© Academy of Management Journal
2004, Vol. 47, No. 5, 657–679.

INSTITUTIONAL ENTREPRENEURSHIP IN EMERGING FIELDS: HIV/AIDS TREATMENT ADVOCACY IN CANADA

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In a qualitative study of the emerging field of HIV/AIDS treatment advocacy in Canada, we found that institutional entrepreneurship involved three sets of critical activities: (1) the occupation of "subject positions" that have wide legitimacy and bridge diverse stakeholders, (2) the theorization of new practices through discursive and political means, and (3) the institutionalization of these new practices by connecting them to stakeholders' routines and values.

The concept of institutional entrepreneurship has emerged to help answer the question of how new institutions arise: *institutional entrepreneurship* represents the activities of actors who have an interest in particular institutional arrangements and who leverage resources to create new institutions or to transform existing ones (DiMaggio, 1988; Fligstein, 1997; Rao, Morrill, & Zald, 2000). Studies of institutional processes have tended to concentrate on relatively mature organizational fields[1] (e.g., Greenwood, Suddaby, & Hinings, 2002; Lounsbury, 2002), but institutional entrepreneurship also occurs in emerging fields (DiMaggio, 1991; Garud, Jain, & Kumaraswamy, 2002; Lawrence, 1999), where its dynamics may differ. As Fligstein argued, the use of particular skills and strategies by institutional entrepreneurs "depends very much on whether or not an organizational field is forming, stable or in crisis" (1997: 398). There is, however, little research that examines how the activities that constitute institutional entrepreneurship vary in different contexts.

To address this gap, we draw on an intensive qualitative study to examine institutional entrepreneurship in emerging fields, analyze the actions that constitute it, and explore the reasons that they might differ from those of institutional entrepreneurship in mature fields. The empirical case on which we base this article was a qualitative study of institutional entrepreneurship that produced new practices of consultation and information exchange among Canadian community organizations and pharmaceutical companies in the emerging field of HIV/AIDS treatment advocacy. We conducted a qualitative study for the following reasons (cf. Lee, 1999; Marshall & Rossman, 1995). First, the focal phenomenon—institutional entrepreneurship in emerging fields—was not well understood. HIV/AIDS treatment advocacy was an emerging field; the sudden and relatively recent appearance of AIDS had thrown traditional understandings of the role of patients into disarray and led to a period of upheaval and political activism (Montgomery & Oliver, 1996). Second, conventional understandings of institutional entrepreneurship did not appear to explain this situation since the influential individuals were not associated with traditionally dominant organizations, such as pharmaceutical companies or government but, instead, were members of relatively poorly "resourced" community organiza-

The authors wish to thank Hayagreeva Rao, Nelson Phillips, and participants in the Sub Theme 10 ("The Construction and Elaboration of Organizational Fields") at the European Group for Organizational Studies Colloquium, July 5–7, 2001, Lyon, France, for their insightful comments on an earlier version of this paper. We also acknowledge the financial support of the Social Sciences and Humanities Research Council of Canada, les Fonds pour la Formation des Chercheurs et l'Aide à la Recherche of Quebec, McGill University, and the University of Melbourne for carrying out this research. Finally, a special thanks to our editor, Thomas Lee, as well as to three anonymous reviewers for helpful suggestions, guidance, and encouragement throughout the revision process.

[1] An *organizational field* is composed of sets of institutions and networks of organizations that together constitute a recognizable area of life (DiMaggio & Powell, 1983).

tions. Third, we wished to develop a contextualized understanding of the constituent activities of institutional entrepreneurship, which, as our findings show, include (1) occupying "subject positions" with wide legitimacy and bridging diverse stakeholders, (2) "theorizing" new practices through discursive and political means, and (3) institutionalizing these new practices by connecting them to stakeholders' routines and values.[2]

This article makes several contributions to the study of institutional entrepreneurship as well as institutional theory more broadly. First, it contributes to theoretical understanding of the microdynamics of institutional entrepreneurship by providing a more nuanced, contextualized view of the activities of institutional entrepreneurs that highlights the importance of their subject positions as well as their strategies for theorizing and institutionalizing the new practices they are promoting. Second, by relating these activities to the specific characteristics of emerging fields and juxtaposing our findings with extant research, we are able to postulate certain differences in the form that institutional entrepreneurship may take in different contexts: stable mature fields, mature fields in crisis, and emerging fields. Third, our study illustrates how different forms of power can be used to influence institutional change: actors not occupying dominant positions in a field can nonetheless act as institutional entrepreneurs and affect its development in ways that are advantageous to them.

INSTITUTIONAL ENTREPRENEURSHIP AND EMERGING FIELDS

Institutional Entrepreneurship

Organizational fields are structured systems of social positions within which struggles take place over resources, stakes, and access (Bourdieu, 1990). The concept of institutional entrepreneurship focuses attention on these struggles and the manner in which interested actors influence their institutional contexts (Beckert, 1999; DiMaggio, 1991; Fligstein, 1997; Lawrence, 1999). Examples of documented struggles include the introduction of business plans in museums and other cultural organizations by government (Oakes, Townley, & Cooper, 1998); corporations lobbying governments for policy change (Hillman & Hitt, 1999); moves by professional associations to persuade members to standardize new practices (Greenwood et al., 2002); and software manufacturers sponsoring new technological standards (Garud et al., 2002).

Central to institutional entrepreneurship is the relationship between interests, agency, and institutions: "New institutions arise when organized actors with sufficient resources *(institutional entrepreneurs)* see in them an opportunity to realize interests that they value highly" (DiMaggio, 1988: 14, emphasis in original). Institutional change is thus a political process that reflects the power and interests of organized actors (Fligstein, 1997; Seo & Creed, 2002): institutional entrepreneurs "lead efforts to identify political opportunities, frame issues and problems, and mobilize constituencies" and "spearhead collective attempts to infuse new beliefs, norms, and values into social structures" (Rao et al., 2000: 240). Key to their success is the way in which institutional entrepreneurs connect their change projects to the activities and interests of other actors in a field, crafting their project to fit the conditions of the field itself. For example, Fligstein (1997) demonstrated how Jacques Delors, president of the European Union, was able to bring about institutional reform and monetary union, for which there was little support among European countries, by first proposing a single market, which was more acceptable.

The concept of institutional entrepreneurship also focuses attention on the fact that not all actors are equally adept at producing desired outcomes (DiMaggio, 1988; Fligstein, 1997). This is because an organizational field contains a limited number of subject positions (Foucault, 1972) from which actors can take action (Bourdieu, 1990). By *subject position,* we refer not only to formal, bureaucratic position, but also to all the socially "constructed" and legitimated identities available in a field (Oakes et al., 1998). The normative and structural qualities of these positions provide the actors that occupy them with institutional interests and opportunities (Bourdieu & Wacquant, 1992) and, in some cases, the "capital" or resources to exert power over the field at a particular time (Bourdieu, 1986).

Studies of institutional entrepreneurship tend to associate agency in a field with actors located in obviously dominant subject positions that can compel other actors to change their practices (Hoffman, 1999) through such processes as professionalization (Hinings & Greenwood, 1988), socialization (DiMaggio, 1991), and bureaucratization (Slack & Hinings, 1994). However, fields consist of dominant and dominated actors, *both* of which "attempt to usurp, exclude, and establish monopoly over the mechanisms of the field's reproduction and the

[2] A "subject position" in a field is a socially constructed and legitimated identity available to actors in the field. To "theorize a practice" is to relate it causally to particular outcomes.

type of power effective in it" (Bourdieu & Wacquant, 1992: 106), and in some instances change can be brought about by actors other than those in stereotypically powerful positions. For example, Hensmans's (2003: 365) study of the American music industry shows that despite the fierce defense of traditional distribution networks, "disruptive challengers" like Napster were able to undermine "status quo incumbents" and open up space for new practices.

Institutional Entrepreneurship in Emerging Fields

Composed of sets of institutions and networks of organizations that together constitute a recognizable area of life (DiMaggio & Powell, 1983), an organizational field develops through patterns of social action that produce, reproduce, and transform the institutions and networks that constitute it. Through repeated interactions, groups of organizations develop common understandings and practices that form the institutions that define the field and, at the same time, these institutions shape the ongoing patterns of interaction from which they are produced (DiMaggio & Powell, 1983; Giddens, 1984). Mature fields represent relatively well-structured configurations of actors that are aware of their involvement in a common enterprise and among which there are identifiable patterns of interaction such as domination, subordination, conflict, and cooperation (DiMaggio & Powell, 1983). Hoffman (1999: 362), in his analysis of environmentalism in the U.S. chemical industry, portrayed a mature organizational field in his description of the "third phase" (1983–88) of environmentalism. In this highly organized period, environmentalism had become a normative institution: stakeholders—government, industry, and NGOs (nongovernmental organizations)—were clearly defined; institutions such as the legal system were highly legitimated; and relationships among actors, including "a more cooperative posture" on the part of the main industry toward both government and NGOs, were also clearly defined.

