The health care logic and the social care logic in services for older people: how organizations reconcile institutional logics as part of their activities

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Résumé :

Nous nous intéressons dans cette communication aux routines développées par des acteurs confrontés à différentes logiques institutionnelles au sein même de leur activité. Plusieurs auteurs se sont intéressés à l'incompatibilité entre des logiques et à leurs conséquences au sein des organisations (Greenwood et al 2011). Certains montrent que la confrontation avec des situations nouvelles et récurrentes peut conduire les acteurs à modifier leurs modèles de référence pour l'action (Thornton, Occasion, Lounsbury 2012). Nous nous intéressons ici aux modalités d'évolution des routines dans l'organisation (Feldman and Pentland 2003), selon la nature des situations rencontrées par les acteurs dans le cas de logiques institutionnelles en confrontation. Notre recherche empirique est fondée sur l'analyse d'un champ émergent, celui des services de téléassistance pour les personnes âgées en France. Sur ce champ, deux logiques institutionnelles co-existent : la logique médicale, portée par les médecins et les services d'urgence (pompiers, SAMU) ; et la logique du « prendre soin » (« care » en anglais), portée par les acteurs publics et ceux des services à la personne. Certains acteurs du champ sont particulièrement confrontés à ces deux logiques : les opérateurs qui rendent le service de téléassistance. Ils sont tout à la fois amenés à faire appel à des acteurs du secteur médical lors d'une urgence pour une personne âgée, mais sont également amenés à répondre à des demandes des personnes âgées concernant la vie quotidienne et le prendre soin, et sont de ce fait en lien avec les acteurs publics responsables du bien-être des personnes âgées, qui peuvent parfois être leurs donneurs d'ordre.

Notre approche méthodologique, de nature qualitative, combine des entretiens et de l'observation. Nous avons identifié différentes situations dans lesquelles la confrontation entre les deux logiques crée des tensions que l'opérateur doit gérer, et pour lesquelles les conséquences sur les routines sont différentes. Trois cas de figure ont été repérés : les situations incertaines pour lesquelles une information additionnelle est nécessaire pour appliquer la routine adéquate ; les situations ambiguës qui laissent plus de place à l'analyse et aux choix propres à l'opérateur en situation, et qui conduisent à des évolutions des routines dans l'action ; et les situations qui ne sont ni ambiguës ni incertaines, mais pour lesquelles l'application de la routine ne conduit pas à une solution satisfaisante, et qui vont engendrer une évolution des routines sur un temps plus long. Selon ces différentes situations, l'évolution des routines est de nature différente. Notre communication met ainsi l'accent sur les spécificités des situations où les logiques institutionnelles se confrontent, et sur les conséquences différentes selon les types de situations en termes d'évolution des routines.

Mots-clés : logique organisationnelle, routine, téléassistance, situation

The health care logic and the social care logic in services for older people: how organizations reconcile institutional logics as part of their activities[1]

Introduction

The ageing of the population has become a major social issue for many European countries, leading numerous stakeholders to search for ways of caring for frail older people while at the same time maintaining their autonomy. This issue concerns numerous stakeholders, encompasses multiple dimensions, and concerns the medical, care and human services sectors. We have decided to address this social issue by exploring the current theoretical literature on institutional logics. Within the field of care for older people, there are two coexisting institutional logics: a "health care logic" and a "social care logic", and practices evolve under this double pressure.

Several recent studies in the institutional theories have highlighted the long-term coexistence of several logics (Greenwood et al. 2011, Dunn & Jones 2010, Jarzabkowski, Matthesen & Van de Ven 2010, Reay & Hinings 2009, Schneiberg & Clemens 2006). Some studies describe the hybridization of the logics (Battilana & Dorado 2010), while others emphasize the degree of compatibility of these logics in explaining the problems faced by organizations today (Pache & Santos 2010). Lastly, building on the work of Goodrick and Salancik (1996), Greenwood et al. (2011) suggest that the impact of these contradictory logics depends on their degree of specification.

In this neo-institutional approach, other studies interested in Microfoundations of logics focus on the existence of a "situational fit" between an institutional logic and the characteristics of a situation (Thornton, Occasio and Lounsbury 2012), and highlight the fact that "*observed contradictions between prevailing logics and organizing practices are likely to trigger the activa-*

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tion of alternative logics or the combination of existing logics, identities, goals, and schemas with new alternatives (cf Seo & Creed 2002)" (Thornton et al. 2012: 92).

Our analysis will therefore focus on the consequences, for the organizations concerned, of potentially contradictory prescriptions at a micro-level.

Our goal is to understand how actors confronted with two logics are able to combine them in their activity, particularly in terms of their routines and how contradictions may contribute to the development of these routines. To do this, we will use the definition of organizational routines proposed by Feldman and Pentland as "*a repetitive, recognizable pattern of interdependent activities carried out by multiple actors*" and their distinction between the ostensive and the performative aspects of a routine, the former being the "idea of the routine" which serves as "*a template for behavior or a normative goal*" (Feldman and Pentland 2003: 106) and the latter being its enacted aspect, the routine performed "in situation".

To address these questions, we have conducted an in-depth analysis of a service provided to frail older people - telecare. The service users, that is, the older people and often their families, at whom this service is aimed, expect answers that combine both logics, and which address both their physical and mental health issues, and the need for a responsive social environmental and services. Telecare operators are therefore directly confronted in their day-to-day work by questions surrounding the compatibility and combination of these logics. We will focus on these stakeholders by exploring how they contribute to reconciling these logics in their everyday activities. To what extent do they develop practices and routines designed to overcome the tensions related to the coexistence of two different logics? What characterize these routines?

We show that these organizations develop hybrid routines that successively take into account the challenges and expectations of the two logics. And more than the incompatibility between logics, it is the uncertainty and ambiguity (Weick 1995) of the situations that organizations have to deal with. Therefore, we also show that the evolution of routines in these organizations occurs because organizations are facing uncertain and ambiguous situations. It is through the performative aspect of routines (Feldman and Pentland 2003) that agency linked to this confrontation of organizational logics creates a dynamic in routines.

We will develop this paper in four parts. First, we present our theoretical background about the coexistence of institutional logics. In the second part, we present our method and research setting. The third part develops the empirical results, and these results are discussed in the final part.

