The Creation of a Hybrid and Innovative Model of Occupational Health Delivery through the Lens of Institutional Work

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By applying the lenses of institutional work, this study presents an empirical analysis on how agents create and manage a hybrid virtual organization to provide an innovative solution to the problem of the lack of occupational health (OH) services among small businesses. We specifically focus on how these actors exploit and balance the prescriptions of different logics within this hybrid organization. Our qualitative study showed that the funders manage this virtual social enterprise through two main strategies: 'commitment to the social mission' and 'support for the social mission'. The first strategy shows how the social mission helped a diverse group of funders and employees to work together as a team. The second strategy assists these actors to grant the maintenance and justify the existence of this novel organization, which provides immense societal benefits but could not support itself financially. This article shows how a hybrid organizations' capacity for innovation and societal advantages depends on the ability to rely on multiple logics and simultaneously to shift the attention on the social mission as a catalytic force for its survival.

Introduction

Hybrid organizational forms are increasingly gaining prevalence as they generate innovative solutions to complex and crucial problems faced by organizations in different sectors (Kratz and Block, 2008; Jay, 2013). Examples of hybrid organizations can be found in the healthcare setting (Reay and Hinings, 2005, 2009), social enterprises (Battilana and Lee, 2014), public service partnerships (Jay, 2013), universities (Murray, 2010), and financial institutions (Smets *et al.*, 2014).

Over the last three decades, the boundaries between public sector organizations, private businesses, and charitable organizations have become increasingly blurred (Weisbrod, 2004; Mahoney *et al.*, 2009; Billis, 2010; Battilana *et al.*, 2012; Kivleniece and Quelin, 2012). As a consequence, observation of the social world reveals that hybrid organizations are more common than organizations which are closer to 'ideal types' (Brandsen *et al.*, 2005).

Although initial studies have considered hybrid organizations to be challenging, such as in the managerialization of health care systems (Reay and Hinings, 2005), recent studies state that hybrid organizations are bringing many benefits, as they can address important social issues in an innovative manner (Battilana and Dorado, 2010; Tracey *et al.*, 2011; Jay, 2013). For instance, social enterprises are very common example, as they rely on both market and community logics. These organizations are spreading rapidly in our society due to their ability to address innovatively and rapidly important social issues (Kratz and Block, 2008). Social enterprises are intended to be easy to set up, with all the flexibility and certainty of the company form, but with some special features to ensure that they are working for the benefit of the community (Shaw and Carter, 2007). Moreover, they operate in a rapidly changing environment against high competition, thus increasing their needs in the target communities and creating a tighter funding environment (Mort *et al.*, 2003). Such enterprises are becoming increasingly common because of their ability to play a subordinate role to state agencies, complement and supplement their services, pioneer new methods of meeting needs, and act as an advocate for marginalized groups (Kendall and Knapp, 1996).

Social enterprises, through their hybrid nature are accountable for both social mission and market profit

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(Ebrahim *et al.* 2014). However, a number of social enterprises have been criticized for prioritizing the market logics at the expenses of their social missions (Fowler, 2000; Weisbrod, 2004). In contrast, other studies have emphasized the social mission over the financial profits and defended the organizational survival although financial profits were not met (Jay, 2013). This importance of the social mission emerged as one of the findings of our paper.

By drawing on a new OH on-line service, our paper aims to answer the following question: how do different actors balance and exploit the prescriptions of different logics within a hybrid organization?

To answer this question, the paper uses a case of an innovative occupational service, the Health for Work Adviceline (OHA), a community of interest company (CIC), to explore how the senior managers/executive funders of this service manage and benefit from its hybrid form. The OHA is a new telephone and online occupational health (OH) service, recently introduced in England to provide help and advice to medium-sized enterprises (SMEs). As many organizations which have been created to solve innovatively crucial problems, it has a hybrid form. It embodies the logic of social goals and collective choice typical of the non-profit sector/public sector and the logic of efficiency of private sector organizations. Although this company provides immense societal benefits, it could not self-sustain, therefore the managers/funders had to find elaborate new strategies to effectuate its survival. As the paper will emphasize the social mission of this organization plays a major role for managing its hybrid elements and for justifying its survival.

By exploring the unique case of the OHA, we aim to contribute to the existent academic literature on institutional work and hybrid organizations. Particularly we aim to provide further contributions to previous studies which explored how multiple institutional logics can coexist in organizations and increase their effectiveness (e.g., Battilana and Dorado, 2010; Tracey *et al.*, 2011; Jay, 2013; Pache and Santos, 2013; Battilana and Lee, 2014; Smets *et al.* 2014; Gümüsay *et al.*, 2018). Specifically, through our case study, we explore how actors, through their institutional work, exploit and balance the prescriptions of different logics. By generating the two theoretical concepts 'commitment to the social mission' and, 'support to the social mission', we offer a theoretical contribution to the literature of institutional work and hybrid organizations. These two strategies give a meaning to the different forms of institutional work and their associated phases. Moreover, they represent the main reference point for actors in order to make multiple logics coexist.

Moreover, we demonstrate to practitioners, new models of partnerships and networking between public- and third-sector organizations and private companies to provide broader benefits for society. Finally, through an analysis of a unique empirical case study, we offer contributions in the field of OH and we show how this service created changes in this specific institutional field.

The paper first provides a literature review of the concepts of hybrid organizations and institutional work. We then outline the methodology section, including our research approach and data analysis. Afterwards, we present and discuss our findings, and, finally, we highlight the implications and limitations of our study.

Managing multiple logics in hybrid organizations

Hybrid organizations can be defined as the combination of multiple organizational identities (Pratt and Foreman, 2000; Albert and Adams, 2002; Albert and Whetten 1985; Corley *et al.*, 2006), multiple organizational logics (Battilana and Dorado, 2010; Greenwood *et al.*, 2010; Pache and Santos, 2013), and multiple organizational forms (Hannan and Freeman, 1986; Haveman and Rao, 2006). The concept of hybrid organizations is central to the discussion of the creation of new organizational forms (Haveman and Rao, 2006; Tracey *et al.*, 2011), because new organizations, 'no matter how radical, are combinations and permutations of what was there before' (Padgett and Powell, 2012: 2). Traditional studies on hybrid organizations have mainly focused on market logic, which was considered the best way to maximize profits (Thornton, 2004; Thornton *et al.*, 2012). An example of these hybrid organizations is the managerialization of health care systems (Reay and Hinings, 2005), such as the new public management (NPM) in the UK (Ferlie *et al.*, 1996). NPM policies aimed to modernize and make more effective the UK public sector by applying private-sectors management techniques and processes to the National Health Service (NHS). However, NPM has been highly criticized because it mainly focused on the private sector logics and dismissed the logics of public benefits, so that it did not often lead to effectiveness (Ferlie *et al.*, 2003). Indeed, this initial literature exemplified how such hybrid combination of logics (e.g., private *versus* public logics) was regarded as imposing and problematic.

In contrast, literature highlights that the concept of hybridity has been used often to characterize organizational forms in the third sector. Although these organizations are still associated to 'boundaries, problems, fuzziness and changeability' (Brandsen *et al.*, 2005:. 750), they also bring many benefits to the society, such as helping more disadvantaged groups. Within the third sector, social enterprises represent an example of welfare hybridity that merges third, public, and private-sector

values (Billis, 2010). Social enterprises in particular, whose goal is to achieve a social mission, need to adjust the competing demands of the market logic and social welfare logic (Pache and Santos, 2013).

A series of studies investigated new strategies for lessening internal tensions due to the coexistence of different values, institutional logics, and organizational forms (Lounsbury and Crumley, 2007; Greenwood *et al.* 2011; Pache and Santos, 2013; Battilana and Lee, 2014). Early institutional research explained how hybrid organizations incorporate competing logics through the strategies of decoupling, which involves the endorsement of practices prescribed by one logic while adopting the practices promoted by other logics (Meyer and Rowan, 1977), and compromising, which involves the creation of an acceptable balance between conflicting demands (Oliver, 1991), whereas more recent research focuses on strategies involving logics combinations (Lounsbury and Crumley, 2007; Greenwood *et al.*, 2011; Tracey *et al.*, 2011). Following this last strategy, Tracey *et al.* (2011) showed how two social entrepreneurs combine the logics of charity and commercial retail to address the problem of homelessness. Similarly, Pache and Santos (2013: 2013), by investigating a work integration social enterprise in France, suggested that 'hybrid organizations combine the competing logics in which they are embedded through selective coupling'. This strategy enabled them to provide legitimacy to external stakeholders. For instance, in his study, two social enterprises funded by commercial actors chose to enact the majority of practices from the social welfare logic in order to consolidate their legitimacy in a field dominated by a social welfare mission.

