprint on Bangladesh presents a well-established partnership with a local NGO, which inspired the partnership model: "This Blueprint for Change case study shows what we can accomplish together when we all focus on improving people's health." (BD, p. 2). In Indonesia, in contrast, establishing partnerships with local stakeholder had been more difficult for the local affiliate, as it faced a diverse set of stakeholders with diverging interests and a critical attitude toward corporate involvement in the healthcare system. At the time the report was constructed, the partnerships were therefore still immature and vulnerable to the entry of competing firms. The report presents these partnerships and initiatives carried out in collaboration and assesses their impact. Yet more importantly, the report focuses on the future to align partners more strongly and thereby strengthen Novo Nordisk's legitimacy. Using the partnership model to this end, the Blueprint on Indonesia formulates a call for action on the front page: "Facing this challenge compels stakeholders to align their vision in a way that leads to better awareness and improves access, affordability and quality of care." (ID, p. 1). In the remainder of the report, it connects the partnership model with empirical data to define the responsibilities of its partners, such as the government. "The government must set the direction, following through on implementation of the NDP (National Diabetes Plan)" (ID, p. 8). This example illustrates that the assignment of responses to stakeholders enables the definition of concrete tasks, thus rendering the intervention actionable. The overall purpose of the Blueprint report, at this stage, had changed assessing the company's corporate responsibility investments to proposing collective interventions.

Amplification 2a: From most pressing issues to issues with greatest potential impact. The comprehensive barriers model serves the identification of needs and enables a causal link to solutions; that is, to show which barriers the described initiatives address and thereby establish their efficacy in addressing the diabetes epidemic. In the Bangladesh case, the model is used to identify "myriad obstacles", pointing specifically at seven general issues, including patients' difficulty to adhere to treatment guidelines and a lack of sufficiently educated healthcare practitioners (BD, p. 8). In the Blueprint on Indonesia, the model served as a starting point guiding interviews with stakeholders in which local problems were identified. The issues mentioned by stakeholders were then mapped in a complex issue map showing not only the large number of issues, mapping 63 issues in total, that constitute the complex problem, but also stress that all issues are interrelated. The complex mapping in the report highlights the issues that feature the most linkages with other issues. The Blueprint on Indonesia thus shows through this analysis the "issues most acutely in need of attention" (ID, p. 7), which are addressed by the subsequently presented initiatives.

By amplifying the 4AQ model with the issues collected from stakeholders and presenting a complex issue map, the Blueprint on Indonesia provided the most comprehensive analysis of the problem. In this third phase of reports, the complexity in the diagnostic formulation is reduced as the 4AQ model is used to specify and target interventions. In the Blueprint on India, the methods section states: “We use the comprehensive barriers model to guide our understanding of what the most acute needs are and which issues, if addressed, could create most value for people with diabetes and for all other stakeholders” (IN, p. 18). Further targeting the diagnosis in the Blueprints on Turkey and Russia, the 4AQ model is used to answer the question: “Where can we have the biggest positive impact?”

The shift from comprehensive analysis of problems to targeted diagnosis reduces the risk of attributing blame to those on whose support Novo Nordisk aims to gain. Instead of describing the healthcare system ridden by a bucked list of inadequacies, “strained by resources and know-how”, and thus in need for transformation (ID, p. 4), the Blueprints in the third phase describe “a healthcare system in transition” (TR, p. 5) and “a healthcare system under reform” (RU, p. 6). The diagnosis thus developed from problematizing the local system toward applauding local efforts and entraining the company’s contribution in local developments. This change in diagnostic framing cannot be explained solely by the state of the healthcare systems in the different countries: when the Blueprint on Indonesia was constructed, the government was investing heavily in transforming the healthcare system, for example by implementing universal public healthcare and taking action on non-communicable diseases. The Blueprints in the second phase present these efforts as part of the solution to the diabetes problem, but the strong problematization dominates the description. In contrast, the Blueprints in the third phase entrain proposed solutions in local efforts, showing appreciation for local stakeholders’ contributions, and shift focus toward efficacious interventions and further alignment of efforts.