1. THEORETICAL BACKGROUND

Neo-institutionalist studies have revealed the existence of institutional logics that organizations must take into account and which place restrictions on their practices (DiMaggio, 1988). The most recent work in this field has taken a more critical view of the idea that a logic is imposed on an organization without that organization having any influence over the practices in question (Seo and Creed 2002). These studies highlight the emergence of new organizational fields and the interplay between institutional logic and organizational practices.

1.1. An institutional environment approach based on the concept of institutional logics

Several authors define Institutional Logics as systems of rules, tools and values often associated with institutional actors, that prescribe the actors' behavior. Institutional logics are "the organization principles guiding field participants and refer to a set of belief systems and associated practices" (Friedland and Alford 1991, Reay and Hinings 2005). The cultural beliefs and rules which constitute institutional logics shape the cognitions and behaviors of actors (Friedland and Alford,1991; Thornton, 2004). Any consideration of institutional logics involves identifying the sets of beliefs, values, tools and practices of institutions that structure the organizational and individual actions of stakeholders in an organizational field.

1.2. The institutional environment as a background for technical practice

Although early neo-institutionalist studies underlined the pressures exerted on behaviors by institutional standards, they were followed by a series of studies that highlighted the responsive capacity of stakeholders in an organizational field (Oliver 1991), and the agency developed (Seo and Creed 2002).

Scholars interested in the link between the institutional environment and the development of technical practices have taken a similar approach, revealing how the institutional environment provides a framework for the development of technological practices (Goodrick and Salancik

1996, Lounsbury 2007) and the absence of a successive build-up of technical practices which go on to become institutional standards (Lounsbury 2007).

More specifically, several authors have questioned whether the degree of uncertainty associated with an institutional logic provides organizations with greater latitude (Goodrick and Salancik 1996, Goodwin et al. 2010). By degree of uncertainty associated with an institutional environment these authors are referring to the fact that the logic does not entirely restrict certain practices; it allows uncertainties to form around certain situations, creating margins for manoeuvre in relation to the practices developed, and providing scope for different technical practices and strategies. Goodrick & Salancik (1996) analyzed the uncertainty that arises when a knowledge base has not been fully stabilized and does not allow for the prescription of the conduct to adopt in all situations. In this case, "*the causal link between a practice and the institutions supporting it may be ambiguous*." Focusing on a particular technical practice, medically-assisted childbirth, they showed that, with regards to the decision to undertake a Caesarean birth, when the effective risks were either high or low, there was no uncertainty. When the institutional logic is specified, the practice is also specified. In contrast, the level of institutional uncertainty is high when patient risk is at an intermediate level. In situations in which institutional standards do not prescribe behaviors, uncertainties remain that leave organizations with a margin for manoeuvre. They therefore adapt their practices to locally-developed standards. In their analysis of situations of uncertainty, Goodrick & Salancik (1996) reveal the existence of mechanisms other than compliance with institutional logics and highlight the presence of local standard development mechanisms. These findings reflect studies that reintegrate the idea of an organizational agency and consider organizational "practices" as arising from a combination of institutional pressures and strategic choices influenced by characteristics particular to organizations.

1.3. Constructing the organization's technical practices in a complex environment

Another theoretical approach to the link between institutional logics and practices in organizations refers to the concept of the "fragmented" environment (Lounsbury 2007, Pache & Santos 2010). Several studies reveal how organizations confront potentially incompatible prescriptions from multiple institutional logics rather than a single institutional logic. Also known as "competing" logics, they create "fragmented and contested" (Lounsbury 2007) environments

for organizations and confront them with institutional complexity (Greenwood et al 2010). As Pache & Santos (2010) explain, "*Fragmentation refers to the number of uncoordinated constituents upon which an organization is dependent for legitimacy or material resources. By implication, a highly fragmented field is one in which several institutional logics are separately represented by uncoordinated organizations or referent audiences.*" (Pache and Santos 2010: 337). Some of these studies have demonstrated how the confrontation of several logics can gradually lead to the dominance of one logic over another, occasionally leading to a radical change in the organizational field (Greenwood & Hinings, 1996). Other authors have highlighted the coexistence of multiple logics over extended periods of time within the same organizational field (Goodrick & Reay, 2011, refer to a constellation of logics), in situations of institutional pluralism (Denis et al 2007). Greenwood et al (2011) note that "*recently, a number of scholars have begun to highlight the presence of multiple logics coexisting over extended periods of time (e.g. Dunn & Jones 2010, Jarzabkowski, Matthesen & Van de Ven 2010, Reay & Hinings 2009, Schneiberg & Clemens 2006).*" We therefore need to explore the consequences for organizations of the coexistence over extended periods of time of these potentially incompatible prescriptions.

When logics are relatively compatible, analyses often focus on the dynamics of hybridization as they impact on practices. Reay and Hinings (2009) highlight the development of decision-making mechanisms to take into account different logics. Some authors analyze the production of a new organizational identity based on different logics (Battilana & Dorado 2010), of a new work identity (Lok 2010), or a hybridization of organizational and individual practices (Zilber 2002, Goodrick and Reay 2011) or indeed a new hybrid logic (Binder 2007, Glynn & Lounsbury 2005).

In contrast, the case studies of incompatible logics analyzed by Pache and Santos (2010) reveal two different types of incompatibility: incompatibility of ideological goals and incompatibility of means or courses of action. They show how conflicts based on ideological goals are particularly challenging as they require that "*organizational members overtly recognize the incompatibility of demands on goals which may, in turn, jeopardize institutional support*" (Pache & Santos 2010: 466). Thus, certain logics develop prescriptions that appear incompatible because they refer to incompatible objectives and values and are therefore difficult for an organization to take into account simultaneously. Other logics are "*relatively compatible, or*

can be tailored to be so" (Greenwood et al 2011: 332) particularly when the incompatibility does not relate to these core goals and values. If the incompatibility concerns the means or courses of action (functional strategies and process), the possibility for negotiation and therefore the increase in the compatibility between logics in organizational practices are greater. These authors also linked the fragmentation of the environment with the structure of organizations and power relationships by highlighting the existence of disconnected organizational units that support different logics.