A recent study of Battilana and Lee (2014) shows that social enterprises can alleviate the tensions resulting from hybridity by acting on five keys areas: core organizational activities, workforce compositions, organizational design, inter-organizational relationships, and organizational culture (Battilana and Lee, 2014). First, these authors suggested that the maintenance of integrated activities that support both social and commercial objectives can help hybrid organizations to maintain legitimacy. Another area that social enterprises should address is its workforce composition. Specifically, Battilana and Dorado (2010), explore how Bolivian microfinance organizations combined development and banking logics generate a common organizational identity. These authors suggested that hiring young employees and socializing them in the hybrid culture can create a balance between clashing logics. The strategy of hiring graduates with no previous work experience and then providing extra training at induction was found to be more successful than hiring bankers and social workers with previous work experience (Battilana and Dorado, 2010). A third element that needs to be taken into account is the organizational design. For instance, social enterprises should wisely

evaluate whether the business and charitable activities are addressed by the same units or divided into different sub-units (Pratt and Foreman, 2000). A fourth element that social enterprises should consider is the external relationships that they form with other organizations, such as investors and funders. One important issue is whether the different types of funders, with whom the social enterprises liaise, influence the adoption of different types of organizational strategies and practices which can be in line with either private ambitions or charitable aims (Battilana and Lee, 2014). Finally, another element that might cause tensions in hybrid organizations is the organizational culture. Because social enterprises combine private and charity values, it is important that their leaders make the important decision of whether to implement a single organizational culture, integrating both social and commercial aspects, or to create multiple sub-cultures. Therefore hybrid organizations, in this case social enterprises, in order to sustain hybridity need to make decisions whether to integrate logics or to separate them (Battilana and Lee, 2014).

However, recent studies point out that, in some organizations, there is a middle ground between separation and integration or 'blending' of logics (Gümüsay *et al.*, 2018). As Gümüsay *et al.* (2018: 11) specified, 'a possible solution may lie in the middle ground, where logics are neither structurally compartmentalized, nor blended'. These authors provide two novel managerial responses to conflicting institutional logics: polyphony and polysemy. Polysemy builds on the fact that concepts have multiple levels of understanding and provide a variety of possible meanings. For instance, a polysemic managerial strategy induces a communicative vagueness, which addresses a variety of views. Polyphony refers to the coexistent yet separate enactment of multiple meanings through spatial, temporal, and linguistic mechanisms. For instance, in the case of an Islamic bank, a prayer room offers a place of gathering for specific values and logics which contrast the office spaces dedicated for profit. These two constructs allow an organization to decrease conflict. These authors emphasized the concept of 'elastic hybridity', which adds an important middle ground between logic separation and logic integration.

Apart from tensions, hybrid organization can lead to paradoxical outcomes (Jay, 2013). For instance, Jay analyzed the organizational change in CEA, a company which combines the logic of public service/non-profit logics aimed to support the whole community and the client service business logics to financially sustain the organization. Jay through an ethnographic study, shows that the result of competing logics leads to paradoxical outcomes, and organizational members shifted from an institutional logic to another through a process of sense-making. For instance, the logic of a client service business

at CEA failed because the clients engaged with CEA for energy audits and advice, but then chose a different energy service company. CEA still achieved its mission by helping the company to reduce its greenhouse gas footprint. Therefore, through a process of sense-making, the members of CEA justified the existence of this organization by shifting institutional logics. Its existence was defended by the achievement of its public service mission.

Another strand of research explores the micro practices of hybrid organizations, referring to them as 'hybrid organizing' (Smith and Tushman, 2005; Lubatkin *et al.*, 2006; Reay and Hinings, 2009; McPherson and Sauder, 2013; Smets *et al.*, 2014; Claus and Ansari, 2015). For instance, Smets *et al.* (2014) identified three mechanisms underwriters use to balance market-oriented practices and community-oriented practices: 'segmenting', 'bridging' and 'demarcating'. Underwriters deploy the mechanism of 'segmenting' (e.g., changing addresses, moving from different locations) so that they can differentiate the tasks. They use the mechanism of 'bridging' when they use gossip gleaned from the community to finalize their deal price in the office. They utilize the practice of 'demarcating' when the push back in-house colleagues, if they feel their approach is too market oriented. Similarly, Claus and Ansari (2015) use a micro approach and introduce the concept of 'anchoring' to show how individuals cope with conflicting logics. According to these authors, the process of 'anchoring' serves to mitigate tensions by re-establishing a sense of practicable certainty. For instance, employees in the company research, care for their products, and are attached to their work; this emotional bond was deployed as an anchor to justify an expensive operational decision for adopting sustainable products.

As discussed above, actors deploy different mechanisms to deal with incompatible logics. While the initial literature focused on separate logics, recent studies mainly highlighted the process of integrating logics, the 'in-between space' of two logics and the fluid shifting from one logic to another. Within these processes, strategies and practices which have been initiated to deal with hybridity, the role of agency acquires more and more importance.

Institutional work: the role of agents in institutional change

The concept of institutional work is crucial when attempting to analyze the role of agents managing conflicting institutional logics at an early stage of creation of new organizations. The concept of institutional work refers to the practical actions through which actors create, maintain, and disrupt institutions (Lawrence and Suddaby,

2006; Lawrence *et al.*, 2011). Although Lawrence and Suddaby (2006) categorize institutional work in three stages, which suggest that institutional change takes place in a linear and sequential way, other authors suggest that institutional change could be more messy and complex (Cooper *et al.*, 1996). For instance, while exploring the institutional change in large international low firms, Empson *et al.* (2013: 837) portray 'how the managing partners and managing professionals have simultaneously engaged in creating, maintaining and disrupting the institution of partnership'.

These three phases of institutional work are associated by three institutional pillars: cognitive, normative and regulative. Respectively, the cognitive pillar of institutions refers to the shared belief of social reality and mental models. The normative pillar of institutions includes norms, values and expectations related to a specific issue of practice. Finally, the regulative pillar of institutions involves rules and laws (Scott, 2008). Thus, as research suggested agents can simultaneously mobilize support for new cognition, norms and rules and, de-institutionalize pre-existing ideas, norms and regulations (Fortwengel and Jackson, 2016).

Institutional work focuses on the need to take into account the dialectical interaction between agency and structure (Lawrence *et al.*, 2011). This theoretical approach emphasizes the role of the agency and enables actors to change structures (Giddens, 1984; Sewell, 1992). An agency is characterized by a reflexive capacity to combine thoughts, intentions, and actions within the 'contingencies of the moment' (Emirbayer and Mishe, 1998: 963). Similarly, by embracing the increasing importance of agency, many scholars introduced the concept of institutional entrepreneurships (DiMaggio, 1988; Seo and Creed, 2002; Battilana *et al.*, 2009). This theoretical construct refers to the 'activities of actors who have an interest in particular institutional arrangement and who leverage resources to create new institutions or to transform existing ones' (Maguire *et al.*, 2004: 657). From this perspective, structures not only generate constraints on the agency, but also provide space for entrepreneurial activities (Garaud and Kernøe, 2003; Garaud *et al.*, 2002, 2007). However, this concept has been criticized for representing institutional actors as 'hypermuscolar institutional entrepreneurs' (Lawrence *et al.*, 2011; Empson *et al.*, 2013) and 'heroic actors' (Powell and Colyvas, 2008). In contrast, institutional work, apart from acknowledging the characteristics of actors, emphasizes their actions and practices necessary to create institutional change.

The notion of institutional work has been often associated with Bourdieu's (1990[1980]) notion of habitus, because many aspects of the social structure 'become objectified at the level of individual subjectivity' (Lawrence et al., 2011: 54). Similarly, Battilana (2006)

points out that some actors, because of the social position they occupy in a society, are better than others to resist institutional pressures. Actors' social position is important, because it affects their access to the resources necessary to implement institutional change. Actors' social position within an organizational setting provides legitimacy in implementing the institutional change and enables them to gain access to the resources necessary to carry out this change (Maguire *et al.*, 2004). Other research emphasizes the importance of actors' skills in the process of implementing transformations (Fligstein, 1997; Perkmann and Spicer, 2007). Other studies underline the role of professionals in the institutional processes (Greenwood *et al.*, 2002; Suddaby and Viale, 2011; Daudigeus, 2013). Moreover, recent studies, by taking a practical agency approach (Blackler and Regan, 2006; Khan *et al.*, 2007; Daudigeus, 2013), explore the actions of individual actors within organizations as they engage in institutional work.