The situation is rather different when a field is emerging (Fligstein, 1997): research on underorganized domains (Hardy, 1994; Trist, 1983) suggests that, although members recognize some degree of mutual interest, relatively little coordinated action exists among them. Such contexts "represent *potential* networks of organizations rather than already established networks or federations of organizations" (Gray, 1985: 912; emphasis added). Whereas institutions in mature fields tend to be widely diffused and highly accepted by actors, "proto-institutions," which are narrowly diffused and only weakly entrenched, are more likely to characterize emerging fields (Lawrence, Hardy, & Phillips, 2002). In contrast with the mature field Hoffman described as the "third phase" in his 1999 chemical industry study, the years 1962–70 are described as an emerging field: legal institutions were weak, with only a very small number of environmental cases being filed in federal courts; there was no institutional role for nongovernmental organizations; and environmentalism had none of the legitimacy it would have in the more mature stage and instead was highly contested, being promoted by small groups of environmentalists but largely denied by industry.

The characteristics of emerging fields make them an important arena for the study of institutional entrepreneurship. First, uncertainty in the institutional order provides considerable scope for institutional entrepreneurs to be strategic and opportunistic (DiMaggio, 1988; Fligstein, 1997)—whether they are actors in dominated or dominating subject positions (Hardy, 1994). Second, emerging fields promise considerable rewards for success, as their structuring will provide some actors with significant advantages (Garud et al., 2002; Leblebici, Salancik, Copay, & King, 1991). Third, emerging fields present different sets of challenges than those posed by more structured fields. For example, isomorphic pressures will be less relevant if there are no established patterns or leaders to mimic; the widely shared values associated with normative forces have yet to develop; and diffuse power makes it difficult for individual actors to coerce others. Consequently, institutional entrepreneurs in emerging fields must devise and maintain stable sets of agreements in ways that meet the interests of diverse stakeholders and without access to the taken-for-granted symbolic and material resources and institutionalized channels of diffusion that are normally available in mature fields (Fligstein, 1997).

Research Questions

These unique aspects of institutional entrepreneurship in emerging fields led us to consider three research questions. The first involved ascertaining which actors are better able to successfully engage in institutional entrepreneurship in an emerging field by identifying the critical and distinctive characteristics of subject positions occupied by successful institutional entrepreneurs. As described above, institutional entrepreneurs must occupy positions that allow them to assume the role of champions, orchestrate efforts towards collective action, and establish stable sequences of interac-

tions with other actors in the field (Garud et al., 2002). Yet the precise nature of these subject positions in an emerging field is far from clear. Although the lack of structure and convergent meaning may enable actors occupying a wider variety of positions to influence events in a way not possible when rules, processes, structures, and meanings are more clearly defined (Hardy, 1994; Trist, 1983), it is nevertheless unlikely that all actors will be equally well positioned in terms of having the requisite resources and legitimacy to promote and institutionalize new practices. Accordingly, our first question was this: In emerging fields, what are the characteristics of subject positions that provide a basis for actors to engage in institutional entrepreneurship?

Our second research question concerned the process through which institutional entrepreneurs ensure the diffusion of new practices. Greenwood and his colleagues suggested that *theorization* ("the development and specification of abstract categories and the elaboration of chains of cause and effect" [2002:60]) facilitates diffusion. Two key components are framing problems and justifying innovation: framing focuses on the need for change, and justification attends to the value of the proposed changes for concerned actors (Greenwood et al., 2002). Institutional entrepreneurs thus frame grievances, diagnose causes, garner support, provide solutions, and enable collective action in a strategic manner (Fligstein, 1997; Rao et al., 2000). Yet what is strategic in one context may not be so in another. Greenwood et al. examined the highly institutionalized field of accounting and acknowledged that theorization may vary "depending upon the relative homogeneity of an organizational community" since the "greater the range and intensity of schisms, the more difficult will be the task of developing acceptable norms" (2002: 75). Thus, our second research question was, How do institutional entrepreneurs in emerging fields engage in theorization when attempting to motivate the adoption of new practices?

Our final research question involved the processes through which new practices are institutionalized. In an emerging field, the widespread adoption of new practices may be problematic: there may not be leading organizations to imitate (Trist, 1983) or widely shared agreement as to what is appropriate practice for actors in the field (Hardy, 1994). Furthermore, researchers have argued that institutionalization occurs as new practices are embedded in wider networks (Galaskiewicz, 1979) because it becomes harder for other actors to dismantle them (Burt, 1982; Wasserman & Galaskiewicz, 1994). In emerging fields, where relationships are fluid, it may be difficult to embed practices in them. This formulation led us to our third research question: How do institutional entrepreneurs in emerging fields ensure the institutionalization of new practices?

METHODS

This article draws on a qualitative case study of new practices of consultation and information exchange among pharmaceutical companies and HIV/AIDS community organizations. Our aim was theory elaboration by extending and refining current understandings of institutional entrepreneurship so as to ascertain its particular dynamics in emerging fields. Qualitative research is well suited to examining poorly understood phenomena and ill-structured links among actors (Marshall & Rossman, 1995). Moreover, as Lee argued, qualitative research is appropriate when "(a) contextualization, (b) vivid description, (c) dynamic (and possible causal) structuring of the organizational member's socially constructed world, and (d) the worldviews of the people under study" (1999: 43) are important. This is the situation here: understanding institutional entrepreneurship demands rich, detailed, interpretive analysis that takes into account characteristics of the particular context in which it occurs (Garud et al., 2002).

Research Context

We chose to study institutional entrepreneurship in the field of HIV/AIDS treatment advocacy because certain theoretical issues were readily transparent in that field (Eisenhardt, 1989; Yin, 2003). First, it was clear from preliminary investigations that significant changes in practices of consultation and information exchange among pharmaceutical companies and community organizations were occurring during the mid to late 1990s (cf. Maguire, Phillips, & Hardy, 2001). It was also apparent that particular individuals were highly influential in this process. Accordingly, the setting promised to be a fruitful one for the exploration of institutional entrepreneurship. Second, the sudden and relatively recent emergence of HIV/AIDS in the 1980s, and the way it threw into confusion traditional understandings of the role of patients in treatment issues, indicated the existence of an emerging field (also see Montgomery & Oliver, 1996). Third, the fact that the history of the field and events related to our case study were well documented meant that we could draw upon numerous data sources (cf. Garud et al., 2002).

Data Collection

A primary source of data was interviews. Initially, our interviews focused on actors directly involved in the changes in practices of consultation and information exchange. These actors were primarily representatives of pharmaceutical companies and representatives of community organizations, including coalitions of people living with HIV/AIDS (known as *PWA organizations*), AIDS service organizations (ASOs), and AIDS activist groups. Interviews were also held with other actors who were less directly involved in but still affected by the changed practices, including representatives of pharmaceutical companies and community members. The identification of initial interviewees was based on our personal knowledge of the field; the first author had been a founding member of a large Canadian HIV/AIDS fundraising organization, and another author had facilitated early meetings of pharmaceutical companies and community organizations that turned out to be pivotal to the changes in practices. Initial interviewees directed us to other actors, and we continued this process until no new names were generated. A total of 29 semi-structured interviews were conducted in French or English, according to interviewee preference, and taped and transcribed. We asked interviewees to describe the evolution of the field and changes in practices of consultation and information exchange. The quotations that appear below are from the transcripts, although we have disguised certain details to maintain confidentiality.

We also observed a number of meetings and collected a wide range of documents, including agendas and minutes from meetings, copies of presentations, private notes and correspondence of key actors, newsletters, brochures, mission statements, and press releases and annual reports of the Canadian Treatment Advocates Council (CTAC). Finally, to gain a deeper understanding of the history of HIV/AIDS in North America, we consulted a wide range of secondary sources (Arno & Feiden, 1992; Crimp, 1988; Epstein, 1996; Gilmore, 1991; Grmek, 1990; Harrington, 1997; Maguire, 2002; Shilts, 1987; Wachter, 1992).

Data Analysis

The data analysis comprised four main stages. In the first stage, we developed a narrative account (Eisenhardt & Bourgeois, 1988) that chronicled the emergence and institutionalization of the field. We traced the evolution of the field from the first recorded case of HIV/AIDS to the end of the 1990s; Table 1 provides a chronology. The emergent nature of the field stems from the suddenness of the appearance of HIV/AIDS in the early 1980s, chiefly among gay men. Researchers were unable to determine the cause of the disease for many years, and doctors were unable to treat it. Thus, shared understandings concerning the expertise of the medical and scientific community were undermined. The reaction of the gay community to this situation not only introduced a new form of activism regarding disease treatment, but also led to new forms of organization (PWA organizations and ASOs) and completely changed traditional notions of the "patient." Activism continued to disrupt the field during the 1990s, although informal patterns of consultation also started to emerge. At this stage, practices of consultation and information exchange between pharmaceutical companies and community organizations were ad hoc and informal, and they were often contested by other members of the industry and community. By 2000, the new practices that we document in our study had radically changed the field by centralizing and formalizing activities. CTAC had come to serve as a forum within which the pharmaceutical industry could consult with the HIV/AIDS community and could exchange information about issues. These issues have included (1) new treatments and planned clinical trials, (2) the design and conduct of clinical trials, including evaluation measures for treatment efficacy, recruitment of research subjects, use of concomitant medications during clinical trials, and so forth, (3) the results of clinical trials, including treatment efficacy and side effects, (3) plans for commercialization, product launches, and marketing, (4) medical insurance for specific treatment products, and (5) the design of compassionate access programs (free access to experimental, unapproved treatment products).

