

Toward Organizational Pluralism: Institutional Intrapreneurship in Integrative Medicine

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A critical stage in change toward institutional pluralism occurs when incumbent organizations must begin to integrate diverse logics in their operations. The required institutional work inside organizations at that stage—*institutional intrapreneurship*—involves distinctive challenges. Incumbent logics are entrenched in organizational routines, status orders, policies, and structures that hamper change and trigger resistance. We used qualitative data from two integrative medicine (IM) programs inside large healthcare organizations to understand how institutional intrapreneurs work to integrate the IM logic in these highly institutionalized organizations. We found that intrapreneurs use opportunistic tactics to create and strengthen organizational free spaces aligned with the new logic, and then leverage the capacity that is developed to extend elements of the new logic into the broader organization. This study suggests that a better understanding of the organizational context helps explain the fate of early-stage efforts toward institutional change.

Keywords: institutional change; organizational change; institutional entrepreneurship; pluralism; healthcare

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Introduction

In recent years, institutional analysts of organizations have increasingly sought to understand institutional heterogeneity. The concept of institutional logics has facilitated analyses of fields with multiple legitimation principles (Friedland and Alford 1991; Thornton and Ocasio 1999, 2008) and of organizations that are governed by more than one logic (Aguilera and Jackson 2002, Haveman and Rao 2006, Battilana and Dorado 2010, Kraatz and Block 2008). One puzzle in this research is how fields with very dominant logics can become more pluralistic. In such highly institutionalized fields, incumbent organizations play a pivotal role in change toward greater pluralism. Alternative logics may be articulated by institutional entrepreneurs, but they are initially often isolated in peripheral specialist organizations that incumbents can easily ignore or contain (Weber et al. 2008). To give rise to substantial pluralism, incumbent organizations must also incorporate the new logic. This stage of change is often characterized by greater conflict, as the new logic begins to impinge upon incumbents and disrupts their institutionalized practices (Zietsma and Lawrence 2010). The outcome of this stage of change can be drastically different: Incumbent organizations may not integrate the alternative logic; only symbolically adopt formal structures; or move toward real, integrated pluralism (Westphal and Zajac 2001, Kraatz and Block 2008). Thus, the stage of incorporating new logics in incumbent organizations

represents a critical juncture in the trajectory of institutional change. The open-endedness of this stage is often underplayed in favor of identifying ultimate outcomes, including the rejection, substitution, or combination of logics (e.g., Thornton 2004, Haveman and Rao 2006, Greenwood and Suddaby 2006).

The efforts of institutional *intrapreneurs*, agents of new logics within organizations, are critical in determining incumbents' responses, even when external pressures for change exist (Briscoe and Safford 2008, Kellogg 2009). Successful intrapreneurship results in the translation of emerging logics into organization-specific structures and work practices. This intraorganizational dimension of institutional pluralism involves challenges that are distinct from those of both external institutional entrepreneurship and organizational change within existing logics. Formal structures, routines, and controls embody the dominant logic and generate not only inertial forces but also passionate resistance from members that identify with the logic (Selznick 1957, Haveman and Rao 1997, Heimer and Stinchcombe 1999). Proponents of new logics also often have low status in the incumbent organization (e.g., Alvesson and Willmott 2002, Kellogg 2011). Thus, successful intrapreneurship is likely to be reformist, rather than disruptive, and requires tactics and strategies for reconfiguring existing structures rather than assembling new ones.

Our concern with institutional intrapreneurship at an early stage of translating an alternative into organizational

practice results in two research questions: How is institutional pluralism advanced within incumbent organizations in the face of resistance from the organization's dominant coalition? And what tactics allow institutional intrapreneurs, who are not part of the organization's dominant coalition, to integrate new logics in the organization? To answer these questions, we studied institutional change in two large healthcare systems, where employees sought to advance and incorporate the logic of integrative medicine (IM) in organizations dominated by conventional medicine.

This study illuminates the process of achieving institutional pluralism in fields with strong incumbent organizations by identifying conditions for the integration of new logics in incumbent organizations' practice. Next, we extend work on grassroots institutional change efforts (e.g., Kellogg 2009, Battilana 2011, Bechky 2011) by identifying the tactics available to organizational reformers and their interdependencies. Last, we identify challenges and processes peculiar to institutional change inside organizations and thus reconnect work on organizational change (e.g., Howard-Grenville et al. 2011) to the institutional context in which it occurs.

From the Emergence of New Logics to Pluralism

Institutional change tends to be cyclical, moving between stages of stability, conflict, innovation, and restabilization (Zietsma and Lawrence 2010). When new ideas develop that diverge from an existing, dominant logic, they challenge existing resource bases and jurisdictional authority. Hence, new logics often threaten incumbents and trigger contestation (Kellogg 2009, Weber et al. 2008). The result of challenges can be the displacement of an old logic, its continued dominance and the dismissal of the alternative logic, or pluralism as a more permanent settlement of greater complexity.

The Organizational Dimension of Pluralism

Organizations facing institutional pluralism are "subject to multiple regulatory regimes, embedded within multiple normative orders, and/or constituted by more than one cultural logic" (Kraatz and Block 2008, p. 243). An important aspect of pluralism is thus the integration of multiple regimes in organizational practice. The tensions from disparate institutional demands are not managed on an ad hoc basis but are incorporated in durable organizational routines, governance, and management (Kraatz and Block 2008). Pluralistic organizations also hold multiple identities, participate in multiple discourses, and are subject to multiple standards of legitimacy, giving further permanence to pluralism.

Thus, the stabilization of institutional pluralism depends on whether multiple logics become instantiated in the practices and structures of organizations in a field. This intra-organizational dimension of institutional change toward

pluralism, and the importance of transforming incumbents, has often been neglected compared to population level entry and exit processes (Greenwood and Hinings 1996, Pache and Santos 2010). However, entrenched incumbent organizations are important, particularly in highly institutionalized fields such as education and the professions. In such settings, institutional change rests not only on the proliferation of new organizational forms, which increase field-level complexity (Greenwood et al. 2002, Haveman and Rao 2006), but incumbent organizations embodying pluralistic characteristics in their routine operation (Selznick 1957, Haveman and Rao 1997).

The instantiation of emerging logics in organizational practice represents a critical juncture on the path toward institutional change. Ready-made solutions are absent, and contestation heightens in this stage of institutional change (Zietsma and Lawrence 2010). The organizational elites of incumbent organizations, in particular, may feel threatened and have little to gain from pluralism (Edelman 1992, Elsbach and Sutton 1992). Thus, incumbent organizations may compartmentalize the new logic (Kraatz and Block 2008), or create surface structures that appear to comply, but leave core processes unaffected (Fiss and Zajac 2006, Westphal and Zajac 2001). An example of this approach is increased public reporting of sustainability and corporate social responsibility (CSR) performance without changing organizational practices.

Institutional Intrapreneurship

The internal organizational changes that lead toward stable institutional pluralism often require institutional intrapreneurship. Intrapreneurship describes the collective efforts by lower or mid-level advocates inside existing organizations who must act entrepreneurially because they lack authority and power. Increasing pluralism at the field level improves the political opportunity structure for the efforts of such reformers within organizations (Briscoe and Safford 2008), just as it facilitates the creation of new ventures at the industry level (Sine and David 2003, David and Strang 2006, David et al. 2013). But organizational insiders can better translate new logics into changes within existing organizations than outsiders because, as members, they possess practical and local knowledge, access to organizational decision-making channels, and trust from others in the organization.

