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A Nurse and a Civil Servant changing institutions: Entrepreneurial processes in public sector organisations

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ABSTRACT

The notion that there is strong connection between the private sector and entrepreneurship has resulted in entrepreneurship in the public sector being neglected. This in turn leads to theoretical, practical and political shortcomings. The role of entrepreneurs as change agents is captured in the concept 'institutional entrepreneurs', but most studies focus on actors on the higher levels. This article sheds light on previously forgotten or ignored entrepreneurial processes; those taking place within the middle levels of the public sector, and which result in institutional change. We elaborate on the characteristics of the entrepreneurial processes and their prerequisites. The framework draws on the tension between entrepreneurship and the institutional context, and suggests a multi-level approach, drawing on insights from both entrepreneurship studies and new institutional theory. The cases highlight the importance of being able to create alliances and find sponsors to ensure freedom of action and grant legitimacy. The enabling and constraining aspects of the institutional context are illustrated and discussed.

Key words: Entrepreneurship, Institutional entrepreneurs, Public sector entrepreneurs, Institutional change, Public Sector, New Public Management, Local Government, Context-dependence. Sweden

Introduction

In both public debate and mainstream research, the concept of entrepreneurship is still associated with the start of businesses within the private sector (ex. NUTEK, 2007; Davidsson & Delmar, 2006). Numerous studies discuss entrepreneurship in the new economy, but we also need to look beyond its purely economic aspects (Hjorth & Steyaert, 2003). In this paper, we take a Schumpeterian point of departure, and claim that entrepreneurship exists in all types of settings (1934/1994) and is constructed in time and place. The notion that there is a strong connection between entrepreneurship and the private sector has resulted in entrepreneurship in the public sector being underestimated (Sundin & Tillmar 2007). This leads to both theoretical, practical and political shortcomings, as entrepreneurship and entrepreneurs, are important for the development of society in other ways than through starting businesses, for example through effecting change. Public sector organisations are among the arenas which entrepreneurship studies have neglected. Indeed, the sector is often considered as the absolute opposite of entrepreneurship. Consequently, there is still a lack of empirical studies on entrepreneurship in the public sector (Morris & Jones, 1999; Bartlett & Dibben, 2002), and especially of studies focusing on the entrepreneurial processes within their contexts (cf Gartner, 1989).

The role of entrepreneurs as change agents is captured in the concept ‘institutional entrepreneurs’ (DiMaggio, 1988). To date, a clear majority of the studies of intraorganisational entrepreneurs focus on actors on a higher level and/or in private companies. Goals and strategies however, are not fulfilled by those working in the higher echelons alone, but by all members of the organisation. This is particularly obvious in service-producing organisations. In research on management, the importance of first-line-managers and middle managers is often emphasised. However, creativity and entrepreneurship on the middle and lower levels of the hierarchy need to be explored. This article is based on two cases of institutional entrepreneurship within the public sector started and driven by people in a middle position in the organisational hierarchy – one from a County Council and one from a Municipality. This way, we contribute to the re-contextualisation and re-conceptualisation of entrepreneurship.

We have chosen to report processes that have come to an end. When the processes started, the visions for change were very entrepreneurial. One process aimed at decentralizing the making of ‘time-tables’ for the employees at a university hospital.

– *This I thought was unacceptable...this had to change...*

the entrepreneur in question commented the previous system. Now, the decentralized way of making ‘time-tables’ is conventional. This illustrates that the common truth of today can be the result of the battles of yesterday. In that respect, our second case is of the same kind. It concerns the idea and practise of public sector employees starting firms of their own, as so called ‘alternative’ suppliers of goods and services. This is now the dominating rhetoric and practice, although when it started it was met with resistance and was questioned. The entrepreneurs studied were successful in eventually managing to alter institutions.

The aim of this article is to elaborate on the characteristics of the entrepreneurial processes taking place in the organisational middle within the public sector. What characterized the entrepreneurial processes driven from this organisational level? What were the contextual prerequisites for the processes? Why did the entrepreneurial actions of these public sector employees result in institutional change?

The notion of institutional entrepreneurship emanates from two different research traditions: entrepreneurship and new institutionalism in organisation studies. Generally

speaking, entrepreneurship studies represent a voluntaristic perspective, paying much attention to the actor and actions, whereas institutional theory is said to represent a more deterministic view, attributing more importance to structure. Our cases and analyses can be read as a matter of structure vs action (cf. Giddens, 1984), or stability vs change. Yet, the two research traditions seem to be approaching each other. Within new institutional theory, the interest in change and in the role of individual actors is increasing (Johansson, 2002; Battilana, 2006) and within entrepreneurship studies, the importance of contextual embeddedness is being recognized (Hjorth, Johannisson & Steyaert, 2003; Jack & Anderson, 2002). This article contributes to this trend, in the sense that we take a multi-level approach, incorporating the individual-, organisational-, and sector levels of analysis in order to understand the entrepreneurial processes and the institutional change they result in. In this way, we hope to contribute to the dialogue between entrepreneurship studies and other academic fields (Gartner et al 2006), in this case new institutional theory within organisation studies.

The multi-level approach taken is a result of our empirical findings, which suggest that the institutional context in time and space has great influence on the entrepreneurial processes as well as on the prerequisites for institutional change. Among the empirically relevant perspectives we have chosen not to highlight here, should be mentioned the gender dimensions.

In the next section, we start by explaining the methodology used in this study. Then, our framework of analysis is outlined and contextual prerequisites in the Swedish public sector are elaborated on. We then describe the case stories of first the Nurse and the time tables, and then the Civil Servant and the alternative providers. These case stories are followed by a discussion of the described entrepreneurial processes in theoretical terms, before conclusions are outlined.

