Trapped in conformity? Translating reputation management into practice

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Summary This study investigates the translation rules used by Norwegian hospitals to adapt reputation management to their context. Drawing on a linguistics-inspired approach to organizational translations developed by Ravik (2007), the study identifies the application of three such rules, copying, omission, and addition. The study contributes to our understanding of organizational translations by pointing to their regularities, challenging the Scandinavian translation theory assumption that every translation leads to the emergence of new and unique local versions. The findings show that the hospitals intentionally remove from and add components to the reputation management idea in a strikingly similar way. In so finding, the study also challenges the assumption often put forward by branding and reputation textbooks that similarity implies being trapped in conformity.

Introduction

The Scandinavian institutionalist notion that ideas are translated as they travel from one setting into another (Czarniawska & Joerges, 1996; Czarniawska & Sevón, 2005; Sahlin-Andersson, 1996) has gained increased acceptance among scholars who seek to understand the diffusion and adoption of management knowledge (Boxenbaum, 2006; Frenkel, 2005a, 2005b; Hwang & Suarez, 2005; Mueller & Whittle, 2011). As it travels, an idea may be subject to different types of modifications (“translations”) and contribute to increased heterogeneity in organizational fields. While the conventional expectation of diffusion across fields is homogeneity (DiMaggio & Powell, 1983; Meyer & Rowan, 1977), the Scandinavian institutionalist notion of translation paves the way for a closer look at local organizational variations.

In order to improve our understanding of the production of local versions of management ideas and homogeneity- and heterogeneity-producing dynamics, this paper combines the Scandinavian institutionalist notion of translation ideas with Ravik’s (2007) adaptation of insights from the academic discipline of translation studies (Gambier & Doorslaer, 2010; Kuhnwczak & Littau, 2007; Venuti, 2004). Following Ravik (2007), we suggest that field members that adopt a particular idea may translate it, not in different and unpredictable ways, but in ways that are curiously similar. Just like translations of cultural artifacts, including language, images, and symbols, adhere to basic patterns, translations of managerial ideas may display regularities that can be analyzed and subsumed under more general translation rules (Ravik, 2007). By investigating such regularities, we aim to shed light not only on organizational translations in general but...
also on the dynamics of field level homogeneity and heterogeneity. Prior research on the adoption of management practices tends to neglect the potential existence and significance of such regularities. An extensive body of research exists on the diffusion of practices (Abrahamson, 1996; Lieberman & Asaba, 2006; Rogers, 2003; Strang & Macy, 2001; Strang & Meyer, 1994) as well as a growing awareness that practices vary as they diffuse (Ansari, Fiss, & Zajac, 2010; Lounsbury, 2007; Powell, Gammal, & Simard, 2005). Within translation studies in organizational analysis, the notion of local variants is a key assumption (Czarniawska & Sevón, 1996; Ravik, 2007; Sahlin-Andersson, 1996). However, to date, no empirical studies have identified patterns of translations in specific organizational contexts and examined their common features.

The main contribution of this paper is to draw empirical attention to such patterns, expanding the study of organizational translations beyond the assumption of heterogeneity as an exclusive field-level outcome of translations. Through a study of reputation management practices in Norwegian hospitals, which increasingly operate in a market and compete for patients, personnel, and resources, we demonstrate how practices result from a rather similar application of a series of translation rules. Instead of producing multiple local versions of the same idea in the field, parallel understandings and outcomes of a modified version of reputation management are identified. The findings thus offer support to a neoinstitutional understanding of field dynamics (DiMaggio & Powell, 1983). The guiding questions for the study are: (1) which translation rules were involved in the translation of reputation management and (2) what are the implications of these rules for the heterogeneity–homogeneity distinction pertaining to organizational fields?

Our study proceeds as follows: We first review the literature on translations and present four translation rules derived by Ravik (2007) from the field of translation studies. The empirical setting is described next, followed by a presentation of the methodology. We then detail the findings from our study of the Norwegian hospital field, and conclude with some remarks on the theoretical implications of our findings.

**Theoretical observations**

A number of researchers acknowledge the dominating position of the neoinstitutional perspective in organizational analysis in general (Greenwood, Oliver, Sudbury, & Sahlin, 2008) and in our understanding of the dissemination of organization ideas in particular (Czarniawska & Sevón, 2005; DiMaggio & Powell, 1991). Scandinavia has become a stronghold for research on these matters (Johansson, 2002; Ravik, 2007): In the introduction to the special issue of the academic journal Nordic Organization Studies (“Nordiske Organisasjonstudier”) on the neoinstitutional perspective, the tradition is described as having had “...great impact and has over the last year almost become a dominating theory, perhaps particularly in the Nordic area” (issue 3/2009: 3). However, through the concept of “translation”, the Scandinavian version has developed an approach that differs from its American counterpart. In the following theory section, we outline the main tenets of the Scandinavian translation theory, how it differs from the American version, and how Ravik’s theory supplements and expands it. Finally we present the management idea to be studied in the empirical part; reputation management.