An important early step for internal institutional change advocates is to construct free spaces—arenas for interaction that are outside of the incumbent institutional order, or protected from it. These spaces allow less-powerful groups to interact, organize, and generate capacities to challenge the dominant system (Polletta 1999, Kellogg 2011, Rao and Dutta 2012). Examples of free spaces in an organizational context include work departments (Fantasia 1988), project teams (Zietsma and Lawrence 2010), and medical rounds (Kellogg 2009). The creation of free spaces, however, is only a partial step toward

pluralism in organizations. Free spaces can help change agents mobilize internal advocates, form networks, and develop new practices, but free spaces do not guarantee comprehensive change without extending influence to the rest of the organization. For example, environmental impact criteria for evaluating suppliers may be developed by a CSR working group but, for substantive change, need to be integrated as standard procedure by the purchasing department.

Thus, institutional intrapreneurs face entrepreneurial challenges of both opportunity creation (building the capacity and receptivity for change) and opportunity exploitation (leveraging the capacity for change) (Sarasvathy 2001, Eckhardt and Shane 2003). Both challenges are intricately tied to the institutional nature of the change project. Intrapreneurs are apt to face active resistance from members of the organization's dominant coalition (Hallett 2010, Kellogg 2009, March and Olsen 1976). In addition, intrapreneurs encounter inertia: the institutionalized nature of organizational practices and structures imbues the status quo with value, authority, and taken-for-grantedness (Selznick 1957, Stinchcombe 1965). Thus, institutional intrapreneurs face a conundrum: to accomplish institutional change, they must alter routine practices; however, because of that goal, they are likely to provoke resistance from powerful incumbents. These challenges are exacerbated by the intrapreneurs' position in the organization—often, they have limited organizational status, precisely because of their disagreement with the incumbent order (Battilana 2006, Howard-Grenville 2007, Meyerson and Scully 1995). With little power, intrapreneurs must convince a potentially hostile dominant coalition. How, then, do these actors overcome resistance and inertia to integrate a new logic in the organization?

Intrapreneurial Change Tactics

The literature on organizational change has identified several tactics used by lower status change advocates. Dutton and colleagues, for example, find that managers use issue-selling moves, such as packaging, involvement, and timing, to promote change (Dutton et al. 2001). More recent studies focus on meaning-making approaches, such as framing and labeling (Sonenshein 2014), resourcing (Howard-Grenville 2007), and the reconstruction of everyday occurrences through liminality to advance social issues in organizations (Howard-Grenville et al. 2011). For the most part, this research does not link organizational change to its institutional context. Yet, conflict over deeper logics that transcend organizations injects struggles over power, identity, and jurisdictional knowledge into organizational change, making it more personal and complex. Processes of institutional intrapreneurship thus cannot be adequately understood from a purely organizational perspective.

Institutional scholars, on the other hand, have only recently begun to examine institutional change inside

organizations, and the role of intraorganizational change agents. Institutional studies often focus on how insiders exploit opportunities that arise from the external institutional environment. Kellogg (2009), for example, looked at how internal advocates prompt hospitals to implement new regulations regarding residents' hours. And Briscoe and colleagues showed that the effectiveness of internal activism, in favor of domestic partner benefits, depended on opportunities at the field or organizational level (Briscoe et al. 2014). Work aligned with the inhabited institutionalism perspective also looks at local responses to institutional change but focuses on meaning-making and interaction in contested contexts, rather than on tactics aimed at changing formal organizational structures and practices (Hallett 2010, Binder 2007). By locating opportunities for intrapreneurship in the external environment, institutional researchers often neglect the equally important, and distinct, entrepreneurial process of generating possibilities for change (Sarasvathy 2001, Eckhardt and Shane 2003).

The current study draws on the literatures on institutional and organizational change by examining broader, tactical projects aimed at promoting pluralism in formal organizations. Intraorganizational change initiatives directed at introducing new logics involve multiple components and targets, and a long time frame. Given intrapreneurs' limited power and the unsettled time of contestation, situational tactics are likely to be consequential for change efforts (Swidler 1986).

Study Setting: Integrative Medicine

The Logic of Integrative Medicine at the Field Level

The institutional logic of conventional medicine has long dominated healthcare and the medical profession in the United States (Conrad and Schneider 2001). Conventional medicine is based on a scientific biological model of human health and focuses on curing disease and pathologies through modern Western medical practices. IM is an approach that has been more recently articulated. The focus of IM is on the whole person and on health over disease. This emphasis draws on ideas from so-called complementary and alternative medicine (CAM), but IM also retains a strong emphasis on scientific evidence (Collyer 2004). IM is best seen as a creative fusion of conventional medicine and CAM, created through the combination of routines, artifacts, and symbols. IM practitioners start from a holistic understanding of the patients' needs, and then combine therapeutic approaches associated with conventional medicine, as well as those that often fall under the domains of CAM (e.g., mind-body medicine, manipulative practices, and energy medicine) (NCCAM 2010). For example, IM practitioners working with cancer patients develop personalized health plans by incorporating diets, herbs, acupuncture, and mindfulness meditation with conventional cancer treatments, such as

chemotherapy. IM is theorized as a “seamless integration of effective approaches to promote healing” (CAHCIM 2014), whereby separate philosophies congealed into a new logic, greater than the sum of its original parts.

[IM is] the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing. (CAHCIM 2014)

Whereas CAM was historically a very diverse set of alternatives to conventional medicine, IM is viewed by those who practice it (and by most practitioners of conventional medicine) as an independent, coherent logic of healthcare that is distinct from both conventional medicine and more systematic than CAM. The logics of conventional medicine and IM are summarized in Table A1 in the online appendix (available as supplemental material at <http://dx.doi.org/10.1287/orsc.2015.1028>).

Despite points of dialogue, the tension between the fundamental logics of conventional and IM is far-reaching, making a simple blending of professional and organizational practices difficult. In particular, IM often challenges the paradigm of human health and illness that underlies conventional biomedicine, and thus can be difficult for conventional practitioners to understand and embrace (Kligler et al. 2004).

In the late 1990s, several important IM associations were created by groups of healthcare professionals who sought a more holistic and prevention-focused alternative to conventional care: the American Board of Integrative Holistic Medicine (ABIHM), the National Center for Complementary and Alternative Medicine (NCCAM), and the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM). These organizations have driven the development of IM. They lend legitimacy and provide services, including certification, networking, and grant opportunities, and they are instrumental in promoting and theorizing IM. As these associations formed, so did skepticism of and resistance to IM from proponents of conventional medicine. Although the medical community recognized that an increasing number of Americans were using CAM alongside conventional medicine (Eisenberg et al. 1993), and many physicians were interested in receiving training in alternative approaches (Amster et al. 2000), the credibility of IM was questioned. In particular, critics suggested that there was not enough scientific evidence to support the use of practices and therapies that often constitute an IM approach, calling them “pseudoscientific” (Salzberg 2011). The IM community, in response, argued that those in the conventional establishment are setting a higher bar in terms of evidence for “alternative” practices than there is for conventional medicine treatments. IM is, however, gaining inroads in mainstream medicine. In 2009, the U.S. Institute of Medicine (IOM) hosted an unprecedented summit in Washington, DC, on

Integrative Medicine and the Health of the Public. Further, in 2014, the American Board of Physician Specialties began accrediting doctors in IM. What was once a rogue community on the periphery of medicine, with its own credentialing bodies, is now increasingly recognized as a legitimate specialty and approach. Although IM is stabilizing, there are still skeptics.