By reflecting on previous literature, this paper explores through the lens of institutional work how different actors balance and exploit the prescriptions of different logics within a hybrid organization. Our research case demonstrates how actors built up a hybrid organization to seek a solution to a crucial problem in our society: providing OH support to SMEs. We contribute to previous literature on hybrid organizations and institutional work by showing how managers/executives can exploit the advantages of multiple logics to solve a social problem and simultaneously introduce practices and strategies to balance the prescriptions of different and less compatible logics. In this paper, we demonstrate that a plurality of skills and knowledge is an advantage for the creation and maintenance of a new service; however, it is important to establish common norms, rules, and values to enable the maintenance of the organization.

Research setting and background of the study

The case study explored in this paper is a new OH service that provides support to small businesses through a telephone advice line and an interactive online service. It was launched by the government in 2009 in the UK as part of a series of initiatives tested to address some of the recommendations of Dame Carol Black in her review, "Working for a healthier tomorrow" (2008). This government report clearly highlights the need to offer OH support to SMEs. SMEs represent a large majority of the overall economy. They employ 12.5 million people in the UK, which comprise approximately 99 per cent of all UK businesses and 58 per cent of the total employment (OHAC, 2009). Despite the prominence of SMEs in the UK labor market, the literature points out that occupational health services are more common in larger

organizations than in small businesses (Black, 2008; Phillips, 2011). Dame Carol Black's report highlights that SMEs did not use OH services because they are costly and did not know the business case in investing in OH.

The initial service was operated nationally across England (from seven service sites), Scotland (one site), and Wales (one site). This paper focuses on the OHA operating in England, during its second phase (from 2012–2014). Initially (2009–2011) the OHA was delivered through NHS Plus, a Department of Health project to promote the delivery of OHS to SMEs and improve the overall quality of OH provision. In 2012, it became part of a community of interest company. This service mainly aims to provide SMEs with free, early, and easy access to high-quality advice regarding employees' health issues. During the initial period, OHA only provided advice over the phone. However, since 2012, the OHA has been a multi-channel service; employers can seek advice over the phone, through online chat, or by completing the detailed downloaded documents provided on the OHA website. Moreover, its services have been made available to large companies and employees. In 2013 the OHA counted more than 2,000 registered users. (see Table 1)

The introduction of the OHA introduced a relevant institutional change in the field of OH services, because it provided free professional OH support for SMEs through a multi-media service. In order to better understand this institutional change, it is important to remember the transformations of OH services in the UK and some of critical elements of this field. The Statutory Sick Pay (SSP) Act (1994) represents the key regulatory change which hugely impacted the management of OH in the UK. This legislation exemplifies the neoliberal deregulation philosophy and shifted the responsibility of sickness absence management from the state to organizations. (Taylor *et al.*, 2010). This is the reason OH services are more common among large companies which can afford the costs. From a neoliberal perspective, sickness absence started to be deemed as an undesirable cost to be minimized. The SSP triggered a series managerial behaviors in relation to sickness absence. For instance, computerized monitoring of employee absence records were used for managerial intervention; second, new policies and procedures have been introduced. These new controlling practices and policies are mainly aimed at reducing the level of sickness absence, without considering how to prevent the occurrence of this phenomenon. Research and professional bodies clearly emphasize that these absence policies were mainly associated with disciplinary action, so that sickness absence was not appropriately managed but reduced via 'penalties' and 'sanctions' (Dunn and Wilkinson, 2002).

Other studies also showed that many companies made line managers responsible for the management of OH

Table 1 Chronological events of the OHA

	Phase 1 (2009-2012)	*Phase 2 (from 2012-2014)*
Organizational logics	Community logics	Community and market logics
Social mission	Supporting SMEs with OH problems	Supporting SMEs, large companies and employees with OH problems.
Organizational form	This OHA was part of an existent NHS department (NHS Plus) and funded by a government body.	The OHA became a CIC, still funded by a government body.
Delivery of the service	Telephone consultations with NHS nurses	Stratified division of labour: - Contact center operators (screening the initial calls) - NHS nurses dealing only with calls forwarded by contact centres operators Multi-channel service: -On-line 'ask a question' service -On-line chat - Knowledge base (on-line information related to the most common OH problems)
Service Provision	Decentralized: England (from seven service sites), Scotland (one site), and Wales (one site).	Centralized: England (one site)
	Free service Only SMEs of specific geographical area.	Free service (with initial intention of asking a small fees to the users) The service became available to SMEs, larger companies and employees

issues. Line managers proved to be badly equipped in the management of ill health and absenteeism, because they did not have sufficient OH knowledge and also because they had to perform contradictory tasks (e.g., on one hand, they have to support employees coming back from a long sickness absence and, on the other, they are also responsible for the productivity levels and for disciplinary procedures) (Larsen and Brewsrer, 2003; Cunningham *et al.*, 2004).

As is evident, the institutional field of OH in the UK was mainly governed by private-sector institutional logics, which for the reasons listed above, did not provide an efficient solution to OH needs. This problem was particularly critical among SMEs, because OH support was costly, and managers of small businesses did not consider the case of investing on OH (Black, 2008). As our data will emphasize, the OHA represented an innovative solution to OH problems, because for the first time after many years, the public/community logics shed light in the field of OH. Thus, as we will point out, the OHA, disrupted the field because it provided a free an specialist OH support.

Research methods and analysis

The data have been collected through different sources: semi-structured interviews, non-participant observations, and documentary data. The overall research took place during the years of 2012–2014. A total of 39 semi-structured interviews have been conducted with OHA managers (5), contact center operators (6), OH nurses (4), and the managers of small businesses (21).

The access to the case study has been facilitated by a member of the OHA, who is also one of the co-authors of this paper. He first discussed with the first author and principal investigator (PI) of this project the aims and ambitions of the service, and afterwards he facilitated access to the company. The PI therefore interviewed the founder of the OHA, the main project manager, and the marketing manager. These first interviews gave us detailed information about the nature of the service, how this service was created, its implications for its maintenance in terms of division of labor, and allocation of the resources. The element of hybridity emerged during these first interviews, during which our informants talked about this innovative OH service which merged NHS nurses, private contact centers, and the multi-channel delivery to provide free OH support for SMEs. These initial interviews prompted the research questions of this paper and helped us to broaden the initial interviewing schedule, which became more focused on how the managers/funders could integrate the community institutional logics and private sector institutional logics.

These informants also granted access to OH nurses, contact center managers, and contact center operators. During these initial interviews, our informants discussed how they managed the workforce to create teamwork and synergy among employees who had a different background and work in a different sector (OH nurses and contact center advisor). We became eager to explore this element through non-participant observations in the private contact centers and semi-structured interviews. Some years ago, the PI of this project carried out a study

aimed at exploring a tele-health service in the National Health Service (NHS) and found a lot of tension between the tele-nurses and the occupational health advisors (Mueller *et al.*, 2008; Smith *et al.*, 2008). Tele-nurses' work was pressurized by the Tayloristic contact center regimes, and they looked down on the health information advisors, while the latter complained about their relationships with the tele-nurses. We wanted to know, based on the voice and actions of OH nurses and contact center operators, how the managerial team was able to establish co-operation and teamwork among these two sets of very different workers. During these interviews, our questions focused on the information and support they provided to the callers, whether they used their knowledge to answer the questions asked, whether they had to time their calls, their previous job, and the training they received. Moreover, the PI asked contact center operators whether they were exchanging information with OH and vice versa. Other sets of questions aimed to explore their own perception about the OHA and whether they have been directly involved with the managerial team during the process of creation and transformation. The PI has also conducted some non-participant observations within the contact center and was able to listen to calls related to the OHA. She explored its work culture and in which way the labor process in this particular setting facilitated the co-operation between OH nurses and operators. During the period of data collection, the PI also carried out informal meetings with the project manager of the OH (about 10 face-to-face meetings), and she regularly exchanged emails with the management team. These informal updates prompted new questions on its maintenance, potential disruption, and re-creation. All these informal conversations and emails have been summarized in formal notes and used for the data analysis. In this respect, the case study research strategy has been extremely useful, and we let the participants tell the unique story of the OHA, which is linked to a particular economic and political context (Stouffer, 1941; Stake, 1994; Yin, 1994). Moreover, this approach has been helpful in determining the complexity and the dynamics of organizational settings of this innovative OH service (Harrison and Leitch, 2000) and to develop new theories (Eisenhardt and Graehner, 2007). Finally we interviewed the managers and employees who have utilized this service. The majority of companies were SMEs from a variety of sectors and industries. The project manager of the OHA offered us a list of the users and, after having sent them an on-line questionnaire, we interviewed a sample of these managers. We used the principle of self-selection to create this new sample. First we asked these participants a series of questions related to the effectiveness of the advice line and its impact on the companies, then we asked about their perception about this service, why they trusted it, how they came to know

this service, and whether they would pay in the future to use it.