The translation perspective on the dissemination of organizational ideas challenges two assumptions made in early (American) neoinstitutional theory. First, while the latter’s understanding of diffusion treats ideas primarily as symbols decoupled from actual practice (DiMaggio & Powell, 1983; Meyer & Rowan, 1977; Westphal & Zajac, 2001), studies performed by Scandinavian institutionalists focus on the actual adoption of new management ideas, using intensive, rich, process-oriented and qualitative approaches (Boxenbaum & Pedersen, 2009). From this perspective, translation involves selecting an idea, disembedding it from one setting, and re-embedding it in others (Czarniawska & Sevón, 1996). In the course of this process, the idea is subject to context-specific modifications (Sahlin-Andersson, 1996). The inspiration comes from Actor-Network (ANT) theory and its “sociology of translation” (Callon, 1998; Latour, 1986), and particularly from Latour’s model of translation (Latour, 1987), where agency is attributed to all individuals involved in the dissemination process. Management ideas are not “just” symbols, as they often are portrayed in the neoinstitutional literature – they turn into practice over time while retaining their symbolic value (Ravik, 2011). The neoinstitutional version of diffusion attributes the first stage of the diffusion process to considerations of instrumental efficiency, but subsequent adoption is based on considerations of legitimacy (Tolbert & Zucker, 1983). However, from a translation perspective the process is reversed: The reason for adopting an institutionalized idea is attributed to symbolic considerations of legitimacy, but subsequent events are more concerned with making sure the idea has lasting effects on performance.

Second, while the neoinstitutional diffusion perspective, at least in its early version, assumes that the field-level outcome of decoupling is increased structural homogeneity (isomorphism) between organizations in the same field (DiMaggio & Powell, 1983), the translation perspective predicts field-level heterogeneity. When management ideas spread between and across fields with multiple actors modifying it, the field is characterized by a number of “local” variants due to context-specific translation processes (Ansari et al., 2010; Czarniawska & Joerges, 1996; Czarniawska & Sevón, 2005; Lounsbury, 2007; Powell et al., 2005; Sahlin & Wedlin, 2008; Sahlin-Andersson, 1996). As a result, management ideas in one context may not mean the same, or be practiced the same way, as in other contexts.

However, the Scandinavian translation perspective can itself be challenged. Although the existence of rule-like patterns of translations has already been suggested (Sahlin-Andersson, 1996), few empirical studies have addressed the specific outcomes of such processes. As a result, conceptual categories for understanding the conditions under which translations may produce heterogeneity or homogeneity in organizational fields are lacking. In following Ravik’s (2007) argument that such insights can be acquired by relying on theoretical concepts from the field of translation studies, below we outline how this may occur and how we intend to use those concepts in our study of the translation of reputation management in the Norwegian hospital sector.
The rules of translation

Translation studies, sometimes referred to as translatology (Vermeer, 1998), is a cross-disciplinary field drawing on insights from such diverse academic disciplines as linguistics, computer science, semiotics, history, and comparative literature. Dealing with how cultural artifacts are transferred and translated across source and target contexts, one of its key contributions is the identification of translation “strategies”, “techniques”, “procedures” or “methods”. For the purposes of this paper, we rely on Røvik’s (2007) adaptation of these insights to an organizational context, which in addition to subtraction, alteration, and addition, includes the copying technique. Røvik refers to these techniques as “rules” that guide translation processes and thus influence the contents of organizational ideas as they are transferred from one context to another. Which rules are used during a translation process can be inferred “in hindsight” by analyzing the outcome of the process (Røvik, 2007, p. 307). The line of reasoning parallels Sahlin-Andersson (1996) who notes the implicitness of such rules and that no rules can be found as written instructions; nevertheless, “although there are no rules to follow”, each [process] seems to reveal the “rules which have been followed” (Sahlin-Andersson, 1996, p. 85).

Both Røvik and Sahlin-Andersson build on Latour’s notion that actors (or “actants”) modify constructs differently at different stages of the diffusion process, “letting the token drop, or modifying it, or deflecting it, or betraying it, or adding to it, or appropriating it” (Latour, 1986). However, in contrast to Sahlin-Andersson (1996), who primarily identifies “editors” and “editing organizations” that facilitate translations between organizations, such as private sector consultancies and the OECD, Røvik’s rules address translation processes that occur inside organizations. Furthermore, in contrast to both Latour and Sahlin-Andersson, Røvik (2007) assumes that the application of translation rules gives translation processes a certain regularity. A translation rule is thus not to be understood as an unpredictable outcome of a translation process or a causal mechanism or a resource upon which organizational field members may draw. Nor is it a “moment of translation”, as envisaged by ANT scholar Callon (1986). Rather, it calls attention to the general patterns of modifications that potentially can be made to the spreading construct during organizational translation processes. While these modifications are possible to study both during and after a translation process, in this case we make inferences about the rules by examining the outcome of the processes.