The Organizational Context of Integrative Medicine

Parallel to the processes at the level of the medical profession, IM also slowly became part of healthcare system organizations. The practice of medicine in the United States is performed, to a large extent, in these large incumbent organizations; thus, they are an important locale of institutional change toward IM. They enshrine the conventional logic of healthcare in many organizational dimensions, including treatment routines, status hierarchies, and medical training. Rather than integrating an IM logic comprehensively, health system organizations primarily created separate IM centers or programs. Since around 2000, several dozen healthcare systems in the United States have formed IM centers or programs. These programs helped grow IM by, for example, developing courses for the medical school, establishing IM clinics, and creating IM research centers. The early adopters of IM programs were elite academic healthcare systems. These high status players helped spur the growth of IM organizationally, and the CAHCIM membership rose from 11 organizations in 2002 to 56 in 2014 (CAHCIM 2014). Table A2 (online appendix) provides an overview of the evolution of IM at the field and organizational levels.

Although the diffusion of IM programs, and parallel field processes, suggests that the institutional logic of IM is beginning to be established as legitimate, a further movement toward a truly pluralistic institutional order requires a greater integration of IM practices beyond specialist centers. As formal organizations, however, healthcare systems pose additional barriers to extending IM practices in this more substantial way. Coupled with ideological resistance by organizational elites and skepticism around effectiveness and safety, hierarchical controls and formal structures within a healthcare system limit “easy” IM additions. For example, resources for the development of new courses are scarce, the existing curriculum is already crowded, and there are few organizational members with the background necessary to teach IM and offer clinical services (Pearson and Chesney 2007, Ogur et al. 2007). Hence, it is challenging to more fully integrate IM into the routines of a healthcare system.

Implications for Institutional Intrapreneurship

The founders and promoters of IM programs are mostly institutional intrapreneurs who are embedded in a broader collective project. They are often motivated by personal experience with CAM and a desire to integrate different approaches to care. IM institutional intrapreneurs span

the field and the organizational level. In addition to being physician champions within their health systems, they are frequently leaders and officers of professional organizations, who translate the principles of IM theorized in the profession into practices in healthcare organizations. At the same time, IM intrapreneurs contribute to the development of the IM field by drawing on their organizational experiences. One example is the more inclusive label of “integrative” rather than “alternative” medicine that was informed by experiences at the local level and embraced at field level (e.g., American Board of *Integrative Holistic Medicine*).

The founders and directors of programs are leading institutional intrapreneurs who animate and coordinate collective efforts to promote *institutional* change. These leaders often work closely with a team of approximately—three to six physicians, IM fellows, and other medical professionals who play a significant role in the intrapreneurial process. Others, such as CAM practitioners and healthcare administrators, may also support specific initiatives for developing and extending IM elements in their organizations.

IM institutional intrapreneurs occupy unique social positions. In addition to spanning the field and organizational contexts, they are immersed in the distinct communities of IM and conventional medicine. Most IM intrapreneurs are educated in conventional medicine and are also certified in IM with significant training and experience in CAM. This bridging position offers resources of the type identified previously by Tracey et al. (2011) and extensive informal networks at the organizational and field levels—conditions for institutional entrepreneurship (Battilana 2006, Battilana and Casciaro 2012). Figure A1 (online appendix) depicts the context and position of institutional intrapreneurs in this setting, contrasted to a situation without multiple logics at the field level.

The social position of institutional intrapreneurs is enabling in some regards but constraining in other, important ways. Intrapreneurs risk being considered “outsiders” rather than “insiders” by both CAM and conventional communities. Their lack of a pure identity means that they also lack the status of, for example, medical specialists in prestigious conventional areas, like cardiology. In addition to deficits in status and identity, IM intrapreneurs are often relatively junior members of their organizations, at least at the outset of their efforts, because IM is a young logic. The leaders of IM efforts in U.S. health system organizations commonly are assistant professors of family medicine. Because they lack organizational authority and resources, their efforts rely more on situational tactics. Our field study is designed to examine these change tactics up close.

Data and Method

We studied institutional intrapreneurship at two IM programs within conventional healthcare systems and collected data about the field context. The sites we selected

are representative of early, leading IM programs in the United States; they are situated in elite academic medical centers with top-ranked hospitals, medical schools, and specialty areas. Therefore, they offer informative sites for studying the critical juncture in institutional change at this stage, when early reformers move toward pluralism, but before widespread diffusion. Further, similar to other IM programs, the lead intrapreneurs at Blue and Red (“Beth” and “John,” respectively) were trained as conventional family physicians, had significant training in IM and CAM, and were assistant professors during the creation of the programs. We collected in-depth field data in both sites and followed a grounded theory analysis process (Strauss 1987).

We started data collection in the spring of 2008 at Program Blue (a pseudonym), an IM program that was formed in 1998. We collected and coded field notes from observations, interviews, and documents about ongoing and historical changes at Program Blue, and developed conceptual categories, using a constant comparative method. We iterated between data collection and interpretation, comparing and theory development. As we approached theoretical saturation, we identified a second program for comparison. We started data collection at Program Red in the spring of 2009, using the same process of data collection and interpretation. Program Red was formed in 2001 and shared many attributes of Program Blue. Comparing data from Program Red to Program Blue led us to validate or refine categories, and our understanding of the process, until theoretical saturation was reached (Corbin and Strauss 1990). At the final stage, we also collected limited archival and interview data on other IM programs to further validate our findings. In total, our organizational data included 38 interviews, 50 hours of observations, and archival data in the form of websites, program and course planning documents, curriculum documents, email correspondences, online modules, presentations, and research articles. Data collection at all sites ceased in spring 2010. In parallel, we collected archival and live data (45 hours) on the field of IM more broadly to understand the institutional logics and how changes in the organizations are connected to the field level. More background on our research sites and data is presented in the online appendix (Section B).

Our methodology allowed for multiple triangulation. The constant comparative method offers internal checks on validity through multiple tests of the concepts and theory (Kirk and Miller 1985). We also compared insights obtained from interviews with behavioral data from observations. Archival organizational data helped reduce bias from interviews addressing earlier time periods, and field level data helped us understand actors’ interpretations and the context of organizational processes.

Analysis

Using a grounded theory building process (Corbin and Strauss 1990), we approached our data using a constant

comparative process, as described above. One analytic tool we used in this process was to construct vignettes. Vignettes are a narrative analytic technique (Czarniawska 1998) that is well-suited to analyze and contextualize change processes. Vignettes help reconstruct event sequences, which then facilitate comparing themes and patterns in these sequences. We created vignettes of 24 micro-change efforts from the two main sites and inductively coded the change tactics used by the institutional intrapreneurs and the process and outcomes. As we compared change efforts, we continued to refine, reduce, and organize these themes into categories of tactics. Table C1 (online appendix) lists the change vignettes and the types of tactics employed in each change effort.

