Negotiating imitation: Examining the interactions of consultants and their clients to understand institutionalization as translation

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Abstract

Organizational scholars increasingly view institutionalization as a process through which actors adapt or translate seemingly successful practices in a field to create variations that are specific to their own organization. Yet little is known about how outsiders who seek to diffuse 'best practice' affect translation. We examined interactions between management consultants and their clients in two different consulting projects, which focused on embedding the practice of 'lean' in one and the practice of a quality improvement framework in the other. Our findings provide insights into the processes of translation through which promoters and adopters iterate at different stages to reach a compromise, illuminating how the evolution of an imported practice signals the outcome of a negotiation. Furthermore, we demonstrate that management practices are not translated in isolation but enveloped by peripheral practices that are adopted by association. We highlight how the peripheral practice of benchmarking, in both cases, was rarely contested or negotiated and thus proved more resistant to translation. Our analysis allows us to unpack the agency inherent within *translation-as-negotiation* and integrate research on diffusion and translation.

Key words

Adaptation, best practice, management consultants, consultant-client interactions, benchmarking, management innovation, translation-as-negotiation

Introduction

Recent studies have challenged the view that management practices simply diffuse, unchanged across a field, to relatively passive recipients (Ansari, Fiss and Zajac, 2010;Czarniawska and Joerges, 1996;Zilber, 2007). Instead, practices are translated to 'fit' specific contexts (Spyridonidis et al., 2016;Røvik, 2016). Thus, scholars typically draw a distinction between diffusion and imitation – an active and performative process that entails editing or translation (see Sahlin-Andersson and Sevón, 2003). Yet management practices in different organisations and contexts often still retain similarities. For example, within the construction industry, the application of lean manufacturing in different plants across competitor firms retains many similarities as well as adaptations, "so that it seems different but familiar" (Morris and Lancaster, 2006, p. 213). This underscores the need to understand what Sahlin and Wedlin (2008a, p. 236) describe as counter-forces working against the intensified variation of translation that, surprisingly "are only rarely discussed in studies of institutionalization processes."

Such tensions are likely to be apparent in the interactions between organizational promoters seeking to diffuse a practice, and adopters, who may challenge the fidelity of a practice to make it 'fit' their local context (Bruggemann, Tracey and Kroezen, 2018). We employ the terms promoter and adopter, as opposed to outsider and insider, as they reflect the complex and fluid nature of the roles of individuals involved in the process of translation of ideas, which change over time (Sturdy, Handley, Clark and Fincham, 2009). Though tensions between the two roles may be resolved through a mechanism of compromise (Ansari et al., 2010), there has been limited empirical investigation of the agency inherent in such promoter-adopter interactions or how this affects translation.

This article therefore aims to explain the micro-level processes through which actors, inside and outside of an organization, affect the translation of imported practices. This is achieved through an analysis of two distinct case studies of projects run by management

consultants from the same firm, which shaped their clients' decisions to imitate other organizations. The first is a service improvement project in a Portuguese utility organization, in which a 'lean process methodology' practice was introduced and translated. The second case study is an organizational change project in a group of National Health Service (NHS) organizations in the United Kingdom, in which a 'quality improvement framework' practice was introduced and translated. We reveal the ongoing negotiations and tensions between consultants, as exporters of ostensible 'best practices', and clients, as importers and interpreters of practices.

By unpacking agency inherent in consultants' and clients' strategies of translation, we develop two main contributions to the literature on translation. First, our study helps institutional scholars to move "beyond the simplistic notion of isomorphism" as conformity through diffusion (Kostova, Roth and Dacin, 2008, p. 1003) and dichotomous notions of forces and counter-forces (Sahlin and Wedlin, 2008). Rather, we show how negotiations serve to resolve the tension between actors' attempts to edit one another's ideas. Further, we identify key stages of negotiation, each with associated processes, providing insights into how the mechanism of compromise (Ansari et al., 2010) operates to allow field level diffusion to connect with individual-level acts of translation. Our study therefore begins to address the "main shortcoming of existing diffusion and translation studies [which] has been that they underplay interrelatedness" (Meyer and Höllerer, 2014, p. 1228).

Second, our findings show that best practices are not imported or translated in isolation, but as part of a package of practices. In our cases, a core best-practice was enveloped by peripheral or supporting practices, most prominently, that of benchmarking. When organizations adopt new practices, individual organizational members may also adopt such peripheral practices. Furthermore, because these practices are rarely contested or negotiated to the same degree as core practices, they can be more resistant to translation. We suggest that while individuals do not necessarily seek to work on institutions, they can sustain inconspicuous

institutionalized practices that serve as resources for their everyday negotiations. Hence, we build on previous studies (Currie et al., 2012) that have sought to develop an understanding of agency and purposive institutional work (Lawrence and Suddaby, 2006). Finally, in addition to the two theoretical contributions, our study extends the relatively few studies which consider both consultants and clients' accounts of their interactions (Fincham, 1999;McGivern, 1983;Sturdy et al., 2009;Waisberg and Nelson, 2018).

The article begins by outlining the theoretical background of translation and the associated role of management consultants. It then details the empirical setting and methods relating to our two case studies. After presenting the findings which emerged through thematic analysis of the case studies, we outline their theoretical implications.

Theoretical background

From adoption to translation to similar variation

DiMaggio and Powell's (1983, p. 148) seminal article that helped usher in neo-institutional theory posed the question "why there is such startling homogeneity of organizational forms and practices"? The authors posited that conformity to institutional norms creates structural similarities, or isomorphism, across organizations (Dacin, 1997). More recent research, however, has adopted a "growing sensitivity to heterogeneity of institutional environments" (Boxenbaum and Jonsson, 2008, p. 79). As Sahlin-Andersson (1996) pointed out, in prior institutional studies, new models appeared to spread almost automatically and organizations were treated as relatively passive entities with limited consideration of the actions and thoughts of the individuals within them. Sahlin-Andersson's (1996) critique of these largely 'mechanical explanations' of mimetic isomorphism was echoed by Kostova et al. (2008, p. 1003) and Haveman (1993) who called for research to understand the complex forces of isomorphism.