With the exception of Røvik’s (2007) adaptation of the field of translation studies for organizational contexts, no one has attempted to draw on insights from this discipline for empirical research on organizational translations. Thus, of primary interest to this study are the four translation rules suggested by Røvik (2007); copying, addition, omission, and alteration.

Copying is the most basic translation rule. It involves the transfer of a construct as accurately as possible, with no or very few changes from the original concept (i.e. “literal” translation). It could, of course, be argued that copying is not really translation since the basic premise of copying is not to change or transform. Yet, Røvik (2007) observes that copying is not only a relevant term for describing organizational translations, it is also a phenomenon and an ideal in many knowledge transfer processes, as evidenced by, for example, Lamb’s (2011) study of how Chinese business schools have copied US MBA programs, or the search for best practices (Camp, 1989). Furthermore, copying may be an unintended bi-product of the unsuccessful attempt to create a local innovation from a source practice (Røvik, 2007). The possibility that certain components of management practices are copied, while others are modified or omitted, should also not be overlooked. Thus, to obtain a more complete picture of organizational translations, understanding translation as copying serves as a valuable starting point.

Addition means making the idea more explicit and concrete by adding information that is either unclear or not present in the original model. This procedure is well-known in the translation of language (Røvik, 2007). For example, additions may occur to adapt a message to key characteristics of the structure of the target language, and to make sure the intended meaning is appropriately and effectively transmitted. Similar concerns are relevant for the translation of managerial ideas. Organizational translations may involve adding elements to an idea so as to make it better “fit” the formal structure or organizational culture of an organization. An example is provided by Bowen and Lawler (1992), who argue that performance appraisals should be added to the practice of Total Quality Management (TQM) in order to make it work better, despite the advice of Edward Deming, the “inventor” of TQM. Thus, something that is deemed “missing” in the original management idea may be added to make sure that it is better able to serve instrumental objectives.

Omission is the opposite of addition; toning down or leaving out some components of an idea. Toning down is the ‘softer’ version of omission, while leaving out is more radical (Røvik, 2007). In the field of translation studies, this rule is referred to as subtraction (Røvik, 2007). Valuable to avoid confusion and unnecessary repetition, the omission rule can be applied when something is not necessary for purposes of transmitting the original intended meaning, or the source construct is not possible to translate into the target context. These situations correspond relatively straightforwardly to organizational contexts. For example, Røvik (2002) notes that elements of the performance appraisal model were omitted to make it less provocative in a Norwegian context, and Westney (1987) documented how the Japanese Meiji regime omitted aspects of the imported models so as to make them better “fit” the Japanese context.

Finally, in contrast to the ideal of literal translation found in the copying rule, alteration implies multiple degrees of freedom in the modification of an idea. It refers to a radical mode of translation that leads to a complete transformation of an idea so that it is seen as a local innovation (Røvik, 2007). In the translation of texts, this is sometimes necessary when the context referred to in the source text does not exist in the culture of the target text (Vinay & Darbelnet, 1995). In the translation of management ideas, such alterations may also give direct benefits. For example, again Westney (1987) provides an example by illustrating how the creators of a new police system in Japan combined various elements from the French, American, and German administrative systems with old Japanese samurai traditions into a new and innovative police administration.
These translation rules are assumed to be applicable in cases where an idea is transferred from a “donor” context into a target context, triggering both decontextualization and contextualization processes (Ravik, 2007). Decontextualization refers to the stage of the translation process whereby an idea is turned into an abstract representation of a source practice. Contextualization is the process whereby the idea is transferred into a target context. However, even though we miss out of the decontextualization phase in our study, we still believe Ravik’s theory is applicable, for two reasons: First, valuable knowledge about contextualization processes could be lost if we only study adoption processes where donors and target contexts can be identified. For many organizations that adopt popular management concepts, there is in reality no clear donor. Modern organizations are exposed to a number of institutionalized general ideas whose origins and trajectories remain unclear (Ravik, 2002). Reputation management is one of many such ideas. Second, it makes sense to distinguish analytically between decontextualization and contextualization because it enhances our understanding of the various phases of translation processes, and in this study, of the translation of reputation management. In the case of the Norwegian hospital field, studying the translation of reputation management implies identifying one or several of the four translation rules. In so doing, we are enabled to assess whether translation outcomes are totally unique or display some common features; in other words, whether they lead to field heterogeneity or homogeneity.

Do translations lead to heterogeneity or homogeneity?