After identifying types of change tactics, we conducted an analysis of the temporal dimension of these strategies to understand whether there is a progression for the successful integration of a new logic. Further, because we sought to understand organizational change in its institutional context, we analyzed and coded the data for connections to field and professional themes, actors, and events. This analysis informed our understanding of the change vignettes and allowed us to identify changes in clinical care, education, and research that occurred during the study period and that were linked to institutional change.

Findings

From Organizational Free Spaces Toward Pluralism

We found evidence of the expansion of both IM programs, reflecting the increasing acceptance and integration of the IM logic in the organization. Before the efforts of the intrapreneurs we studied, IM was marginal. Neither health system—Red nor Blue—had an IM program or clinic. A few CAM therapies were offered in each health system, such as ad hoc massage services, but these were not part of a broader program and were performed by contract practitioners. In terms of medical education, no IM courses existed at Red or Blue, and CAM content was largely absent from medical student and residency curricula. Finally, the organizational participants prior to the intrapreneurs' efforts were almost solely conventional healthcare practitioners without training in holistic medicine or complementary therapies.

By the end of our study period, IM was formally enshrined in the health systems through IM programs with clinical, education, and research branches. Both IM clinics operated through the departments of family medicine and offered a wide range of services, including IM physician consults, acupuncture, massage, mindfulness courses, chiropractic services, and referrals to and from a range of practitioners. Red and Blue each had IM clinics with teams of 5 to 7 physicians, as well as up to 30 additional providers. An IM component was part of both organizations' medical school and residency curricula.

The family medicine residents at Red participated in IM sessions five to six times a year and spent one-third of the year in clinical rotation with an IM physician. Both organizations offered IM fellowships. Infrastructure for IM research existed at both organizations. Blue had an IM research center and council with approximately 50 affiliated physicians and faculty from across the university.

Over about a 10-year period, at both organizations, intrapreneurs were thus able to expand the foothold of IM programs as vehicles to incrementally embed the IM logic in their organizations. Our results indicate that programs helped extend the reach and legitimacy of IM, in part through serving as formalized free spaces for intrapreneurs to operate more autonomously. The boundary created by these programs—with their own directors and faculty; resources, such as university and grant funding; and separate buildings and offices—was critical given initial resistance to IM in both organizations. Within IM programs, intrapreneurs could innovate new practices and seed changes before they needed to be sanctioned by the organization. Further, the programs provided a space to build collective identities and understandings of IM and the organizational change, and define new relationships and roles. Thus, formalized free spaces facilitated collective action in support of IM among lead institutional intrapreneurs and other change agents. The resources, relationships, and innovative solutions developed in the IM programs afforded intrapreneurs the capacity to begin extending the logic into the rest of the organization.

Notably, although they provided a shield, these programs were *organizational* free spaces and thus not entirely isolated from, nor under the radar of, the defenders of the status quo. The programs' position within the structure of the organizations' dominant conventional logic allowed intrapreneurs to create incremental institutional change in the broader organization; but establishing, and then extending out from, these programs required gaining the acceptance of the institution that governed the organization.

Intrapreneurial Tactics

As a result of their social position and organizational resistance, the intrapreneurs' approach to integrating the new logic in the organization involved sustained, incremental efforts. The specific tactics we observed are conditioned by the dual intraorganizational and institutional nature of the change, including the need to work within formal organizational decision processes, and to act opportunistically without formal authority and in the face of ideological resistance. We identified five tactics that were used to embed the new logic: leveraging status from the institutional field, gaining proprietary jurisdiction over resources, crafting trading zones, building a pipeline, and using experimentation to build capacity. We discuss

each tactic and the forms these tactics took in the settings we examined.

(1) *Leveraging Status from the Institutional Field.* Early in the change process, successful intrapreneurs acquired status in their professional field and, in turn, drew on that standing to create opportunities for change at the organizational level. To integrate IM into the formal organizational structure, intrapreneurs needed to gain the acceptance of the dominant coalition that governs the organization. We found that the status intrapreneurs built externally transferred inside the organization, increasing the legitimacy of the intrapreneurs and their projects. This legitimacy was necessary for acquiring the organizational resources and jurisdiction to formalize and endow organizational free spaces.

The intrapreneurs built credibility in the broader profession by taking on high-status roles in the medical community, including heading large national grants; helping found, and serving on boards of, associations; writing foundational textbooks and articles; and organizing and presenting at central conferences. Through these roles, successful intrapreneurs came to be seen as experts in the IM area and eventually national leaders of IM. Initially, this prestige in the field juxtaposed lower-status positions within the organization (earlier-career, family medicine physicians); but over time, intrapreneurs' status in the field helped improve internal visibility and status. A member of the IM program at Red noted the link between success with the IM program and the lead intrapreneur's field-level engagement:

Our success goes back to the right people. [John] is the key to that—he has the knowledge . . . and his personality and his philosophy with working with people. He's one of those people that really networks well and engages others, he has done tremendous amounts of public speaking and garnering awareness of integrative medicine and new ways of thinking and he does that on a national and international level. (Julie, IM program development coordinator at Red)

The intrapreneurs were able to leverage their status in the profession to build their organizational status because the types of activities that they participated in were valued and deemed legitimate by the broader medical community, including the dominant conventional order governing the organization. For example, serving as the principal investigator (PI) on NIH Research Project Grants (R01) is an elite position, regardless of whether (or despite the fact that) the grant relates to IM. At Blue, after the CAM interest group was successful in securing an NIH grant to form a CAM center (note: "CAM" was used before "IM" was the preferred term), the members were able to use this professional success to increase their credibility in the organization. According to Beth, the lead intrapreneur at Blue and coordinator of the interest group, "it provided a certain legitimacy with our interaction with the medical school."

It was not just the activities and roles that raised intrapreneurs' status, but whom they affiliated with in the process. In heading associations, serving on boards, and conducting research, intrapreneurs partnered with others from high-status institutions. Intrapreneurs participated in the CACHIM with representatives from elite, academic health centers. The participation of peer institutions made the intrapreneurs' participation more legitimate, and their roles more valuable, within the organization.

(2) *Gaining Proprietary Jurisdiction over Resources.* We found that concurrent with developing and using status to acquire resources indirectly, intrapreneurs drew on external resources directly to formalize and endow organizational free spaces. External resources helped the intrapreneurs build and extend IM programs, which in turn reduced dependence on resources and decision structures within the healthcare system, where agendas were dominated by the incumbent logic. At the same time, these external resources enabled intrapreneurs to gain control over how resources were allocated and increase their ability to make decisions in line with the IM logic. Intrapreneurs' jurisdiction over resources prevented local decision makers from scrutinizing initiatives based on conventional logics. Making allocation decisions also increased the internal legitimacy of IM, since the allocated resources signaled the value outside bodies placed on the intrapreneurs and their projects.