Scholars are therefore keen for an in-depth study to be performed into incompatible prescriptions. "*Given these insights, it follows that research into institutional complexity has to be more explicit about both the degree and the sources of incompatibility*." *(*Greenwood et al 2011: 333).

1.4. The development of the organizational agency to address environmental complexity

Linking both points - the specificity of a logic and its consequences in terms of organizational agency, and the incompatibility between several logics - leads Greenwood et al (2011) to suggest: *"These arguments suggest, on the one hand, that when logics are ambiguous and lack specificity, organizations are provided with relatively more discretion in their efforts to alleviate the tensions of complexity. (...)On the other hand, when conflicting logics are highly specific, organizations face a more problematic level of complexity. Specificity constrains managerial discretion by making it extremely difficult to "mask or distract attention from controversial core activities that may be unacceptable to some key constituents" (Elsbach & Sutton 1992: 700).*

Another approach interested in organizational agency focuses on the micro-foundations of Institutional Logics and on organizational agency favoring the ongoing reproduction and transformation of organizations and institutions (Thornton, Occasion, Lounsbury 2012). Their reflection leads to the question of "*situational fit between the institutional logic and the characteristics of the situation*", and the fact that in novel situations, other available but less accessible logics are likely to be activated. "*Only under recurring confrontation with novel situations will actors change their pattern of accessibility and activation*" (Thornton et al. 2012: 93). The organizational agency seems then to be amplified when confronted with novel and recurrent situations.

1.5. Our research issues

Our study aims to highlight the interplay between organizational practices and institutional logics when an organization is confronted with several logics in its everyday activity. We will focus on organizations that, due to the nature of their activity, are confronted with multiple coexisting logics because the expectations of their clients/users are themselves complex. Our analysis focuses specifically on how this coexistence of logics occurs in everyday activity and to what extent the degree of specificity of the logics influences organizational agency; more precisely, we are interested here in the routines built by these organizations, and the changes in their practices and routines when they are confronted with uncertain and / or ambiguous situations.

2. RESEARCH METHOD AND SETTING

To address these questions, we examined a set of organizations performing the same activity and confronted by two logics. We analyzed the practices adopted by these organizations in response to the tensions encountered. In so doing, we shifted our focus from the organizational field and logics to an organization and the practices implemented as part of its everyday activity. We performed a qualitative and comparative analysis in two organizations. We will start by presenting the service studied and its points of interest for this study before outlining our methodology, the type of data collected and their processing.

2.1. Research setting

We based our study on a service for frail older people which refer both to the health and to the social care sector. Various neo-institutionalist studies have already been performed in this sector (Maguire et al 2004, Reay & Hinings 2005, Dunn & Jones 2010). The institutional dimension of qualifications, practices and values is a vital means of harmonizing its different structures (hospitals, clinics, community medicine, human service organizations), which are often located close to people benefiting from these services. The particular nature of funding in this sector, which is partly covered, depending on the case, by the state, local authorities and health insurance companies, also explains the importance of shared principles, values and practices. Lastly, in the case of older people, as for serious illnesses such as cancer or AIDS,

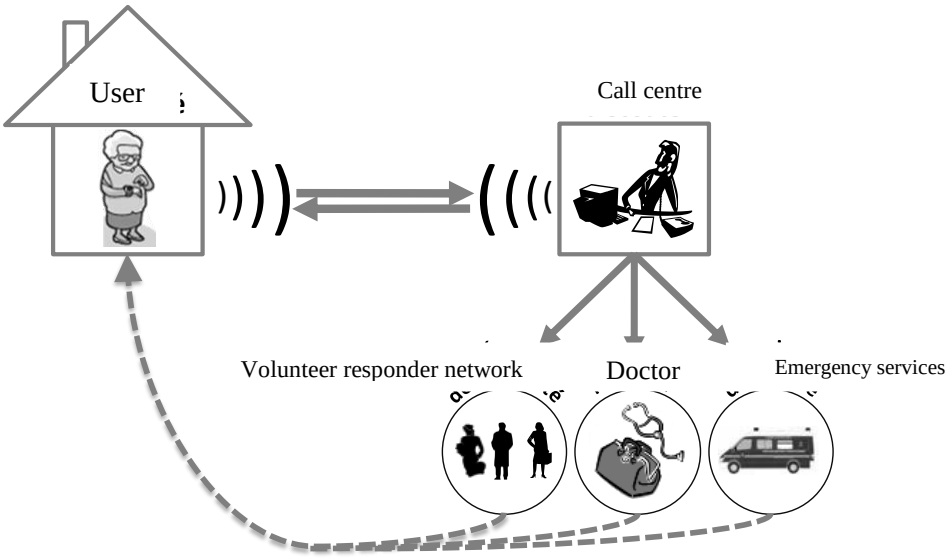
or chronic illnesses, health and social services link up the purely medical aspects and aspects relating to the impact of illness or ageing on a person's lifestyle and quality of life. Patient organizations have, in fact, highlighted the need to cater for all of these dimensions and we can identify two logics which shape organizational and actors' practices in the case of old people. We can summarize elements which characterize these two logics. According to Goodrick and Salancick (1996), in reference to the medical logic, "*a general goal directing providers is to administer treatments to patients that are effective for the patient's condition*". The practices of medical, hospital and emergency services (ambulance and fire service) follow the medical logic. The two logics outlined are associated to different actors and relate to different concerns (see table 1).

Table 1 – The two institutional logics and their appearance in the case of telecare services

	Health care logic	**Social care logic**
Actors	Doctors, Mobile emergency medical services, firemen, hospitals	Public services, public agencies, Private firms and NPO in human services Volunteers Families, Neighborhood
Concerns	Health, life threatening situations	Elderly life conditions (hygiene, meals, autonomy, loneliness)
Institutions	Medical profession ; emergency workers (first responders) Legal texts on assistance to persons in danger Medical secret	National Agency for personal services Legal texts on mayors' responsibilities
Beliefs and practices	Good health, medical care are at the heart of beliefs and practices.	Caring seeks to balance between good health and social balance (do not cut the links with friends, family, allowing home maintenance, maintaining hygiene, lifestyle, etc.)