A core assumption in Scandinavian translation theory is that translations are unique. Latour (1986, p. 267), who is a major source of inspiration for Scandinavian institutionalists, suggests that any object of translation may be added to, appropriated, and modified, as noted previously. Because it is impossible to specify in advance which elements of the idea will be modified and how, or which actors will be involved, translations are likely to unfold differently across different contexts and display rather unpredictable trajectories.

When understanding translations as phenomena that are subject to rule-like regularities, as suggested by Ravik (2007), a different perspective on the outcomes of translations emerges. If translations indeed are characterized by regularities, the use of translation rules determines whether the outcome is heterogeneity or homogeneity. For example, in accordance with the notion that translation is transformation (Czarniawska & Joerges, 1996), the alteration rule denotes the highest degree of heterogeneity. However, if the goal in a knowledge transfer process is to copy or imitate a practice as closely as possible, there is much less room for variation. It is also possible that totally different organizations apply the same translation rule to the same management idea, in which case the result would be characterized by significantly less variation than what is predicted by Scandinavian translation theory.

A particular translation outcome, therefore, is primarily an empirical question to be resolved by studying the introduction of a practice into a particular context. The task of the researcher would be to identify the translation rules that were used, seek explanations for the use (or choice) of those rules, and, in our case, assess whether the outcome is increased field heterogeneity or homogeneity. For example, concerning the explanations, Ravik (2007) suggests that the degree of transformability of a specific practice is likely to influence its fate. If the components of a practice are of a technical nature and explicitly spelled out, the practice is less transformable and thus more likely to be copied than altered. Conversely, if the practice is less explicit, involves a number of processes and people, and requires complex knowledge, copying is the less likely outcome. Furthermore, the outcome of translations may be influenced by field characteristics. Organizational fields are characterized by isomorphic pressures, and hospitals in particular are members of strong institutionalized fields from which they cannot afford to differentiate too much (Ruef & Scott, 1998). Modifications of a particular management idea in a conformity-oriented direction may thus occur to demonstrate proper membership in the field.

Reputation management

Reputation is defined by Fombrun (1996, p. 37) as the “overall estimation in which a company is held by its constituents”. Reputation management, then, is to systematically influence the perceptions that form this estimation (Elsbach, 2006).

As a standard model, reputation management is probably one of the more abstract institutionalized ideas currently available to formal organizations, especially compared to more technical ideas and models such as ISO standards and certificates (Walgenbach, 2007). As such, the model is not yet a “template”, but rather a weak “prototype” (Sahlin & Wedlin, 2008). Still, the contents of the reputation management idea, as it is presented in popular textbooks — international as well as Scandinavian — do display some common features and recommendations that the practice should imply at the very minimum. Converging around a set of general components of reputation management, three reputation management textbooks published in Norway (Apeland, 2009; Brønn & Ihlen, 2009; Johannessen, Olaisen, & Olsen, 2009) convey the typical view of the reputation management model as it has been circulating in Norway and ultimately become a source of inspiration for reputation-seeking hospitals. The components are not emphasized to the same extent by all these authors, but they are certainly recurring themes, and they included in normative recommendations for how to manage reputation. We also note the clear inspiration from more established textbooks published for an international audience (Dowling, 2001; Fombrun & van Riel, 2004; Griffin, 2008; Hannington, 2004). The four components are:

- a) A genuine preoccupation with reputation.
- b) Definition of reputation platform.
- c) Strategic self-presentation.
- d) Differentiation.

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2 These books emphasize the same components that we outline above. For example, van Riel and Fombrun (2007) emphasize the reputation platform while Hannington (2004) emphasizes reputation measurements (i.e. genuine concern for reputation).
First, and most simply, organizations should have a genuine concern for their reputation. Every organization has a reputation, and failure to acknowledge this can lead to decreased performance and losing in the face of competitors. This preoccupation should not only include taking reputation issues seriously but also tracking and measuring reputation as a basis for further improvement. As Apeland (2009, p. 13) notes on the importance of measuring reputation, “whoever does not pay attention, but continue to work on the basis of a gut feeling or old knowledge, will lose their position”. 3

Second, organizations should define a platform that includes official descriptions of actual and desired organizational identity. According to Apeland (2009, p. 104), “(a) reputation platform is, briefly stated, a description of the reputation that the organization wishes to have”. And, as observed by Johannessen et al. (2009, p. 30): “The organization must first know how it perceives its own reputation and the reputation it wants to have”. In establishing this, a basis for a gap analysis is provided in which future actions aimed at “closing the gap” between actual and desired identity and/or desired reputation may be revealed. Brønn and Ihlen (2009, p. 14) note that “there are two core questions that should drive the reputation management process: ‘Who are we’ and ‘who do we want to be’”.

Third, reputation management implies communicating identity through a range of expressive means. A good reputation, according to Brønn and Ihlen (2009, p. 21), is built on relations, and “relations follow from communication”. As a result, it is crucial for reputation-seeking organizations to convey their reputation platform through various expressive means such as core values, vision statements, and visual symbols, both to internal and external audiences. This strategic self-presentation produces awareness, emotional appeal, and identification with the organization (Apeland, 2009).