An example of this tactic was external grant funding. Intrapreneurs secured grants for IM from field level agencies to control resources that would allow them to extend the reach of IM. At Red and Blue, intrapreneurs used grants to fund many components of their IM programs, including research centers, medical school curricula, and residency and fellowship education. The vignette below illustrates how writing and securing a grant enabled the intrapreneur at Blue to convert an informal interest group into a formal center (eventually IM program) and, in the process, gain the attention of the administration:

Before there was an IM program, a CAM interest group (led by Beth) identified an NIH call for proposals for a cardiovascular alternative medicine research center. Even though they had little grant writing experience, the group of medical staff decided they would write the grant. This led to more attention from health system administrators, who hired a grant administrator—a family physician and acupuncturist with a master's degree in healthcare administration. The group eventually secured the grant, which allowed them to create the center, including hiring a staff and renting office space. This alternative medicine center formed the basis for the future integrative medicine program.

Had the interest group waited for the organization to take up the decision around whether to create a research center, the center might not have been formed. Instead of going through that route, the group secured the necessary resources to develop programs and centers. In this way,

the interest group formalized and endowed an informal free space that had little organizational status or resources.

We observed additional ways in which intrapreneurs gained proprietary jurisdiction over resources, including partnering with other organizations. For example, when creating an educational program was not on the health system's decision agenda, the intrapreneur at Red partnered with outside organizations that had resources. Together, they formed a joint IM fellowship program. Partnerships like these circumvented organizational barriers, such as low decision priority. It also created a space for intrapreneurs to connect with others who shared a vision for IM and to build plans for a program.

As intrapreneurs formalized organizational free spaces with the help of external resources, they were able to build a boundary around their activities. This importantly allowed them to initially operate somewhat independently from the rest of the organization and demonstrate their capabilities. Intrapreneurs had jurisdiction over the IM clinics they created and thus some autonomy from organizational intrusion. Over time, the intrapreneurs used the success of the clinics to generate support for other changes in the education and research branches of the organization, where more integration and resources were required. Because of the clinics' uniqueness and unfamiliarity, many groups within the health system asked the intrapreneurs to speak to them. The following vignette demonstrates this dynamic.

The clinics gained publicity in the local communities as well, and patient numbers grew. As patients reported their satisfaction to their conventional physicians and demand for services increased, more and more conventional physicians referred to the clinics. At that point, conventional physicians become more curious about IM, and the intrapreneurs could propose to integrate the clinics and IM more into the overall organization.

Acquiring jurisdiction over IM programs allowed the intrapreneurs to gain an early foothold in the organization and develop capacity for change toward greater pluralism. The formalization of free spaces, achieved through both securing external resources and leveraging status in the field, in turn, fed the success of other tactics. In particular, IM programs provided a protective boundary to experiment with the practitioners and modalities as well as the system of care.

(3) *Crafting Trading Zones.* After succeeding in elevating programs, as organizational free spaces, from mostly nominal existence to specialist programs, intrapreneurs were positioned to further extend the new logic into the organization. We found that this project meant not just building further capacity for change, but effectively exploiting the opportunities arising from enhanced capacity. Extending the IM logic required mobilizing the resources of diverse groups, in the organization and the profession, and facilitating collaboration. Pursuing

broader organizational change, however, invited more resistance from protectors of the incumbent logic, who were now potentially affected in their personal practices. Thus, intrapreneurs also needed to make their projects less vulnerable to episodic interference. Our analysis shows that intrapreneurs generated occasions for mutual learning across institutional orders with the aim of increasing understanding, identifying potential allies, and limiting resistance. In particular, to find common ground, intrapreneurs used organizational venues to cultivate trading zones—spaces where situation-specific rules allowed for and facilitated the exchange of ideas and knowledge between institutional communities in low stakes interaction. For example, IM intrapreneurs managed brown bag lectures, medical grand rounds, and staff meetings to enable individuals across medical logics to learn from one another. As Aaron, a former IM fellow and lecturer at Blue, expressed: “We spent the first two years specifically trying to build those relationships—on the inside and the outside—it was a purposeful agenda.”

The rules and structure of these venues favored or demanded mutual sharing, a condition the intrapreneurs exploited to build relationships. At the same time, the intrapreneurs cautiously controlled their approach to these interactions. They were selective about what they advocated for and how they talked about health, medicine, and alternative practices. They tried to avoid using language that was controversial or inflammatory, noting that the point was to integrate into the academic healthcare center and offer value. The vignette below illustrates how John, the lead intrapreneur at Red, created a trading zone through existing grand rounds, which is typically a presentation of the medical treatment of a particular patient to an audience of doctors, residents, and medical students.

In an effort to involve more members of the organization and the surrounding community in the IM program, John decided to open up grand rounds to anyone who was interested. Consequently, participation grew significantly, with upwards of 50 people often in attendance, including physicians from other departments and even different towns. In addition to “typical university folks”—including physicians, residents, fellows, students and staff—the grand rounds attracted CAM practitioners. So, the context brought the two cultures of conventional medicine and CAM together to interact around patient scenarios. John stated that it was important for him to get this dialogue going between the community practitioners and the fellows and faculty.

As this vignette illustrates, intrapreneurs mostly used existing routines as venues for knowledge transfer and relationship-building between IM advocates, community CAM practitioners, and conventional physicians. By activating routines associated with learning (e.g., grand rounds and seminars) rather than decision processes (e.g., budgeting), participants were more likely to find

initial common ground and develop respect. This was important in terms of tapping into expertise and generating familiarity but also as a way to assess potential allies—those who would make effective and valuable partners—and limit resistance. As Aaron described, speaking about engaging with multiple communities inside and outside the organization,

We spent the first couple of years doing brown bag lectures. We tried to figure out who were allies in other departments and just make contact...and if they were interested, we invited them to come to a brown bag lecture or give a lecture. We tried to make people feel more involved and raise awareness... Overall, it is about developing and cultivating the relationships, letting others know we are pretty reasonable people, that we're not so "way out there."

I think in the first month or two, we held our open house and we invited all the local practitioners to come and hang out and talk to us and see that we were very open to what they had to say... We did a lot of specific things to bring in the local community. (Aaron, former IM fellow and lecturer at Blue)

By increasing understanding, trading zones helped overcome some resistance in both the conventional and CAM communities. The CAM community was worried IM was trying to take their practices and medicalize them, and the conventional community was concerned about the credibility of the IM approach with respect to evidence and safety. Through using trading zones to facilitate two-way communication, these fears were alleviated, as expressed by Wendy, a community CAM practitioner:

People's livelihoods felt threatened—having a doctor do acupuncture—there was this feeling of "you want to take something from me, but you don't really and truly respect me and my intellectual ability." So there was that feeling and resentment... Now, absolutely there is a place for integrative medicine. I'm bringing who I am into the space, [Blue's IM faculty] are not taking from me. They're not saying "I'm going to do what you are doing." They are asking me to come in and share my expertise with them...that is integrative to me. ...I've been shown respect by the program and by [Beth, the director] and I continue to contribute because of that and their openness to be inclusive. (Wendy, CAM practitioner)

Notably, the trading zones tactic is opportunistic, since using routine events requires less overt power than influencing formal decisions or creating new events. By using standard practices, successful intrapreneurs met their goals of generating understanding and building support across institutional communities without having to expend the effort of creating new organizational processes and venues.