Each interview lasted between 30 and 75 minutes and was digitally recorded. We also collected data from secondary sources such as government reports (e.g., the original Black Report, other reports from the Department of Work and Pensions) and academic journals in the field of OH and labor studies (e.g., Cunningham *et al.*, 2004; Taylor *et al.*, 2010). This data allowed us to become familiar with the institutional context of OH services in the UK.

The first phase of our primary data analysis involves the following steps: first, all of the interviews have been transcribed *ad verbatim*, all the notes of observations conducted in the contact center have been systematically rewritten, and all the additional information coming from emails and phone conversations have been carefully summarized in organized notes.

Following the methodological approach of Gioa *et al.* (2012), the researcher who collected the data built up first-order categories by trying to adhere to informants' terms and perspectives. The initial coding commenced by focusing on what the interviewees told us about their current and previous occupation, their role within the OHA, their beliefs and expectations about this new service, and how the users perceived this new service.

The distinction of 'community logics' and 'market logics' emerged spontaneously at the stage of data collection; however, only at this stage did all the authors systematically identify the different community and market logics. We checked whether the two logics combine, how they combine, and – if not combined – how they are kept separated.

These grounded themes/intuitive categories and initial coding of the two main institutional logics and the reflection on relevant literature have helped us generate other categories which hold a higher conceptual level, which in our case represent the different phases of institutional work: 'building up an innovative idea', 'creating a cohesive identity among the workforce', 'redefining the organizational template', 'legitimizing the OHA' and 'justifying the existence of the OHA'. Finally, by reflection of these second-order categories, first-order themes and the combination (or separation) of institutional logics, we generate the final theoretical dimensions: 'commitment to the social mission' and 'support for the social mission.' (see Table 2).

Findings

We now discuss how the different actors of the OHA managed to balance and exploit the prescriptions of different logics within the OHA. In order to reach this

Table 2 Dimension, themes and data

Theoretical Dimension, Second Order themes, First Order Themes	Representative Data
Commitment to the Social Mission	
Building up an innovative idea	
All managers/funders have different role, experiences.	"…what we pulled together was a steering group so there were eight or nine people who helped me to develop this concept, this idea. It didn't necessarily come from one person..." (Funder1)
	"I have my own marketing agency working with private and public organizations…Well I'll tell you from a different perspective because I'll tell you from the marketing perspective… I look after customer acquisition, so I do all the marketing. I also do all the technology around the website and the knowledge base" (Marketing Director Funder 4).
All the managers/funders had a previous experience in the public/third sector organizations	"Okay. I have worked in the NHS for the last 35 years as a Human Resources Director and managing a consultancy, an HR, an OD consultancy so my background is very much in HR". (Funder 1)
	"…So I mean I have worked with NHS Plus who was the original contractor for this for eight or nine years on various projects" (Marketing Director/Funder 4)
Managers/ Executives are committed in create something new, innovative and helpful	I was involved in developing the idea, launching the idea, launching the service. I also had a national role for the NHS Plus. I did that role part-time I played two roles. One role through my team that I managed in York, the other role was to do the initial settle of the service at a national level"(Project Manager/Funder 2)
	"SMEs do not usually have access to good occupational health support or don't have access to any occupational health support. OHA is something very new and innovative….the multi-channel idea is something very new" (Project Manager/Funder 2)
	"It is very innovative because of the multi-channel approach, it's the fact that we've got online material and that's quite unusual because the, yes, there's lots of online material that's around about health issues but this is from the perspective particularly of the employer and then there's the opportunity to be able to speak to an occupational health nurse and get advice that's tailored to the employer's particular needs. I think it's that that makes it innovative". (Funder 1)
Creating a cohesive identity among the workforce	
All the workers have previous experience in public sector /third section.	"Our contact center operators have been working for public or charities organizations…"(Contact Center Manager)
	"Interviewer: And what is your work experience before coming here? I did voluntary work with Citizen's Advice Bureau. That was how I connected with the job here." (Contact Centre Operator 3)
Team work collaboration among OH Nurses/ Contact centre operators.	"They are sharing the same cultural values and this helps to work as a team" (Contact center manager)
	"I actually had a meeting with a few people from the OHA, so from their Head Office. Also the nurses that we speak to, they also come down here and we had one big training altogether, we received our training together from our IT department to show us our computer systems, so that's where we had our training from" (Contact Centre Head of Training)
	Non-participant observations also confirmed the fact that there was a great co-operations between contact centers operators and OH nurses.
Workers' view and beliefs about the OHA	"There hasn't really been that sort of service for people before, small and medium sized businesses in particularly don't naturally have access to occupational health and this is the time where they can seek guidance as to whether they need occupational health or not….the multi-channel approach is the way that the world is going, technology is going." (OH Nurse 2)

Table 2 *(Continued)*

Theoretical Dimension, Second Order themes, First Order Themes	*Representative Data*
Commitment to the Social Mission	
Workers' view and beliefs about the OHA	"I think we had an idea of what the service was and how it operated and I think it was in those discovery days at the beginning it was discussed how they wanted it to change from what it was to what they needed it to be and I think that's where we sort of came into it there, we knew what the service was at the outset, but we were more interested in what they wanted to build the service or change the service to…..I think it is innovative, yeah, I think it's taking the information that's available that step further and I think it is quite a valuable service for small businesses because they don't have access to that information, so I think it is quite a specialist service, but I think it's quite a relevant one, especially with businesses as they are now and the struggles and the sort of challenges they've got" (Contact Centre Manager)
Support for the Social Mission	
Redefining the organizational template	
Reasons for implementing a division of labour	"The contact center operators were dealing with the initial calls…the operators were instructed to listen to the queries to signpost the calls to the appropriate service, because not all the calls are appropriate for OH service…What was important to do was that to make sure that the expensive specialist advisors were used as appropriate" (Project Manager/ Funder 2).
	"I think the strength is that the nurses are able to do what they're qualified to do and deliver the information that they're specialized in, whereas we can deliver the easy, the general, the public type information that people need. So I think that's the strength there that we can field a lot of the simple easy queries"(Contact Centre Manager)
Does the implementation of contact centres operators affect the quality of the service?	"We time phone calls but we don't put pressure on our contact centers", (Contact Center Manager)
	Non-participant observations in the contact centers showed that contact centers operators were very knowledgeable and were keen of offering a good service to the callers.
Main benefits multi-channel service	"In November 2011 we introduced the multi-channel service, by multi-channel I mean that there are several ways the users can access it. We re-developed and launched the website, we developed a knowledge base website with a series of management guideline… This type of technology is very new for the NHS and you do not see much around for OH, some of the commercial providers they argue that they do it but not to this extent." (Project Manager/Funder 2)
	"I wanted to empower line managers to be able to take the first step in dealing with an employee problem, okay? And that meant making the information available online so they could read it and then, if they needed some help with a particular case or to understand how they could manage a problem, or they had a question, than we would provide that support." (Funder 1)
Reason for implementing a CIC	"Community of Interest Company are in favour for those organizations that provide public type of services ….we are providing are for communities and we are a kind of not for profit organization and it fits with the philosophy of people who are the funders of this new company, because they have a kind of NHS, public-sector background… we are thinking to ask the users a small fee, but we need to evaluate that" (Project Manager/Funder 2)
	"We set up the community interest company. We also had other products and services which had been developed by NHS Plus and we felt that a community interest company would be the best vehicle to continue those because it's a limited company, okay, which means that we can trade through that limited company. It's a social enterprise so therefore it's more acceptable to our customers that it's not for profit" (Funder 1)

Table 2 *(Continued)*

Theoretical Dimension, Second Order themes, First Order Themes	Representative Data
Commitment to the Social Mission	