Fourth, differentiation is a key element of reputation management. As competitive advantage requires strategic positioning and services or products that customers are able to positively distinguish from competitors (Porter, 1980), building a unique reputation is the goal. As noted by Brønn and Ihlen (2009, p. 30), “(t)he organization should be unique”, and furthermore, “the key [to a good reputation] is finding out what makes the organization different from other organizations”. If the attempts fail, the result is a clichéd and uniform presentation of the organization, referred to by Antorini and Schultz (2005, p. 60) as a “conformity trap” that all organizations should seek to avoid.

Given the above, what could be expected with respect to potential modifications of the reputation management idea in Norwegian hospitals? Diffusion theory, i.e., its neoinstitutional version, which we have outlined as a contrast to Scandinavian institutionalism, predicts no or very little change. It stresses a homogeneous and mostly symbolic use of management ideas, predicting only the adoption of reputation management but not really its adaptation for actual use (c.f. Meyer & Rowan, 1977; Westphal & Zajac, 2001). Conversely, in accordance with Latour (1987), Scandinavian translation theory predicts the alteration of some or all the above outlined components, but in different and rather unpredictable ways (Czarniawska & Joerges, 1996; Czarniawska & Sevón, 2005; Sahlin-Andersson, 1996). Our approach, which follows Ravik’s (2007) integration of the neighboring discipline of “translatology” with Scandinavian translation theory, predicts anything from almost no change to radical change, depending on the translation rule involved. Before presenting the findings and discussing which prediction is more correct, we outline the methodology that underpins this study.

Methods

Research context

The Norwegian hospital field currently consists of 21 large hospitals, owned and run by the central government through four regional health care agencies. Until 2002, the number of hospitals was at least four times greater (depending on the definition of ‘hospital’). A series of mergers implemented by the central government reduced the total number of hospitals to 27 in 2007, 26 in 2006, and 21 in 2011.

With its corporate roots, reputation management seems unlikely in a public sector hospital setting where concern for equity and similarity traditionally have been strong (Sataeen & Wæraas, 2010). However, following a number of New Public Management-inspired reforms, Norwegian hospitals currently compete for patients and are financially rewarded or sanctioned through a Diagnostics Related Groups (DRG) model depending on how they perform. Following the introduction of the 2001 patient choice act, a hospital region must also cover travel and treatment costs if the patients of one hospital chose to receive care at a different hospital. However, the hospital would “profit” from attracting patients from other regions. A benchmarking system comparing the hospitals across a number of performance indicators, published on the Internet, makes it easier for prospective patients to reach informed decisions about the quality and performance of the hospitals. As a result, hospitals need a strong reputation to attract more patients and qualified personnel and ultimately perform better financially. This background paves the way for the introduction of reputation management practices.

Data collection

In order to probe into our research questions, we collected data from three sources: Two consecutive rounds of interviews with follow-ups, electronic documents (strategy documents and websites), and direct observations.

The research project began in the fall of 2006 with a telephone survey conducted with all hospitals’ communication directors. We asked questions about their communication practices, the importance of reputation, and their strategies on a more general basis. The survey was supplemented with a study of the hospitals’ web pages in the fall of 2007, the purpose of which was to assess the hospitals’ expressiveness and analyze the means by which they communicated their organizational identities. We looked at selected strategic identity markers such as logos, core value

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3 All quotes from these books are translated from Norwegian by the authors.
statements, slogans, and vision and mission statements. The web study was repeated in 2010, at which point we also collected a selection of the hospitals’ strategy documents (those that were available online; 13 in total) to support our analysis.

With the information from the 2006 telephone and 2007 web surveys, we carried out a second and more focused round of telephone interviews in the fall of 2008, this time executed as semi-structured conversations that focused on specific aspects of the previous findings. Questions involved the background and work of communication directors, strategies including the importance of managing reputation, prioritized tasks, and the directors’ assessment of the hospitals’ relation to their environments. While analyzing the findings, we carried out follow-up interviews by telephone in 2010 with three selected informants in order to complete and correct our findings on specific topics. As a result of the mergers and some communication directors accepting jobs elsewhere, 13 directors were added to the informant group and 14 were “lost”. In total, 54 interviews were conducted with 39 informants in the course of 4 years.

Direct and open observations were used to validate the findings from the two other studies. The observations were conducted in two different hospitals over a period of three weeks. During this period the information department’s daily work was scrutinized by one of the authors through participation in meetings, workshops and routine work, including four board meetings.