(4) *Building a Pipeline of Participants.* We found that, in addition to developing understanding across communities, it was important for intrapreneurs to systematically cultivate a core group of individuals to participate in actually carrying out the change efforts. The intrapreneurs

needed to develop a pipeline of people who were educated in IM and able to effectively navigate between the different communities to push change forward. Whereas trading zones were used to avoid resistance and identify potential partners, our analysis suggests that building a pipeline was about recruiting allies into the organizational free space to help extend the new logic into the broader organization. The vignette below illustrates the connection and distinction between these two tactics. In this vignette, Beth develops a pipeline of medical school course facilitators after assessing allies through brown bag trading zones.

Beth worked to form partnerships with community CAM practitioners—brown bag talks provided the opportunity to evaluate the CAM practitioners on whether they would be effective instructors for medical school courses and valuable partners. Those who impressed her were invited to help teach the introductory IM course, and some were also included in course planning. For two hours prior to one particular course, Beth had all facilitators meet, giving CAM community practitioners and medical school faculty a chance to interact and learn from one another. Some years, Beth asked CAM practitioners to provide brief overviews of their practices and identify the types of conditions for which physicians might refer patients. Other times, CAM practitioners learned about the research and publication process from the faculty.

The example above demonstrates how intrapreneurs recruited sympathizers from both the CAM and conventional medicine communities and then used learning opportunities to educate allies. In addition to the learning opportunities described above, the intrapreneur at Blue ran a seven-week research course for CAM practitioners, who were medical school course facilitators, to teach them the skills and jargon to better communicate with doctors and medical students, including how to read journal articles critically. Through this course, CAM practitioners improved their understanding of medical research and felt stronger interacting with the conventional medical community, as well as their clients. Thus, intrapreneurs educated partners not only on substantive knowledge but also on the norms of the different institutional logics. This way, partners could not only deliver IM content as course facilitators; for example, they could work more effectively with those in other institutional communities in the process.

Course facilitator learning opportunities were just one way intrapreneurs built a pipeline of allies. We found that intrapreneurs created a series of opportunities, varying in the level of commitment required by the ally and the type of role they would eventually play. The continuum of approaches included residency education, medical school facilitator education, grant proposal writing, and fellowship programs. These activities helped recruit, educate, and develop a portfolio of organizational partners, including IM physicians and researchers, conventional

medical school faculty, and CAM community practitioners, among others. Such allies served important functions in the change effort, including facilitating IM courses, providing clinical care or therapies in associated IM clinics, and conducting research on integrative approaches to health. Fellows, in particular, were central partners.

Fellowship programs involved the most commitment—they followed after residencies and included extensive reading, online modules, and clinical work on IM. They were not a new model in the organization or the profession, but a reworking of existing processes for residency and fellowship education. Both during and after this training, fellows were key resources in pushing IM forward and recruiting new allies. Their fellowship program asked them to develop courses for medical students and residents, work in the IM clinics, and conduct IM research projects. As noted by John at Red:

We have about five to six MDs now because we started a fellowship program and then we hired them . . . [W]e hired our own, yes, we built them and then hired them. (John, IM program director at Red)

The fellowship pipeline was deliberately managed to develop support teams for change and, at the same time, make connections to important groups. Because they had gone through conventional medicine residencies before, IM fellows could speak to the conventional medical community and the CAM community. And because fellowships are a valued training model in the medical profession, IM fellowship programs also increased the perceived rigor and legitimacy of IM in the organizations.

(5) *Using Experimentation to Build Capacity.* Given the intrapreneurs' limited authority to force decisions proactively, we found that they used experimentation to enhance the capacity for subsequent influence opportunities. Experimentation helped intrapreneurs learn what approaches were effective, or modify when needed, so that they had the ability to take advantage of organizational opportunities when they arose. In particular, intrapreneurs often sought provisional opportunities to experiment with how to introduce new ideas to the organization. For example, Lucy, an IM physician (former IM fellow), successfully proposed adding two IM lectures to existing curriculums on an experimental, temporal basis, and developed Web units on IM that are now taken during residency. Lucy described her approach as, "The goal is to get out as much as possible, as often as possible." Hence, rather than waiting passively or asking directly for radical change, intrapreneurs started with smaller-scale low-stakes opportunities.

These provisional opportunities were more easily granted and allowed intrapreneurs to still extend beyond the confines of their programs and build capacity in subsequent moves. Many intrapreneurs learned from their lower-cost experimentation and improved their approach. Consequently, the intrapreneurs could increase the success

of their execution and gain greater acceptance before embedding the IM logic more permanently. Thus, the intrapreneurs were sensitive to timing—investing limited existing resources into small advances, which, if successful, also expanded resources and coalitions. The vignette below illustrates how two IM physicians at Red (Simon and Andy) used a temporary opening and experimentation to build capacity and create additional opportunities.

In an effort to improve upon a draining schedule, administrators gave Simon and Andy the opportunity to try something new with the residents in the afternoons of their practice in-service exam days. The first year, Simon and Andy tried doing a lecture, but residents were not receptive to sitting through PowerPoint presentations. The next year, Simon and Andy got the residents working in their bodies with movement practices such as tai chi and qigong. This experiential learning worked well and the success of the session enabled Simon and Andy to start working their way into the resident schedule, including with sessions throughout the year and during orientation week. Thus, Simon and Andy were able to start integrating IM into the residency curriculum. As a result, residents ended up spending one third of the year in clinical rotation with an IM physician.

This example shows how the intrapreneurs were able to convert initial temporary and limited opportunities into permanent and larger-scale changes. The provisional nature of the initial opportunities is precisely why the intrapreneurs were able to have longer-term success with integrating the new logic. Given the resistance to change and the innovation required, the intrapreneurs needed lower-cost opportunities to develop effective approaches before their efforts were amplified and more widely scrutinized in the incumbent order. The capacity intrapreneurs built through these processes also enabled them to seize opportunities at the field and organizational levels. The vignette below illustrates how early experimentation allowed Beth and her colleague ("Sue") to take advantage of an opening.

In 2000, an NIH call was issued for grant proposals for CAM medical education. At the same time, the medical school was undergoing a curriculum revision, moving toward a more longitudinal approach with courses ordered around organ systems. Beth and Sue capitalized on these opportunities by writing a grant proposal for CAM medical education that was in line with the curriculum changes at the medical school. In particular, they identified where there was evidence for CAM for each of the organ systems. And they used a curriculum proposal Beth had developed as part of her fellowship two years prior. Beth and Sue were successful in securing the grant funding.

In this vignette, the intrapreneur developed and experimented with a curriculum proposal as part of her fellowship well before she was in a position to put that plan into action. Therefore, when the opportunity to create a curriculum change came later, she and her colleagues were well prepared. They introduced their plan at a strategic

time—when there was an opportunity for them to connect their goals and capacity with the temporary opening created by the organizational process of curriculum review and the field level opportunity of grant funding. Consequently, the intrapreneurs were able to further extend IM into the organization. During this process, organizational free spaces, formalized through gaining jurisdiction over IM programs, allowed intrapreneurs the autonomy to experiment away from the dominant institutional order. Thus, we found a dynamic relationship between the tactics. Table 1 summarizes the tactics we identified as central to the formalization of free spaces and subsequent extension of IM into the broader organization.