In the second stage of data analysis, we assessed the nature and degree of change in the field as a result of the new practices of consultation and information exchange. The juxtaposition of written accounts of the field and actors' evaluations of events showed clear agreement that significant change had occurred. First, what had previously been ad hoc or improvised interactions among pharmaceutical companies and HIV/AIDS community organizations dealing with treatment issues had become centralized, structured, and regularized. Second, the new practices had been incorporated into the routines of community, industry, and government organizations. Finally, these changes had been significant enough to redistribute power across the field to the extent that it would now be unthinkable for a pharmaceutical company to attempt to bring a new HIV/AIDS treatment product

TABLE 1
Chronology of Events

Year	Event
1981	The first record of what becomes an epidemic in North America appears.
1982	The U.S. Centers for Disease Control (CDC) officially declares the epidemic and gives it a name: AIDS.
1983	The AIDS Committee of Toronto (ACT) is formed. AIDS Vancouver is created.
1986	The British Columbia Persons with AIDS Society (BC-PWA) is founded. The Canadian AIDS Society (CAS) is created.
1987	The Toronto People with AIDS Foundation (TO-PWA) is founded. Le Comité des personnes atteintes du VIH/SIDA (CPAVIH) is founded in Montreal. AIDS Coalition to Unleash Power (ACT UP) is formed in New York.
1988	AIDS Action Now! is formed in Toronto.
1989	AIDS activists storm the stage at the Fifth International Conference on AIDS, in Montreal.
1990	CAS creates an HIV Therapies Committee to deal with treatment issues.
1995	The first meeting of a pharmaceutical company seeking to establish its own community advisory board with the HIV/AIDS community occurs in October.
1996	The second meeting of a pharmaceutical company seeking to establish its own community advisory board with the HIV/AIDS community occurs in January; community members meet separately and create a taskforce to consider the idea of a national organization. Meetings with four pharmaceutical companies are held by the community, in April. The structure of the new organization is approved in June, and its name is chosen: the Canadian Treatment Advocates Council (CTAC).
1997	CTAC is officially launched in February, holds its first annual general meeting, elects its first board and executive, and publishes its first newsletter. Permanent liaison teams are established for eight pharmaceutical companies funding CTAC.
2000	CTAC is receiving funding from nine pharmaceutical companies and from Health Canada; total revenues exceed $330,000.

to market without first engaging in consultation and information exchange with the community. The changes also consolidated the position of various organizations in the field, particularly CTAC and the coalitions of people living with HIV/AIDS (the PWA organizations). Table 2 summarizes these changes.

In the third stage of data analysis, we identified the institutional entrepreneurs who initiated and led this process. By systematically analyzing all interview transcripts and official documents, we identified a series of roles and activities that contributed to the emergence and institutionalization of the new practices, as well as the individuals who participated in them. Table 3 lists these notes and activities. We determined that 77 individuals had engaged in one or more of those activities. We then excluded individuals who were involved in only one or two of these activities, leaving the 29 individuals indicated in Table 3, of whom 2 individuals had engaged in the greatest number of activities. We then returned to the interviews to examine actors' attributions of responsibility for the changed practices: although 4 individuals self-identified as being instrumental in the changes, only 2 were identified as such by others. The remainder of this article refers extensively to these two individuals, who were the institutional entrepreneurs whose activities formed the basis of our study, and whom we call "Roberts" and "Turner." We do not claim that these 2 individuals alone engineered the restructuring of the field, but our evidence strongly suggests that they were central in leading that process and in motivating the cooperation of other actors (cf. Fligstein, 1997).

The fourth stage of data analysis directly addressed our three research questions. We identified broad themes in the data, reduced them to more precise categories (Miles & Huberman, 1994; Yin, 2003), and then "interrogated" them more systematically (Yin, 2003) by comparing and noting patterns (Kvale, 1996). In relation to the first research

TABLE 2
Changes in the Field of Canadian HIV/AIDS Treatment Advocacy[a]

Element of Field	1995	2000
Interactions between community and pharmaceutical companies regarding treatment issues	Ad hoc meetings; one company-specific community advisory board is formed but later disbanded.	Regular, ongoing meetings with dedicated team of CTAC representatives; also annual meetings and specialized workshops and seminars.
Primary arena for national community policy discussions on treatment	Canadian AIDS Society's HIV Therapies Committee.	CTAC.
Community development of treatment advocacy skills	Ad hoc and minimal at provincial level.	CTAC has explicit mandate to develop and train new generation of treatment advocates at national and provincial levels.
Main contact for government for collective community view on treatment issues	Canadian AIDS Society.	CTAC, Canadian AIDS Society.
General pattern of consultation and information exchange on treatment issues in the field	Decentralized and ad hoc.	Centralized and regularized.
Prominent community actors on treatment issues	Members of Canadian AIDS Society's HIV Therapies Committee; individuals associated with various AIDs service organizations and PWA organizations; various freelancers.	Members of CTAC, which are mainly people with AIDs from PWA organizations; no AIDs service organizations are members; no freelancers; Canadian AIDS Society is only an observer, not a voting member, and its HIV Therapies Committee has been disbanded.
Representation of community organizations	Representational roles are unclear: Canadian AIDS Society HIV Therapies Committee does not have systematic representation of other organizations (members are selected on the basis of interest/expertise); some individuals are representing their organizations; freelancers are not representing or accountable to any organization.	CTAC members are representatives from all provinces, three largest urban PWA organizations, hemophiliacs, aboriginals, and women.
Mandate for providing advice to industry on treatment issues	Actors have no formal mandate to provide advice to industry on treatment issues.	CTAC is mandated to consult and exchange information with pharmaceutical companies.

[a] "CTAC" is the Canadian Treatment Advocates Council; "PWA organizations" are coalitions of people living with HIV/AIDs.

question, we ascertained the attributes associated with legitimacy by different stakeholders by coding the data for instances in which individuals made distinctions among actors that related to their scope for agency. For example, we found that the HIV status of individuals was relatively public knowledge that affected how actors' claims were interpreted and their subsequent influence. Having identified a number of characteristics, we then systematically analyzed the 29 actors identified in Table 3 to see what differentiated Turner and Roberts from other actors in terms of the legitimacy of their positions. We then examined how the legitimacy of their positions enabled them to access the resources necessary to bring about institutional change.

With regard to the second research question, concerning how institutional entrepreneurs theorize and motivate the adoption of new practices, we examined interviews, memos, minutes of meetings, private correspondence, presentations, and research notes taken while observing meetings, looking for different ways in which the new practices were explained and justified. From our analysis,

TABLE 3
Identification of Institutional Entrepreneurs[a]

Actor[b]	Participated in Community-Based Precursor to CTAC?	Participated in Industry-Based Precursor to CTAC?	At First Meeting Leading to CTAC?	At Second Meeting Leading to CTAC?	At Third Meeting Leading to CTAC?	Drafted Discussion Documents for Meetings?	Presented in Public about CTAC?	On Interim CTAC Steering Committee?	On Original CTAC Board?	Ongoing Formal CTAC Involvement?	Total Number of Activities and Roles
1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
2	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	8
3	Yes	Yes		Yes	Yes			Yes		Yes	6
4	Yes	Yes	Yes	Yes	Yes			Yes			6
5		Yes	Yes	Yes	Yes			Yes			5
6	Yes	Yes			Yes			Yes		Yes	5
7					Yes			Yes	Yes	Yes	4
8	Yes							Yes	Yes	Yes	4
9		Yes	Yes	Yes	Yes						4
10			Yes	Yes	Yes	Yes					4
11		Yes	Yes	Yes	Yes						4
12		Yes	Yes	Yes	Yes						4
13		Yes	Yes	Yes	Yes						4
14		Yes	Yes	Yes	Yes						4
15	Yes				Yes			Yes		Yes	4
16		Yes			Yes					Yes	3
17								Yes	Yes	Yes	3
18			Yes	Yes	Yes						3
19			Yes	Yes	Yes						3
20			Yes	Yes	Yes						3
21		Yes		Yes	Yes						3
22		Yes		Yes	Yes						3
23			Yes	Yes	Yes						3
24			Yes	Yes	Yes						3
25		Yes	Yes		Yes						3
26		Yes		Yes	Yes						3
27		Yes		Yes	Yes						3
28		Yes		Yes						Yes	3
29	Yes	Yes						Yes			3

[a] The table details 29 individuals' enactment of activities and roles associated with the emergence of new practices of consultation and information exchange in the field of HIV/AIDS treatment advocacy, culminating in the establishment and operation of the Canadian Treatment Advocates Council (CTAC).