In addition to entraining with local efforts and thereby generating local stakeholder support, the focus on impact harbors potential for promoting corporate responsibility investments internally. Because the barriers to care constitute barriers to realizing market potential, investments in addressing those barriers may offer financial returns. A Blueprint team member explained: “The way decisions navigate is through top management looking at where they see growth potential, and where they can realize that potential with the least effort.” To illustrate, another team member explained:

“So it’s not only about new patients, but also new patients on our insulin. How many will ever get treatment, how many will get insulin, and how many will get our insulin. And all these steps imply the question: is screening a cost-effective way to get new patients? Maybe you shouldn’t invest in screening, maybe you should invest in that everybody who is already diagnosed today will get treatment, maybe your money will pay a bigger role there.”

As this example shows, the targeted diagnosis of the barriers in terms of greatest potential impact not only enables alignment with local stakeholders, but it also promotes the business case for corporate responsibility.

Amplification 2b: From shared responsibility to qualified responsibility. The shift in the Blueprint's purpose from assessment to proposal implies the targeting of the Blueprints to gain the support of local stakeholders. While the Blueprint on Indonesia aimed to strengthen partnerships that were fragile but collaborative, the third phase of Blueprints is characterized by explicit attempts to mobilizing stakeholder support. In India, the problem formulation is still most explicit, and enables causal linkages between diagnosis, prognosis and the call for action. The key barrier rests in the decentralization of healthcare to state governments. The Blueprint on India therefore centers on the potential of public-private partnerships: "The public-private partnership approach offers a foundation for sustainable and large-scale ventures. It is how we help to create shared value in India" (IN, p. 2). Explicitly linking diagnosis and prognosis to a call for action, the Blueprint invites specific stakeholders: "Novo Nordisk wants to engage with state governments to break down the barriers to care for people with diabetes" (IN, p. 16). The framing now thus affords a concrete proposal for collaboration addressed at specific stakeholders.

As described above, the Blueprints on Turkey and Russia move away from strong problematization and instead emphasize potential impact. The prognostic and diagnostic formulations are entrained in local efforts, highlighting the potential of collaboration to drive these efforts further. In addition, by reference to the Novo Nordisk Way—the company's identity statement, the Blueprints further specify Novo Nordisk's contribution: "Our key contribution is to discover and develop innovative biological medicines and make them accessible to patients throughout the world" (TR, p. 8; RU, p. 8). Applied to the local context, the Blueprint for Turkey formulates the envisioned engagement as follows: "We actively seek partnerships that build healthcare professionals' skills, share scientific advancements with policy-makers and provide innovative products to patients." (TR, p. 8). To this end, the Blueprint calls: "We invite both public and private organisations to join us in taking actions to implement sustainable solutions and work with us in our ambition to innovate diabetes care in Turkey" (TR, p. 20). Similarly, the Blueprint on Russia delimits investment in R&D, local manufacturing and capacity building as three ways in which Novo Nordisk, in collaboration with partners, can make the most impact (RU, p. 20). In this way, the Blueprints in the last phase delineate Novo Nordisk's envisioned contribution.

Reframing corporate responsibility: toward a model

The findings explain how the framing of the company's responsibilities developed from a traditional corporate responsibility frame toward a framing of responsibility as shared with stakeholders and eventually into a framing of qualified responsibility. Theorizing

on the findings, I now elaborate on the mechanisms that drove the development. Figure 9.1 summarizes the development of the framing.

Constructing the shared responsibility framing

The framing of the company’s responsibility first moved beyond the traditional frame of corporate responsibility toward shared responsibility with stakeholders. This reframing refocuses attention from making companies responsible toward collective action. Especially in the context of wicked problems, mobilizing collective action is difficult because the complexity of the problems defy the straightforward formulation of a diagnosis, prognosis and a call for action (Reinecke & Ansari, 2015). The findings highlight three mechanisms that enable the reframing.