More recent scholarship has highlighted how organizations typically adapt, edit or translate popularised practices (Ansari et al., 2010;Ansari, Reinecke and Spaan, 2014;Creed, Scully and Austin, 2002;Czarniawska and Joerges, 1996;Helin and Sandström, 2010;Sahlin-Andersson, 1996;Wæraas and Nielsen, 2016;Zilber, 2007). Scandinavian institutional theory, in particular, has explored "how apparently isomorphic organizational forms become heterogeneous when implemented in practice in different organizational contexts" (Boxenbaum and Pedersen, 2009, p. 191). Distinguishing between diffusion and imitation, this work highlighted how the motivation to become similar and therefore to copy other successful organizations can set processes of translation in motion (Sahlin and Wedlin, 2008;Wedlin and Sahlin, 2017). As practices are actively transferred into a context of other actors and ideas, they are not only copied, but also edited.

Sahlin-Andersson (1996) describes three sets of editing rules, which direct translation when actors import practices into their organizations. First, *re-contextualization*, where a code or practice is de-embedded from a previous site and then re-embedded in a new context and, often, given new meanings. Second, *rationalization*, where the practice is interrogated to assess if it is "worthy of imitation" and can be "rationalized, scientized and theorized" (Sahlin and Wedlin, 2008: 226). Third, *reformulation*, as ideas and their effects acquire new labels and narratives deemed appropriate to their new settings (Czarniawska and Joerges, 1996). Although the local adoption of ideas or practices entails some modification, organizations often retain the label of a particular practice, such as lean management or total quality management (Morris and Lancaster, 2006;Kirkpatrick, Bullinger, Lega and Dent, 2013) which therefore gives the appearance of diffusion.

There have been calls to examine the agency of the actors involved in this process of translation. Zilber (2006), for instance, demonstrated how institutionalization involves the contextual translation of generic rational myths into specific ones. Yet Zilber (2006, p. 300) notes

that "[f]urther research is still needed to explore the role of agency in translation. Especially rare in the research literature are in vivo and in situ studies of editors or translators based on direct observation in real time". Similarly, Ansari et al. (2014) and Røvik (2016) call for comparative studies of knowledge-transfer processes to determine empirically the extent to which translation rules are actually used.

Reflecting the need for a deeper understanding of the agency involved in processes of translation, there is limited empirical investigation of the different or potentially opposing forces involved. For example, the practice of lean manufacturing and production has been shown to retain common features and adaptations (Morris and Lancaster, 2006), which suggests some form of practice contestation (Martin and Beaumont, 1998). As Sahlin and Wedlin (2008a, p. 236) posit "[o]bviously there need to be some counter-forces working against the intensified circulation, deinstitutionalization and variation, but these are only rarely discussed in studies of institutionalization processes." Other studies have also hinted at the importance of a "countervailing power", which can resist pressure to change or translate (Kirkpatrick et al., 2013, p. 56).

Ansari and colleagues (2014) highlight the notion of countermobilization, which describes the back-and forth of contest between parties that encourages compromise between agents of translation. Compromise refers to a response "that accommodates the political demands of a heterogeneous political environment, leading to implementation of less faithful and less extensive forms of the practice" (Ansari et al., 2014, p. 81). These authors also call for more insight into the agency of actors involved in such compromises, particularly the processes through which adaption of practices occur and how these processes are affected by "outsiders".

Outside agents in the process of translation: The role of consultants

One valuable opportunity to explore the role of outsiders and the understudied processes of compromise is through an examination of management consultants. In their explanation of isomorphism, DiMaggio and Powell (1983, p. 152) state that "major consulting firms, like Johnny Appleseeds, spread a few organizational models throughout the land". Consultants are often involved in the knowledge-transfer between certain sources and recipients, sometimes helping organizations to translate and use such knowledge (Røvik, 2016;O'Mahoney and Markham, 2013;Perkmann and Spicer, 2008). They can bridge between emerging ideas, passing fashions and lasting institutions through their commodification and dissemination of master ideas (Czarniawska and Joerges, 1996). For instance, consultants have supported the promotion and adoption of concepts such as culture management, business processing re-engineering (BPR) and total quality management (TQM) (O'Mahoney and Sturdy, 2016;Waisberg and Nelson, 2018).

One way to highlight the distinct role consultants play in translation processes is by considering benchmarking, which is a key consulting method or tool. As Wright et al. (2012, p. 654) note, management consultancies are important agents in "identifying, popularizing, selling and then measuring and comparing ('benchmarking') new standards of organizational practice". Benchmarking provides an apparently systematic observation of organizations, focusing on successful organizations and the identification of associated 'best practices' (Camp, 1989) which can be imitated. Benchmarking has also been critiqued for its role in constraining innovation and for its universalism or de-contextualisation in celebrating a single form of 'best practice' within a field (Marchington and Grugulis, 2000). This focus on de-contextualisation and providing best practices suggests that consultants can, potentially, serve as an opposing force to organizations' attempts to pursue idiosyncratic translations (c.f. Waisberg and Nelson, 2018)

In summary, there is growing recognition that imitation is an active process of adaptation and translation (Helin and Sandström, 2010;Zilber, 2007). Little is known about how translation processes are affected by outsiders, particularly management consultants seeking to diffuse best

practice. Translation scholarship suggests that there is likely to be a tension between forces for and against translation (Sahlin and Wedlin, 2008), which has been theorized to encourage compromise (Ansari et al., 2010). Our study focuses on translators as importers, brokers and exporters who help to translate knowledge from a source to a recipient context (Wæraas and Nielsen, 2016). The overall question that guides our research study asks; 'how do interactions between clients and consultants affect the translation of practices within an organization?'