Our analysis focused on telecare services for older people in France and the ways these organizations cope with these two logics, in particularly relatively to their construction of organizational routines. This service is based on a technological device: a pendant or watch that al-

lows the user to send an alarm signal to a specialized 24-hour call center. The operator sees the user's file displayed on their computer and enters into contact with the older person using a base unit located in their home. The service provides the older person with assistance by calling the emergency services in the event of a fall or serious health problem, or by arranging a visit by someone from their volunteer responder network. These visitors know the user, live less than 15 minutes away, and agreed, when the user subscribed to the service, to intervene when the service user needs help.



The service is confronted in its activity with the two logics previously presented and combines them through different action's routines.

In fact, the operators are under the pressure of the medical logic, as they have to use emergency services in certain cases, but also to the social care logic, as they are also confronted to partners and also users who refer to the care logic. The care logic fosters social harmony (staying in contact with family and friends, helping seniors stay in their homes, maintaining hygiene standards, life habits, etc.). It refers to another form of knowledge of situations experienced by older people, and does not identify the same types of risks. Institutional standards focus less on the means and knowledge applied, which are also less specific than for the medical logic. This logic is driven by institutional stakeholders such as mayors responsible to a group of citizens, services responsible for older people, and social services. The behavior of a wide range of stakeholders working with older people is prescribed by this logic, including carers, home helps, unpaid caregivers and family members.

This coexistence of two logics has been present since the service was established and has been combined through different organizational procedures and routines. The service was set up following press reports on elderly individuals living alone and found dead after a fall. They had not received emergency help and were discovered several days after their deaths. One specificity of the service is that it addresses the issue of isolation as well as the serious dangers potentially resulting from this isolation. These services are primarily funded by stakeholders associated with the social care logic. In fact, this service was developed in tandem with other services provided to older people by *départements* and local authorities; the service is financed according to the user's income. Other forms of financial support include, for example, Aide Pour l'Autonomie (Autonomy Assistance) calculated according to loss of autonomy and managed nationally. In contrast, these services are not covered by health insurance companies, despite the fact that falls are one of the main causes of a sharp deterioration in health among older people.

Lastly the telecare operator interacts with doctors and the emergency services (ambulance and fire service), part of the medical sector, and with the volunteer responder network of families, home helps, non-profit organizations and local actors who implement policies that clearly form part of a social care logic with regards to these groups. The development of this service in France dates back to the early 1980s. It currently has over 300,000 users and covers 10% of elderly people aged over 85 living at home (according to the AFRATA 2008). It is operated by different organizations with various statuses (private company, non-profit organization, public service).

For all of these reasons, we decided that this case study was worth exploring in greater depth.

2.2. Data collection

This study is informed by research performed for the CNSA, Caisse Nationale de Solidarité pour l'Autonomie, the French national solidarity fund for autonomy (Charue-Duboc et al 2010). The observation of practices employed by telecare operators is one of the specificities of our methodological approach.

In preparation for this observation, we performed interviews and gathered information from some ten operators, five of which represent around 80% of the French market. We applied

three main differentiating criteria to operators: status (private, non-profit organization, mutual insurance companies, public), geographical scope (national/local) often size-related, and service distribution practices (some operators specialize in responding to invitations to tender from French departmental councils, while others propose their services directly to users often via local branches of a parent body (Federation of Human Services, non-profit organizations and mutual insurance companies). By enabling us to meet with both major and smaller stakeholders, providing occasionally specific services, these interviews allowed us to cover the complete range of operators.

We performed observations at two major operators with different statuses and distribution methods: Vitaris and Filien. Two researchers spent two consecutive days (day and night observations) at each call center. We analyzed some 400 calls, categorized them and monitored the processing of the calls over time. One of our goals was to identify points of tension as they presented themselves to operators and the practices deployed to respond to them. The observation stage (Journé, 2008, Czarniawska 2007) was completed by interviews with operators, call center managers, and managers (15 interviews in total). This allowed us to record the explanations of operators regarding the situations just processed and observed by the researchers. Lastly, we interviewed different categories of stakeholders involved in the service (table 2) and took part in meetings of different telecare stakeholders organized by AFRATA (the French telecare professional association).

Table 2 – Stakeholders interviewed

1. National public stakeholders: 2 interviews with stakeholders from the CNSA (the French national solidarity fund for autonomy)
2. Territorial public stakeholders (in three départements identified): 5 interviews with CLIC (Coordination Locale d'Information et de Coordination, an information and reception centre for seniors and their families), 3 interviews with Conseils Généraux (French departmental councils)
3. Stakeholders working in the medical field and providing services to older people: geriatric centres
4. Human service companies or organizations: 2 interviews
5. Emergency services (fire service): 2 interviews
6. Equipment suppliers: 2 interviews
7. Participation in multi-stakeholder meetings, observatory on the care of older people organised by the CNSA: 5 meetings
8. Participation in biannual meetings of the AFRATA: 2 meetings

2.3. Data analysis

The initial stage of the analysis consisted in analyzing telecare practices at different operators based on interviews, and identifying the way in which the two logics could form part of their activity. We also interviewed other stakeholders involved in the service, revealing how each positioned themselves in one logic rather than another.

During the second stage (the key data analysis stage) we performed observations in telecare companies, particularly call centers. As part of this observation, we identified situations that appeared to generate tensions linked to the fact that the operator is under the pressure of two institutional logics, the health care and the social care logics. We distinguished between two types of tensions (known hereafter as Type 1 tensions and Type 2 tensions) and analyzed the responses supplied by operators to manage these tensions, through both our observations and interviews performed at call centers with company managers, call center managers and call center operators.

3. EMPIRICAL RESULTS

3.1. The analysis of the organizational routines

Drawing on the work of Goodrick and Salancik (1996), we set out to identify the uncertainties confronting call centers' operators.

When uncertainty is rapidly alleviated

When operators receive a call, they are always confronted with uncertainty: is this a very serious situation requiring an immediate response or has the user pressed his or her pendant by accident? Between these two extremes lies a complete range of situations, each of which is different. The uncertainty is often alleviated immediately.