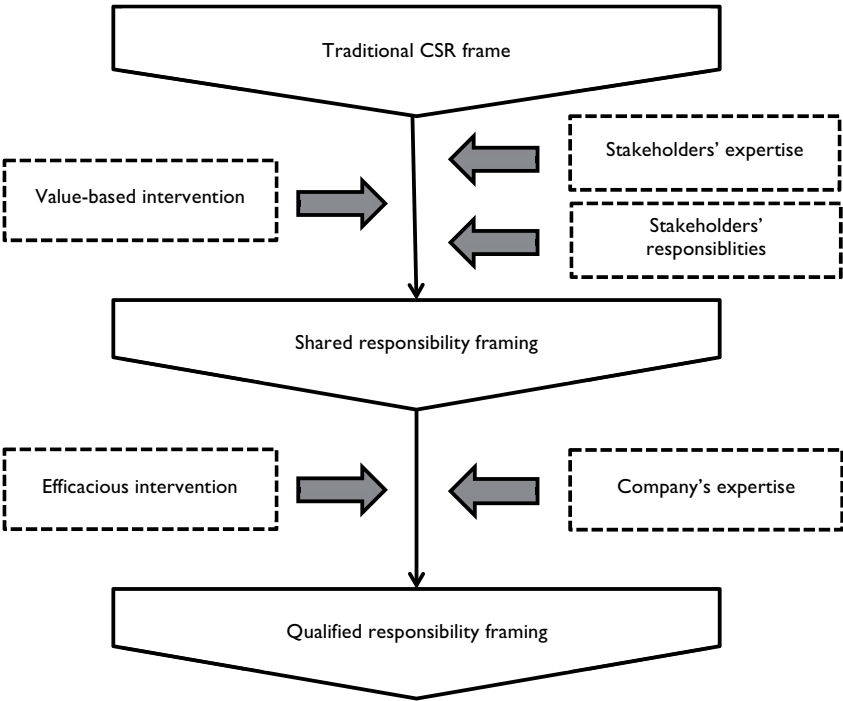


Figure 9.1: A model of reframing corporate responsibility

Mechanism 1a: Formulation of value-based intervention. The formulation of a value-based intervention shifts attention from identifying the root causes of a problem toward identifying barriers to a desirable state. The definition of a root cause necessarily narrows the scope of a wicked problem, thereby rendering it amenable to action. Yet a narrow diagnosis breeds the risk of diverting attention from other pressing issues and may breed adverse effects (Khan, Munir, & Willmott, 2007; Reinecke & Ansari, 2015). In addition, it may simply be impossible for different stakeholders to settle on a root cause, so that attempts to mobilize around a specific cause may not appeal to all implicated stakeholders. In contrast, proposing an intervention allows for an action-oriented approach: while the cause of the problem may be complex, an intervention that alleviates its consequences can be easily agreed on. The challenge, then, lies in formulating an intervention that has broad appeal. In the case studied here, the intervention was embedded in a global discourse on human rights, which can hardly be denied. What is more, the formulation was broad enough to accommodate different stakes, advancing societal objectives while enabling a business case. Rather than juxtaposing societal and business objectives in a paradoxical framing and thus challenging people to work with contradictions (Hahn, Preuss, Pinske, & Figge, 2014), the formulation of a value-based intervention accentuates the potential for constructing synergies.

Mechanism 1b: Construction of stakeholders' expertise. The formulation of a value-based intervention needs to be followed by more specific proposals for action. Notably, in the case at hand, the specification was driven not only by suggesting actions but also by pointing to actors. The traditional corporate responsibility frame highlights that companies ought to take responsibility, conversely portraying stakeholders as the passive recipients of corporate action or victims of corporate inaction. This asymmetry between companies and others is mitigated by constructing stakeholders' expertise in line with their own identities. For example, in the case at hand, the Blueprint reports draw on stakeholders' own accounts of their *raison d'être*, their vision, and their current initiatives. Just like actors may use framing to discredit others' expertise in an attempt to lower others' social position (Lefsrud & Meyer, 2012), the findings suggest that they may credit others to empower and include them. By highlighting others' expertise, the framing positions them as resourceful potential contributors and allies to the proposed intervention, thus establishing symmetry between the corporate actors and others.

Mechanism 1c: Construction of stakeholders' professional and moral responsibilities. The construction of stakeholders' expertise enables a causal link between them and the proposed intervention. Their expertise is inextricably linked to their profession, thus making it "their job" to contribute. Moreover, because the intervention is value-based, the claim that they have the expertise to alleviate human suffering constructs a moral obligation: they ought to contribute simply because they have the ability to alleviate human suffering. The construction of responsibilities is thus merely the second side of the coin: their expertise confers to them legitimacy and power, and this framing simply reinstates that such positions confer rights as well as responsibilities. By defining

responsibilities, the framing connects the proposed intervention to actors and their potential contributions, thereby effectively offering an operationalization. And rather than implicating others by publicly naming and shaming them, this framing thus motivates collective action through empowerment and consociation.

Constructing the qualified responsibility framing

After establishing symmetry between companies and stakeholders, the framing develops a more specific definition of the proposed intervention and narrows the company's responsibilities. The qualified responsibility framing is developed through two mechanisms that focus the framing on ensuring the efficacy collective action.