Methodology

The empirical study is mainly based on interviews conducted with the two entrepreneurs described over a period of 15 years. It is their work-experiences and strategies that are taken as the point of departure in this qualitative study. Contrary to many previous studies on institutional entrepreneurship, we do not take a managerial perspective or discuss how entrepreneurship in the organisation can be fostered for strategic purposes. Furthermore, no senior managers in the public sector organisations under study have been involved in selecting or recommending the entrepreneurs studied.

The very first interviews were performed in connection with activities and initiatives carried out by the two entrepreneurs in the early 1990s. One of the authors met the Nurse for the first time when the Nurse, who had applied for and been granted some money from a national program for equality in working life, was presenting her flexi-time project. The presentation was impressive. She was then interviewed as a part of a study evaluating the program for equality (Hagberg et al., 1996).

The Civil Servant was also encountered by one of the authors in the beginning of the 1990s. The Civil Servant phoned and asked for a lecture on female entrepreneurship and later, for help in evaluating her first program for municipal employees who wanted to start a firm of their own. An evaluation was made and the result was documented (Hammar & Sundin, 1995) and later used in an article on the reorganisation of the public sector and entrepreneurship from a gender perspective (Sundin, 1997). Later, during 2002 the Civil Servant was interviewed by the other author of this article for a study on the conditions for small-businesses in the health and care sector (Tillmar, 2004a).

In 2003 we decided to write a book on the entrepreneurs of the public sector. We presented ten individuals, among them the Nurse and the Civil Servant. For that purpose, we performed new interviews to bring ourselves up-to-date with their life-histories and entrepreneurial activities (Sundin, 2004b; Tillmar, 2004b).

Consequently, further interviews were conducted to provide us with more information for analysing and depicting incitements and strategies. People in the vicinity of the main characters, such as politicians and colleagues, were interviewed. Participatory observation was also an important source aiding both description and analysis. Both actors were also studied on a number of occasions, while lecturing for politicians, colleagues and the general public as well as whilst submitting a report to their own respective organisations. In addition, some of the initiatives presented in writing by both the entrepreneurs to their respective organisations have been used.

The initiatives and activities of the Nurse and the Civil Servant have been reported in the local press over the years. These newspaper articles have been saved and filed and have now contributed to our case-stories. With regard to the Civil Servant, an article from 1992 regarding a course for alternative suppliers, an article from 1994 on the WomenCan Fair and an article from 2001 about the Farmer's market can be mentioned in particular. The undertakings of the Nurse have been continuously debated. As an example, an article in the local paper from 1995 highlighting the news that a nurse had been appointed head of a clinic could be mentioned.

In telling the two stories, we have chosen the strategy of inserting parts of the interviews conducted. This is in order to make the strategies, experiences and reflections of the entrepreneurs more understandable to the reader.

Organisational Entrepreneurship in the Public Sector

The importance of social networks in the entrepreneurial process and the embeddedness of this process in the social and cultural context, has long been recognized in mainstream entrepreneurship research, both internationally (Aldrich, 1999; Maillat, 1995; Saxenian, 1994) and in the Scandinavian research tradition (Johannisson 1987, 2005; Hjorth et al., 2003). Being socially embedded is not only constraining, but on the contrary actually creates opportunities, as local contacts for instance provide vital support (Jack & Anderson, 2002).

Entrepreneurship within large organisations has been discussed in terms of corporate entrepreneurship (Burgelman, 1983; Moss-Kanter, Ingolds, Morgan & Seggerman, 1987) and intrapreneurship (Pinchot, 1985). The concepts are often used interchangeably, (Hisrich 1990) and sometimes with distinctions that, however, vary from author to author (cf. Hornsby, Naffziger, Kuratko & Montago, 1993; Stopford & Baden-Fuller, 1994). In this article, we use the concept entrepreneurship to even cover entrepreneurial actions and processes within the organisations. That avoids the confusion described, and indicates that we are interested in the entrepreneurial process as such, rather than in organisational strategy and management. Contextual prerequisites for entrepreneurship and the available 'freedom of action' are common themes for many of the studies described above. Using the terms creating space for play and/or invention, Hjorth (2005) focuses on the tension between the strategic/managerial wish to foster change and the tactics of the entrepreneurs themselves in establishing a space for play. He argues that strategic prescriptions are used tactically and that the invention of new practices is local and temporal.

The underlying process nature of entrepreneurship is fundamentally the same across contexts, according to Morris & Jones (1999). In the public sector, they argue, entrepreneurs need to possess strong political skills, the ability to develop power sources, use the media, redesign the system, use external forces and build support among politicians', unions' etc.

Among the few existing empirical studies on entrepreneurial processes in the public sector, are those by Bartlett & Dibben (2002), and Zerbinati & Souitaris (2005). Based on 12 cases, Bartlett & Dibben (2002) argued that there was a need for not only the ‘champion’, but also his or her ‘sponsor’ to provide authorisation and political support within the organisation. Two kinds of champions were identified, the public champion, driven by the needs of the public, and the empowered champion, interested in change for its own sake but also in making a mark. The multiple case-study by Zerbinati & Souitaris (2005) resulted in a typology of different public entrepreneurs and their characteristics. Out of five types, two are applicable to public employees: the career-driven and the politically ambitious. For both these types, professional contacts and knowledge of internal processes and structures were prerequisites for success.

That entrepreneurship can take place outside markets and even outside market economies is discussed by Rhen and Taalas (2004). Gawell (2007) focused the establishing of the Swedish branch of the international Attac-movement. She gave new meaning to the concept necessity-driven entrepreneurship. In main-stream entrepreneurship research, necessity concerns the economic situation of the individual. In the writing of Gawell the necessity concerns the state of the world. The leading actors perceived that it was necessary to act – an illustration of entrepreneurship driven by the incomplete (Steyaert & Hjorth, 2003).