In some situations, there is no immediate risk to the person's health. The elderly individual talks to the operator and explains how the call was triggered inadvertently (by the cleaning lady, painter, grandchildren, etc.), or that they need "everyday help" (for a wheelchair, bedside lamp, etc.), or that he or she has fallen and cannot get up alone, but is otherwise fine. In each of these cases, after a short conversation, there is neither ambiguity as to the response to provide, nor tension between the medical and social care logics. The routine is applied as follows: give a social care response, and if an intervention is required the operator can call on the sup-

port of a network of volunteers. Other situations are more serious. The elderly person requests an immediate visit from a doctor or the information they provide makes it clear that they are experiencing considerable pain or weakness. Once again, there is no ambiguity or tension. The response is medical: the operator calls the emergency services and the elderly individual will probably be taken to hospital.

In these situations, the uncertainty is rapidly alleviated and the applicable standards refer to one or other logic.

When uncertainty persists

However, in some cases, the uncertainty persists for longer (cf data in table 3). Firstly, the elderly individual may not talk to the operator. This is difficult to interpret: they may have lost consciousness or, on the contrary, they may not have realized that they have triggered the call by accident. Next, the individual may express him or herself in terms that allow for a degree of uncertainty: "I'll be fine", "I'm okay, could be better", or in a contradictory way: "I don't feel great" but "there's no need to call an ambulance". Faced with these situations, the operators have structured routines that hybridize the two possible responses and allow them to postpone choosing between a medical response or a social care response. When an elderly individual does not answer, the operator systematically calls them on the telephone. Next, a member of the volunteer responders' network will be asked to call on the individual in their home to assess the seriousness of the situation, to establish why the elderly individual does not answer (they fell in their garden) and to check that there is no need to call an ambulance. By contacting the volunteer responders' network, the operator's objective is to get someone to call on the elderly individual and to assess whether the emergency services need to be called by obtaining additional medical information, if necessary.

Table 3: Data extracts

In the case of Ms. Y, her niece (C) recalls.

C: Ms. Y does not feel well. She was already hospitalized once.
TA: Do you want me to call the ambulance?
C: I don't know the treatment she got in hospital. If we call the ambulance, they will ask questions about her treatment. I do not know, I do not know how to answer those questions, I do not know her treatment. She is really tired.
TA: Don't you have a prescription? (the operator found a little note in Ms. Y file indicating prescriptions are kept in the buffet)
TA: The prescription should be in the buffet dining room
TA: You found it? Shall I call the ambulance?

At the end of the conversation it was decided by mutual agreement to call the ambulance.

<u>In the case of Ms. Z, her daughter calls the teleoperator back, after being called by the hotline because her mother activated her bracelet, saying she was not feeling well.</u>

C : I am Mrs. Z daughter. I'm on site
I took the diabetes rate, 0.66. I made her eat. We'll wait a bit to see if she gets better
TA: does she often have this kind of crisis?
C: Normally when the nurse gives her the injection, she just needs to eat afterwards, but she has not eaten…
TA: Keep me informed!
C: If she goes to the hospital I call you
TA: Call me back in a little while to say whether she is better

<u>New call from the daughter of Mrs. Z</u>
C : I'm calling back to keep you informed. The diabetes rate has risen
TA : Is she better ?
TA : Thank you very much for telling us.

In contrast, in the case of Mrs. Z, a decision is made not to call the ambulance at the end.

Situations in which uncertainties remain are those which neither immediately lead to emergency medical treatment nor to "everyday care" and which are in fact ambiguous. They confront the operator with the difficult choice between calling the emergency services or not; between providing a response that refers to the medical or the social care part of the routine. This problem is due to the ambiguity of the situation and to a lack of knowledge that prevents them from prescribing the relevant practice. Lastly, the stakes are high: the situation calls into question whether the individual should be allowed to remain at home. The way in which operators manage these ambiguous situations can have an impact on this decision, as shown above extracts data.

This is the first type of tension and we will analyze the practices and routines applied by operators to overcome them in 3.2.1.

When the response to provide is clear but appears to be inadequate

A fairly different type of tension arises in situations in which there is a clear response to provide but which the operator judges to be inadequate. We have identified in these situations a second type of tension.

When neither the elderly individual nor the volunteer responder network responds, the operator must call the emergency services in case the situation is serious. If the situation remains uncertain, the medical part of the routine takes precedence. However, for the operators, disturbing the emergency services, even though it may not be necessary to do so, reduces the quality of their work. There is a tension between the need to optimize the availability of the emergency services by only calling them when absolutely necessary and, on the other hand, the need to avoid taking risks with the life of a person for whom they are responsible, especially when they do not have any medical skills themselves and have very little information to hand. The tension also arises from the fear of applying a practice that could subsequently be criticized by an institutional stakeholder, in this case the emergency services.

Another situation is one in which an elderly individual calls repeatedly, or falls frequently, whereas their volunteer responder network is increasingly reluctant to call on them. The operator still needs to contact the volunteer responder network in order to follow-up the calls. For the operator, the response is once again dissatisfactory. A correct social care response would probably require a more detailed conversation with the elderly individual to better understand their situation, and perhaps to consider placing them in a care facility. Although this goes beyond the operator's scope of action, these calls "consume" their availability and overload the call center. Once again, a tension arises between the prescribed practice and the goals and values associated with this logic. The operator is reluctant to see the applied practice called into question by the institutional stakeholders (such as French departmental councils, which often finance this activity).

3.2. Responses developed by operators to overcome the tensions arising from the coexistence of logics in their institutional environment

3.2.1. Response to Type 1 tension: reduce the level of uncertainty in the everyday activity

Faced with the uncertainty of the situation and the difficulty of choosing the response to give in order to respond to the call, the operator tries to reduce the level of uncertainty. Routines are also developed with this goal in mind which allows the operator to immediately multiply and diversify the information gathered. It should be noted that these routines are specific to the operators, their technical resources and means of actions. We should lastly point out the similarity of the routines developed by the two operators who formed the subject of our observations (frequency of falls and calls, medical history, contact doctor, and contact family, in addition to the volunteer responder network).

By proceeding in this manner, the operators have progressively constructed shared hybridized routines and practices.