Methods

The study employed an exploratory, comparative and qualitative case design to examine two instances of a consulting firm's interactions with their clients to implement a particular 'best practice'. Using two cases—concerning different clients, industries and countries—allows researchers more confidence in the inferences drawn from each case (Eisenhardt, 1989). It also responds to calls for comparative case studies into adaptations to management practices (Ansari et al., 2014). This serves to strengthen the potential contribution of our work to understanding the largely neglected agency between actors in micro-level translation processes. We each case below, before describing the process of data analysis. All participants and their pseudonyms appear in Table 1 (appendix).

Case 1: Service improvement in a utility organization, Portugal

Across both cases, the consulting firm is the same global organization. To protect anonymity, only minimal details of the firm are provided, but it can be seen as largely typical of elite global strategy consultancies (Gill, 2015).

The first case study is of a consulting project with a public Portuguese energy utility company (given the pseudonym EUt). During 2003, concerns with the quality of service became an important management issue for EUt. Impending market liberalisation increased

management's awareness of customer retention problems while regulatory pressures, both at national and European levels, introduced new quality standards for distributing the utility. Eut hired the consulting firm to help address these issues. Together, clients and consultants began to develop a project brief for "*Increasing service quality in a sustainable and substantial way towards the levels achieved by similar companies*". To improve service quality, EUt and the consultants sought to implement lean process thinking (a popular practice, see Womack and Jones, 1997).

Research data was collected in 2005 through interviews with all 12 client employees involved in the project. Interviews were cross-checked with documentary data, which included regulators' reports; the client's annual reports; and slides, internal memos relating to the project. Although interviews and observations were only with the clients, we were able to access the consulting firm's documents and presentations and discuss these with clients along with their own accounts of interactions.

Case 2: Organizational change in the National Health Service, United Kingdom

The second case is of the management consulting firm and a client project within the National Health Service (NHS), the state-funded public health system in the UK. In 2008, the English Department of Health began to implement an efficiency programme. The management consultancy project aimed to redesign the delivery of general practice, to make substantial financial savings in line with a wider government austerity programme. The best practice that was introduced was quality improvement methodology (the name of the specific practice has been anonymised).

Our empirical research took place from 2010-16 and was part of a wider research project examining the use of management research knowledge in health care (Dopson et al., 2013;McGivern et al., 2018). Data collection involved interviewing nine management

consultants and an academic advisor to the consultancy about how the consultants worked prior to the project in early 2010. Then, following organizational redesign project, we interviewed nine NHS managers and two General Practitioners (GPs) in the NHS client organisations and three management consultants about their experiences of the project from 2010-11. After the completion of the project, we conducted follow up interviews with a consulting partner and four managers in the NHS client organization, from 2013-16.

Data analysis

The study employed an iterative approach to analysis (Eisenhardt, 1989), moving between theory and data to provide a theoretical explanation of the role of benchmarking in the two case studies. As translation emerged as a key theme, we focused our coding on the translation of practices and drew on related literature which led to further iterations of data analysis. Following Gioia and colleagues' (2013) analytical process, we began by identifying concepts in the data, grouping them into categories. This entailed reading interviews transcripts, notes of observations and other documents collected from the two case studies to establish concepts grounded in the participants' accounts. We also arranged first order concepts into the strategies employed by consultants or clients. Next, we established relationships among these first order constructs to create higher order themes, collapsing constructs with similar meanings into fewer, more abstract categories (second order themes). Guided by our theoretical framing and research question, we developed second order themes that identified the processes of translation, which both consultants and clients employed—albeit through different strategies—and their overarching outcomes. This coding process was concluded when additional analytical iterations no longer revealed new relationships (see Figure 1 which depicts how different strategies and processes feed into outcomes).

Please insert Figure 1 around here

Findings

Our data analysis across both case studies revealed three overlapping stages of engagement between consultants and their clients*: negotiating the (extent of the) problem; the (selection of) the solution; and its implementation* (see Figure 2). We now examine each stage, revealing similarities and differences between cases and how the imported practice evolved, or was translated, to signal the outcome of the pragmatic negotiations.

Please insert Figure 2 around here

Stage 1: Negotiating the (extent of the) problem

This stage involved consultants and clients mutually constructing the problem to be addressed by the consulting project as well as negotiating its parameters. This was characterised by the processes of de-contextualization and re-contextualization of data, typically benchmarked data. Crucially, both these processes were enacted by consultants and clients, albeit through a variety of different strategies (summarised in Figure 1).

***De-contextualizing*.** Consultants and clients spoke of how benchmarking highlighted and focused attention on problematic underperformance of the client organization relative to other organizations. The consultants provided de-contextualized benchmarking data, contrasting metrics across global organizations. For instance, consultants identified EUt's problem through an explicit comparison between quality levels within EUt and other utilities providers:

> "*When we compare with Spain …. our parameters in terms of service quality, in terms of interruption times, ours were far higher (worse) than theirs. But our technicians are not worse than theirs…*"

Client 11, EUt

These early discussions of the meaning and importance of various benchmarks were mirrored in the NHS case study:

"[The project] started with benchmarking… looking for the opportunities for improvement… in relation to quality and productivity… [The consulting firm] then did the analysis to show what the financial impact of that benchmarking improvement potential could look like."

Client 1, NHS

Benchmarking took a variety of forms, using a range of metrics, but consistently highlighted the client organization's under-performance relative to global comparisons. While the Portuguese EUt was contrasted with Spanish energy providers, the British NHS was compared with global healthcare providers. Consultants in the NHS case also articulated the central role that benchmarking played in 'opening' and starting dialogue in the project:

"Benchmarking is a staple part of a consultant's toolkit because one of the things that clients look to outside support for is 'tell me what other people are doing'… It serves simply as a way of opening questions, of showing you (them) where to go… Whatever question they're asking, we might start by answering with benchmarking."