Institutional entrepreneurship

Studies in ‘institutional entrepreneurship’ deal with the ‘paradox of embedded agency’ (Battilana, 2006). This implies that the entrepreneur is both constrained and enabled by the institutional environment which at the same time, she contributes to changing. A definition of institutional entrepreneurship that is widely applied is DiMaggio’s (1988 p.14). ‘New institutions arise when organized actors with sufficient resources (institutional entrepreneurs) see in them an opportunity to realize interests that they value highly.’ Creating new institutions should not be confused with creating new organisations. Institutions can be broadly defined as consisting of ‘cognitive, normative, and regulative structures and activities that provide stability and meaning to social behavior’ (Scott, 1995 p. 33). DiMaggio & Powell (1983) as well as and many other new institutionalists who have studied the effects of institutional change, have been criticized for employing an oversocialized or macro biased perspective (cf. Granovetter, 1985; Colomy, 1998; Johansson, 2002). The actor was brought back into the analysis as the creator of new institutions (Zucker & Darby, 1997) and the notion “institutional entrepreneurs” emerged in the debate (Fligstein, 1997; Colomy, 1998). The institutional entrepreneurs we focus on, are individuals who “break with the rules and practices associated with the dominant institutional logic(s) and thereby develop alternative rules and practices” (Battilana, 2006). The view taken here, is that individuals do not have to be aware of the role they play to qualify as institutional entrepreneurs (cf. *ibid*). The changes may occur as unintended consequences of their actions (cf Giddens, 1984).

Most articles have focused on finding enabling conditions for institutional entrepreneurship. On the individual level, the key word is without doubt, legitimacy, i.e. the importance of creating legitimacy among diverse stakeholders (Fligstein, 1997; Maguire, Hardy & Lawrence, 2004; Battilana, 2006; Déjean, Gond & Leca, 2007). This legitimacy can be acquired in different ways. Fligstein (1997) for example, emphasised social skills and listed a number of tactics, ranging from having direct authority to setting the agenda and convincing people that one holds more cards than is actually the case; Colomy (1998) and Déjean et al. (2007) proposed the use of quantification and measurement of results; and Battilana (2006) focused on the enabling conditions of an individual’s social position. The latter is a conceptual paper where among other issues it is proposed that those belonging to

social groups or occupations, with low status, are more likely to be institutional entrepreneurs since they have no interest in maintaining the status quo. Yet, that is possible only if they can overcome their problem of legitimacy, for example through having a high position in the formal hierarchy. Other studies have shown that legitimacy among stakeholders can also be created by using social- and cultural capital (Maguire et al., 2004), as well as through hooking onto emerging opportunities through a changing discourse on the macro-level (Lawrence & Phillips, 2004).

Certain features of the organisational field are considered to be more enabling to institutional entrepreneurship than others. Many would agree with Fligstein's (1997) point that the possibilities for strategic action are greater when the field has no structure and there are no dominant actors. Mature fields in crisis are characterized by conflicts between the 'old guard' and the 'new guard' (Maguire et al., 2004). Professions are an important part of dominating institutions, especially perhaps in the health and care sectors. Within the medical care system, doctors by tradition also hold the management positions. Nurses, on the other hand are regarded by the system as semi-professionals (Etzioni 1969), and in Fligstein's terms are the challengers of the institutional order. As stated by Hellberg & Saks (1999, p. 3.) 'professionalism is a relational concept in both a historical and contemporary sense'.

Very few studies which use the concept 'institutional entrepreneurship' in the public sector have been found. In the article 'Something old, something new, something borrowed', Lowndes (2005) proposes three strategies for institutional entrepreneurs in local government; remembering, borrowing and sharing. These strategies are concerned with where the entrepreneurs get their ideas from. 'Remembering' essentially implies looking back, reviewing past repertoires and reviving previous ways of doing things. 'Borrowing' implies looking elsewhere, transferring practices from a neighbouring field, such as when someone uses experiences from a different area to that in which she or he is engaged. 'Sharing' is about looking outwards striving to interact with other types of organisations and learning from their 'institutional repertoires'. Through these strategies, institutional change becomes context-dependent, and thus Lowndes' theory is a way to handle the coexistence of continuity and change. Like previous studies in entrepreneurship (Jack & Anderson, 2002), Lowndes' strategies imply that embeddedness is not always a constraint, but may provide the resources which make institutional change possible. This encounter between entrepreneurship and institutions in the change processes is at centre stage in this article.

In Scandinavian new institutionalism, change has been discussed as ideas that travel in time and space (Czarniawska & Joegers, 1996). As ideas travel, (cf. Czarniawska & Sevón, 2005) an active process of translation to the local context takes place (Czarniawka & Sevón, 1996). By discussing fashion in organising, Czarniawska (2005) effectively illustrates the circular character of which ideas are perceived as new at different points in time. The 'timespace' (Czarniawska & Joegers, 1996) is thus important both for whether an idea will be implemented and for what comes out of the process. Simultaneously, the actors (or potential entrepreneurs in our terms) are given attention by the authors. Bruno Latour writes that:

..."the spread in time and space of anything – claims, orders, artefacts, goods – is in the hands of people: each of these people may act in many different ways, letting the token drop, or modifying it, or deflecting it, or betraying it, or adding to it, or appropriating it" (1986:267, quoted from Czarniawka & Sevón, 2005, p 8).

Contextual preconditions in the Swedish public sector

There is an ongoing debate about whether there are differences between private and public organizations, and if so, what they are and which ones are important (cf. Christensen et al, 2005; Brunsson & Sahlin, 2000; Morris & Jones, 1999; Rainey, 2003; Sundin, 2006). In this

article, it is not necessary to take a standpoint in this debate but simply to emphasise those aspects that seem to be important for the Nurse and the Civil Servant. Public organisations, like the ones in focus here; do not have a profit motive (but are guided by political and social objectives), receive funds from taxpayers (and allocate them based on equity considerations), and produce services that have consequences for people other than the immediate consumers (and are held accountable for such indirect consequences). Additionally, the organizations are subject to public scrutiny, requirements of transparency in decision making and consensus among interest groups.