Mechanism 2a: Construction of efficacious intervention. To further amplify the company's responsibilities, the framing delimits narrow lines of action. The initially formulated value-based intervention is ambiguous in that its main purpose is to motivate collective action by offering an objective to work toward. Such ambiguity may be a resource because it enables stakeholders to assert their own interests (Jarzabkowski, Sillince, & Shaw, 2009). Ambiguity thus facilitates participation and engagement without requiring all stakeholders to establish consensus (Ferraro, Etzion, & Gehman, 2015). In the construction of an efficacious intervention, the framing retains this ambiguity in the formulation of others' responsibilities. Yet it defines narrow courses of action that offer quick results. This mechanism is important because it not only promises wins to stakeholders, it also speaks to a returns-to-investment frame—a frame that dominates business-as-usual thinking: If investments into eliminating barriers to care provide quick returns, there is a clear business case. This mechanism thus strengthens the case for synergies in the realization of societal and business objectives.

Mechanism 2b: Construction of company's expertise and responsibilities. Finally, the framing builds on the construction of the company's expertise and responsibilities to further narrow or qualify the company's responsibilities. This qualification is based on the construction of an overlap of private and public interests: the specification of responsibilities that derive from the company's expertise and contribute to the proposed intervention. This mechanism is crucial to the framing because it further amplifies and solidifies the synergies between business and societal objectives. Solidifying the company's responsibility around its expertise contributes to the business case and defies expectations of investments beyond the company's direct interests. It thereby also implicitly re-emphasizes other stakeholders' responsibilities, positing collaboration based on complementary qualifications as a necessary condition for ameliorating social ills. By constructing the company's responsibilities around its qualifications, accordingly, the framing proposes a compromise in which the company commits to accepting specific responsibilities while defying others. Importantly, this compromise empowers both the company and others in addressing the wicked problem, and proposes a synergistic solution that motivates investments from both external stakeholders as well as company managers.

Discussion and conclusion

How do organizational members construct framings of the company's responsibilities that align with diverse sets of external and internal stakeholders? The analysis shows that organizational members constructed alignment by developed a framing that narrowed and specified the company's responsibilities. Moving away from the traditional framing of corporate responsibility according to which companies are responsible for making a positive impact, the framing articulated a value-based intervention to the complex societal problem, formulated beliefs on the expertise of stakeholders and on that basis attributed responsibility to them. Through these amplifications, the framing empowered stakeholders and created symmetry between the company and other organizations, moving beyond the traditional framing of corporate responsibility toward responsibility shared with stakeholders. By further specifying efficacious courses of action and formulating the company's key contribution, the framing developed the idea of qualified responsibility, limiting the company's responsibility to maximize impact and advancing societal as well as business objectives. As a result, the framing offers a vision of responsible business that promotes corporate responsibility to both societal stakeholders as well as company managers.

Contributions

The paper makes three important contributions. First, the paper contributes to the interactive framing perspective (Ansari, Wijen, & Gray, 2013; Gray et al., 2015; Reinecke & Ansari, 2015) by showing how actors align a framing through negotiations with others. Importantly, this paper has pointed at intra-organizational processes as driving forces for frame alignment: the main challenge lay in matching the company's responsibility framing with the expectations of external as well as internal stakeholders. Such alignment was achieved by constructing and operationalizing synergies between business and societal objectives. The presented process model highlights that frame alignment entails recurring interactions through which actors become increasingly familiar with stakeholders' value propositions and intra-organizational politics, and increasingly skilled at mediating between the two. Such familiarity and skills enable them to formulate more sophisticated framings that render organizing effects more probable. This paper thus suggests that we view framing as a practice rather than a ready-to-use strategic device. Such a view does not deny the power of framing as rhetorical strategy: it merely proposes that because familiarity and skills are crucial, the effective use of framing may hinge on the maturity of the practice.