We identified three resources that form the basis of these hybrid practices: the user file, the volunteer responder network, and the recurrent call.

a- *User file*

When the operator takes a call, the user file appears on their computer screen. The operator immediately reads this information, which includes the user's call history and medical history. According to the operators:

- "*If the file shows that the person falls and has already fallen, we look at the user's history and, if they rarely call, then we start to worry*";
- the information on the person's state of health might also suggest that the individual should be immediately seen by a doctor. "*That's the most difficult thing to evaluate. It's important because it makes the difference between sending an ambulance or not, depending on the user's history. For example, if someone has pulmonary oedema and I can hear they are having problems breathing, I send an ambulance straight away.*"

This information helps the operator decide whether to contact the emergency services or to provide another response and therefore to follow one or other logic.

All calls are used by operators to update the file and to add elements that could be useful in the future, whichever logic is finally applied.

b- *The volunteer responder network: (a resource consisting of volunteers living close to the user)*

The volunteer responders' network is the second specific resource on which operators rely to reduce uncertainty, as highlighted above. It provides operators with a degree of flexibility and allows them to adjust to the diverging expectations of older people. In addition, in certain cases, the operators enforce some of the local network's obligations to encourage these stakeholders to react quickly and to intervene. The use of these volunteers helps the operator to assess the situation and to refer it to this or that institutional environment.

To ensure the reliability of this resource, the operators have systematized a regular update on the volunteer responder network based on systematic calls and the questioning of users in this regard during calls made for other purposes.

Information about people other than the volunteer responders' network also features on the user file: the contact details of their doctor, the professionals who regularly visit the older person (hour and day of visit or access to keys, for example), children and close family. These people are also sometimes called by the operator. This allows the operator to involve people close to and chosen by the user with regards to decisions that could have an impact on whether an individual remains in their own home or not.

c- Recurrent calls

One of the characteristics of emergency situations is their rarity. To respond to them quickly and effectively stakeholders need to rely on routines or reflexes that can only be developed through practice. Operators have understood this paradox and systematized a monthly "technical" call that the user needs to make to check that their base unit is working correctly. This call also helps the user to get used to using the system and develop a relationship of trust with their contacts at the call center. It is also used to update information on the user file. Lastly, although false alarms represent around 50% of calls, they are transformed by operators into technical monthly calls. A call that might otherwise have been considered to be a potential disruption to the provision of emergency services (since it takes up the operator's time) is used to improve the service's reliability. This routine hybridizes the two logics. The recurrent call is associated with a technical need to ensure the reliability of the system and its smooth functioning in the event of an emergency, and thus follows the medical logic, but also helps maintain the link with the older person and forms part of a social care action. The constraints of the health care logic are both assimilated and reused for social care purposes.

These routines are common to the different operators taking part in our observations.

3.2.2. Response to Type 2 tensions: the organizational routines may evolve

Whereas in the previous situation the responses to tensions took place in real time, these responses are made subsequent to the event and comes from the fact that the application of routines leads to inappropriate responses.

Legitimizing the intermediary work of operators relative to the medical logic

From a medical point of view, telecare is an additional stakeholder and often regarded as an intermediary source of confusion in direct relations between the person in need of help and the emergency services. Every time an emergency service is called on to help a user who does not need help after all, the professionalism of the telecare operators is called into question. The work that enables the operator to formulate a hybrid response and its difficulties is not recognized in the medical logic.

The telecare operators therefore decided to arrange a meeting with the emergency services (ambulance and fire service) to explain their activity and how they direct a lot of calls to other services. They also apply preparatory practices that make the fire service's work easier (by getting someone from the local network to provide keys and open the door for the fire service, and who can provide information on recent medical events or a medical file, etc.). To a certain extent, by interesting the emergency services in their activity, they ensure their cooperation.

Creating new practices to extend the scope of action of operators in the social care sector

As we pointed out above, some users' calls are a source of concern for operators because an appropriate response cannot be provided to the call or because the call disrupts their work. This tension has led to changing routines. Our analysis shows that the responses of organizations and their routines evolve differently depending on the organization, under the pressure of the social care logic. But as this logic is still less specific, it seems to provide leeway for changing routines which is then influenced by the specifics of the organization. They have thus developed responses that follow the social care logic but vary according to their specific organizational nature.

Operators working for non-profit organizations rely on local volunteers from their organization. These volunteers take on responsibility for fragile individuals. One operator manager un-

derlined "*the human warmth and connection they can bring to users identified as fragile by the call center (because they have just left hospital, suffered a bereavement, and who call more often, etc.). And from that moment on, from the time they are identified, the volunteers take responsibility for these people, for relatively long periods of time, call them, listen to their news, and help them get back on their feet*." *(a manager of an operator)*. Operators can therefore use this resource developed by a local partner organization to introduce a "social care" component. Other operators have set up a system whereby a member of the local partner organization sends postcards or pays regular visitors to the older person. This type of action takes place upstream of identifying recurrent call behavior and aims to include the telecare service within a set of actions aimed at the older person in order to strengthen their social links with their environment.

For operators who cannot call on the help of volunteers (because of their status or because there are no partners to perform this action), we have observed the development of specific units dedicated to specific calls. One operator experimented with a "psychological support" component within their telecare service before making it more widely available. Initially designed to allow older users to benefit from a telephone session with a psychologist, this service was gradually extended to anticipate critical situations with which older people living at home are faced, and to help them cope with and seek assistance in overcoming these situations. "*They contact the person and talk with them. Some ask to speak to a psychologist by telephone... Very few people request this service but they know it exists. People feel easier about talking over the phone because it's more "impersonal" (a manager).* Users returning home after a stay in hospital were also called to proactively recommend this service. Lastly, in another company, a call center was set up specifically to answer calls made for social interaction purposes. Users who felt the need for a longer conversation could call this call center where operators did not have to deal with emergency calls and could therefore take more time to talk. These different initiatives rely on the knowledge gained by operators relative to the older people, their expectations, and the critical situations they sometimes face.

All of these services refer to the social care logic and can be deployed more widely. It should be noted that these new practices developed on the initiative of operators are also discussed with the institutional actors, that is, the services in charge of social action for older people in

départements. In this case, the telecare operator regular reports on their activity, which further provides an opportunity to study user situations to which the service does not provide an appropriate response and any changes that may be made thereto. The operator and institutional stakeholders work together to develop the new practices.