Sweden, using Esping-Andersen's (1996) term, has a Scandinavian Welfare Model. The country has a relatively large public sector which is responsible for the care and welfare of the populous of all ages. Health and medical care is provided by the County Councils which number 20 in total¹. These are governed mainly by politicians chosen through public elections. The medical sector is dominated by the doctors, who have traditionally had a strong professional position. The teaching and training of nurses is nowadays a part of the university system - a sign of a partly successful strategy on the part of the nurses striving for a professional position (Torstendahl, 1997). Other important parts of the welfare state are childcare, care of the elderly and education up to and including upper secondary school. These areas are controlled by the Swedish municipalities which number around 300. The designation Welfare State should consequently correctly be called the Welfare County Council and the Welfare Municipality.

The Swedish public sector, especially the municipalities, underwent considerable expansion in the years following the Second World War. This expansion took the form of increased areas of responsibility, sometimes through a decentralisation from the national level, and an increased level of ambition. The first is exemplified in the number of occupations that did not exist 50 years ago and which are now included in the jobs performed by the municipalities. Among new services provided by our Civil Servant and the unit where she worked are support for local industry and commerce.

The Swedish public sector has been subject to many changes over the last 20 years. The vigorous expansion, and not in the least, its economic consequences, led to the whole public sector being called into question. The changes discussed and implemented are often presented as a Swedish version of the global reform movement, New Public Management (NPM) (Hood, 1995; Christensen & Lægreid, 2000a). Market orientation, devolution, managerialism and use of contracts are main characteristics of NPM, implying a component of private sector solutions to public sector problems (Dixon, Kouzimin & Korac-Kakabadse, 1998; Forssell, 2000). The assumptions behind the reforms have been viewed as a change from the Sovereign State model of governance, to a Supermarket State, where citizens are viewed as consumers or clients exercising influence through market choices (Christensen & Lægreid, 2000b). Forssell & Jansson (1996) propose the concept 'institutionalized activity forms', to denote the common social knowledge in a given context that a certain activity should be carried out in a certain organisational form. What triggers and enables change, Forssell & Jansson (1996) argue, is the redefinition of the activities carried out. Changes in line with NPM have been studied in the health sector which is the sector where one of our case-individuals is working. NPM sometimes challenges the balance of power between managers and doctors – the traditionally leading profession of the sector (Castro, 1999; Lindgren, 1999; McNulty & Ferlie, 2002).

The NPM-related reform and the institutional dynamics involved, can be seen as a complex mix of political features, environmental characteristics and the historical-institutional context. Though the global NPM movement has inspired transformation in many countries,

Including the two larger regions.

there has been considerable regional variations, deliberate change and a conscious national handling of the reforms (Christensen & Laegreid, 2000b). Sweden, from an international perspective, has a decentralized system and a strong tradition of consensus and inter-party deals. Consequently, the reforms have been less top-down and instead, characterized by a series of actions adding up to a coherent programme. Forssell (2000) concludes that the idea of market reform has been a master idea, (Czarniawska & Joegers, 1996) functioning as a selection mechanism for deciding which ideas are to be implemented and which are not. This master idea has been the abstract guideline for the fragmented reforms that have taken place in Sweden, according to the authors.

Entrepreneurship, institutional context and change: the framework summarized

We take a multi-level approach to understand the entrepreneurial processes. The entrepreneur is both constrained and enabled by the institutional environment while at the same time he or she contributes to changing it (cf Giddens, 1984, Battilana, 2006). To change institutions entrepreneurs need freedom of action and legitimacy. On the individual level, the ability to create alliances and use sponsors are among the vital social skills needed. Incentives highlighted in public sector contexts are related to politics, career advancement or public needs. On the organisational and sector levels, not only the prevailing rules and practices, but also the degree of turbulence at the specific time and place have an impact. In the health-care sector, the dominance of the doctors over the nurses may be regarded as an example of an institution, and the Swedish public sector was in turbulence during the period of study. On the (inter)national level, the institutional environment provides “ideas on travel”, which may have an impact on the entrepreneurial processes.

We also contend that many previous studies of intrapreneurship/corporate entrepreneurship (Pinchot, 1985; Burgelman, 1983), public sector entrepreneurship (Morris & Jones, 1999; Moon, 1999) as well as institutional entrepreneurship (de Holan & Phillips, 2002; Yang 2004; Lawrence & Phillips, 2004) focus on entrepreneurs active in the upper echelons of private companies. Thus, with regard to entrepreneurial processes on the middle or lower hierarchical levels in public organisation, there is much to learn.

The Nurse and the Civil Servant - Public Sector Entrepreneurs

The two entrepreneurs, their actions and their circumstances, are presented in this section. They are both working in the Swedish public sector in work-places located in a big (by Swedish standards) municipality in the southern part of Sweden. Since the Second World War, the Municipality has increased the number of its inhabitants mainly as a consequence of the establishment of a university. In the national context, the Municipality is considered to be successful and innovative – an image eagerly supported by the local politicians. During the middle of the 1990's, the Municipality employed 8 200 people and the County Council, around 12 800². The Civil Servant and the Nurse were thus working for the largest employers in the catchment area. The Nurse is working in the main hospital of the region. As the hospital is a teaching hospital for doctors as well as for nurses and other health-related occupations, it is a high-status organisation for the medical professions.

² Figures from annual reports concerning 1995.