Data analysis

We could not ask our interviewees direct questions about their use of translation rules, as the topic certainly would be confusing. It should also be noted that this is not a study of real-time translations, but of indicators that allow us to say something about translation outcomes. Therefore, our analytical approach implied analyzing the use and content of the components of reputation management as noted above in order to assess the potential correspondence with the four translation rules, using multiple sources of data. The goal was to assess the degree of translation for each of the components; concern for reputation, the identification of a reputation platform, strategic self-presentation, and differentiation. To the extent that it was possible, each of them were coded according to whether they were copied, added to, omitted, or altered. However, the coding was guided without a clearly specified list of criteria for determining when a component displayed evidence of having been subject to one or more of these rules. Instead, we relied inductively on the patterns and findings that emerged from our data sources to make inferences about the nature and degree of translations. For example, we discovered that the majority of the hospitals had a self-developed logo, which supports the interpretation that the strategic self-presentation component was copied. We also noted that the majority of the logos expressed similar values and characteristics. We coded this as the omission of differentiation for this particular type of identity marker. We also analyzed the contents of the interviewees’ responses, looking for statements that could either verify or cast doubt over these findings. We found substantial agreement between them and the interviewees’ responses.

Trustworthiness of the data

Given the interpretive nature of our analysis, concepts such as reliability and validity have less relevance (Lincoln & Guba, 1985). However, in accordance with Lincoln and Guba’s recommendations, we implemented a number of measures to safeguard data trustworthiness. The extended engagement in the field by one of the researchers, triangulation of data types (interviews, documents, observations), and the inclusion of the entire population of hospitals in our sample contribute to the credibility of our data, which according to Lincoln and Guba correspond to the functionalist notion of internal validity. To ensure transferability, i.e. external validity, we seek to supply sufficient information about the hospital context to enable readers to relate our findings to their own positions. To ensure dependability, i.e. reliability, we have given a detailed account of how we collected data and analyzed it. Finally, to ensure confirmability, i.e. objectivity, we relied on verbatim transcription of interviews, careful notes of observations, and triangulation of data sources, as noted above.

Findings

Genuine concern for reputation: copied

Our findings clearly reveal that the hospitals reflect on their reputation, have verbal labels for it, and maintain continuing discussions on it. This is confirmed both by the observational data from the information departments, by the interviews with the communication directors, and by the strategy documents. For example, in 2006, 24 of 26 communication directors confirmed that reputation was a recurring theme at board meetings. 18 of them noted that reputation was a separate topic in their strategy documents, and half of them had already conducted a reputation assessment of their hospital. All of them assumed that hospital reputation was important or very important for patient choice. 2 years later, 23 of 25 communication directors revealed that their hospital had had their reputation measured. Our interviews and observations revealed that the hospitals treated reputation as an objective measure similar to DRG points production, personnel absences, and financial liquidity. At no point did the communication directors indicate that reputation was not important. Two quotes illustrate their focus:

We want to show that we are a good hospital. Promoting ourselves is not relevant beyond acquiring a good reputation in general. Having a good reputation is the goal.

We are competing for the best reputation, I would say, because having a good reputation is a value in its own. And because we are pressured by the board toward being clear and creating a good reputation.

The strategy plans reflected the same focus, representative quotes being “hospital X is to develop further its profile and reputation”, “Employees, middle managers, and upper management all co-manage hospital X’s reputation”, “we want to promote and support staff and units that contribute to the hospital’s good reputation”, an so on.
Some of the activities could, obviously, be perceived as ceremonial, such as the somewhat pompous statements in the strategic plans. Nevertheless, in sum, the hospitals have copied the most basic element of reputation management; they are concerned with their reputation beyond the symbolic level; they talk about it behind closed doors, it is part of their strategic thinking, they value it, monitor, and measure it, all with the purpose of building a better reputation.

Definition of reputation platform: omitted

The large majority of the hospitals have developed core values and mission and vision statements (see below), which are important expressions of an underlying identity. Also, references to central organizational characteristics are frequently made in the 13 strategic plans we analyzed. However, the development of these measures did not occur through the type of comprehensive, soul-searching process that normally would be expected from standard reputation management thinking, in which gaps between desired and actual identity are revealed. The strategies, core values, mission and vision statements, as well as the logos, were the output of multiple more or less coordinated processes and initiatives; some from one process, some from others, but none from a single, coherent process of creating a platform explicitly connected with the reputation management idea. As we shall see below, the identity markers used to express these organizational characteristics were more a representation of a general hospital identity than of unique and institution-specific identities.

The lack of such processes can be attributed to a number of factors. The interviewees revealed that the newly merged hospitals were struggling with identity questions on a daily basis, torn between various overarching identities (e.g. business versus welfare, professional versus political) as well as multiple local identities related to the previously independent, now merged units. In addition, the ability as well as need to define identity were severely impaired by insecurity within the field due to past and upcoming mergers, changes in management structures, and turnover of key personnel involved in these processes, chief administrators as well as communication directors. Moreover, growing involvement of regional health authorities in imposing stricter guidelines with respect to the hospitals’ external presentation of identity prevented some of them from developing a more independent focus.