Consultant 2, NHS

Crucially, clients were not passive recipients of the consultants de-contextualized benchmarked data. As noted above, the clients wanted to know "what other people were doing", thereby encouraging comparisons and the de-contextualization of data. Indeed, numerous

employees of both client organizations invested considerable effort to provide the consultants with data to enable such comparisons:

> "*They asked for information, tons of information – the amounts were out of this world, unthinkable even. They would say 'We need this til noon. We have a meeting with the Board of Directors*"
>
> Client 6, EUt

Re-contextualizing. Consultants' view of benchmarking as "a way of opening questions" highlights how the identification of each organization's core problem was mediated by both consultants and clients. As both parties sought to understand more of one another, they would 'zoom in and out' of the data, sometimes de-contextualizing and, other times, re-contextualizing. For instance, consultants actively sought local insights and emphasised, in both cases, how they tailored their identification of the problem with local input from their clients.

> *"[Consultants] did kind of review meetings … requiring each [NHS] community to develop its own equivalent of our transformation programme*"
>
> Client 9, NHS

While clients noted how de-contextualized comparisons were 'interesting' and 'insightful', they were also quick to point out that they were often based on evaluations with very different organizations, industries or geographies.

> *"Having in mind the [interruption] times in each network area, North or Centre, they did not consider geographical issues."*
>
> Client 2, EUt

Many clients therefore recognised that benchmarks were imperfect or often not even directly applicable. As these tensions began to emerge, it became apparent that there was a subtle process of negotiation between consultants and clients, which consultants were acutely aware of:

> *"it actually links back to my diplomatic background and that is mediating between groups with different interests and incentives and looking to find common ground that they can agree on and make progress on and understand the factors that drive the outstanding differences and think about what it would take for those to change. And that's, you know, that clearly one of the roles that diplomats play … negotiating agreements"*
>
> Consultant 2, NHS project

As the description of these interactions as acts of "negotiating agreements" suggests, re-contextualizing occurred through clients questioning consultants' data and, crucially, by rejecting or refining their data by drawing on their own local insights. For instance, the project leader from EUt only "bought" certain aspects and not others. Similarly, a manager in the NHS case (client 7) noted that the absolute savings target produced by the consultants "was not particularly useful" because it "lacked context".

Through these different strategies of de-contextualizing and re-contextualizing, consultants and clients found "common ground" (consultant 2, NHS project), agreeing that certain problems warranted attention. In EUt, for example, consultants and clients agreed that the client needed to reduce response times for customers faults. In NHS, the government had imposed the problem of making efficiency savings without increasing resources. Nonetheless, consultants and clients settled on which aspects of the 'health care pathways' (the essential steps in the care of patients with a specific clinical problem) to redesign to close the gap between

current performance and targets aligned to global benchmarks. To address their newly defined problems, both client organizations sought out what consultants frequently described as "best practice", to imitate the seemingly successful organizations who had addressed these problems.

Stage 2: Negotiating the (selection of) the solution

This stage centred on consultants' and their clients' mutual selection of a practice to solve the problem they had previously settled on. While consultants introduced each of these practices, which were then selected by clients, the process was not straightforward. It was a negotiation culminating in practices that were different from, yet similar to, those originally presented. Two processes, again employed by both consultants and their clients iteratively, characterised this stage of negotiation: justifying and rationalizing.

Justifying. The "best practices" proposed by the consultants were lean process thinking in the case of EUt, and a quality improvement framework in the case of the NHS. Consultants claimed that their solutions were well received by clients when presented as 'fact-based' and underpinned by 'evidence':

> *"The evidence base that underpins [the quality improvement framework] I think is hugely compelling… when you stand up and you say look, organizations that do this are three times more likely to succeed than organizations that do this and here, we have a database of 650,000 entries that shows, can't show causality, but it can show this correlation […] Our biggest asset is the fact base… [and] fact-based problem solving approach"*
>
> Consultant 4, NHS

The consultants' data demonstrated the apparent success of these practices, with a quantified estimate of their impact. Such practices resonated with the clients; not just

because of their quantified value, but also because they provided a clear way to realize such value. Central to clients embracing this data was the development of trust in consultants, beyond "empirical evidence":

> *"I never saw it as empirical evidence, it just came across as folk who knew what they were doing... The real truth is that there is evidence which suggests some things are more likely to work than others... After [decades] of management experience it was about right."*
>
> Client 1, NHS

In both cases, many of the clients appreciated the logic or justification of experience advanced by the consultants to adopt their proposed solution:

> "*There is something that they always bring and that I like to make use of, which teaches a lot – at a global level… When a problem comes along, they [The consulting firm] contact their other offices, and they immediately have solutions (…) Practical applications of cases in other places, similar [to ours], and that allow them to reach some conclusions of what can be done here, or what cannot be done.*"
>
> Client 2, EUt

Yet, while apparently unnoticed by the clients themselves, consultants also pointed out that although they stressed a 'fact-based' and 'hypothesis-driven' approach, the justification of their proposed solutions relied heavily on emotion too.

> *"Change is very much more an emotional thing … as opposed to a logical and a fact-based thing. And you need to capture that and you need to hook on to peoples' emotions and that involves communication, and very smart communication. It's often anecdotal stuff and storytelling, it's … appealing to peoples' emotions."*

Consultant 7, NHS

Consultants' blend of fact-based and emotionally engaging approaches of educating their clients of the value of their proposed solutions seemed to be effective, at least for the most directly involved clients in the two cases. For instance, in the NHS case, some clients noted how the proposed changes to improve efficiencies, as part of the proposed 'quality framework' practice, were "no-brainers" based on the evidence underpinning them. These clients seemed to view the consultants' proposals as legitimate, thus strengthening pressures to align to 'best practice'. Hence, client and consultants ultimately worked together in justifying specific solutions.

Rationalization. Within EUt, the consultants' proposal "*was about making use of [Lean] which was being used by [Spanish utility] to solve this (same) problem*" (Group interview / Client 2, EUt). Precisely *how* the consultancy had conducted its benchmarking analysis, or reached related conclusions supporting the implementation of lean, however, was not clear. Similarly, the NHS clients often struggled to understand how consultants' proposed 'quality improvement framework' would yield projected cost savings:

"it was quite difficult sometimes to get behind the [consultants'] figures … the first thing everybody wanted to do was to challenge the validity of it."