The Nurse and the time-tables

The Nurse was born in the 1950's. After upper secondary school she began working at a hospital. Once there, she became fascinated by the work and decided to stay. After the decision to go into the health-care-sector, the Nurse took a nursing auxiliary course followed by a nursing course. 'It's more fun if you have the training'. Since then, the Nurse has continually furthered her education within her chosen occupation and has even taken courses which are unusual for nurses. 'It was a way to prepare myself' she states in an interview in the local paper (ÖstgötaCorrespondenten 6.5 1995). This has given her a position within the organisation. From the very start, she, like the absolute majority of nurses, joined the nurses' union. She firmly supported the ambitions of the union to strengthen the position of nurses in the hierarchy of the health care.

The Nurse worked in different parts of the big hospital. In every new workplace, the Nurse witnessed routines, working methods, organisational structures etc. which she felt could be improved. In every workplace, she creatively began initiating change in the work processes and often succeeded.

-Everything has to be seen in its context. A process-perspective is absolutely necessary. The patient shall not be moved here and there just because you haven't seen how the processes work properly.

For this to succeed, she argues, it is necessary to develop the care philosophy of putting the patient in the spotlight, to consider the human aspects and also take into consideration the competence of all the personnel groups. In this way, her vision is to realise the full potential of healthcare organisations.

Among the many examples of the changes initiated by the Nurse we chose the flexi-time project as a clear example of how the Nurse sees the individual in the overall structure. The Nurse described the old system of making time-tables, which she found herself a part of when she was appointed to a leading position in the union. As a union leader, she decided how the employees should be time-tabled, in detail, in negotiations with employer representatives. She found this centralised decision-making of how to organize the work absurd.

- Those who decided timetables were far removed from the hospital wards. This I thought was unacceptable. I approved all the timetables for the whole hospital in my role as Union representative. Both the employer and I signed our names to these timetables. Everything was centralised. This had to change, everyone had to take responsibility.

She classified the way to make decisions about working hours as reminiscent of the time when many in the health care sector had a low level of education. In other parts of the Swedish labour market, 'flexible work time' was being used and the responsibility to solve problems associated with the distribution of working hours and work tasks given to the employees themselves. That those working within the healthcare sector were capable of taking responsibility for their own working hours, was an opinion held early by the Nurse.

- This (allowing the personnel to decide their own working hours) could be implemented at other work places, this was possible in all male work places so why not within the healthcare sector?

What the Nurse meant and still does mean is that coupling time to responsibility was self-evident if the patient was truly to be in the spotlight. The flexible work time would give nurses and other personnel a stronger and more independent position.

- A healthcare worker doesn't finish work at 4pm on the dot. This type of work goes on around the clock. I thought it was ridiculous that when 4pm arrived it was time to go home otherwise it was classed as overtime. I felt there must be some way a person could finish what they were doing and then go home at 4.13pm instead.

These suggestions, just like many of the other changes, seem rational. Despite that, they were met with resistance both from expected and unexpected groups and individuals. Doctors as a group did not welcome the initiatives of the Nurse and firmly opposed her suggestions. The expression ‘impossible to implement’ was used not only by doctors but by many members of the organisation. Personnel on the lower organisational levels were not believed to have the competence and the desire to plan their working hours to suit the interests of the patients and the organisation. To some extent, the negative expectations were confirmed, as resistance also came from some employees that were supposed to construct their own time-tables. They thought that the old system had advantages – in a way it was easier to be told when to work. The Nurse was convinced however both of the possibility and the necessity of a new order and argued along this line:

- *This system did not have only advantages. It's about taking responsibility and letting go of the old overtime regulations.*

The Nurse needed support of different kinds. Her nearest superior was positive to the idea of flexi-time and let her get on with it - but – she was not given enough money to find, buy and implement the technical system needed. As there were economic restrictions in the County Council, the Nurse had to find other sources of finance. This was not easy, but she found a possible source in a national program for equality that was being introduced at that time. She reformulated the decentralisation of the time-table to a question of equality between women and men. Her arguments in her application were that with the new system, female dominated groups would strengthen their position in the organisations and thereby on the labour market. She was granted funds to realize her idea, and this was important both directly, and indirectly as symbolic support for her visions. The application made her visible and known outside the County Council. People granted funds were presented in the local papers. In addition, the Nurse was invited to present her ideas at an EU-seminar in Brussels, where she further expanded her network.

However, when the financial problems were solved, new problems of a different kind arose. There was no technical system on the market for registering which could satisfy her requirements. When she found a company willing to help her, the Nurse had to take an active part in the formulation of the demands on the system for a decentralised time-table-system.

- *Most of the suppliers had never worked with the healthcare sector and did not have any healthcare installations. And there were not so many capable of dealing with the 24 hour working clock and bank holidays.*

It took a number of years before the system was adopted. It is now used in all areas of the hospital and other parts of the County Council, although not everywhere. No one objects anymore to the system as such. It is seen as a conventional system in the organising of work.

The case illustrates how the Nurse had to leave her nursing (semi)profession and move into administration to fulfil her vision. She progressed up the organisational ladder thereby crossing the boundary of what is ‘normally’ associated with the role of a nurse. She even over-stepped the boundaries between employer – employee. She worked for changes that made her visible to the Head of the Centre and the Management Group for the County Council.

When the Nurse eventually became appointed Head of the Neuro Centre clinic, advocates of the medical profession were outraged. Representatives of the doctors’ union were sent to the County Council to emphasise the importance of medical competence. She says:

- *I was wrong in every way. I was a women. I was not 40 and I was a nurse – not a doctor.*

Still, she accepted the position since she thought that she could make important contributions for the patients.

-I can give new perspectives! We have to leave the old way of thinking, of preserving our own territories to be able to work together for the patients' best.' I am a reflecting optimist who gets things done.

The Nurse feels that a move to another employer would only reduce her opportunities of working entrepreneurially as she would lose her valuable contacts in the regional and local context. She adds that leaving the County Council would feel 'a bit cowardly'. For her, the challenge lies in the size and:

-There is still masses to improve here.

As long as the County Council is the main provider of health care where she lives and works, it is the most important organisation for her visions – so she stays.