Legitimizing the OHA

The OHA is solving a legitimate problem.	The OHA was set up in response to recommendations of Carol Black report '…Workers of SMEs do not usually have access to good occupational health support or don't have access to any occupational health support. Usually employees or large private organizations where OH is accepted have support, but SMEs have very little support." (Project Manger/Funder 2)
	"I went to talk to the Department XX because Carol Black had recommended that an advice line should be established for small businesses and the Department XX weren't sure how this could be set up quickly" (Funder 1)
The OHA is relying on legitimate actors	"We have a partnership with the Health and Safety Executive which is a very strong one, we have a partnership with the Chambers of Commerce. I'd say those are the main ones. X can probably give you a little bit more information about where the calls come from but it's the Health and Safety Executive that's a very important partner" (Funder 1)
	"The Department of Work and Pension, yeah. In terms of providing the service, we are dependent upon the two NHS Trusts,.. and because they provide the nursing support over the telephone". (Funder 1)
	"But from a marketing perspective and a branding perspective, I want to have the NHS brand on that. So without the NHS *(overtalking)* and a very, very important thing that we do have on the website is a 'dot NHS dot UK' URL" (Marketing Manager- Funder 4).
What do the stakeholder think about the juridical status of the OHA?	"I thought it was something government funded because you don't have a private service that's free I don't think". (SME Manager3)
	"Yeah, it was fairly obvious I think, it is a government funded body …yes, it certainly gave it some, yeah some credibility". (SME manager 8)

Justifying the existence of the organization

Why the introduction of fees is not sustainable	"We are assessing the impact of the advice line and we found that it provides lots of help, many users are charity organizations and they can't afford OH services" (Marketing Director/ Funder 4)
	"We did some quite complex scenarios on okay, how many people we would need to charge? How do we charge them? And we recognized that this as a service will not sit by itself without funding, public funding." (Funder 1)
	During research meetings between the Project Manager and the Researcher, the Project Manger revealed that many SMEs cannot afford to pay a small fees and they decided to ask further support to the Government body which already funded the service (informal research notes)
Why it is important to carry on funding the OHA	"We know that the OHA cannot produce profits, but it make SMEs more productive" (Project Manager- Funder 2)
	"We know that the service is used by employees, which want to see what they can do to help themselves. So we introduced the multi-channel approach which is a website with a knowledge based, with some management guides and a couple of interactive elements. … They use the service because it is free" (Project Manager-Funder 2)

objective the managers and funders of the OHA deployed a series of practices and strategies: they exploit their personal characteristics to create the idea of this novel OH adviceline, they organize a new division of labor and redefine the organizational template to grant the maintenance of the OHA. Finally, they legitimize the service and justified its existence, although this service could not make profits necessary for its survival.

Creation of the idea and alignment with the social mission

The personal attributes of the actors play an important role in the initial process of creation of the OHA. Although the initial idea of the advice line came up from a single individual, funder, the whole concept of a telephone advice line and online OH support service has been the result of teamwork:

What we pulled together was a steering group so there were eight or nine people who helped me to develop this concept, this idea. It didn't necessarily come from one person. (Funder 1).

This steering group entailed actors from different background and with different knowledge, focused on creating a new OH service.

Funder 1 is the director of the OHA. He acquired both medical and managerial experience in the field of OH/OT (occupational therapy) and holds a high social position in this field having worked several years for the NHS. His knowledge and expertise enabled him to reflect on the problem and to find a vision to solve this critical issue, and his social position in the field facilitated the process of networking with relevant actors so that he could gather the resources necessary to initiate this new organization.

Funder 2 is the project manager of the OHA. He holds a background in OH and managerial expertise. He has been working several years in the NHS. His knowledge in the field and his ability to network with relevant actors play an important role in creating this new service.

Funder 3 is an OH physician and director of an OH unit in a prestigious university hospital in the UK; he also holds an academic position in a British Management School with a specific research interest in SMEs and OH delivery. Both his social position and expertise in OH matters played a relevant role in the creation of this OH service and facilitated the funding for this project.

Funder 4 is a marketing director who has been working with private, public organizations and social enterprises. His expertise in social media and his experience in working with a variety of bodies have been crucial in designing, launching the service and dealing simultaneously with public/community logics and private logics. Moreover, the steering groups included OH nurses who hold the specific tacit OH knowledge.

The diverse backgrounds, knowledge, and work experience of these actors not only generate the solution for a social problem (lack of OH services among SMEs), but were helpful to deal with the maintenance of this hybrid organization. Although the steering group was based on very different individuals, all these actors have something in common, they have all worked for the public sector and social enterprises:

I have worked in the NHS for the last 35 years as a Human Resources Director and managing a

consultancy, an HR, an OD consultancy so my background is very much in HR. (Funder 1).

So I mean I have worked with NHS Plus who was the original contractor for this for eight or nine years on various projects. (Marketing Director/ Funder 4).

These communalities and differences enable them to solve an institutional problem and build up the idea and the social mission of the OHA, which is to support freely and innovatively SMEs in dealing with OH matters.

The OHA was set up in response to recommendations of Carol Black's report. What Carol Black identifies in her research, in her work, was that in particular workers of SMEs do not usually have access to good occupational health support or don't have access to any occupational health support. Usually employees or large private organizations where OH is accepted have support, but SMEs have very little support…. OHA is something very new and innovative. (Project Manager/Funder 2).

For all the actors involved in the project innovation means new technology and social media:

The OHA is providing a service to a market that needs that service but didn't know it needed it. So in that way it's quite innovative because it's addressing a problem but from a different perspective and nobody, any other OH providers have really tried to hit the SMEs market from an employer's perspective. (Marketing Director, Funder 4).

We have decided first to set up a free adviceline and then a multi-channel service, this has been something very new for OH providers. (Funder 1).

The social mission of the service embeds harmonically the community logics (helping businesses who do not have access to OH services) and the private logics (using ICT to provide this service in an effective way). Although the social mission seems unproblematic at first sight, critical issues appeared when the funders had to build up the organization. The creation of a new hybrid organization did not happen by chance, a social enterprise has been evaluated by the managers/funders as the best vehicle to fulfill the needs of a particular disadvantaged group of businesses. However, the funders and managers had to face the problem on how maintain this organization, which although was helpful and essential for SMEs could not self-sustain. These aspects will be discussed in the next section.

Redefining the organizational template and the division of labor

As discussed, the OHA went through a series of transformations, and the paper explores the strategies

and practices the managers and funders deployed in exploiting the advantages of multiple logics and balancing their prescriptions. As stated, initially the OHA was formally part of the NHS Plus, a project funded by the Department of Health, which promotes the benefits of good health at work and was accessed through NHS Direct – the current 111, a telephone advice service which provides triage and health information over the phone in England. The project manager of the advice line mentioned that, during this period, this service was decentralized (7 sites), 'less flexible', and costly:

> When we launched the initial advice line in 2009, it was simply a very basic website with a call to action on the website which was encouraging managers using the advice line. What happened was that each local advice center approached the local chamber of commerce. So we advertised the service at a local level… The way in which NHS Direct worked, they took the calls, they took the postcodes, and if the companies met the criteria, if they were SMEs, and if they were in the right postcode area, the nurses would triage the call from the local center. (Project Manager /Funder 2).

This first organizational template had a series of drawbacks: first, it included only a specific geographical area, it was only offered to SMEs, and it was very expensive, because all of the phone calls were taken only by OH professionals. This initial reliance on the public sector organization was due to a series of factors. First, the funders had to act fast, and because the majority of them already worked for the NHS, it has been easier for them to liaise with existing services and seek funding. Second, they need to promote the service among SMEs, and the NHS was considered as the most reliable brand to legitimize this new service.

After the first six months, the funding body launched an evaluation of the service. This evaluation produced a certain number of recommendations, which encouraged disruption and subsequent recreation of the service. The first of these recommendations was to reduce the number of advice centers. Then it was suggested to introduce private contact center operators to provide basic information to the users and to develop a website with a knowledge base, providing information and some self-service. In this second phase, the availability of the service was no longer restricted to specific geographical location and only to the SMEs' managers. In this iteration, employees were given access to it. While in this phase this new organization mainly relied on community logics, in its second transformation, the market logics became more prominent, due to cost cutting and major efficiency enabled by ICT.