[b] Actor 1 is referred to throughout this article as "Roberts," and actor 2 is "Turner."

we identified a number of reasons invoked by Roberts and Turner to justify the changes. We then systematically coded the reasons, identified the audiences at which they were targeted, and ascertained that the audience accepted these reasons. Our analysis also revealed that Roberts and Turner had made a series of political deals with some actors in exchange for their support.

To address the final research question, we examined the data for mentions of ways in which the new practices became taken-for-granted. Our initial analysis indicated that the new practices were attached to key organization-level routines, and we undertook a more systematic examination of how they became integrated with these routines. To examine the implications of this process, we then traced how the new practices related to changes in relationships among actors. Next, we considered how ongoing normative support was generated for the new practices by examining how they were related to key values of different actors. We identified specific examples of how the new practices were tied to particular stakeholder values in official documents, such as newsletters, annual reports, and organizational records, and were able to trace them to the new norms that characterized the changed field.

THE FIELD OF HIV/AIDS TREATMENT ADVOCACY IN CANADA

In 1981, an article describing the strange appearance of pneumocystis carinni pneumonia in five gay Los Angeles men appeared in the U.S. Centers for Disease Control (CDC) *Morbidity and Mortality Weekly Report,* an event now considered to be the

first official record of a new epidemic in North America. In 1982, the CDC officially gave the new epidemic its name: acquired immune deficiency syndrome (AIDS).

AIDS service organizations (ASOs) soon began to spring up to provide services to people living with HIV/AIDS. These organizations often began their existence as small groups of both healthy and sick people, but as the epidemic endured, many ASOs, especially those in large urban centers with many affected people, grew, formally organized, and became professionally staffed, primarily by people who were not HIV positive. Explicitly political organizations also emerged as—fueled by anger at what they perceived as indifference, inaction, and ineptitude on the part of governments, research institutions, and pharmaceutical companies—individuals living with HIV/AIDSs came together to found coalitions (PWA organizations). Even more radical activist organizations were also formed; these engaged in direct action, demonstrations, and civil disobedience. Out of AIDS activism grew AIDS treatment activism, as certain community members developed expertise in highly technical treatment issues to become lay-experts, and treatment-oriented projects emerged in some organizations, such as the HIV Therapies Committee of the Canadian AIDS Society (CAS). Over time, community and industry members alike began to distinguish *AIDS treatment activists* from "AIDS activists" by virtue of the former's medical and policy knowledge. *AIDS treatment advocates* became another subtle distinction, describing those lay-experts who sought to improve treatment options by working more closely and collaboratively with industry.

New Practices of Consultation and Information Exchange on Treatment Issues

In the early 1990s, the relationship between pharmaceutical companies and the HIV/AIDS community was volatile. Activists were quick to criticize companies that developed drugs without taking their concerns into account. As one employee of a pharmaceutical company said: "OK we have this AIDS drug, what do we do with it now? If we do something wrong, they're going to come and chain themselves to our doors." In contrast, the willingness of treatment advocates to talk to industry was more attractive. Recalling the appearance of treatment advocates, a pharmaceutical company employee stated, "This was a group that we needed to work with." Thus, informal consultation between some community members and some companies began to occur.

In October 1995, one pharmaceutical company convened a meeting of community members to discuss the formation of a new community advisory board. Members of the three main urban PWA organizations were present, as well as representatives from the Canadian AIDS Society, a number of smaller PWA organizations, and various ASOs. A subsequent meeting in January 1996 was attended by representatives of 16 community organizations from across Canada. At this stage, the company sought to formalize the group's role as a dedicated advisory board that would help it "interface with the customer, and get feedback as to what the customer wants and expects from the corporation" as "partners" (quotations are from the minutes of the meeting).

Community members had started to consider something beyond a company-specific arrangement, such as a single national advisory board: "We can't afford to have a community advisory board for each and every single pharmaceutical company because there are not enough people to go around and there wouldn't be enough control. We want this to be the community advisory board for the entire pharmaceutical industry" (Roberts). Driven by community concerns, a taskforce of community members was set up. It circulated a set of recommendations for a new, broader organization and held discussions with companies interested in establishing advisory boards. There was close to consensus in the community, and a discussion document proposed a "community-driven, pharmaceutical-supported" organization that would act as a central site for consultation, information exchange and collaboration among pharmaceutical companies and community organizations around treatment issues.

The proposal formed the basis of a set of meetings that took place in spring 1996, attended by 25 community members from 16 organizations. The community met for two days, followed by two days of discussions with four pharmaceutical companies. The meetings produced support for the idea of an autonomous, national body to be the central access point for industry actors seeking advice on treatment issues, as well as the community's hub for policy development, advocacy, and skills building, but they were unable to produce an agreement on the organization's structure. In June 1996, community members finally agreed on the structure of the new national body: it would have 19 voting members (75 percent of whom were to be people living with HIV/AIDs) selected on the basis of provincial representation, with additional members from the three largest PWA organizations and from aboriginal, hemophiliac, and women's groups. They also agreed on the name—the Canadian Treat-

ment Advocates Council (CTAC)—and on the formation of an interim steering committee.

Centralization and Formalization of the New Practices

CTAC held its first annual general meeting in early 1997 and selected a new eight-member board. Permanent liaison teams of community members were established for the eight pharmaceutical companies that provided funding and acted as industry partners. Its members also obtained seats, as CTAC representatives, on various provincial and national committees and task forces. CTAC also developed a logo and used it to endorse an unprecedented mass market advertising campaign, funded by some of its pharmaceutical company partners and aimed at increasing awareness of the growing number of treatment options. CTAC conducted semiannual meetings attended by the board, the membership, the pharmaceutical company partners, and the community in general, and it hosted or participated in various other workshops and conferences.

By 1999, CTAC had gained considerable influence on the treatment agenda. It had become "the national voice of people living with HIV/AIDS within governments and industry on HIV treatment issues" (*CTAC Newsletter*, fall 1999: 2), replacing the Canadian AIDS Society, whose HIV Therapies Committee had earlier been abandoned: "CTAC is a much better organization, better funded, better structured: much freer from some of the encumbrances [than the Canadian AIDS Society]" (community member). In 2000, CTAC was even more firmly established, with funding from Health Canada (the federal government's health department) as well as industry. It collaborated with government officials on the renewal of Canada's National AIDS Strategy, and it was working on initiatives to reduce drug prices, review the drug approval process, and establish a postapproval surveillance system for drugs. Treatment advocacy networks had been set up at the provincial level and, in the words of one provincial premier, CTAC and the issues it addressed were "vital to the development of, and ensuring access to, new treatments" (*CTAC Newsletter*, autumn 1997: 2).

FINDINGS

Institutional Entrepreneurship and Subject Positions

Our first research question asks, What are characteristics of subject positions that provide a basis for actors to engage in institutional entrepreneurship in emerging fields? Accordingly, we identified and analyzed those aspects of Roberts's and Turner's subject positions that were linked to their success. Since the normative and resource-based aspects of institutional action differ (Wade, Swaminathan, & Saxon, 1998), we first examined the aspects of positions that accorded the institutional entrepreneurs legitimacy in the field and, second, the structural relationships that connected the institutional entrepreneurs to other positions and associated resources in the field.

Because those occupying legitimate subject positions have greater potential for agency (Hardy & Phillips, 1998; Human & Provan, 2000), especially in fields where there are no clearly established institutional rules (Aldrich & Fiol, 1994; Lounsbury & Glynn, 2001; Stone & Brush, 1997), we began by examining stakeholder perceptions concerning the rights of different individuals or organizations to speak and act on behalf of others. We coded interview and documentary data to identify attributes that conferred legitimacy in this regard and then compared these with the positions of the institutional entrepreneurs.

In the community of interest here, people dying from AIDS were viewed as having greater legitimacy than those making a living and profiting from the disease. So, for example, healthy paid employees of ASOs were often viewed with suspicion: "Most people think that people in this movement should, to begin with, be HIV positive if you're in a leadership role. And you shouldn't be paid . . . . It reduces my legitimacy because I don't have the virus in my body and because I'm a paid person" (ASO staff member). Legitimacy was also associated with being gay—the disease had affected the gay community more than any other, and its members had led the fight against it. As a result, gay actors were often accorded more legitimacy as spokespeople than others, such as hemophiliacs, drug users, and heterosexual women. In addition, individuals possessing expertise and a history of treatment advocacy were considered more legitimate by both the community and the industry than those who did not. The community thus accorded HIV positive, gay volunteers with a history within the movement considerable legitimacy.