The Civil Servant and the alternative suppliers

The Civil Servant has taken the long road. Throughout her entire working life, the Civil Servant has been employed by public sector organisations. In 1957, she began her career as a telephonist at the Municipal housing organisation and almost 30 years later she left as head of department. In February 1986 until her retirement in 2002, she was employed as Municipal Trade and Industry Executive Secretary.

The Civil Servant has been engaged in one entrepreneurial process after another. She acts both as a starter of processes and as a mediator of processes and ideas. Below, we focus on the process where, despite resistance, she enabled individuals employed by the public sector to become owner-managers and suppliers of goods and services to the public sector. The Municipality became one of the pioneers in introducing this system in Sweden. We start almost 15 years ago.

During the beginning of the 1990's, plans were made for the Municipality to embark on the transition to a Buyer/Supplier organisation which can be seen both as a sign of the innovative image of the Municipality and of a new ideology. The 1991 election produced a conservative majority, which during 1992, was given the task of launching this new organisation. This was a turbulent period in the Municipality and has been described by informants as one when 'everything that was not prohibited was allowed'.

The Civil Servant had begun receiving telephone calls from the employees of the Municipality who were wondering whether they should start their own businesses within the care sectors. She wanted to support these ideas and she felt the new conservative local government would be positively inclined.

Thus, she spoke to the politicians and said she wanted to invite those interested in starting their own businesses to a meeting. Invitations were sent out, and she didn't know if there would be 15 or 50 participating. Fortunately, those interested had to give prior notice. She received 500 applications! The information meetings had to be given on two occasions, in one of the largest school halls in town.

– We gave general information about starting a business, how they could not expect to work 9–5 or take the dog for its daily walks at set times etc.

Her intention was to weed out those who were not really suited to these working conditions. Those who were still interested, attended weekend courses arranged by the Civil Servant. In order to give professional advice the Civil Servant sought contact with a variety of government financed business support organisations as well as politicians, the local Chamber of Commerce, banks and insurance agencies as well as lecturers and researchers at the university. A creative mix in its time and space context.

The Civil Servant came up against more resistance than she could imagine. This resistance affected both her and some of those whom she helped. It came from both outside the organisation and within. Unions and colleagues within the municipal administration were among the most negative. The Civil Servant has a number of examples but one that she felt most passionately about was the case of two auxiliary nurses who wanted to take over the running of a service home in the countryside, and the resistance she met when assisting them.

- *They were lovely people and had submitted an offer which was the lowest. They knew how to run the organisation using fewer personnel. But a newly appointed chief nursing officer became nervous and brought in the Union representative who was negatively inclined.*

The resistance from the chief nursing officer and the union, concerning personnel, was merely the first obstacle encountered by these auxiliary nurses. Once this resistance was successfully overcome (and the chief nursing officer left) they phoned the Civil Servant again. This time, the Municipality required inappropriately large amounts of money for the old furniture and other inventories. The Civil Servant continued to assist them, and advised them to set a maximum or propose that an insurance company should set the value. The resistance also met the Civil Servant directly, in her office.

- *It's a pity that these situations become so much a matter for cruel innuendo. One day a highly placed, very angry civil servant visited me and wondered what I was doing. It involved the service home and someone had informed him that the nurses had been photocopying the other offers. Such malicious rumours continually circulated and people believed them.*

The Civil Servant was not however discouraged by such resistance. Instead she said:

- *It became something of a sport to challenge everything.*

Support from the politicians, and especially one female conservative politician with whom she had close contact, proved important for the Civil Servant.

- *Many really tried to put a stop to it. There were civil servants within the Municipality, my colleagues, some of whom had no idea about running a business whilst others did and deliberately tried to stop it. I had no power and could not tell them what to do. One had to cajole them a bit and try to explain. It was heavy going. In the end I wrote it all down and took it to the politicians. Their support was vital – they were there when it was most needed. The sad thing was that it was my own work-mates who had so little understanding.*

The auxiliary nurses eventually took over the unit where they were employed and established themselves as alternative suppliers to the Municipality. A number of other employees within the Municipality also took over their units. The efforts of the Civil Servant, combined with the gradual spread of NPM-inspired management techniques, such as competition and privatization eventually led to the fact that private providers of public services are no longer considered strange in the Municipality, but instead part of the dominating rhetoric and practice.

After the 1994 election, the Social Democratic party won the majority, which opened up opportunities for new projects along other lines. The Civil Servant decided to open a cooperative market place for craftswomen. She was driven by enthusiasm in the joy of 'seeing the women grow'.

Later, she arranged for the WomenCan fair³ to come to the region as a united arrangement between the Municipality and a neighbouring municipality. This may seem natural, but was a

³ The goal of the KvinnorKan Foundation (Women Can) is 'Equal Rights' for women and men. A world, wherein women have the same rights and obligations but also the same opportunities as men to contribute to development. WomenCan works towards improving the position women have, developing entrepreneurship and

sensation as the two municipalities had been competitors ‘for ever’. In her work with business development in the countryside, she initiated a ‘farmers’ market’ where local farmers sell their produce five Saturdays in and around August. This time, opposition came from the business community, but still the project went quite smoothly and this popular market still run on the same principles.

Taking on so many ventures, why did this entrepreneur remain employed?

- *I never thought about it at the time. I was happy and thought it was fun working with the Municipality. With a flexible job and the opportunity to do as I wanted within the Municipality it meant that I didn’t seek employment elsewhere. I enjoy helping others and seeing them achieve success and become fulfilled.*

Discussion

In this section, we will discuss the characteristics of the entrepreneurial processes under study using our theoretical framework. The cases and the multi-level approach highlight how the actions taken and strategies used on the organisational micro-level are intertwined with the sector and (inter)national level to the extent that it is difficult to discuss them separately. In both cases, the entrepreneurs saw a problem in their organisation and identified organisational solutions, which after some time proved to be in line with the New Public Management inspired trends, i.e. ‘ideas whose time had come’ (Czarniawska & Joerges 1996). This latter fact facilitated the institutional change that took place, but the entrepreneurs, their ideas and efforts were necessary for the processes and decisive as to the local outcome. The Nurse and the Civil Servant were the creative engines of the local entrepreneurial processes and made tactical use of the NMP-inspired ideas (cf Hjorth, 2005).