In sum, these context-specific conditions required the hospitals to tone down their search for a platform of actual and desired organizational features. This is perhaps not very surprising for those hospitals (eight in total) that were threatened by upcoming mergers or instructed by their regional health authorities in matters of identity. However, the fact that the other hospitals that were not threatened by mergers, or not instructed by their regional health authorities, also refrained from pursuing such comprehensive processes, is noteworthy and somewhat surprising. It is perhaps even more surprising considering the fact that few of them had problems identifying unique aspects of their identities. Interviewees were able to quickly present a range of features, their answers even revealing quite a bit of pride. Two examples:

Yes, absolutely, we are [unique]. Both in terms of location and what we do. The fact that we are where we are, makes things special. For example telemedicine. We have digital systems. In Oslo, they send x-ray photos by taxi cabs. We do it digitally. And arctic problems like injuries from extreme cold and things like that. So, it’s location and competence.

Yes, we are unique in the sense that we are organized in accordance with the patient cycle rather than traditional departments. And that is something that other hospitals want to copy. For example, in the process of merging several hospitals in the capital, we were looked to as a good role model.

However, as we shall see below, the most important reason for not emphasizing more the development and definition of a unique organizational identity is the hospitals’ general unwillingness to differentiate from each other. If they see no reason to differentiate, searching for a unique identity platform is redundant. This is despite the importance attached to this activity by influential reputation management textbooks and experts, and despite the hospitals’ awareness of their own unique identity characteristics.

Strategic self-presentation: copied

The lack of a coherently defined platform does not prevent the hospitals from developing a range of expressive means and using them to influence external perceptions. They appear to forcefully embrace this particular component of reputation management, even just a few years after the 2002 hospital reform. Also, they have become increasingly eager over the years to adopt these means, as illustrated by the table below (Table 1).

While the number of hospitals was reduced from 28 in 2006 to 21 in 2010 through a series of forced mergers, the use of four expressive identity markers; logos, core value statements, vision or mission statements, and slogans, has increased relative to the number of hospitals in the same

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<th>Reputation management activities and their respective frequencies in three studies.</th>
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<td>Core value statement</td>
<td>12</td>
</tr>
<tr>
<td>Vision or mission statement</td>
<td>16&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Slogan</td>
<td>8&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>N</td>
<td>26</td>
</tr>
</tbody>
</table>

<sup>a</sup> Only identity markers created by the hospitals’ own initiatives are included. Markers imposed by regional health authorities, which the hospitals in those regions are required to use, are excluded.

<sup>b</sup> Denotes the entire population of hospitals. The total number was reduced through mergers from 28 in 2007 to 21 in 2010.

<sup>c</sup> The number is higher than for the subsequent years because it includes vision statements/slogans targeted at employees.

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period. The exception is the use of logos. As of December 2010, all 21 hospitals have a logo, but eight share the same logo because their regional health authorities have imposed on them the use of a particular logo. Thus, all those who have the possibility of developing their own logo, have done so.

Judging from the above indicators, the hospitals are clearly expressive organizations, having copied strategic means commonly associated with reputation management. Whether a hospital seeks to differentiate itself or not through self-presentation does not seem to be a necessary condition for developing a self-presentation program. Our data indicate that this component of reputation management can be copied disregarding of the organization’s intentions with it. The reason is probably that self-presentation is technically straightforward (Ravik, 2007).

Differentiating: omitted

Differentiating solely on the basis of identity markers is difficult (Antorini & Schultz, 2005). A uniqueness paradox is at play in the sense that all organizations are unique, but struggle to express their uniqueness (Martin, Feldman, Hatch, & Sitkin, 1983). Norwegian hospitals clearly face this challenge. When looking at the markers used in their web presentations, it is difficult to see clear patterns of differentiation. For example, the 17 core value statements from 2010 consist of a total of 35 values, of which almost two thirds (24) refer to a fairly limited selection of general values such as respect, accessibility, quality, and professional competence (Table 2). All these values are clearly relevant for hospitals, but convey little specific information that could differentiate one hospital from another. The most frequently expressed values could be embraced by virtually any kind of organization.

Also when looking at vision and mission statements, impressions of similarity are more often invoked than difference. All statements convey characteristics and values that any type of hospital could subscribe to; health, security, care, quality of life, patient treatment, equality, and so on (Table 3). Although some hospitals reveal serious ambitions in their strategic plans (e.g. “transforming the hospital into a fully-fledged hospital with urgent care capacity”), no hospital stands out with a particularly different or niche-oriented position. Judging from the data, the hospitals are basically portraying themselves as doing the same thing: Promoting universal health care services characterized by quality, respect, and care. They are hospitals, and want to be recognized as such.