Tensions developed in the course of the activity appear related to the comparison of two approaches in the activity of teleoperators, and to the fact that the routines so far developed appear inadequate to reduce tensions. New practices then appear in organizations, which are very diverse, but share the fact that they seem to reflect issues of social care logic. They reflect the growing importance of the social care logic concerning the elderly, but also the lesser specificity of this logic, which leaves room for a wide variety of organizational responses.

Our study has highlighted several routines and practices developed by organizations confronted with fragmented environments. Three types of situations were identified: the uncertain situations for which additional information makes it possible to apply the routine (hybridization is part of the routine); ambiguous situations, leaving more room for individual assessment of operators; and, finally, situations which are neither ambiguous nor uncertain but where the application of the routine is not satisfactory, which will create an evolution in organizational practices.

4. DISCUSSION

4.1. Adaptations to daily activities that converge towards a shared practice

Goodrick and Salancick (1996) highlighted the emergence of local standards in organizations faced with a situation of uncertainty when a single institutional logic is followed. Our case studies reveal that, when an organization is confronted with two coexisting logics, organizations develop routines that combine the two logics in order to facilitate the attachment of a situation to a particular institutional response. Operators have developed routines which are at the confluence between two logics. These hybrid routines have the particularity to be common to all operators. This result is different from those shown in the case studies analyzed by Goodrick and Salancik (1996) who emphasized, on the contrary, the variety of practices developed at the discretion of organizations, when an uncertain situation arises.This can be explained by the fact that these routines are the result of processes that have hybridized logics,

and that certain telecare operators, by helping to specify the institutional environment, have become institutional entrepreneurs (Battilana, Lecca et Boxenbaum 2009) in the organizational field and have led to a shared hybridized practice and the associated hybridized routines. This is currently the case with the telecare operators who founded AFRATA (the French telecare professional association) in 2009. The association has produced quality guidelines for the service, which identifies relevant routines, and has ensured the recognition of the telecare service as a human service, enabling users to benefit from lower tax rates. The association also consolidates information on call types and coordinates discussions on extending the service in new ways in order to more effectively take into account the specific needs of older people.

4.2. Practices influenced by the degree of specification of the logics

Other practices developed by operators differ according to whether the action follows the medical logic or the social care logic, and we can explain these differences referring to their degree of specificity. Concerning the telecare practice, the medical logic appears to be highly specific, whereas the social care logic offers a less certain institutional environment as regards knowledge development.

When the action falls within the scope of the medical logic, which is highly specific, the operator, as we have seen, endeavours to formulate situations in order to bring them into line with the demands of the specific logic. The operators develop practices likely to interest its medical emergency partners by formulating situations prior to their intervention. These are "participation practices" to the extent that they support the communication work performed with emergency stakeholders to raise awareness of the operators' work.

When the action falls within the scope of the social care logic, which is relatively unspecified, we have highlighted how different organizations develop different local innovative practices: the creation of a specific call center for social interaction (linked to social care) and the creation of a psychological service (linked to both the medical and social care logics).

The particular relationships formed by operators with institutional stakeholders, namely the services responsible for defining and implementing public policies for older people in *départements*, local authorities or state institutions, because they contribute to the funding of the service, create opportunities for jointly developing new practices in order to specify the

social care logic in the highly specific sector of fragile older people. These innovative practices are based on the knowledge and means accumulated by operators, and they emerge in particular within the framework of the least specific logic. Our observations therefore confirm the studies performed by Goodrick & Salancik (1996). The diversity of practices highlighted in this paper can be linked to the relatively unspecific nature of the logic. As such, in the case of the least specific logics, the service is defined as part of a negotiation.

4.3. Managing the uncertainty of a situation rather than the incompatibility of the logics

Our results also show that the complexity of the situation leads to develop hybridized routines. Pache and Santos (2010) contrasted institutional environments in which the logics were compatible with environments in which incompatible logics coexisted, highlighting the fact that it was in the second situation that organizations encountered difficulties.

As far as our case studies are concerned, we were faced with a fragmented environment in which two logics coexist and we were interested in operators whose activity is developed at the boundary of these two logics. We found initially that the operators had developed organizational routines to guide the choice of actors likely to be involved (actors emergency care or actors) and somehow towards a particular institutional sphere. However, the problem for these operators does not so much relate to the incompatibility of the logics as to the uncertainty and ambiguity surrounding the choice of the relevant response to give. As such, our case studies show that the capacity of an organization to reconcile these logics depends on the development of new ad hoc hybrid practices that reduce the uncertainty and ambiguity and allow operators to implement their routines, or to find innovative practices for these routines.

4.4. The evolution of routines in the case of logics' coexistence

As Feldman and Pentland have shown, this is the performative aspect of routines which allow their evolution. According to them, "*Organizational routines consist of two aspects: the ostensive and the performative. The ostensive aspect is the ideal or schematic form of a routine. It is the abstract, generalized idea of the routine, or the routine in principle. The performative aspect of the routine consists of specific actions, by specific people, in specific places and times. It is the routine in practice. Both of these aspects are necessary for an organizational routine to exist." (Feldman and Pentland 2003:101).* This distinction between the performa-

tive and the ostensive aspects of the routine led to reintroduce the perspective of agency routine. We argue here that, in the case of institutional logics' coexistence the routine evolve following his confrontation with ambiguous situations or with un-ambiguous situations but for which the given response is inappropriate.

CONCLUSION

The aim of this research was to develop a better understanding of how the organizations confronted with different logics cope by focusing, in particular, on the impact of the uncertainty of the situations and the degree of specificity of the logics. Our research completes the studies on the responses provided by organizations working in the organizational sector in which several logics coexist, focusing on a micro-level through the observation of the everyday practices. The coexistence of different logics can create incompatibilities, but we show that it also creates uncertainty and ambiguity in the situations managed day to day. We have shown that, in order to reduce uncertainty, organizations set different routines and practices, but that a persistant uncertainty and ambiguity can induce a change in routines. And we have identified a link between this evolution of routines and the relatively specific character of the logics to reconcile.