In this phase, the managers had to promptly consider the consequences of its hybrid elements. The major change implemented was the introduction of a more stratified division of labor which relied on contact center operators working from a private contact centers and OH nurses working from two NHS occupational health units. The contact center operators were instructed to listen to the queries and to signpost the calls to the appropriate service. For instance, there might be some health and safety issues, and the operators would signpost these calls to the health and safety websites, and there might be an employment relation issue so that the call would be signposted to the Advisory Conciliation and Arbitration Service (ACAS). The most important point was to make sure that the expensive specialist advisors were used appropriately. The project manager pointed out that normally half of the calls were signposted to the specific services and the other half were transferred to specialist nurses. As the contact center manager pointed out, this new division of labor represented an advantage for the OHA:

> I would say the strengths are around the amount of information we have access to, the ability that we as a Contact Center have to be able to field a lot of the non-specific queries. I think originally everything would have gone to the nurses, they're spending an awful lot of their time giving basic general information to people, so I think the strength is that the nurses are able to do what they're qualified to do and deliver the information that they're specialized in, whereas we can deliver the easy, the general, the public type information that people need. (Contact Center Manager).

Although the introduction of private contact center operators, would make us think that the business-driven logics would have prevailed over the community logics, this was not the case. The community logics, embedded in the role of the OH nurses, still played a major role in the health care delivery, and OH nurses developed a collaborative relationship with the contact center operators.

Moreover, it is important to highlight that the call center chosen for delivering this particular service was a private contact center, which had gained extensive experience in delivery services for the public and third sector:

> They are established contact centers. They manage in particular quite a lot of charities funded helplines for people who are on benefits, so they want to know what kind of benefits they are entitled to, they mainly provide services in the public sector and in the third sector. (Project Manager/Funder 2).

> They are sharing the same cultural values and this helps to work as a team. (Contact center manager).

Although the funders and managers were conscious of the need to cut costs so that the use of contact center operators was considered more effective than using only

OH professionals, they also recognized that it was necessary to work with a private contact center, which fits with the culture and the identity of a service that was born in the NHS. A diverse workforce can bring many benefits but can potentially lead to tensions as well. The funders have been well aware of these risks and implemented some strategies in order to strengthen the cohesiveness of the workforce. Both contact center operators and OHs shared a similar working culture, moreover, like the funders, they were highly committed to the mission of the OHA.

Both OH nurses and contact center operators believe in the mission of the OHA and were constantly updated about its changes. Similarly to the funders, OH Nurses embraced the changes that the OHA brought into the field of OH.

> *It is very innovative … There hasn't really been that sort of service for people before, small and medium sized businesses in particularly don't naturally have access to occupational health and this is the time where they can seek guidance as to whether they need occupational health or not … The multi-channel approach is the way that the world is going, technology is going. (OH Nurse 2).*

The common backgrounds and the commitment to the social mission of this service facilitated the embedment of teamwork and constant co-operation between OH nurses and contact center operators. Interviews and participant observations suggested that a process of knowledge sharing was present between the contact center staff and the OH nurses. The contact center managers helped the OH nurses to use the software system, while the OH nurses provided the contact center operators with some in-depth information in relation to OH issues and provided to them a list of organizations to which they could possibly signpost the users. As the project manager and the contact center manager pointed out:

> *We built the system, both of us, and the Occupational Health Nurses. We conducted a two-day training programme, where the nurses came down and told us what they did and gave us information about the types of calls we would be getting and how we should deal with them; we did the training then on the system as how we were going to feed those Tier Two callers through to them. (Contact Center Manager).*

The close relationship between OH nurses and contact center operators does not end with the initial training, as the process of knowledge sharing is part of the daily routines:

> *They (OH nurses) try to sort of share the knowledge, so if anybody deals with something they've never dealt with before, it's about sort of sharing that across the floor, that actually we've had something a bit sort of unusual come through and this is what we dealt with. (Training Manager, Contact Center).*

The process of teamwork between OH nurses and contact centers operators provided high-quality information to the users and cut costs. Observations in the contact center supported this element as well. Moreover, contact center operators were not subjected to tight target control. Although the length of each phone call was recorded, each contact center operators were not pressured to complete the call; the quality of the information provided was the main imperative.

Still, the funders had to face another dilemma: how could this service sustain itself? While the service was funded by a governmental body, it was necessary to make this organization sustainable for the future. One way to achieve this objective was to cut down the cost of the workforce through the introduction of a multi-channel service. The service is based on downloadable online management guides through which the users can find a solution by themselves, a chat line through which the users can directly interact online with a call center operator and the 'ask a question' option, through which users submit their questions remotely and receive a response in 48 hours. So the move towards an online delivery was more associated with private sector templates, as the project manager clearly highlighted:

> *The multi-channel approach is one that the private sector uses; it is new for the NHS. It is relatively new for OH ... This type of technology is very new for the NHS and you do not see much around for OH, some of the commercial providers they argue that they do it but not to this extent. (Project Manager/Funder 2).*

The multi-channel service was created with and, introduced by a private marketing consultancy company that worked in partnership with the OHA. The director and owner of this company has considerable experience with marketing via social media, having worked with a wide range of clients from both the private and the public sectors. He was the main initiator of the so-called knowledge base idea, which consisted of different types of OH information on the OHA website:

> *We have now created the knowledge base and what we have seen is a huge change; people are using the website, then they are using the knowledge base and they are making a telephone call. In terms of engagement with the customers, all the marketing we do is online; we do a lot of social media work, and we write a very successful blog. (Marketing Director/ Funder 4).*

As it has emerged from our data, the multi-channel was introduced to cut costs but also with the intent of

empowering the users. One of the funders clearly stressed this point:

And then the new advice line, which was launched in November 2012, was in recognition that the first advice line was too expensive and it was doing the wrong thing. I wanted to empower line managers to be able to take the first step in dealing with an employee problem, okay? And that meant making the information available online so they could read it and then, if they needed some help with a particular case or to understand how they could manage a problem, or they had a question, than we would provide that support. (Funder 1).

Therefore, the social mission of supporting and educating managers of SMEs was still present. The transformation into a CIC represented a natural step. This new organization already embedded private sector organizational forms and market logics, but it aimed to retain its social missions and its partnership with the NHS. The funders claimed that they have opted for CIC, instead of a private business, because social enterprises better reflect the culture and identity of the OHA, an organization that supports community values and ideals.

The CIC is a new type of company introduced by the United Kingdom government in 2005 designed for social enterprises that want to use their profits and assets for the public good. The OHA aims to provide services for the community without the ambition of making profit for shareholders. Thus, the new status of a CIC better fits with its values and aspirations. As our institutional entrepreneurs pointed out:

What we want to do is continue to offer the range and type of services that we have been delivering in the last 10 years as NHS Plus. Community of Interest Companies are in favor of those organizations that provide public type of services, so we looked at a number of company structures that we could establish, and we decided that a Community Interest Company was the simplest, the most straightforward, and the easiest to set up and thinking that the services that we are providing are for communities and we are a kind of not for profit organization, and it fits with the philosophy of people who are the funders of this new company, because they have a kind of NHS, public-sector background. (Project Manager/ Funder 2).

A CIC was considered the most effective way to provide a service for the community and work in partnership with NHS. The ability to combine market logics and organizational forms helped to cut costs and to provide a service effectively. Still this service needed additional funding to self-sustain.

Legitimation and justification of the existence of the service

It is true that the status of CIC enhanced the flexibility of the service and the multi-channel service cut costs. Still, the earlier question is unanswered: how could the OHA make profits to self-sustain? While the PI carried out the data collection in this organization, the project manager pointed out that one way to grant the survival of the OHA was to ask a small fee of the users of the service. However, very soon he realized that this solution lead to a paradox: the advice line was launched to support SMEs that cannot afford OH services, and thus the additional charges would have been in conflict with its social mission. The parallel study that our research team conducted to assess the effectiveness of the OHA confirmed this point: the users were not prepared to pay a fee. The service, although it could not self-sustain without funding, was worth the cost, because it enhanced the productivity of SMEs, therefore the funders had to justify its existence by legitimizing the service and finding new ways to gather further support from the government.

Legitimacy was necessary first to enable actors to gather resources, and second to make sure that this new service is used by the targeted stakeholders. Then the funders had to prove that the service was worthwhile, although it did not provide profit for self-sustaining.

In order to achieve legitimacy, as our data suggested, the funders shifted the attention to the community logics to support the social mission of this service. Particularly, we identify that the process of legitimation involved two inter-related phases: providing a solution to a legitimate problem and aligning with legitimate institutional bodies. The creation of the OHA was perceived as a solution to a social problem identified by a legitimate actor who held a high and influential position in a government agency, Dame Carol Black. The process of providing a solution to a legitimate social problem enabled the funders to get funded for their idea and to initiate the OHA in a timely fashion.