Client 1, NHS

To make sense of consultants' proposed practices, to rationalize them and establish their validity, clients actively sought involvement in the consultancy firm's methods of devising the solution. Through this involvement, clients rejected certain aspects of consultants' proposals, noting that "because they lacked technical knowledge [specific to the geographical area under consideration] some of their proposals weren't realistic." (Client 6, EUt) The process of building

an understanding was again iterative, as consultants and clients discussed and tested solutions, moving between rationalization and justification:

> *"There was some resistance: 'Don't we have enough autonomy to implement our own processes? Do we really need a consultant to do it for us?'. But then when results started to emerge, people started to see that there [were] aspects that could be improved, that this was an iterative process, and that there were gains to be had. And then people started, quite quickly, to collaborate."* (Client 6, EUt)

This process led to the acceptance yet development of lean process thinking, as the EUt project team decided that it could apply to some activities but not others. For instance, it was appropriate to refine organizational responses to customer faults but not to aspects like communication between regions. Clients thus shaped their solution.

While the EUt case was characterised by broad negotiation surrounding the nature of solution, the NHS case's negotiation was much narrower and centred on the precision of the efficiency calculations. This reflected the British government Department of Health's decree to ensure cost savings within the NHS and their broad backing of consultants. In the absence of alternative solutions to address the problem that had already been established, much of this concern around how much sense the potential savings made ended up being overlooked.

In attempting to understand and rationalize proposed solutions, many client employees adopted subtler and parallel practices from the consultants. As client 13 (NHS) stated, "there were a lot of intangible benefits like individual learning". Others described the value of working with consultants in more personal terms, learning "project management skills", emulating what they described as the valuable skills of the consultants. While some clients spoke of the practical skills they had acquired, others noted the attitude and perspective of the consultants they had begun to imitate:

"[As part of the Lean methodology, consultants] would always question; Why? …At some point we start behaving just like them, with the same attitude. … We start asking the Why question ourselves."

Client 4, EUt

These personal acts of imitation appeared to be an outcome of consultants actively building closer connections with clients, while, at the same time, clients sought greater involvement in the consultants' development of solutions. Through challenging aspects of proposed practices, clients came to understand and then justify them. Thus, we see the iteration between the processes of justification and rationalization. Indeed, even those clients who believed that "*everything we did in this project, we could have done it ourselves sooner or later"* grudgingly accepted that consultants were bright and possessed valuable skills. Therefore, working with them was seen to help complete the development of a solution that would otherwise *"only have been achieved in the longer run" (Client 7, EUt).*

Even in this pre-implementation stage of developing a practice to serve as a solution, translation was apparent. The extent of this, however, varied across the two cases. In EUt, asking 'why' questions to investigate organizational efficiencies was turned back on the lean thinking methodology itself. This allowed clients to question whether adoption of a lean methodology across all departments was logical and to thereby limit the scope and form of the proposed solution. By contrast, at this same stage, many NHS employees doubted the efficacy of the proposed quality framework solution. Yet they could do little to change the minds of senior NHS managers who imposed the proposed solution.

Stage 3: Negotiating the implementation of the new practice

This stage of the negotiations between consultants and clients involved implementing the co-constructed solutions. Here, consultants became less involved and gradually exited from both client organizations. Consequently, the negotiation came to be between client project teams, who took increasing ownership of the projects, and the wider client organizations. The implementation across the wider organization led to different practices. Two key processes were at play; preserving the integrity of the practice and reformulating the practice. These informed one another, in subtle ways.

***Preserving integrity*.** Consultants remarked that they wanted clients to "take ownership" of the project and thus implementation of the proposed solution. In both cases, this was achieved, as clients in the project team viewed it as their responsibility to implement the solutions:

> *"By the end [of the pilot project], they passed over everything to us, and we didn't really have anything! We had a spreadsheet, and then I had to get a bunch of people that would be dedicated to inputting data!"*
>
> Client 2, EUt

As a result of working with the consultants on the project teams to establish problems and solutions, many client employees had a vested interest in championing and protecting their co-developed solutions. However, in the NHS case, small pockets of client staff continued to doubt the underlying benchmarking results underpinning the change framework solution. Nevertheless, they felt that they "had to accept" (Client 14, NHS) the proposed solution that had been translated for the client organization in terms of the targets that consultants had developed. This was because of the prestigious reputation and outsider status of the consulting firm and consultants' co-creation of a solution with clients.

By contrast, consultants, in both cases, were adamant that their solutions would serve the client organizations well. The challenge, as they saw it, was protecting the integrity of proposed solution while ensuring they could be understood:

> *"We've figured out, belatedly, that you just cannot communicate the whole wealth of nuanced detailed stuff to other people, you've just got to find a way of simplifying it [the solution] without losing too much of the subtlety and making it a memorable communication … we're starting to spend a lot more time on simplifying and doing that well."*
>
> Consultant 3, NHS case

In the EUt case, following a successful pilot involving the region in which the client project team worked, lean was to be rolled out across Portugal. Similarly, in the NHS case, the development of the quality framework was to become a key guiding framework.

Re-formulating. In both cases, the same client concerns over de-contextualizing data had lingered since negotiating the problem. Such criticisms were sometimes held by the same individual clients who, at other times, gave the impression of engagement and acceptance with consultants' ideas.

> "*One of the problems… frequently as we "import" from a situation which relates to a similar problem [to our own], [is] that this happens without considering the specific reality of that [other] company, of its national context, etc.*"
>
> Client 2, EUt

These concerns proved prescient. In the EUt rollout, many other regions began to "cut corners" according to the client project team. For instance, rather than 'truly' applying a lean mindset and continually questioning assumptions underpinning work practices, many client

employees merely copied the changes identified in the pilot region, without establishing their relevance to their own context. It had become a recipe rather than a source of reflection:

"There was a clear trend towards the use in a less and less extensive way of the methodology as we went from one region to the next."