The processes were far from straight forward, and do not easily let themselves be divided into phases as proposed by Morris & Jones (1999). For reasons of structure, the processes will still be discussed according to the following logic: Identifying needs and solutions, creating space for action and legitimacy, persisting and finally moving on. By doing this, we do not wish to portray a linear image of the processes, which instead were rather characterized by ‘two steps forward and one step back’. These aspects of the processes often took place at the same time, and/or in a different order.

Identifying local needs and organisational solutions

In the case of the time-tables, the Nurse saw an organisational problem connected with time-management and thought ‘this had to change’. As a union representative and active citizen, she had knowledge of other workplaces where all employees took responsibility for their time. She transformed that practice to suit her context as she constructed the schedule. Her strategy was thus similar to that of sharing (Lowndes, 2005). This initiative was in line with her overall vision of empowering nurses and putting the patient in the spotlight. The efficiency-orientation at the County Council at the time facilitated successful argumentation in favour of the flexi-time schedules, since they enabled much better time management.

When helping public employees to start businesses and become alternative suppliers the strategies used were also embedded in the institutional context, but in the form of borrowing (cf. Lowndes, 2005). When receiving phone calls from people wanting to start their own

free enterprise and contributing to the general development and growth both nationally and internationally (www.kvinnorkan.se). The WomenCan fairs comprise of lectures and seminars relating to issues involving gender and equality within business and the working life as well as exhibitions by female business owners and women within large companies.

businesses, the Civil Servant saw a need that she connected to an opportunity she knew existed in other places. This was the strategy she used in most of her ventures. She perceived a need in her home town, connected it to an organisational solution she had encountered and implemented it when she had the opportunity. As argued by Lowndes, change is context dependent. Resistance was strong from other civil servants, but the positive image associated with privatization among politicians gave the Civil Servant the coalition partners and sponsors she needed. Privatization was in line with the “master idea” among politicians.

At the same time, the processes of introducing new time-tables and alternative suppliers illustrate that politics should by no means be regarded merely as a constraint to public sector entrepreneurship, as proposed by Sadler (2000). Being embedded in a political context also provides opportunities for observant and proactive employees, i.e. to entrepreneurs able to make tactical use of the political logic. The success of the Civil Servant throughout her career depended on her ability to make adequate sense of the political and institutional environment (cf. de Holan & Phillips, 2002). When there was a conservative regime, she helped employees to become self-employed. When there was a social democratic regime, she started the cooperative market place. Actions initiated were not well planned or thought out in advance, but rather seized upon as they were encountered. The institutional change that occurred was often an unintentional consequence of her actions (cf. Giddens, 1984).

Creating freedom of action and legitimacy

As described above, the healthcare and municipal services sectors were in a state of turbulence. The same applies to the organisations (the Municipality and the County Council), which both underwent reorganisations. In the Municipality; ‘everything that was not prohibited was allowed’. Conflicts between the incumbents striving to maintain the status quo (such as the chief nursing officer) and challengers wishing to establish their own businesses (such as the auxiliary nurses) are salient aspects of the case. In the County Council, the incumbents were the doctors representing the dominant profession, while nurses and administrative staff were the challengers. Our cases support the proposition by Battilana (2006) which states that institutional change may originate from low-status occupations. However, the Nurse and the Civil Servant could not gain legitimacy from a high hierarchical position. They had to create freedom of action in other ways.

To have freedom of action is not a matter of course for an entrepreneur within a larger organisation (cf. Pinchot, 1985, Hjorth, 2005). The Civil Servant operated within a diversified organization. ‘Trade and industry’ can mean many different things; which gave her the freedom to interpret her role broadly. The role of a nurse is much more defined. Actively creating freedom of action and taking on wider tasks, such as union responsibilities, thus became important for her.

Freedom of action is not enough to change institutions, and so legitimacy becomes the key word. Legitimacy was created in a number of ways. Many have emphasised that institutional entrepreneurs need social skills and alliances (Fligstein, 1997; Maguire et al., 2004). In our cases, alliances within and without the organisation became extremely important, since none of the entrepreneurs were in top positions. The Nurse aligned herself with other nurses through the union. Yet, by making use of her role as Union representative, she also built up trust relationships with politicians and administrators who held higher positions within her employer organisation. Contacts outside the organisation gave economic resources, moral support and visibility on both the local and national arenas, i.e. legitimacy. The Civil Servant sought different allies for her various projects. In her role of assisting municipal employees to start their own businesses, she sought help from the liberal and conservative politicians. The relationship between the Civil Servant and one conservative politician resembled that of the champion and the sponsor (Bartlett & Dibben, 2002).

However, she also got legitimacy from her allies outside the municipal organisation, such as at the university, local business-support organisations, banks and insurance companies. This latter way to create legitimacy was an unintended consequence of her efforts to provide education and training for the would-be entrepreneurs. Her work was also supported and appreciated by those wishing to become self-employed. Furthermore, the efficiency argument applicable to both ventures enhanced their legitimacy (cf. Déjean et al., 2007), given the institutionalized values in the sectors at this time.

The cases presented here thus support the proposition of Morris & Jones (1999) that public sector entrepreneurs are able to develop power sources beyond those formally assigned. In the absence of formal authority, these abilities became even more important. The actions taken by the Nurse and the Civil Servant display similarities with the cooking strategy introduced by the legendary Swedish cook and author of recipe-books Kajsa Warg (1703–1769), i.e. ‘one takes what one has got’. This has become a Swedish expression for every-day creativity, which in an organisational context also has similarities with the muddling-through-perspective (Lindblom 1959 and many followers).