Since the beginning, the OHA aligned itself with other highly legitimate actors (NHS, Department for Work and Pensions, Health and Safety Executive, Chambers of Commerce).

We have a partnership with the Health and Safety Executive, which is a very strong one, we have a partnership with the Chambers of Commerce. I'd say those are the main ones…. The Department of Work and Pensions yeah. In terms of providing the service, we are dependent upon the two NHS Trusts… because they provide the nursing support over the telephone. (Funder 1).

Moreover, the social capital of the funders facilitated the process of gathering the necessary resources to start the service.

Second, the alignment with well-recognized public bodies enables this new organization to be trusted by the users. Although the OHA could rely on private OH nurses, it was decided that NHS nurses would be used in order to be associated with the brand of the NHS. For the same reason, OH nurses tend to signpost the users to OH providers from the NHS:

We rely on the NHS because we signpost, if we're signposting to another, to an occupational health provider our first signpost will always be the NHS. … When I'm taking calls I do say, 'Of course you can go anywhere, but if you want the confidence of the NHS brand, you know what you're going to be buying. (Occupational Nurse 1).

Although the NHS is often criticized, it is a trusted brand. Therefore, the funders to grant legitimacy to the services used the brand of the NHS and of other government agencies on their website. The service was not advertised as CIC, but, by using different trusted government logos in the website page, the funders kept the status of the OHA open to interpretation. Indeed, most of the users believed that the OHA was part of the NHS or part of a government agency:

I thought it was part of the NHS, yeah, I thought it was all ... Yeah, and ideally it's, in my opinion it should be free, you know, but as a company, you know, I think, you know, if we had to pay for it then I wouldn't use it. (Manager SME 2).

[I]f it's a Government backed thing, I think you feel that it's going to be far more impartial, fair, that there is no ulterior motive, there is no agenda to get money from you. It's just, you genuinely feel it's there to help. (Manager SME 12).

This openness of interpretation was a strategy to get the new users trust and utilize this service and to enhance the survival of the company. The OHA needed to be flexible to survive; for this reason, its identity of CIC was not openly advertised.

While the PI was finalizing the data collection, the awareness that the service could not self-sustain became more evident, and still the project manager of the OHA was reassured that this service was providing many benefits for the society, and therefore it had to be supported with additional funding.

For instance, many charity organizations could not possibly afford a private OH expert:

I think because we're a charity run organisation, we have to watch where we're spending our money, so perhaps I would go and try and find out information another way first, but then that could be quite time consuming, so initially I would try and see if I could find out an answer some other way first. I'd probably be reluctant to pay for the service because it's just more money coming out of here. (Manager SME- 9).

The project manager was collecting data through users' feedback, and this evidence showed that the OHA was having a positive impact in the management of wellbeing among employees of SMEs. This translated into an increase of productivity. Simultaneously, our academic team was collecting data to evaluate the effectiveness of the advice line. Therefore, to justify the existence of the OHA, a process of re-focusing took place: although the OHA was not producing profits, it was profitable for SMEs and later on, for large companies.

The OHA was thus considered an essential innovative service helpful for the public health, which could possibly threaten the current private OH providers:

Our knowledge base enabled the employers to have a quick search and actually find templates and a risk assessment process. This enables a lot of self-service than any other occupational health model. It is a threat to a lot of the providers, because the provision of a doctor or a nurse with specialists' skills is very expensive. If you provide towards web-based information, transaction costs are much less, it is a potential threat to their revenues, it is a potential threat to their margins. (Project Manager/Funder 2).

As we will discuss in the next section, this service was new, but already provided immense societal benefits and was already disrupting the institutional the field of OH, which mainly relies on private logics. The project manager pointed out that in 2013 there were more than 2,000 registered users and some of them were large companies.

Discussion

Drawing on the case study of the OHA, we analyzed how managers and executive funders created and managed a hybrid organization to provide an innovative solution to the problem of lack of occupational health (OH) services among small businesses. Through the lenses of institutional work, we investigate the practices and the strategies these actors have devised to effectively manage this novel social enterprise which relies on both market and community logics.

The two main strategies that emerged from our data are embedded in the theoretical concepts: 'commitment to the social mission' and 'support for the social missions'. As we will illustrate, these two concepts underline the practices actors untertook to create, manage, and defend the existence of this hybrid organization. Although it produces valuable profits for our society, it could not make the profits necessary for its survival.

Commitment to the social mission

The social mission of the OHA has a main objective to provide free OH support for SMEs and to empower the users through ICT. The focus was on the quality of the service which is supported by an OH professional and a multi-channel service.

As previously stated, the difference of skills, knowledge, and the homogeneity of experience by working in the public sector or the third sector, enabled the managers and funders to come up with this idea (cognitive pillar institutional work). The main element which our research highlights is their commitment to the social mission. All of them were committed to this idea and believed that this advice line was the best vehicle to support SMEs with OH problems. The social mission embeds both community and private logics (offering a free service to the community and empowering this service through ICT), and the entire managerial team was passionate about it (normative pillar institutional work).

The managers/funders were inspired by the social mission to create cohesiveness in the identity and culture among the employees of the OHA. For instance, similar to Battilana and Dorado (2010), they introduced specific hiring strategies to lessen the tension between private logics and community logics. Specifically, they hired contact center operators who had previous work experience in the public sector or in the third sector, to create a homogenous culture (normative institutional pillar). This communality of culture and identity facilitated teamwork and their commitment to the social mission and decreased the tension between private and community logics. Moreover, the senior management invited OH nurses and contact center managers to attend their regular board meeting, also this element strengthened their commitment. Both OH nurses and contact center operators were devoted to their work, because they believed that the OHA was something innovative and good for the society.

The concept of 'commitment to the social mission', includes the cognitive and normative pillars of institutional work. The first pillar plays a major role in the creation of the service and the second one generates social norms and commitment. The concept of 'support for the social mission' highlights a more practical element, such as how to maintain this new organization, how to make it legitimate, and how to justify its existence.

Support for the social mission

The concept of 'support for the social mission' involves the strategies and practices devised to establish the maintenance of a hybrid organization and it legitimization and to justify its existence. Within this concept, the market and community logics are treated in a pragmatic way, not as an aspirational model.

This theoretical concept mainly embeds the regulative and normative pillars of institutional work. The actors have to organize the work following specific rules (e.g., contact centers operators need to pass the call to OH nurses only in specific situation). Moreover, the nurses and contact center operators share knowledge following the normative expectation of trust, co-operation and commitments. Finally, the service has been considered legitimate because is associated to NHS values.

Our data highlights that the characteristics of the actors such as professional expertise in the field, skills and social capital enable them the grant initial funds for its start. Some of the funders played an important role with the NHS and other government agencies, and this enables them to achieve the initial funding. This element has been already stressed by other studies, which emphasize the importance of social position to get access to resources and facilitate the legitimacy of a new organization (Maguire *et al.*, 2004; Battilana, 2006).

Our focus is on which strategies and practices they have devised to grant the maintenance and survival of this organization. We asked ourselves: how could these actors support in practice the social mission of this hybrid organization?

Overall, the strategy of logics combination was applied for organizing the workforce and the organization template. The senior managers and funders introduced a division of labor to cut costs. As discussed, while in the initial phase of creation, all the calls were taken by professional OH nurses, it has been decided to cut costs by embedding contact center operators, who provided more technical information and transferred the call to OH nurses only when necessary. The senior managers recruited only contact center operators who had previous experience in the public and third sector, in order to create a homogeneous culture among these very different groups of workers. This point reinforces previous studies in this area (Battilana and Dorado, 2010; Battilana and Lee, 2014). Additionally, our study points out that a diverse

Table 3 Logics and practices

Community logics	Market logics	Practices
Public sector-third sector knowledge	Private sector knowledge	Building up the idea
Efficiency of the service	Decrease costs	Organization template- division of labour-
Support social problem	Increase productivity	Social mission
Public sector reputation	Market position	Legitimacy of the service
Commitment to community values	Innovation	Organizational identity