Discussion

Few empirical studies examine when and how institutional change is translated and implemented into the routine operations of incumbent organizations, yet this step is critical for moving toward true institutional pluralism. Our study emphasizes situational dynamics in this process, and the role and tactics of institutional intrapreneurs. Thus, we reconnect work on organizational change to the institutional context in which it is embedded; showing how broader institutional conflicts, professional identities, and field level resources have implications for the processes and tactics of intraorganizational change. We also offer a deeper understanding of institutional change in incumbent organizations, finding intrapreneurs use an opportunistic approach of constantly creating and exploiting opportunities for increasing pluralism.

Implications and Generalization of Findings

This study focuses on a particular temporal stage of change in a highly institutionalized setting where professions play a significant role. The period we consider is situated in a longer trajectory of institutional change, such as that outlined by Zietsma and Lawrence (2010). We do not look at the very early stage of change, before motivated change agents enter incumbent organizations. Our analysis stops before stable pluralistic settlements in the organizations. Yet, arguably, we examine a pivotal stage when notable change has begun in organizations and the profession, conflict rises, and innovation and restabilization occur in parallel. The outcomes of this stage are highly uncertain and prompt the question: What are conditions for successfully advancing pluralism within organizations? In this section, we formalize and integrate the main findings as theoretical propositions.

Lacking the power to mandate change, and facing the inertia of a formal organization as well as motivated resistance, intrapreneurs acted incrementally; they employed tactics aimed at integrating the new logic that are best described as opportunistic and reformist. The five tactics we identified were conditioned by the intraorganizational nature of the institutional projects and the intrapreneurs'

position in the field and organization. Intrapreneurs' efforts were oriented at institutional change and drew extensively on professional or field level resources. We can summarize our findings described above as propositions:

PROPOSITION 1. *Leveraging field level status will promote the organizational integration of new logics by gaining acceptance with the dominant institution that governs the organization.*

PROPOSITION 2. *Gaining jurisdiction over resources will promote the organizational integration of new logics within the organization by reducing dependence and increasing control.*

PROPOSITION 3. *Crafting trading zones will promote the organizational integration of new logics within the organization by increasing understanding, identifying allies, and limiting resistance.*

PROPOSITION 4. *Building a pipeline will promote the organizational integration of new logics within the organization by cultivating a core group to help carry out the change efforts.*

PROPOSITION 5. *Generating capacity through experimentation will promote the organizational integration of new logics within the organization through learning effective approaches and increasing ability and readiness.*

Interdependence of Tactics

A natural question is whether the tactics we identified are independent or must follow a progression to be effective. The tactics of leveraging field level status and gaining jurisdiction over resources are central to formalizing and increasing the efficacy of what are, at first, nominal free spaces with only minimal structure. The creation of vibrant free spaces, endowed with resources and status, is, in turn, an important step toward promoting new logics beyond specialist units, particularly when there is resistance. When free spaces are strengthened, the three tactics aimed at extending the new logic out into the broader organization—crafting trading zones, building a pipeline, and generating capacity through experimentation—are more likely to succeed. When intrapreneurs begin to integrate the new logic into the rest of the organization, they are apt to experience greater resistance from the protectors of the dominant logic and status quo. Adequate resources and status are needed to overcome these barriers. The developed organizational free spaces offer a protective boundary and resource pools that enable intrapreneurs to experiment and develop the collective capacity to affect the larger organization. Thus, whereas other work implicitly suggest an unstructured repertoire of tactics and strategies for institutional change (Fligstein 1997, Lawrence and Suddaby 2006), our study points to the possibility that change could fail or stall if tactics are employed prematurely, before laying the necessary groundwork.

Table 1 Intrapreneurial Tactics for Advancing Pluralism in the Organization

Stage of process	Tactic	Activities	Professional tools	Consequences
Formalizing free spaces, endowed with resources and status	Leveraging field status	Build capacity in the broader profession	Boards or associations	Gain acceptance with dominant institution that governs organization
	Gaining jurisdiction over resources	Secure external funding	National grants	Reduce dependence on resources, gain control
Extending out from free spaces into the broader organization	Crafting trading zones	Repurpose routines for mutual learning	Brown bags	Increase understanding, identify allies, limit resistance
	Building a pipeline	Create graduated involvement opportunities	Fellowship programs	Cultivate core group to help carry out change efforts
	Generating capacity via experimentation	Seek provisional opportunities	Trial courses	Learn effective approaches, modify, increase ability/readiness

The benefit of this configuration of tactics was supported by data on IM initiatives at other organizations that were not as successful as those at Red and Blue at integrating IM. At one organization, the change agents, who were nursing school faculty, neglected to develop status in the field. Although they were able to secure some initial outside funding, they were ultimately unsuccessful at broadening acceptance and support in the organization. Lacking a secure free space for experimentation, these intrapreneurs failed to learn and adapt their approach, and articulate how IM would fit with the opportunity of a changing organizational structure geared toward master degree education. Thus, when the grant funding ran out, members of the IM team were drawn to other commitments and the momentum for IM quickly subsided. Only one IM advocate remained, and without capacity to capitalize quickly on opportunities the IM initiative was set back. Given our observations, we offer the following proposition:

PROPOSITION 6. *The integration of new logics in incumbent organizations requires the establishment of formal free spaces and their endowment with organizational resources and status, by leveraging field status and gaining jurisdiction over resources. Stronger free spaces make the tactics for further integration in the rest of the organization (described in P3-5) more effective.*

This proposition extends prior work on tactical approaches to organizational and institutional change by elaborating the interconnectedness of strategies and emphasizing capacity-based preconditions for their success. Prior research has identified approaches for successful change, including creating opportunities for interaction among diverse actors (Kellogg 2009, 2011; Howard-Grenville et al. 2011) and experimentation (Howard-Grenville 2007), and suggested that the success of tactics is contingent on the legitimacy and equivocality of the advocated issue (Sonenshein 2014). Our research, in addition, suggests a path dependency of tactics that allow the progression

of a broader institutional project. Known conditions for the success of change efforts, such as the diversity of involved actors (Kellogg 2009), or the legitimacy of an issue (Sonenshein 2014), are thus not given but often created by earlier efforts.

Entrepreneurial Opportunity

Our findings also indicate that intrapreneurship involves constantly moving between creating and exploiting opportunities for change. Entrepreneurship research has traditionally focused on the recognition or exploitation of opportunities, and treated the creation of opportunities as exogenous to entrepreneurial actions (Eckhardt and Shane 2003). Research on institutional entrepreneurship has shared this approach, using the “opportunity structure” metaphor of social movement research (see e.g., Briscoe et al. 2014), or identifying environmental and institutional jolts as sources of opportunities for institutional entrepreneurship (e.g., Sine and David 2003; see also Tolbert et al. 2011).