Client 5, EUt

When questioned about implementation difficulties, the client project team responsible for the roll-out noted that many other regions felt that this lean practice was being imposed. This issue was compounded by a lack of support and resources to support the rollout as consultants had exited the project. Nonetheless, EUt retained the label of 'lean' to describe the practice. Thus, while the client members of the original project team viewed these changes as a reformulation of the practice, other employees in the wider organization understood this as fidelity to the proposed solution. As waiting times declined, broadly in line with project goals, the roll out continued across regions. When one member of the original client team was asked if the lean methodology was still in place, months after consultants had left, they pointed to the attenuation of the practice:

"Yes, but I think it should be stronger. [Lean] is not as strong because people are not as engaged anymore. (...) Some of the actions that were still under development were abandoned. It's a pity."

Client 8, EUt

For the NHS cost saving project, clients who were responsible for implementing the quality framework reflected that while they had adopted some aspects of the solutions co-developed with consultants, they did not use them as originally intended. Rather, they used the framework to develop a plan to deliver efficiency savings to the Department of Health, thereby relieving the

pressure from the government to begin making cost savings. Yet delivery of this plan and the framework was limited due to political realities:

"And that's not to say that we shouldn't follow up when there is good practice, but I think some of … the political realities of how you can implement change are not always understood fully by people who don't have to work within those realities."

Client 3, NHS

Nonetheless, the NHS clients recognised some value in the framework and the consultants work:

"what they [consultants] brought was…. knowledge of global healthcare which they could customize and help with, which they could share with us, and we could help them customize it and make [it] for local implementation."

Client 4, NHS

The NHS clients customized the quality framework most obviously in terms of how they utilised the benchmarking that stemmed from the framework. Some clients moved away from global benchmarks and, instead, developed new versions. These versions were not necessarily linked to efficiency savings or changing health care pathways but that served local needs:

"*We started our own local benchmarking … that we felt might highlight to us … additional areas for scrutiny that we hadn't previously considered… but it dovetailed very nicely into our local arrangements*"

Client 10, NHS

In the end, the central NHS cost saving targets, bound up in the original formulation of the consultants' quality framework, were not achieved. Our interviews and observations pointed to a

strong desire among those NHS employees involved in the project to achieve efficiencies. The clients attributed the failure to reach these targets as due to calculations that "did not add up" (Client 14, NHS) and unrealistic expectations. The consultants suggested, however, that there was a resistance within the organization that made any substantial change difficult:

> *"in the NHS the problem is not that people don't know what the right thing to do is or not even they don't have the capability to do it"*
>
> Consultant 1, NHS

Overall, the combined case study data suggests that consultants' benchmarked 'best practices' informed client practices, but often in unintended ways. While the practices that were proposed as solutions in both our case studies retained some features through implementation, most notably their names, they were used in different to ways those originally intended by consultants. The spread of these practices, then, is not so much one of diffusion, but of different degrees of translation.

Discussion

Our study sought to understand how interactions between clients and consultants affected the translation of practices within an organization. We examined the introduction of the 'best' practices of lean process thinking, in a Portuguese utility firm, and quality improvement, in the English NHS. Drawing on these cases, we now outline two key insights into institutionalization as translation. First, our study provides insights into adopters and promoters' translation strategies. We move beyond dichotomous notions of forces and counter-forces of editing (Sahlin and Wedlin, 2008) to, instead, unpack the mechanism of compromise (Ansari et al., 2010) by identifying a set of processes that facilitate ongoing negotiation. Second, we show how best

practices are enveloped by peripheral practices. The adoption of peripheral practices, most notably benchmarking, is often subtle and thus more resistant to translation.

Translation as negotiation

Our study provides insights into the tensions between consultants' and clients' translation strategies, as both parties moderate ideas of best practice through interaction. We build on the growing recognition that imitation is an active process of translation and corroborate the importance of three editing rules, as outlined by Sahlin-Andersson (1996): *re-contextualizing; rationalizing;* and *re-formulating*. Our study goes further by showing that the exporters (consultants) of best practices may also use such rules to inform the translation process. Moreover, both exporters and importers employ other rules, including; *de-contextualizing*, *justifying* and *preserving integrity*. As such, we seek to break down the dichotomy implicit in established editing rules. For instance, our findings suggest that to negotiate the translation of practices requires actors to iterate between *re-contextualizing* and *de-contextualizing* processes. By illuminating these interacting processes performed by different groups to facilitate compromise, we also extend scholarship that notes negotiation is a key activity of the diffusion of institutionalized practices (Ansari et al., 2014;Currie et al., 2012;Zilber, 2002).

Client organizations often seek to re-contextualize a practice into a new context by affirming contextual considerations (Morris and Lancaster, 2006). Our study extends this idea by suggesting that consultants, as outsiders, often sought to *re-contextualize* and *de-contextualize,* frequently zooming in and out of the context with the support of their clients. Thus, consultants sometimes encouraged translation and on other occasions attempted to circumscribe their clients' acts of translation. *Re-contextualizing* and *de-contextualizing* served as initial processes within a negotiation to generate a shared understanding of a problem and thus to progress the project. This treatment of context was essential in collectively establishing the extent

of the clients' problems, deciding where the consulting project should intervene, and how radically. This stage can therefore be thought of as key step in framing subsequent acts of translation (see Creed et al., 2002).

Our studies suggest that consultants and clients then negotiated (the selection of) the new idea or solution. Consultants paired pre-prepared solutions to problems, offering standardised solutions (Wright et al., 2012). While clients sought explanation, consultants sought to defend the logic of their proposed ideas and solutions, through the strategy of *justifying.* This relied on appeals to trust the firm's evidence base and experience as well as emotional storytelling. This is akin to what Berglund and Werr (2000) describe as 'blending incommensurates', whereby consultants mix fact based analysis and emotion to convince clients. These negotiations involve emotion and rhetoric, a point that has been overshadowed by the recognition that as "experiences in one place are edited into a model they tend to be rationalized, scientized, and theorized" (Sahlin and Wedlin, 2008, p. 226;Strang and Meyer, 1993). Indeed, a growing body of literature points to the importance of emotion in the institutionalization of practices (Gill and Burrow, 2017;Voronov and Vince, 2012). Hence, we contend that the negotiation of translation is often reliant on shaping the emotional and cognitive interpretations of adopters.