Table 4 Forms of Institutional Work

Forms of Institutional work	Phases of institutional work	Institutional pillars	Institutional Logics	Actors' strategies and practices
Building up the idea	Creating	Cognitive	Logics combination	The managers/ executives by reflecting on the social problem of lack of OH services among SMEs created the idea of the OHA. All managers and executive matured different experiences in both public /private sector organisations and owned knowledges. This aspect facilitated the creation of this service.
Constructing identities	Maintaining	Normative	Logics combination	All managers/executives shared the same values for the community and are passionate about the innovate service they have created. Managers/ executives attempted to employ nurses and contact centres operators who share the same community values and are committed with this innovative idea.
Building up the organi-sational template	Maintaining Disrupting	Regulative	Logics combination	The managers/executives had to build up a sustainable organisational template for the OHA for sustaining its maintenance. They decided that the initial calls are answers by contact centres operators and if appropriate, these calls are passed to OH Nurses. A multi-channel service has been built up and the OHA acquired the status of a CIC. By cutting costs the service was made available to both large companies and employees. Thus, some large organisations are now using this service instead of paying for a private OH assistance.
Legitimise the service	Maintaining	Normative/ regulative	Endorsing community logics/ Polisemy strategy	The managers/executives had to legitimise the service in order to receive financial support by government bodies and, to increase its usability by its stakeholders. Legitimization was achieved by finding a solution to a legitimate problem and by aligning themselves to legitimate actors. Although the OHA became a CIC, its identity was not obvious from the website, which displayed its partnership with the NHS and other government bodies.
Justifying the service	Maintaining	Normative	Endorsing community logics/refocusing market logics	Although, the managers/executives initially aimed to charge a small fee to the users of the OHA, they decided that this option was not possible. Many SMEs, particularly charity organizations could not afford this service. They decided to seek further financial support because, although the service did not generate profit, it was still worthy, as it increased the productivity of SMEs (and large companies)

workforce composition represents an advantage, not a concern. In this way, the OHA could benefit in a dynamic way from the specialist expertise of different individuals.

Although cost cutting was an important element for the survival of the organization, there was an emphasis on quality over quantity, because the social mission of educating and empowering the use was a priority. Supporting previous research carried out on health call centers, the quality of the information transmitted represented a priority for the OHA (Mueller *et al.*, 2008; Smith *et al.*, 2008). Although the new division of labor allowed the OHA to cut costs, the quality of the service was not deprived. For similar reasons, they also launched a multi-channel service.

The OHA clearly combines the community logics (empowering the users, quality of the service), and market logics (efficiency, costs cutting) while dealing with the management of the workforce and by embedding the multi-channel service. However, it enacted the community logics in order to acquire legitimacy. This strategy was supported by similar research (Pache and Santos, 2013). By endorsing the community logics, the funders acquire legitimacy by following these steps: first they find a solution to a legitimate problem highlighted in a government document (Black, 2008) and then align themselves with legitimate actors coming from governmental bodies (Tracey *et al.*, 2011).

The funders also showed that the OHA was a legitimate body to the stakeholders, and in this case they displayed their affiliation with government bodies, but they left to the users an open interpretation of the juridical identity of this service (government body, social enterprise; private company). Similarly to Gümüsay *et al.* (2018), they use the strategy of polysemy, which leads to institutional flexibility. Although the OHA became a CIC, they prefer to let the users assume that it was actually part of the NHS or government bodies.

The new status of the company as a CIC embedded both market and community logics but created a new paradox: the OHA could cut costs by using private sectors practices. However, it could not make profits without asking a fee from the users. The funders also had to justify its existence, and they did so by elevating the community mission of the OHA. A similar process took place in the study of Jay (2013), in which the result of competing logics led to paradoxical outcomes, and organizational members shifted from an institutional logic to another through the process of sense making and at the end they accept the fact that although the organization could not make profit it was worth existing because it contributes to the public mission.

In our specific case the existence of the OHA was justified through a process of re-focusing, instead of sense-making. The project manager and our research team collected data analyzing the impact of the advice line on SMEs in terms of productivity and development of wellbeing practices and policies. The managerial team of the OHA used this data to attract new funding for the future existence of the service. Although the OHA was not efficient, was able to create profits and benefits for the users of this service. Table 3 highlights the different logics for each practice, while Table 4 summarizes the different forms of institutional work.

Conclusions

The contributions of this paper have been two-fold. First, by analyzing a unique case study, we shed new light on a series of works of research that have analyzed hybrid organizations by offering new theoretical concepts (Battilana and Dorado, 2010; Tracey *et al.*, 2011; Jay, 2013; Pache and Santos, 2013; Battilana and Lee, 2014; Gümüsay *et al.*, 2018). In the paper we specifically focus on the processes through which a series of actors exploit and balance the prescriptions of different logics within a hybrid organization, by constantly reflecting on the social word. The two theoretical concepts, 'commitment to the social mission' and 'support for the social mission', represent our main theoretical contribution to the literature of hybrid organizations and institutional work. These two strategies characterize the main reference point for our actors in order to build up a specific logics combination, to endorse one logic over another, to follow a polysemy logic strategy or to refocus on a specific logic. Moreover, these two concepts give a meaning to the different forms of institutional work and their associated phases.

The lens of institutional work (Lawrence and Suddaby, 2006; Scott, 2008; Lawrence *et al.*, 2011; Empson *et al.*, 2013; Fortwengel and Jackson, 2016) enabled up to understand how these actors managed to successfully exploit and manage different logics. From a cognitive level, the personal characteristics of the funders acted as a as a catalytic force for the creation of this new service, which made a difference in the field of OH in the UK context. From a normative and regulative level, the managers and funders succeed in creating among the workers a common culture (Battilana and Dorado, 2010; Battilana and Lee, 2014) and commitments to the social mission of the OHA and designed a new model for delivery OH support.

Similarly to Empson *et al.* (2013), we suggest that institutional change can be a bit messy and complex, and we also describe the creation of an organization at its initial entrance in the field of OH in the UK. In the paper, we show that, while the funders were still struggling to grant the maintenance and the survival of this new OH service, the OHA was already competing with private OH providers, disrupting the field of OH delivery. The service is free and became available to large companies

and employees, apart from the initial small business, and it embeds a solid knowledge base through the multi-channel delivery. The embedment of both community logics (free for everybody, empowering the users) and market logics (multi-channel delivery) made the service very appealing to large companies, apart from the targeted SMEs.

This research also contributes to the research area of OH from an organizational perspective. Research on organization studies seems to overlook OH based on the incorrect assumption that post-industrial society has eliminated unsafe and unhealthy work conditions (Taylor and Connelly, 2009). Only limited studies have highlighted the delegation of responsibility from the state to managers, and the ignorance of OH problems on the part managers can be controversial in the management of health and well-being (Cunningham *et al.*, 2004; Taylor and Connelly, 2009; Foster and Scott, 2015). We thus offer a contribution to this literature. Moreover, we also provide an empirical contribution because we discuss a unique case study, the OHA. Through this case, we demonstrate that, after many years of private sector dominance and/or lack of OH support, a professional and free OH service was finally made available to SMEs and then to larger companies and employees. As discussed above, this service created an institutional change in the field of OH.

This work provides new recommendations for further research; for instance, the diverse composition of the team members represents another element that contributed to the successful creation of a new organization, drawing on a mix of public-sector and private-sector templates and organizational forms. The managers/executives who had been working in different sectors have matured through a variety of experiences by collaborating with public organizations, private companies, and third-sector organizations. This element helped them to manage two different organizations (the NHS and private call centers) to deliver an efficient service. We thus advise the exploration of the role of a multi-skilled team with a diverse background in the creation of new hybrid organizational setting.

Moreover, by reflecting on recent studies which discussed the role of staff professionals in promoting new practices in an organization (Daudigeus, 2013; Muzio *et al.*, 2013), we would like stress the importance of other actors (professionals and semi-professionals) who, although they were not involved in the initial project of the OHA, still played an enormous role in the success of new organizational setting. Further research should be carried out to investigate this area.

As with all empirical single-case studies, this research has some limitations. Although qualitative case studies allow researchers to gather in-depth information about the case, it might be difficult to generalize the findings. This is because results from single-case studies may rely on a particular combination of factors (March *et al.*, 1991), although these can still be generalized to theoretical concepts. In addition, we have researched the organization only over a limited period, and the option of coming back and revisiting the case study would be beneficial for strengthening and expanding our findings.

This last point leads us to reflect on further research that needs to be carried out. This case study emphasized how the role of the social mission facilitated the coexistence of multiple and contradictory logics. It would be helpful to re-visit the same case study at a point a few years after its initiation and explore whether the social mission has changed and its consequences.

These research findings also detected new research gaps which will need to be covered. How do users perceive new organizational forms drawing on multiple institutional logics, and how do they act? There is a wealth of literature relating to organizational studies that explore the role of actors in creating a new organization. It is still important, to study the effect of hybrid organizations on the stakeholders.

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