Organizational features also affected actors' potential for agency. For example, representatives of PWA organizations, particularly those in formal, senior positions, were seen as more legitimate spokespersons on behalf of people with HIV/AIDS than members of other types of organizations, such as AIDS service organizations, for instance. Because they could credibly claim to represent a constituency of treatment product consumers, mem-

TABLE 4
Characteristics of Actors' Positions

	Organization Characteristics				Role Characteristics		Individual Characteristics			
Actor[a]	People with AIDS Coalition?	In Major Urban Center?	Wide Geographic Scope?	Broad Constituency or Clientele?	Formal, Senior Position?	Volunteer Position?	Openly Gay?	Openly HIV Positive?	History of Treatment Advocacy?	Total
1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9
2	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
3		Yes			Yes	Yes		Yes	Yes	5
4		Yes	Yes	Yes			Yes		Yes	5
5				Yes	Yes		Yes			3
6		Yes	Yes		Yes	Yes		Yes	Yes	6
7	Yes	Yes			Yes	Yes		Yes		5
8		Yes	Yes	Yes	Yes		Yes	Yes	Yes	7
9			Yes	Yes						2
10		Yes								1
11		Yes								1
12	Yes	Yes	Yes	Yes				Yes		5
13	Yes			Yes						2
14								Yes		1
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9
16			Yes		Yes		Yes	Yes		4
17		Yes				Yes	Yes	Yes	Yes	5
18	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		8
19		Yes								1
20		Yes								1
21			Yes	Yes	Yes		Yes			4
22		Yes	Yes					Yes		3
23		Yes								1
24		Yes								1
25	Yes	Yes		Yes	Yes					4
26		Yes	Yes	Yes						3
27				Yes	Yes					2
28			Yes	Yes			Yes			3
29			Yes	Yes	Yes				Yes	4

[a] Actor 1 is referred to throughout this article as "Roberts," and actor 2 is "Turner."

bers of PWA organizations were also seen as legitimate by employees of pharmaceutical companies, who saw them as potential partners—something they did not consider activists to be. Although highly legitimate within the community, activists were a source of concern for the industry; as one employee stated, "We're not in the activism business, we're a pharmaceutical company." Thus, PWA organization members were legitimate to *both* community and industry in ways that those in activist organizations and ASOs were not.

Other organizational characteristics also conferred legitimacy with both the community and the industry: a wide geographic scope (national or provincial, rather than municipal); a broad and diverse constituency rather than one made up of only a narrow group such as hemophiliacs, women, or native Canadians; and a location in one of the three urban areas—Montreal, Toronto, or Vancouver—where the largest number of HIV/AIDS cases were concentrated.

Table 4 compares the two institutional entrepreneurs, Roberts and Turner, with the other actors who played roles in the changes (those identified in Table 3) and shows that Roberts and Turner occupied positions associated with the highest degrees of legitimacy. They had senior, unpaid positions in PWA organizations, one located in a major urban area and both with provincial scope and broad constituencies; they combined experience in the AIDS movement and treatment expertise; they were gay and HIV positive. By occupying these subject positions, these two institutional entrepreneurs were accorded considerable legitimacy by *both* the community and the industry in spite of the diverse interests of these key stakeholders in this emerging field.

These findings contrast with studies of mature

organizational fields in which institutional entrepreneurs tend to be actors whose legitimacy is primarily rooted in one dominant community. In Sherer and Lee's (2002) study of institutional change in large law firms, for example, they found that it was the most prestigious law firms who first adopted new personnel practices and legitimated those practices for others in the industry. Emerging fields are different because they tend to involve a disparate, and relatively unorganized, set of actors (Brown, 1980; Hardy, 1994). The lack of clearly dominant players means that institutional entrepreneurs have to work with a range of diverse stakeholders holding disparate positions with respect to the evolution of the field. Accordingly, legitimacy must be broadly based; a narrow set of attributes that resonates with only one group of actors will not mobilize the wider cooperation that is needed to bring about change in emerging fields. This argument leads to our first proposition:

Proposition 1. Institutional entrepreneurs in emerging fields will tend to be actors whose subject positions provide them with legitimacy with respect to diverse stakeholders.

Scope for agency is also determined by the structure of relationships in a field that provides actors with access to various forms of capital (Bourdieu, 1986; Oakes et al., 1998). We therefore examined the ways in which Roberts and Turner were connected to other actors in the field and explored if and how these connections enabled them to access resources needed for agency.

We noted a pattern in the interview data concerning the way in which the institutional entrepreneurs explicitly positioned themselves as "treatment advocates." Treatment advocacy was presented as a new style of activism, focused on working *with* the pharmaceutical industry rather than fighting against it: "We are about to create a totally new concept of community and industry partnership; we may very well be paving the highway for the next millennium—a solid foundation for open communication and trust" (Roberts). Positioning themselves in this way moved these actors somewhat away from the center of the community, which still treasured the memory of the original, radical activists who had started the movement and was initially suspicious of those with close relationships to industry. While creating some distance from the traditional center of the community, the subject position of treatment advocate brought Roberts and Turner closer to pharmaceutical company employees, as one employee explained:

> I got to develop the greatest level of admiration for [these people] because I can't believe how devoted they were and how knowledgeable they were. When I got to meet with them and to learn about what they were doing and the time they were spending and the energy they were spending on this, I was amazed.

Roberts's and Turner's positions as treatment advocates relocated them in the field: further away from the core of AIDS activism, but still close enough, by virtue of their treatment activist credentials, and significantly closer to industry. In this way, they bridged the two sets of stakeholders.

Bridging positions are important because they facilitate access to resources held by the different groups. Legitimacy in the community afforded Turner and Roberts the right to represent its members but, alone, it would was not have been enough to bring about fieldwide change, since change also requires resources or capital (Bourdieu, 1986), and an actor can be legitimate without necessarily being connected to resources. As treatment advocates, Roberts and Turner were able to access the significant material resources held by the pharmaceutical companies and to participate in company-led meetings and give input into decisions; at the same time, they could also maintain their access to community resources (for instance, firsthand experience with and knowledge of various treatment options; community-initiated treatment databases) and participate in community meetings and decision making. Thus, the subject position of treatment advocate provided a bridge to diverse resources, which other positions could not do.

This bridging role is distinctive of institutional entrepreneurship in emerging fields. In a mature field, economic and cultural capital tends to be controlled by dominant actors, who typically have access to—and sometimes a monopoly over—key resources that are needed to bring about change (e.g., Casile & Davis-Blake, 2002; Hillman & Hitt, 1999). In emerging fields, resources tend to be distributed among disparate groups of actors. This is not to say that some resources are not clustered; in our case, funding and other material resources were mainly located with the pharmaceutical companies, while more symbolic resources such as credibility and political access were mainly located with the community. Each party had access to resources, but for changes to be widely adopted across the field and new institutions to be developed, *both* sets of resources were needed. Consequently, we argue that institutional entrepreneurs in emerging fields need to be able to occupy subject positions that bridge diverse stakeholders. This argument leads us to our second proposition:

Proposition 2. Institutional entrepreneurs in emerging fields will tend to be actors whose

subject positions allow them to bridge diverse stakeholders and to access dispersed sets of resources.

Institutional Entrepreneurship and Theorization

Our second research question concerns the theorization of institutional change—the processes through which the adoption of new practices is achieved (Greenwood et al., 2002; Strang & Meyer, 1993). In examining our case study, we found that Roberts and Turner engaged in two distinct strategies to motivate the adoption of the new practices: persuasive argumentation and political negotiation.

The first strategy involved assembling an array of arguments that framed problems and justified the new practices they were promoting in ways that resonated with a variety of different stakeholders to create a broad base of support. Using a wide range of data sources, we identified arguments used by Roberts and Turner to motivate the adoption of new practices by different stakeholders. We then examined whether and how these arguments appealed to key stakeholders, including the community and industry in general, as well as specific groups within the community, notably other treatment advocates and activist groups whose support was essential if the new practices were to be adopted.

Table 5 provides illustrative examples of the array of arguments made, many of which appealed to more than one stakeholder. For example, Roberts and Turner argued that a single organization would address the growing number of demands for consultation from pharmaceutical companies and avoid the duplication associated with company-based advisory boards. This argument appealed to both the companies, who wanted easy and effective access to the community, and the treatment advocates, who were already concerned about their fragile health and felt unable to cope with extra demands. They also argued that a formal, national organization would be more accountable as it would consist of representatives of specific community organizations, which appealed to a large section of the community, as well as to specific treatment advocates concerned about the growing yet unaccountable role played by "freelancer" people with HIV/AIDS who could be easily co-opted by pharmaceutical companies. In addition, a single organization would benefit pharmaceutical companies who wanted to make sure that the broader community would follow any decisions taken by the representatives whom they were consulting.

Drawing upon this array of arguments targeting different stakeholders, Roberts and Turner presented the new practices as a "flexible" solution to the multiple problems facing different actors in the community and the industry, rather than offering a fully formed, rigid vision of a particular kind of organization: "I learnt that there's never any one single right solution. There are an awful lot of good ones" (Roberts). In total, their arguments helped to motivate stakeholders to adopt the changes and participate in CTAC. Members of community and industry applauded this "win-win" solution to their diverse problems.