The final stage of our findings was negotiating the implementation of the new idea. This also corresponds, in part, to Sahlin and Wedlin's (2008) third general editing rule of reformulation, whereby a translated practice is re-packaged under well-known labels, such as lean or TQM, "so that it seems different but familiar" (Morris and Lancaster, 2006, p. 213). While certain actors, such as consultants, can seek to defend and preserve the fidelity particular practices (Ansari et al., 2010) this should not be overstated. Indeed, consultants stated that they encouraged their clients "to take ownership" and supported them in leading the implementation plans. This aligns with Ansari, Reinecke and Spaan's (2014) contention that allowing adopters to flexibly appropriate and adapt a practice can help reconcile competing interests and overcome

political resistance, especially when fidelity may be difficult to enforce. The dichotomy between fidelity and re-formulation is thus too stark, as many exporters of practices encourage and expect to keep practices "open" for them to be effective, preserving some aspects and reformulating others. This is typified in the cases of the Balanced Scorecard (Qu and Cooper, 2011) and cost-accounting methods (Alcouffe, Berland and Levant, 2008). Accordingly, negotiation accurately describes the process through which consultants and clients challenge and collaborate with one another to implement a practice.

Peripheral practices: Inconspicuous and unintentional institutionalization

A further finding of our studies is that practices are not imported or translated in isolation but can be part of a package. In our cases, a core practice was enveloped by peripheral ones. This builds on the idea that "diffusing practices are socially meaningful, multifaceted bundles of knowledge" (Ansari et al., 2010, p. 82) by suggesting that practices can only be understood and made meaningful through other practices. For example, the core practice of lean was negotiated and translated with continual reference to the peripheral practice of benchmarking. We argue that this has two important implications. First, when organizations adopt new practices, organizational members may also, formally or informally, adopt some of these peripheral or supporting practices. Second, because these peripheral practices are often taken-for-granted, they are rarely as contested or negotiated and thus can be relatively resistant to translation.

Prominent examples of organizational members adopting peripheral or supporting practices included individual clients learning from the consultants and then employing their project management practices. This personal form of mimesis stemmed from clients emulating what they perceived to be successful management practices exhibited by elite consultants. This confirms the observation that consultancy can act as a role model in itself, rather than simply as a mediator or purveyor of best practice (O'Mahoney and Sturdy, 2016). It also explains how both

ideas and adopters are modified through adoption processes (Sahlin-Andersson, 1996). In our study, personal exchanges involved both information and peripheral practices. These appeared to be an inevitable outcome of the respective strategies employed by clients and consultants, as consultants sought to share responsibility with their clients while the clients looked for greater involvement. As Czarniawska and Joerges (1996, p. 23) state "it is the people, whether we see them as users or creators, who energize an idea any time they translate it for their own or somebody else's use."

A second and closely related implication of such peripheral practices is that they are often transmitted subtly, attracting less attention than core practices that are the subject of frequent analysis and discussions. As such, peripheral practices are less contested or negotiated and thus can be more resistant to translation. A prime example of this was the practice of benchmarking itself. In both our case studies, clients were typically aware that consultants seek to sell their 'best' practices and ideas through benchmarked data. Nonetheless, many assumptions underpinning consultants' core tools, such as use of benchmarking, went largely unchallenged. Indeed, benchmarking has become an institutionalized management technique, widely used across diverse contexts (Seabrooke and Wigan, 2015). Only a few participants in our study raised questions about the use of benchmarking and even these related to the accuracy of comparing certain measures, rather than challenging the utility of benchmarking itself.

The strategies of negotiation identified in this study may initially appear to represent forms or types of institutional work (Lawrence and Suddaby, 2006, p. 217) as they sustain the institutionalization of benchmarking. Yet previous definitions of this notion emphasise *purposive* creation, maintenance or disruption. This does not fit our findings. No consultants or clients appeared to view or consider benchmarking as anything other than a valuable tool. This corroborates DiMaggio and Powell's (1983, p. 151) suggestion that "[m]odels may be diffused unintentionally", as opposed to indirectly through employee transfer or turnover. While

purposive action was present in this study, the object of intent was to negotiate a core practice (as in Currie et al., 2012) rather than to maintain, or even question, other peripheral practices such as benchmarking. As such, we suggest that benchmarking is an inconspicuous practice that can guide the negotiation underlying translations of core practices. Our research therefore reveals a complex picture of translation processes, whereby negotiations between actors can simultaneously translate multiple and closely connected practices to different degrees.

Limitations and conclusion

While the focus on two cases provides rich contextualized data that supports insights into an under-explored topic, this also limits the generalizability of our findings. Our study explored the work of a single consulting firm, albeit across two different clients, sectors and countries albeit both in Western Europe. Further, in one of our studies we collected interview data only from the clients and therefore relied largely on their perspective. Future research to confirm our findings is important because our studies occurred in different time periods, and there is therefore the prospect that, in the intervening period, the consulting firm and its strategies may have changed thereby affecting our comparison. We encourage ethnographic examinations of adopter and promoter interactions to illuminate the contextual dynamics of negotiation-as-translation, particularly how frontstage support may be coupled with backstage resistance that manifests in a variety of forms (Gill, 2019;Ybema and Horvers, 2017). Another interesting direction for future research is to consider the transferability of our findings to mega projects spanning organizations or nations (van Marrewijk et al., 2016).

In conclusion, our study has established processes through which actors, both adopters and promoters, affect the translation of management practices. We have shown how these processes culminate in compromises such that a practice evolves to signal the outcome of a negotiation. We have also highlighted that practices are not imported or translated in isolation

but enveloped by peripheral practices. A prominent peripheral practice in our studies was benchmarking, which allowed actors to make sense of core practices and to facilitate their translation efforts. Our research also suggests that such peripheral practices can be less contested or negotiated than core practices and warrant attention in future studies of translation.