Based on our analysis, we see a greater fusion between the creation and exploitation of opportunities for institutional change in incumbent organizations. The intrapreneurial change we observed followed an incremental path, in which the same actors created opportunities for institutional entrepreneurship and exploited them, often in short sequence and with the same actions. For example, the intrapreneur at Blue leveraged his social capital connections with colleagues at another university to secure outside resources and internal legitimacy necessary to create a joint IM fellowship program. He then used this program to build a pipeline of IM fellows who, in turn, helped the integration of IM by experimenting with approaches to embedding IM content in the curriculum. Because intrapreneurs face a dominant incumbent logic, opportunities may never come unless they are proactively created, by strengthening free spaces, expanding networks, and experimentation. At the same time, intrapreneurs lack the power to aggressively pursue change, and they resort

to the opportunism of exploiting opportunities when they arise. Thus, institutional intrapreneurship, like tempered radicalism (Meyerson and Scully 1995), proceeds in an incremental, and often paradoxical, process that fuses proactive opportunity creation and reactive exploitation. Stated as a proposition, we offer the following:

PROPOSITION 7. *The integration of new logics in incumbent organizations arises from intrapreneurs' ongoing proactive creation and reactive exploitation of opportunities for change.*

Institutional Position and Intrapreneurship

A final question is whether the tactics we identified can be executed effectively by any member of the organization. Existing research pays scant attention to individuals' ability to carry out influence tactics successfully. With few conceptual explorations (e.g., Heimer and Stinchcombe 1999), the connection between positions, biography, institutional conditions, and change tactics has been left unexplored. We believe that the intrapreneurs' backgrounds and biographies were important for the effectiveness of their approach. This finding contrasts with, for example, research on tempered radicals that suggests similar tactics but without making their enactment conditional on the change agent.

Our data allowed us to identify aspects of the intrapreneurs' position, status, and experiences that afforded specific tactics for institutional change. In particular, the intrapreneurs we observed bridged both logics and showed a keen understanding of the logics and their communities. Professional training and participation in professional associations, within both logics, provided intrapreneurs with human, cultural, and social capital in each community. These resources allowed intrapreneurs to employ tactics aimed at integrating new logics with greater skill and effectiveness than others who lacked this background. For example, the intrapreneurs we studied used their knowledge of multiple therapeutic approaches to design IM medical student curriculums; they tapped into their social networks to recruit practitioners from different medical communities and modalities to teach the courses. This background and corresponding resources are in contrast to those of the nursing school faculty in the example above who did not have extensive training in IM. Thus, this work suggests that a social position that extends across institutional communities facilitates institutional intrapreneurship, not just an individual's position within a given field or organization (Battilana 2006, Tracey et al. 2011). This effect is not purely motivational but is caused by increasing the individuals' ability to execute the tactics required for intrapreneurial change. We also see positional resources other than status are critical, such as knowledge and networks. Hence,

PROPOSITION 8. *Being immersed in multiple institutional communities allows grassroots institutional intrapreneurs to execute the full repertoire of tactics that*

facilitate the integration of new logics in incumbent organizations.

Entrepreneurship scholars suggest that “researchers have not often examined the actors that generate opportunities” and the tactics that they use (Eckhardt and Shane 2003, p. 344). In addition to identifying specific tactics, we find connections between intrapreneurs' social position and the tactics that they use to integrate new logics. This supports a characterization of institutional intrapreneurship as actor-dependent “effectuation”; that is, defined by disequilibrium, incomplete information and open-endedness (Sarasvathy 2001). Based on their resources—including identities, knowledge, and networks—entrepreneurs identify and construct opportunities (Sarasvathy 2001, Eckhardt and Shane 2003). This effectuation-type entrepreneurial process is in contrast to a “causation”-type process that is about the recognition and exploitation of given opportunities. Further, we find that social position and associated resources are not static, as other studies of institutional entrepreneurship have depicted (e.g., Maguire et al. 2004), but continue to evolve and accrue as intrapreneurs execute tactics.

Contributions for Research on Institutional Change

We shed light on the critical stage toward institutional pluralism when incumbent organizations must be transformed for the successful stabilization of additional logics in the field. The intraorganizational change required at this critical juncture presents unique challenges associated with operating in an environment with centralized control, formal structures, hierarchical authority, and routines that embody, and hence favor, incumbent institutional orders. To embed new logics in such organizations, organizational free spaces, endowed with resources and status, are an important, though perhaps temporary, vehicle. We identify the uniquely organizational tactics that are necessary to construct, and then extend beyond, formalized free spaces.

The use of organizational free spaces highlights a central tension of institutional intrapreneurship: the need to create defensive boundaries against dominant logics to build capacity for change, and, at the same time, engage the entire organization to promote comprehensive change. The integration of new logics is a collective project that requires working within the dominant, incumbent system to create a legitimate separate space. To do this, intrapreneurs engage local interests and understandings to gain the acceptance of the dominant coalition in the organization. Simultaneously, their projects require protection, a separation from resistant parts of the organization, so that they can develop approaches and seed changes away from interference and immediate judgment based on the incumbent logic.

Overall, this study suggests that the institutional intrapreneurship process at this stage of change is best characterized as incremental and opportunistic rather

than transformative or confrontational. Intrapreneurs at this stage normally occupy lower-power positions in the organization. Thus, to successfully promote a new logic in the face of resistance, they have to employ opportunistic tactics and generate opportunities for themselves before exploiting them. In particular, they often repurpose existing organizational processes and channels or circumvent them by leveraging external resources and status. Although there are individuals who play a leadership role in this process, they do not operate single-handedly; over time, others are recruited into the change project and individual intrapreneurship turns into collective intrapreneurship. In fact, as we saw in our empirical work, the ability to develop and recruit other intrapreneurs and sympathizers was central to the success of early change efforts. The success of the reformist approach relies on laying the groundwork before engaging new constituents, moving at a flexible pace, and “taking what one can get.”

This study also offers a more nuanced picture of the micro-foundations of institutional change by drawing attention to the unique challenges of institutional entrepreneurship inside organizations. Existing work often evokes an imagery of institutional entrepreneurship as creating new organizations that are different from those aligned with the incumbent logic (e.g., Tracey et al. 2011, Greenwood and Suddaby 2006). In this context, acquiring and combining resources into a viable enterprise, finding new markets at the periphery, and establishing the legitimacy of a new organizational form are central challenges. Our study suggests that the work of institutional entrepreneurs is, however, quite situated and hence diverse at the level of tactics and challenges. In our study, the situational context of advancing a new logic in well-established, central, and hierarchical organizations meant that the micro-dynamics of change were shaped by trade-offs between compliance with, and opportunistic modifications of, an existing order, rather than the construction of a new one.

Institutional change is, at a critical stage, dependent on reforming incumbent organizations as the embodiment of institutions (Selznick 1957, Haveman and Rao 1997, Scott 2001). As new logics emerge in the field, they must be instantiated in organizational structures and processes; and it is only through this embedding that institutional pluralism is accomplished. Organizational and institutional changes then occur in parallel, as ongoing and mutually dependant processes (Heimer and Stinchcombe 1999). Institutional intrapreneurs play a central role in bridging these levels by being dually embedded in particular organizations and the field. Studying the intraorganizational dimension of change unmask processes that, given the power of incumbent organizations in many institutional environments, are central to institutional change.

Supplemental Material

Supplemental material to this paper is available at <http://dx.doi.org/10.1287/orsc.2015.1028>.

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