Persisting

The processes of entrepreneurship and of changing institutionalised practices were seldom straightforward, and both entrepreneurs had to withstand much personal criticism. Criticism and opposition came not only from incumbents in the organisational fields, but also from the general public and from colleagues. The Nurse experienced criticism and resistance when implementing every proposal, since they all challenged the dominating profession and hence, the institutionalized activity forms. The Civil Servant experienced the greatest criticism and resistance in the venture focused on in this article, i.e. assisting municipal care providers to start their own businesses. That the resistance was extensive when dealing with care is no coincidence. This is an area with strongly institutionalized activity forms that are not easily renegotiable (cf. Forssell & Jansson, 1996).

Care and healthcare evoke strong feelings, both from the general public and within public organisations. This area is subject to strong normative pressure from the medical professions (Hellberg & Saks, 1999). By eventually becoming head of a clinic the Nurse, as a nurse and a woman, challenged the institution of the hierarchical doctor-nurse relationship. Representatives of the medical profession actively strived to counteract her. When the Civil Servant helped two auxiliary nurses to start a private nursing-home she was heavily criticised and even the nurses’ methods for winning the contract were brought into question.

Common to both entrepreneurs are not only the strong opposition encountered, but also their persistence in these processes. The processes take ‘two steps forward and one step back’, but these institutional entrepreneurs persistently continued forward. The Civil Servant said ‘it became something of a sport to challenge everything’. The Nurse was clearly driven by the incomplete (Steyaert & Hjorth, 2003). She is committed to working for the patients’ best, and thus continues within the County Council despite other offers.

Though the master ideas in the (inter)national environment and the turbulence in the sectors and organisations were enabling conditions and an integral part of the entrepreneurial processes, accomplishing change, was thus still a battle fought by the entrepreneurs.

Moving on

Both entrepreneurs have moved on to new entrepreneurial ventures within the public sector, some of which have also changed institutionalized activity forms. They are both rich with ideas and, as we have seen, skilful in creating the necessary freedom of action through finding sponsors and making tactical use of emerging master ideas. There are thus similarities to the organisational entrepreneurs studied by Hjorth (2005), who make tactical use of strategic

decisions and create “space for play”. The driving forces of our public sector entrepreneurs however, seem necessity-driven like the activists in the Attac-movement, studied by Gawell (2007). The Nurse and the Civil Servant were deeply engaged in their target groups and wanted to ‘improve where they were’. Our interpretation is that they were not career-driven or politically ambitious like the public employees studied by Zerbinati & Souitaris (2005). If anything, they resemble the public champions driven by the needs of the public, mentioned by Bartlett & Dibben (2002). Further studies into the driving forces of entrepreneurs in public sector contexts could prove fruitful in developing understanding as well as concepts more applicable to the context.

Conclusions: Entrepreneurial processes re-contextualized

This article contributes to research on institutional- as well as public sector entrepreneurship through studying entrepreneurship on the middle level in the organisations. It is our contention that entrepreneurs holding positions on this level within the public sector have not, to date, been given due attention. In consequence, until now we knew little about the characteristics of the entrepreneurial processes, forces that drive these institutional entrepreneurs and the contextual prerequisites.

Through taking a multi-level approach and by illustrating the interplay between the levels of analysis, this article has contributed to the process whereby entrepreneurship theories is enriched by new institutional theories and vice versa. In each stage of the entrepreneurial processes, the entrepreneurs, the organisations and the sector in crisis as well as the international institutional environment in terms of the NPM-inspired idea on travel, were all integral parts. We have illustrated that the Nurse and the Civil Servant were embedded in an/a (inter)national environment, where institutionalized ideas and activity forms influence the freedom of action they are able to create. The enabling aspects of these institutions involve the possibilities for example of borrowing organisational solutions or making tactical use of ideas on travel, be they efficiency, privatization or something else. As noted by others, this implies that the dichotomy between imitation and innovation is being blurred (Sevón, 1996; Rehn & Vachhani 2006; cf. also Schumpeter 1934/1994).

The proactiveness and persistence of the entrepreneurs eventually resulted in institutional change. The cases show that institutional entrepreneurship is not only embedded in space, but also in a specific time (Czarniawska & Joegers, 1996; Czarniawska, 2005), something only explicitly touched upon by a few previous studies of institutional entrepreneurship (cf. Lawrence & Phillips, 2004; Battilana, 2006). Had the entrepreneurial initiatives not been in line with the master idea of the time, institutional change may not have been possible and the projects soon forgotten. The turbulence within the specific organisations was also enabling. Further, the social aspects of the entrepreneurial processes have been illustrated, since change may not have been possible without attracting sponsors and coalition partners. The entrepreneurs were necessity-driven, in the re-conceptualized sense of being convinced of the necessity to realize change. This incitement is not often mentioned either in mainstream entrepreneurship research or in studies of public entrepreneurs. The cases illustrate that re-conceptualisation is connected to re-contextualisation. As we find entrepreneurship where we most often do not look for it, we also find a context not often talked of as being supportive for entrepreneurship. The cases illustrate the importance of entrepreneurs on the middle levels within organisations having sponsors and coalition partners at various levels, that is to say, not only in the higher echelons of the administrative organisations but also on the political level of these public organisations. Entrepreneurship is context-specific and as the context changes, entrepreneurship also has to be re-contextualised.

The entrepreneurs themselves play a key role. The entrepreneurial processes illustrated were bottom-up, driven by local needs and context-dependent organisational solutions. Even if the time for the ideas had come, they far from implemented themselves. The truths of today are still a result of the battles of yesterday and these battles were fought by the entrepreneurs.

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