Acknowledgements

We would like to thank our associate editor, Marc Goergen, and the three anonymous reviewers for their constructive comments on earlier drafts of the paper.

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Appendix

Table 1: Participants

Interviewee (anonymized code)	Position & further detail	Interviewee (anonymized code)	Position & further detail
Case study 1: Consulting firm engagement with energy utility firm (EUt). Portugal n=11		**Case study 2: Consulting firm engagement with National Health Service (NHS). United Kingdom n = 29**	
Client 1	P, Client, Senior management	Consultant 1 & 2	Principal consultants
Client 2	LP, Client, Senior management	Consultant 3	Organizational practice expert
Client 3	UR1, Client, Middle management	Consultant 4, 5 & 6	Junior consultants
Client 4	UR2, Client, Middle management	Consultant 7	Communications expert
Client 5	M, Client, Middle management	Consultant 8	Research manager
Client 6	CCMV, Client, Operations	Consultant 9	Consulting project manager
Client 7	AR, Client, Middle management	Academic consultancy advisor	Academic advisor (professor)
Client 8	CC, Client, Middle management	Consultant 10	Consulting project manager
Client 9	TL, Client, Middle management	Consultant 11	Consulting project manager
Client 10	CCLV, Client, Operations	Consultant 12	Consulting partner
Client 11	COC, Client, Middle management	Client 1	NHS CEO
	Group (client 7, 2, 3, 5 and 6)	Client 2	NHS change manager
		Client 3	NHS strategic change director
		Client 4	NHS CEO
		Client 5	NHS finance director
		Client 6, 7 & 8	NHS change managers
		Client 9	Director of improvement & NHS GP
		Client 10	NHS of strategic change director
		Client 11	NHS GP

Partner 12	Consulting partner
Client 13	NHS CEO
Client 14	NHS finance director
Client 15	NHS GP
Client 16	NHS senior change manager

Figure 1: Data structure: First and second order themes of consultants' and clients' strategies and outcomes

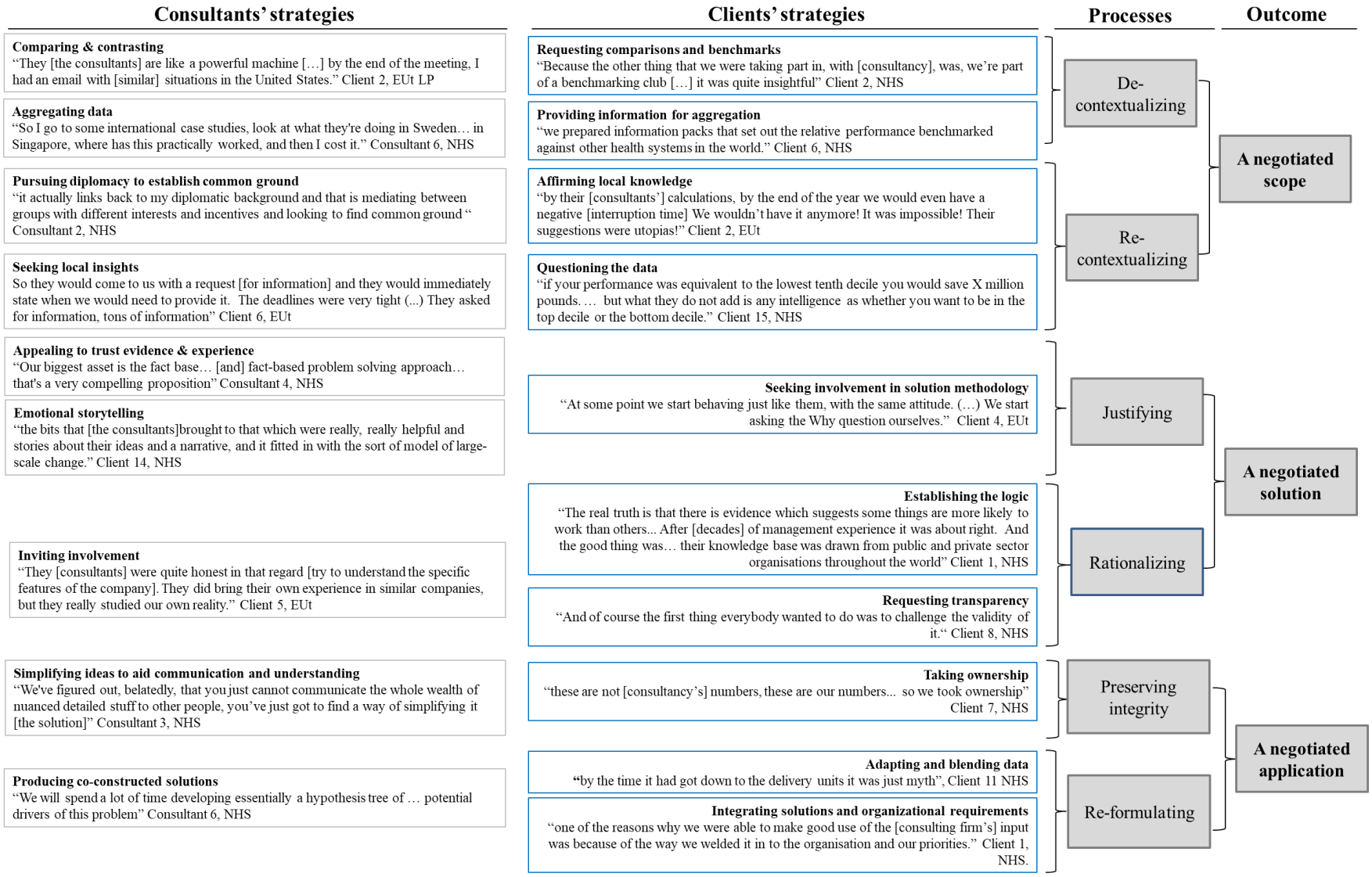

Figure 2: A process model of translation-by-negotiation