In emerging fields, the dynamics associated with framing problems and justifying solutions involve a network of actors who are significantly more heterogeneous in their views than is typical of actors in mature fields. In Greenwood et al.'s (2002) study, theorization focused on developing a compelling argument for change directed at the accounting profession itself. The individual and organizational actors who constitute the accounting profession share a stable, coherent discourse that facilitates convergent framing and justification processes (Greenwood et al., 2002). In an emerging field, the diversity of views and the distribution of power mean that such a singular focus would be much less likely to succeed. Accordingly, we argue that in emerging fields, where diverse groups have different views of what constitutes a problem—let alone its solution—offering multiple reasons that satisfy diverse stakeholders will be more influential than promoting a single idea that might only appear rational to its proponents (cf. Maguire & McKelvey, 1999). This argument leads to our third proposition:

Proposition 3. Institutional entrepreneurs in emerging fields will theorize new practices by assembling a wide array of arguments that translate the interests of diverse stakeholders.

The second theorization strategy involved more material politics as Roberts and Turner engaged in explicit bargaining with community and industry representatives to ensure that the various stakeholders agreed to support, or at least not to undermine, the changes. We analyzed the data to investigate how Roberts and Turner tackled disagreements among actors when their arguments failed to produce consensus. One important example involved the composition of CTAC's structure and membership, a point of contention among the various community stakeholders that led to protracted negotiations about which organizations or geographic entities would hold seats in the new organization. Considerable opposition to the original proposal for a regionally based structure supported by Roberts was witnessed at the spring 1996

TABLE 5
Array of Arguments for Adopting New Practices

Arguments	Illustrative Quotations	Audiences Targeted
Manage consultative capacity of treatment advocates and avoid duplication, in light of growing demand for consultation	"We can't afford to have a community advisory board for each and every single pharmaceutical company because there are not enough people to go around and there wouldn't be enough control for all the different people doing different things." (Roberts)	Treatment advocates; pharmaceutical companies
Avoid overworking or causing illness of treatment advocates	". . . to protect an individual person living with HIV disease from becoming overburdened with responsibilities . . ." (discussion document)	Treatment advocates
Increase community's strategic planning capacity in light of dissolution of CAS Therapies Committee and death of advocates	". . . to provide a stable national platform for the community to communicate and strategically plan on issues that affect all people living with HIV disease in Canada." (discussion document) ". . . to provide a system which will increase our talent pool." (discussion document)	Treatment advocates
Ensure consistency of messages and coordination of activities	". . . if every company had a different community advisory board . . . we might not have consistent policies vis-à-vis things like compassionate access to drugs." (community member)	Community; treatment advocates; pharmaceutical companies
Ensure legitimacy and accountability of representatives to community	". . . we would have more control over who was coming to sit on these boards so we wouldn't feel that [pharmaceutical companies] were handpicking their own puppets to rubberstamp whatever it is the company wants to do." (community member) "It's a better solution because you [pharmaceutical companies] know you're getting people that have valid roots in the community because they're coming from grassroots." (community member)	Community; treatment advocates; pharmaceutical companies
Provide formal, accountable channels for the community to receive new funding from growing number of pharmaceutical companies involved in HIV/AIDS	"They [pharmaceutical companies] are making a lot of money off of this community and the people within the community who are taking the drugs, . . . and if they don't spend the money on our community, they're going to spend it somewhere else so . . . the funding is coming from there but why not?" (Roberts) ". . . three or four of the companies were going to be well-positioned financially to be supporting us . . . there was going to be a lot of money generated." (Turner)	Community; treatment advocates; activists [who believed that industry should fund the community but would not accept funding themselves]
Reduce costs for companies	"This is a waste of money and resources for ten different to pay for ten different community advisory boards. Why don't all of the companies chip into one community advisory board?" (community member)	Pharmaceutical companies
Ensure pharmaceutical companies remain accountable after drugs are approved	"The companies who were bringing those drugs to market needed to bear some responsibility . . . Once the drug was approved, they banked their dollars and went home." (Turner)	Treatment advocates; activists
Increase power of community vis-à-vis industry	"It is through this type of collaboration that the community gains empowerment that may have influence on multi-national corporations." (memorandum)	Community
Provide platform for trust building	"As the different pharmaceutical companies work together for the benefit of the whole HIV community, paranoia could dissolve into cautious optimism, and cautious optimism into guarded trust." (discussion document)	Community; pharmaceutical companies

meeting: "About a half an hour into that first morning we basically tore up that draft document and threw it away" (Roberts). At issue was whether the membership should provide greater representation for large urban centers (regionally based) or have equal representation for each province (provincially based). There was also debate over representation for community organizations dedicated to narrow constituencies (such as hemophiliacs, women, and native Canadians). Turner wanted provincial representation and was prepared to overcome any resistance by bargaining:

> We had to have provincial representation on it. I also knew that the argument against that—and it would be an argument mounted by Montreal, Toronto and Vancouver [PWA organizations]—is that maybe 85 or 90 percent of the PHAs [people living with HIV/AIDS] live in the urban areas . . . Any discussion . . . would break down around the PHAs from the urban areas demanding a stronger voice . . . it was better first of all to go to the three super groups . . . and guaranteeing them each one seat for their organization . . . . Part of the deal of giving them that—I sort of said—you can have that, but you've got to get me off the hook and give us the ten provincial seats.

Thus, the PWA organizations from Canada's three large urban areas each got a seat on CTAC, as did Canada's ten provinces. As a result of similar bargaining, CTAC's structure ensured representation for other particular interest groups: Canada's northern territories; a Quebec association of community groups; women; hemophiliacs; native Canadians; and the activist group AIDS Action Now! A multiparty consensus was reached, and dissent was avoided, because Roberts and Turner were willing to negotiate and did so skillfully. They realized that if key actors were not to discredit the project, they would have to be allowed to participate in it.

> [There was] a lot of behind the scenes trading, a lot of arm-twisting, a lot of promising . . . When . . . there were people who were being particularly difficult . . . I'd just sort of take them off in a corner and we'd have a gentle little discussion and we'd come back. But it was really all about coalition building . . . when people stood back and looked, they said: "Yeah we did the impossible." (Turner)

By engaging in bargaining and negotiating in which support for CTAC was traded for seats on the new organization, Roberts and Turner not only secured agreement on the structure of CTAC, but also created a stable coalition that supported the adoption of new practices. Within a community known for its fractious politics, and in a country known for its regional and linguistic tensions, serious dissent had been avoided or neutralized: "Well it's a strange situation because the people that would normally criticize this type of arrangement are all in the middle of it. The real movers and shakers of the AIDS community are all involved" (community member).

These findings reveal a component of theorization in emerging fields that has been overlooked in previous discussions (Strang & Meyer, 1993; Tolbert & Zucker, 1996): that, in addition to persuasively theorizing the new practices they are promoting as logical solutions to identified problems, institutional entrepreneurs in emerging fields need also to theorize *political* chains of cause and effect. They must make clear to stakeholders the political consequences of supporting or not supporting the new practices. Institutional entrepreneurship thus involves building "a network of actors who become partially . . . enrolled in the 'project' of some person or other persons"; it requires "organizing capacities" and "is not simply the result of possessing certain persuasive powers" (Long, 1992: 23). In this way, institutional entrepreneurs mobilize political support—through negotiations, bargaining, compromises and horse-trading—to lock stakeholders into a stable and enduring coalition. This formulation leads to our next proposition:

> *Proposition 4. Institutional entrepreneurs in emerging fields will theorize new practices by developing stable coalitions of diverse stakeholders through political tactics such as bargaining, negotiation, and compromise.*

Institutional Entrepreneurship and Institutionalization

Our final research question focuses on the institutionalization of new practices in emerging fields. We identified two patterns in the data that showed how the practices came to be accepted and taken-for-granted. In brief, the new practices were institutionalized by attaching them to preexisting organizational routines and by reaffirming their alignment with important stakeholder values on an ongoing basis. In addition, we found that institutionalization through these processes had field-level implications: as new practices were integrated with particular organizational routines, they reinforced certain interorganizational relationships at the expense of others; and as new practices were aligned with the values of different stakeholders, new field-level norms were created.