REFERENCES

Battilana J., Leca B., Boxenbaum E., (2009), "How actors change institutions : Towards a theory of Institutional Entrepreneurship", The Academy of Management Annals, vol 3, n° 1, 65-107

Battilana, J., & Dorado, S. (2010). Building sustainable hybrid organizations: The case of commercial microfinance organizations. *Academy of Management Journal*, 53(6), 1419–1440.

Binder, A. (2007). For love and money: Organizations' creative responses to multiple environmental logics. *Theory and Society*, 36(6), 547–571.

Charue-Duboc, F., Amar, L., Raulet-Croset, N. and de Saint Laurent-Kogan, AF. (2010). La téléassistance pour le maintien à domicile : comment dépasser une logique d'offre technologique et construire des usages pertinents ? Paris. Rapport de recherche pour la CNSA, 146p.

Czarniawska B., (2007), Shadowing and other techniques for doing fieldwork in modern societies, Liber, Copenhagen Business School Press

Denis J.L., Langley A., Rouleau L., 2007, Strategizing in pluralistic contexts: Rethinking theoretical frames, *Human Relations*, Vol 60 (1): 179-215

Dunn, M.B., & Jones, C. (2010). Institutional logics and institutional pluralism: The contestation of care and science logics in medical education, 1967–2005. *Administrative Science Quarterly*, 55, 114–149.

Elsbach K.D. & Sutton R.I. (1992), Acquiring organizational legitimacy through illegitimate actions : A marriage of institutional and impression management theories. Academy of Management Journal, 35(4), 699-738

Feldman M.S. & Pentland B.T. (2003), Reconceptualizing Organizational Routines as a source of Flexibilitéy and Change, Administrative Science Quarterly,

Friedland, R. and Alford, R. R. (1991), "Bringing society back in: Symbols, practices, and institutional contradictions." In W. W. Powell et P. J. Di Maggio. (Ed.) *The new institutionalism in organizational analysis*. Chicago, University of Chicago Press. p. 232-266

Glynn M. A, Lounsbury M., (2005), From the critics'corner : Logic Blending, Discursive Change and Authenticity in a Cultural Production System. *Journal of Management Studies*, 42:5, 1031-1055

Goodrick, E., & Reay, T. (2011). Constellations of institutional logics: Changes in the professional work of pharmacists. *Work and Occupations*. 38(3), 372-416

Goodrick, E., & Salancik, G.R. (1996). Organizational discretion in responding to institutional practices: Hospitals and caesarean births. *Administrative Science Quarterly*, 41(1), 1–28.

Greenwood R. & Hinings C.R. (1996). Understanding radical organizational change : bringing together the old and the new institutionalism. Academy of Management Review, 21, 1022-105448:94-118

Greenwood R., Diaz A., Li S., Lorente J., (2010), "The multiplicity of institutional logics and the heterogeneity of organizational responses", Organization Science, vol 21/2, p 521-539

Greenwood, R., Raynard, M., Kodeih, F., Micelotta, E.R. and Lounsbury, M. (2011), « Institutional complexity and organizational responses » *The Academy of management annals*, Vol 5 n°1, 317-371

Journé, B., (2008), « Collecter les données par l'observation », in Gavard-Perret, D. Gotteland, C. Haon et A. Jolibert (Eds.), *Méthodologies de la recherche. Réussir son mémoire ou sa thèse en sciences de gestion*, Pearson Education, p.139-176.

Lok, J. (2010). Institutional logics as identity projects. *Academy of Management Journal*, 53(6), 1305–1335.

Jarzabkowski, P., Matthiesen, J., & Van de Ven, A. (2010). Doing which work? A practice approach to institutional pluralism. In T. Lawrence & R. Suddaby (Eds.), *Institutional work: Actors and agency in institutional studies of organizations*, (pp. 284–316). Cambridge: Cambridge University Press.

Kraatz M.S., Block E.S., 2008, Organizational implications of institutional Pluralism. In Greenwood R., Oliver C., Sahlin-Andersson K. and Suddaby R., *The Sage Handbook of organizational institutionalism*, Sage Publications Ltd., 243-275

Lounsbury, M. (2007). A tale of two cities: Competing logics and practice variation in the professionalizing of mutual funds. *Academy of Management Journal*, 50, 289–307.

Maguire S., Hardy C., Lawrence T., (2004), Institutional entrepreneurship in emerging fields : HIV/AIDS treatment advocacy in Canada, Academy of management journal, 47/5,

657-679

Oliver, C. (1991), "Strategic responses to institutional processes", *Academy of management review*, Vol. 16, p. 145-179

Pache, A. and Santos, F. (2010), "When worlds collide: the internal dynamics of organizational responses to conflicting institutional demands" *Academy of management review*, Vol. 35 n° 3, p. 455-476

Phillips N., Lawrence T. and Hardy C., (2000), "Inter-organizational collaboration and the dynamics of institutional fields", *Journal of Management Studies*, 37:1, January, p 23-43

Reay, T., & Hinings, C.R. (2005). The recomposition of an organizational field: Health care in Alberta. *Organization Studies*, 26(3), 349–382.

Reay, T. and Hinings, C.R. (2009), "Managing the Rivalry of Competing Institutional Logics", *Organization studies*, Vol. 30 n°6 p.629-652

Saint Laurent-Kogan (de) A-F, 2007, "La canne et le médaillon", *Gérontologie et Société*, n°121, pp. 137-143.

Schneiberg, M., & Clemens, E.S. (2006). The typical tools for the job: Research strategies in institutional analysis. *Sociological Theory*, 3, 195–227.

Seo M.G., Creed W.E.D., 2002, Institutional contradictions, praxis, and institutional change: a dialectical perspective, *Academy of Management Review*, 27, 222-247

Thornton, P. H. and Ocasio, W. (1999), « Institutional logics and the historical contingency of power in organizations: Executive succession in the higher education publishing industry, 1958 to 1990. » *American Journal of Sociology*, n°105, p. 801-843

Thornton P., (2004), *Markets from Culture : Institutional Logics and Organizational Decisions in Higher Education Publishing*, Stanford, CA : Stanford Business Books

Weick K., *Sensemaking in organizations*, Sage Publications, Thousands Oaks, 1995

Zilber, T.B. (2002). Institutionalization as an interplay between actions, meanings and actors: The case of a rape crisis center in Israel. *Academy of Management Journal*, 45(1), 234–254.