Second, the paper contributes to the corporate responsibility literature by highlighting interactive framing processes as mechanisms that explain how companies' aspirational corporate responsibility talk may lead to action (Christensen et al., 2013) and how companies talk themselves into commitment (Haack et al., 2012). The findings show that organizational members over time developed a framing that not only ensured

external alignment but also connected responsibility to the company's core activities. The narrow definition of the company's responsibilities enabled the operationalization of synergies between business and societal objectives, thereby rendering corporate responsibility talk actionable by suggesting concrete courses of action. The findings thus suggest that because corporate responsibility needs to appeal to the frames of managers, whether talk transforms into action hinges on whether the company's responsibilities are clearly defined and suggest concrete courses of action. Corporate responsibility groups may thus play a crucial role not only in mediating between external stakeholders and internal managers, but also by operationalizing an abstract concept and amplifying it with particular meanings so that managers perceive it as tailored to the demands of their tasks and "invented in their backyard."

Third, the model of corporate responsabilization presented here shows that wicked problems—maybe because of the ambiguity that renders them seemingly intractable—offer opportunities for companies to frame their own responsibilities but also those of others, thereby mobilizing them to invest in collective action. In the case presented in this paper, the framing built on the formulation of a value-based intervention, a value amplification (Snow et al., 1986), which offered a proposed solution that could hardly be rejected by stakeholders because of its normative character and instead enabled the consociation of others and mobilization of collective action—a particularly challenging task in the context of wicked problems (Dorado & Ventresca, 2013). The study thus proposes that actors' agreement on a value-based intervention may provide a fruitful ground for public deliberation and constitute a necessary condition for consociation and collective action across sectors. It thereby reaffirms the potential of values in uniting and mobilizing actors for addressing pressing social problems (Vaccaro & Palazzo, 2015). The process model proposed here contributes to our understanding of the role of values by showing that the formulation of a value-based intervention need not be intimately connected to how people view the problem. This is particularly relevant to when agreement on a problem is difficult to achieve, for instance in the case of climate change (Ansari et al., 2013; Lefsrud & Meyer, 2012). In such cases, value-based interventions may be powerful because they shift attention from disagreements on root causes toward values that people share, for example from climate change to clean air. A major caveat, however, is that such an approach may divert attention from the complexity of a problem, and breed approaches that address only specific issues with unintended yet detrimental side-effects (Khan et al., 2007). More research is urgently needed to further shed light on the organizing effects of framing processes in the context of wicked problems.

Boundary conditions

This study is subject to boundary conditions that limit the transferability of findings to other contexts. The case selection of a corporate responsibility leader with a mature practice of stakeholder engagement made visible the interactive framing process and

highlighted the potential for addressing wicked problems. Yet the company's strongly pronounced Triple Bottom Line approach and its strong history of cooperative stakeholder relations limits the generalizability of the findings. Other companies may strongly limit their corporate responsibility group's resources, thus leaving their members in a weaker position to negotiate and promote corporate responsibility. More than that, the emerging framing was driven by local challenges as well as local arrangements, most of which features substantial investments in corporate responsibility initiatives. As a consequence, the work of corporate responsibility groups as well as their framing processes may be driven by different mechanisms when a company has a limited corporate commitment to and history of corporate responsibility. Further research could address this boundary condition, for example, by extending this study to a diverse set of companies.

The findings suggest that stronger engagement with intra-organizational processes provides a fruitful avenue for corporate responsibility research. Previous studies have touched upon the role of internal activists (Haack et al., 2012) or conversely pointed out internal barriers to the implementation of sustainable business models (Olsen & Boxenbaum, 2009). This study suggests that organizational members may acquire familiarity with the organization and develop skills which then enable them to promoting responsibility internally. The findings thus motivate further research that unpacks not only the micro-political struggles in which organizational members construct framings and lines of action, but also how they develop and employ social skills that enable them to promote change (Fligstein & McAdam, 2012; Fligstein, 1997). While this paper has taken a first step toward answering the call for advancing our understanding of the inner workings of organizations in the context of political corporate responsibility (Meyer & Höllerer, 2014), further research should dig much deeper into intra-organizational processes, for example by exploring how companies develop human resources for corporate communication and stakeholder engagement, and how such developments feed into intra-organizational struggles.

Finally, this study relied primarily on publicly available reports, each report reflecting a temporary settlement after a round of negotiation with internal and external stakeholders. The degree to which the report reflects these settlements may be imperfect, however, as the reports present stylized version of those settlements and do not portray the inner workings of the corporate responsibility group. In this study, I have attempted to complement the analysis of the report through prolonged engagement with the organizational members who constructed the report, but my research only partially captures intra-organizational dynamics. Future research may benefit from ethnographic methods that closely follow such dynamics, and thereby enable a more in-depth understanding of how organizational members construct and promote corporate responsibility.

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