To examine how new practices were institutionalized, we drew primarily on official documents generated between 1997, when CTAC was formed,

TABLE 6
Linking the Canadian Treatment Advocates Council to Organizational Routines

Organizational Routines	CTAC Connections, with Illustrative Quotations
Pharmaceutical company routines for developing and monitoring clinical trials; designing compassionate access programs; producing educational and promotional materials	CTAC became linked to a number of routine processes within pharmaceutical companies, primarily through the implementation of "liaison teams": "Permanent liaison teams are for those [eight] pharmaceutical companies funding CTAC. . . . Other teams [three] were named for companies with which it is hoped firm relations will develop." (*CTAC Newsletter,* issue 1, autumn 1997) "CTAC continued to hold regular meetings with pharmaceutical companies . . . to discuss issues related to drug development, pricing and advertising." (*CTAC Newsletter,* issue 1, autumn 1997) "I call them whenever I need something . . . we're putting together booklets for patients on compliance. So I call them and say, "Look I have a draft. Can you review it?" (Pharmaceutical company employee)
People-with-AIDS organizations' and AIDS service organizations' decision-making routines on treatment issues	CTAC became linked to decision making in provincial and local HIV/AIDS community groups primarily through its strategy of developing provincial networks for addressing treatment issues: "Part of CTAC's mandate is advocacy and skills building on the provincial level. Throughout 1999 a number of meetings were held involving CTAC provincial representatives and the CTAC co-chairs, with a view to establishing treatment advocacy networks in each province." (*CTAC Newsletter,* February 2000) "People living with HIV/AIDS in New Brunswick have taken the first steps in forming a network . . . . Participants have agreed that the name of the network will be CTAC New Brunswick." (*CTAC Newsletter,* February 2000) "The Ontario CTAC Network held a successful inaugural meeting in November 2000. Key Ontario stakeholders, people living with HIV/AIDS and existing provincial organizations came together to discuss and identify provincial treatment access issues and formulate a treatment advocacy effort for the province." (*CTAC Newsletter,* March 2001)
Government routines for approval and review of treatment products	CTAC became linked to government agency routines for approval and review of treatment products, by participating in regular ongoing meetings and hosting special events: "An analysis of available information led [CTAC] to conclude that DTCA [direct-to-consumer advertising] is not an appropriate means of providing consumers with information on prescription drugs. CTAC was represented at the consultations [of the Therapeutics Product Program of Health Canada] in April 1999. . . . " (*CTAC Newsletter,* February 2000) "In Ottawa on May 8th and 9th, 2000, the Canadian Treatment Advocates Council (CTAC) hosted 'Prescription for Performance: A National Summit, Improving the Health of Canada's Drug Review System'" (*CTAC Newsletter,* August 2000) "Throughout the year (2000), CTAC continued to work with [the Therapeutics Products Program of Health Canada] to ensure that HIV/AIDS drugs were approved of as quickly as possible without sacrificing safety or efficacy." (*CTAC Newsletter,* October 2001) "CTAC played an important role in getting the Therapeutics Products Program (TPP) of Health Canada to set up an Advisory Panel on the Product Licensing Review Process." (*CTAC Newsletter,* October 2001)

and 2000, to identify how the new practices embodied in CTAC had become integrated with the ongoing activities of other organizations in the field in an enduring manner. We found that the new practices were institutionalized by being attached to particular organizational routines. The term "routine" refers to a repetitive, patterned sequence of behavior involving multiple actors linked by communication or authority (cf. Anderson, 2003; Nelson & Winter, 1982), and we use it here to refer to preexisting ways of operating in an organization that may or may not have become institutionalized, but that were distinct from the institutionalized field-level practices that were the focus of our study. For example, the new practices were attached to existing routines in the pharmaceutical companies. In their role on the interim steering committee, Roberts and Turner set up company-specific liaison teams linking CTAC to pharmaceutical companies by integrating it into their routines. As one employee explained:

> I received a letter [from CTAC] saying: "Now you have designated members to deal with. If you need anything, call these members and please provide us with as much information as possible [on a partic-

> ular treatment]," which I did . . . I call them whenever I need something . . . we're putting together booklets for patients on compliance. So I call them and say, "Look I have a draft. Can you review it?"

Pharmaceutical company employees now had a formal mechanism for consultation and information exchange that became incorporated and integrated into the day-to-day aspects of their work. Similarly, new practices of briefing and receiving feedback were integrated into the decision-making routines of CTAC's 19 constituent organizations. CTAC was also connected to government routines, such as strategy meetings with Health Canada and various drug-pricing and approval initiatives. As one community member observed: CTAC has "gotten itself on many, many positions, many places, got itself at the table, so CTAC is very viable and it is doing very well." Table 6 provides a summary of how new practices attached to organizational routines. By linking CTAC to the routinized activities of a wide set of organizations in the field, the institutional entrepreneurs ensured the ongoing reproduction of new practices of consultation and information exchange. Over time, the regular and repeated activation of these organizational routines contributed to the new practices' becoming taken-for-granted.

As the new practices were attached to particular routines, they were also embedded in particular relationships: those relationships were reinforced, stabilized, and made more permanent, while others atrophied and disappeared. For example, relationships that reinforced the centrality of CTAC in the networks of information flows with industry, community, and government were consolidated. In contrast, on treatment issues, relationships between the Canadian AIDS Society and the industry were weakened, and relationships between the industry and ASOs and freelancers were almost entirely displaced (see Table 2).

These patterns are different from those seen in mature fields, where institutional entrepreneurs face preexisting institutionalized practices and successful change often requires "tearing down old logics and the construction of new ones" (Lounsbury, 2002: 255). In addition, mature fields tend to have highly developed sets of interlocking practices and stable relationships among organizations: when practices are replaced, relationships are often left largely intact. Many studies of organizational fields reveal radical changes in practices, rules, and technologies, but relatively little change in dominant actors and in their relationships to other actors (e.g., Greenwood et al., 2002; Leblebici et al., 1991). In fact, new practices are most likely to be successful *because* they are embedded in durable, long-standing relationships. In contrast, institutionalized practices do not exist in emerging fields, so undoing and replacing them is less important: new practices are more likely to complement, formalize, extend, and make permanent certain as yet uninstitutionalized organizational routines. At the same time, relationships are fluid, unstable, and vulnerable: those in which the new practices are embedded are reproduced and reinforced, while those that are not connected to the new practices atrophy and disappear. Thus, the new practices and the relationships in which they are embedded reproduce each other in a reciprocal process. This formulation leads to our fifth proposition:

> *Proposition 5. Institutional entrepreneurs in emerging fields will institutionalize new practices by attaching them to existing routines and, in so doing, they stabilize field-level relationships.*

New practices also have to be perceived as legitimate by key stakeholders if they are to be institutionalized (Human & Provan, 2000; Palmer, Jennings, & Zhou, 1993). In emerging fields, however, there are no clear field-level norms regarding legitimate behavior, and perceptions of legitimacy among stakeholders can diverge and conflict. Accordingly, we examined how normative support for the new practices was generated and, in particular, how the institutional entrepreneurs demonstrated that the new practices conformed to different perceptions of appropriateness among industry and community groups. Specifically, we identified key values associated with industry and community stakeholders from the interviews. We then examined CTAC's official documents to see whether and how CTAC's activities were presented as congruent with these values. Industry representatives evaluated the legitimacy of practices in terms of professionalism and efficiency. This focus meant that the institutional entrepreneurs had to ensure that the new practices were aligned with the values associated with professional, formal organizations. In other words, Roberts and Turner had to make CTAC as "business-like" as possible. As one employee explained, "If they are not organized they are going to have a hard time finding people in the industry who will want to fund them." Consequently, Roberts and Turner worked to ensure that the new organization assumed the symbols of professionalism: it became incorporated, published annual reports, held annual general meetings, published audited accounts, employed professional staff, conducted semiannual workshops, and organized seminars and conferences.

Members of the community had different perceptions regarding appropriateness and, in particular, regarded highly cooperative relationships with the industry with suspicion. Thus, it was important that CTAC not be seen as getting "too close" to the pharmaceutical companies. One way the institutional entrepreneurs dealt with this concern was by returning to the concept of activism and reminding the community that CTAC's practices were consistent with activist values—highlighting that CTAC could be confrontational as well as collaborative in its relations with the industry. CTAC's first newsletter, for example, highlighted the fact that the organization was "a mobilization of Canadian treatment *activists* . . . to the benefit of all people living with HIV/AIDS" (*CTAC Newsletter*, autumn 1997: 4; emphasis added). This adversarial role was constantly reinforced. For instance, Roberts underlined it when appealing to the community to join "forces with our compatriots . . . as we find common foes against which to rally." In addition, all subsequent newsletters had an article describing and/or a photograph depicting activist activities in which CTAC had participated, and a disclaimer stating: "CTAC does not recommend or endorse any therapy or treatment described within any of its print materials."

In mature fields, extant institutionalized norms form the socially constructed basis for moral legitimacy, providing a resource on which institutional entrepreneurs can draw to frame and justify new practices, as shown in Greenwood and coauthors' (2002) examination of professional accounting, where moral legitimacy was of primary concern during the theorization stage. In an emerging field, widely shared norms do not yet exist and, consequently, cannot be drawn upon during theorization. Instead, our study suggests that new norms are *created* during the institutionalization phase as practices are aligned with the divergent values of different stakeholders in order to build legitimacy for them: through CTAC, new field-level norms regarding treatment advocacy were created by combining professionalism *and* activism, collaboration *and* confrontation. In other words, rather than embedding new practices in *existing* norms, institutionalization in emerging fields involves the creation of new norms around *new* practices. This formulation leads to our final proposition:

Proposition 6. Institutional entrepreneurs in emerging fields will institutionalize new practices by aligning them with the values of diverse stakeholders and, in so doing, they create new field-level norms.

DISCUSSION AND CONCLUSION

In examining the dynamics of institutional entrepreneurship in emerging fields, we have addressed three specific aspects—subject positions, theorization, and institutionalization—and identified two critical components associated with each. With regard to *subject positions,* we found that institutional entrepreneurs in emerging fields tended to be actors whose subject positions (1) provided them with legitimacy with respect to diverse stakeholders and (2) bridged those stakeholders, allowing the institutional entrepreneurs to access dispersed sets of resources. The characteristics of emerging fields that help explain these findings are the absence of clearly defined, dominant subject positions and concentrations of resources associated with leading actors. In examining *theorization,* we observed that the two critical processes were (1) assembling an array of arguments that translated the interests of diverse stakeholders and (2) developing stable coalitions of these stakeholders through political tactics such as bargaining, negotiation, and compromise. These are important in emerging fields because of the lack of a stable, shared discourse and well-established structures of domination and cooperation. Finally, our findings suggest that the *institutionalization* of new practices in emerging fields depends upon (1) linking the new practices to existing organizational routines—which results in the stabilization of field-level relationships—and (2) aligning them with the values of diverse stakeholders, which results in the emergence of new field-level norms. Newly stabilized relationships and new norms result as practices are institutionalized because emerging fields, in contrast with mature ones, are initially characterized by an absence of stable relationships among actors as well as by an absence of widely shared, convergent norms.

Together, these dynamics show how institutional entrepreneurship in emerging fields is a form of institutional bricolage. Emerging fields present would-be institutional entrepreneurs with relatively unconstrained spaces in which to work and a wide range of disparate materials from which they might fashion new institutions. However, these spaces need to be structured and materials assembled in ways that appeal to and bridge disparate groups of actors. We also diagram how these dynamics of institutional entrepreneurship help to stabilize activity in a field, taking it from an emerging to a more developed state through the production of shared norms and understandings and by connecting actors in more formalized, stable relationships. Outlining this process is an important

contribution because it shows *how* individuals take action that results in significant changes in an organizational field, which, to date, few studies have done (also see Phillips, Lawrence, and Hardy, 2004).

The study has two main limitations. As a single case study, it has inevitably limited generalizability. However, the focus on a single case was necessary to explore how complex and nested activities occurred over time. Moreover, by contrasting our results with the literature on mature fields, we are able to identify distinctive elements of institutional entrepreneurship in emerging fields. The second limitation concerns the specificity of HIV/AIDS, which is a unique disease that engendered patterns of interaction that had not been seen elsewhere: the nature, scope, and spread of the disease were distinctive; its sudden emergence was unusual in recent times; and the existence of such a highly politicized patient community was rare (Maguire, 2002; Maguire et al., 2001). This distinctiveness might affect the dynamics of institutional entrepreneurship. On the other hand, the early phase of HIV/AIDS treatment advocacy was not unlike those in other emerging fields: it had not developed certain institutional features such as clearly defined leading actors, a coherent discourse, structures of cooperation and domination, sets of accepted norms, or stable interorganizational relationships.

Our findings have important implications for theory in a number of areas. The first implication concerns the context in which institutional entrepreneurship occurs. We have argued that the components of institutional entrepreneurship that we have identified are distinctly associated with the characteristics of emerging fields, which are themselves distinct from the characteristics of stable mature fields; we have not, however, addressed the relationship between our findings and the dynamics of institutional entrepreneurship in mature fields that have been exposed to some significant exogenous shock. Such shocks may occur as a result of technological innovation (for instance, the effects of computerization on the banking field) or of major social change (for instance, the impact of the civil rights movements on the field of higher education). Such shocks can disrupt the meaning of existing institutions and the stability of interactor networks, destabilizing the constitution of a field (Christensen, 1997; Hoffman, 1999; Laumann & Knoke, 1987). We believe that emerging fields are distinct from these "fields in crisis" (Fligstein, 1997): emerging fields have yet to develop certain institutional features (clearly defined leading actors, a coherent discourse, structures of cooperation and domination, sets of accepted norms, stable interorganizational relationships), while in mature fields that are in crisis, those features exist but are under threat. Consequently, although struggles may ensue in destabilized mature fields, they are more likely to be characterized by a struggle between an "old guard" dedicated to preserving the status quo (or, at least, to confining change to the minimum necessary to safeguard their position) and a "new guard" interested in taking advantage of the situation to transform the field (cf. Hensman, 2003). Although motivation and scope for action are high in both types of field, it appears the nature of institutional entrepreneurship in the two types is different. However, future research that systematically compares and contrasts institutional entrepreneurship in emerging and destabilized fields (and mature fields) is necessary before we can answer these questions definitively.

A second implication concerns the study of institutional entrepreneurship as a collective versus an individual phenomenon. Our focus on two individuals raises important questions regarding the difference between individuals and organizations as institutional entrepreneurs. Previous studies of institutional entrepreneurs have focused on organizational actors (e.g., Hoffman, 1999), individuals (e.g., Fligstein, 1997), or a mix of both (Lawrence, 1999). There has not been, however, any systematic discussion of the similarities and differences between individuals and organizations as institutional entrepreneurs. In developing our propositions, we attempted to use language that applies equally to individuals and organizations, although the specific tactics that the institutional entrepreneurs in our study used derived in part from the fact that they were individuals. Their status as HIV positive individuals was a crucial dimension of their position in the field of interest that afforded them legitimacy, while their personal relationships with other community activists facilitated their negotiation of coalitions in the theorization stage. Although the broader issues—the use of cultural and social capital—apply to individuals and organizations alike, the development of a comprehensive theory of institutional entrepreneurship requires more attention to differences between organizational and individual actors.

A third implication concerns the role of power in organizational fields. Previous studies of institutional entrepreneurship have tended to focus on dominant organizations, such as professional associations or the state. Our study, in contrast, illustrates the potential for actors to leverage a variety of forms of power (Bourdieu, 1986) in their attempts to effect institutional change. Turner and Roberts relied primarily on social and cultural capital

(rather than economic capital) to effect change: they skillfully combined their connections in the HIV/AIDS community and the pharmaceutical industry with their knowledge of the issues and ability to articulate those issues so that a wide variety of stakeholders could accept their interpretations and suggestions. Their strategies to leverage their capital involved multiple forms of power: influence tactics, such as persuasion, ingratiation, and social proof (cf. Cialdini, 2000); agenda setting and "non–decision making" (cf. Fligstein, 1997; Lukes, 1974); and leveraging the power embedded in social and technical systems (cf. Clegg, 1989; Lawrence, Winn, & Jennings, 2001). The injection of power into institutional explanations has been demanded for some time (DiMaggio & Powell, 1991), and our study illustrates both the important role that power can play in the dynamics of an organizational field, and how emerging fields provide a context in which a wide variety of forms of capital and forms of power can be used.

Although our study focused on organizational fields, our findings also have implications for research that examines other phenomena, such as the creation of new organizations, interorganizational relationships, and networks. The creation of new organizations to exploit economic opportunities has become the focus of intense examination by entrepreneurship scholars (Shane & Venkataraman, 2000). Our study echoes some of the findings of this research that emphasize the importance of personal and extended networks (Dubini & Aldrich, 1991) and legitimation (Aldrich & Fiol, 1994). The institutional change that occurred in the field of HIV/AIDS treatment advocacy in Canada also involved the formation of interorganizational relationships and networks, a subject that has a significant research literature independent of institutional theory (Wasserman & Galaskiewicz, 1994). An important connection between our study and this work concerns the processes that institutional entrepreneurs use to theorize the changes they are proposing—assembling an array of arguments and establishing stable coalitions—two sets of activities that are similar to those considered critical in managing interorganizational relationships (Gray, 1989). We believe that these connections have significant implications for institutional theory: as scholars interested in institutional phenomena move increasingly to incorporate agency and change into their studies, they need to be aware of and draw more closely on research from these other research traditions and domains.

Finally, our study has practical implications for individuals in emerging fields. The first implication is that, when considering their positions, they should consider the wide variety of forms of capital and power that may be at their disposal; they need not let a lack of size or apparent material power dissuade them from attempting to shape the relationships, practices, and rules that will define a field as it emerges and matures. An emerging field provides actors that have not previously been considered powerful with the opportunity to leverage their particular forms of capital to engage in institutional entrepreneurship and shape the field in ways that privilege their own skills and resources. Second, this study suggests that there are specific skills and resources that aspiring institutional entrepreneurs will need: positions that have broad legitimacy and facilitate stakeholder connections; the ability to translate an agenda for action across disparate stakeholders and to create stable coalitions; and an understanding of the cultural norms and practical routines of a wide array of stakeholders. If actors can combine these, then emerging fields provide the opportunity for institutional transformation.

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