The only identity marker that displays some kind of variation are the logos. A sun, flying penguin, butterflies, circles, crosses, and some stylistic symbols, are among the official representations of the hospitals’ identities (see Appendix 1). However, despite the variation in shapes and colors, the logos partly represent quite similar characteristics (human being in focus), partly they are general (circles), and partly they represent values and characteristics that are typical for any hospital (the cross).

The omission of differentiation could potentially be understood in two ways. Either it is an unwanted and unintentional effect of reputation building, or it reflects a strategy of emphasizing a generic hospital identity. Either way, the standard interpretation from the reputation management perspective is that the hospitals fail to differentiate and, as a result, find themselves trapped in conformity (Antorini & Schultz, 2005). However, being trapped in conformity presupposes that organizations want to differentiate and that it is a problem if they do not. The large majority of our informants seem to have a different view. While four directors of communication acknowledge a need for differentiation, the rest of them reject it, emphasizing instead the common identity they share as members of the same organizational field. Two directors observe the following:

Do [we] really need to be so damn special and differentiated, after all? I think it’s better to be similar. It is unwise to differentiate. If you have to be special, do it on treatment and be part of the big family! And if you don’t

<table>
<thead>
<tr>
<th>Values</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>8</td>
</tr>
<tr>
<td>Accessibility, involvement, user influence</td>
<td>8</td>
</tr>
<tr>
<td>Quality</td>
<td>4</td>
</tr>
<tr>
<td>Professional competence, knowledge</td>
<td>4</td>
</tr>
<tr>
<td>Openness</td>
<td>3</td>
</tr>
<tr>
<td>Security</td>
<td>2</td>
</tr>
<tr>
<td>Care</td>
<td>2</td>
</tr>
<tr>
<td>Equality</td>
<td>1</td>
</tr>
<tr>
<td>Prioritization</td>
<td>1</td>
</tr>
<tr>
<td>Involvement</td>
<td>1</td>
</tr>
<tr>
<td>Predictability</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Hospital web pages (2010).

Table 3 Slogans, and vision and mission statements.

| a. [Our] hospital shall be a basis for security for the population of Finmark. We will provide specialist services of high quality characterized by respect, openness, and accessibility (vision statement) |
| b. We will create a hospital characterized by cooperation, learning, and job satisfaction (vision statement) |
| c. Through patient focus and collaboration, our hospital shall secure a safe and future oriented provision of services based on the values of quality, care, and respect (mission) |
| d. We shall promote health and quality of life (vision) |
| e. Promoting health and quality of life in the west (vision) |
| f. Good and equal health care services for everyone who needs it, when they need it, irrespective of age, place of dwelling, ethnical background, gender, and financial situation (vision) |
| g. Security when you need it the most (vision) |
| h. Close to humans — academically strong (vision) |
| i. We care — together we take charge (slogan) |
| j. Our competence — your security (slogan) |
| k. It is all about people (slogan) |
| l. Promoting health and quality of life (slogan) |

Source: Hospital web pages (2010).
Translating reputation management into practice

Instead of differentiation, similarity concerns have been added to the practice of reputation management in the Norwegian hospital field. As we have seen through the repeated answers given by our interviewees, the observations made in the hospitals, and the contents of the web elements as revealed by the two web studies, an important purpose of the hospitals’ strategic self-presentation is not to stand out from their peers or create a distinct hospital brand. Instead they seek to be perceived as a hospital with all its general meanings, just like any other hospital. This is a serious modification of the reputation management idea, as it is more in accordance with conventional neoinstitutional thinking than with reputation literatures. Similarity ensures acceptance by the institutional environments, reduces threats to legitimacy, and boosts success and survival capabilities (Deephouse & Suchman, 2008). The addition of similarity thus suggests that considerations of legitimacy are more important than reputation, and that these considerations are so strong that they lead to the addition of a component that reputation textbooks reject.

In sum, the findings give a sufficiently clear picture of the modifications of the reputation management idea to suggest that they are characterized by discernable patterns. Skeptics, and reputation management proponents in particular, might ask what is left of reputation management, arguing that the local practice no longer “looks like” reputation management (e.g. “is this really reputation management?”). The original model has been disassembled and reassembled into a local practice with fewer and different components. However, whether or not it resembles the “original” practice, or even is referred to as reputation management by the “translators”, is besides the point. From the translation studies perspective outlined here, the expectation is that the meaning of reputation management changes across contexts — not despite the existence and use of translation rules, but because of them.

Theoretical contributions

In finding patterns of modified components of standard reputation management thinking, this study offers insights into our understanding of changes in management ideas following their adoption in specific contexts, as well as of how translation outcomes influence field level characteristics such as conformity and heterogeneity. While the standard neoinstitutional approach to diffusions predicts little or no change to management ideas because practices are mainly symbols that need to remain visible, the overall impression from the data is clearly that the hospitals have not implemented reputation management with all its “recommended” components. This finding is consistent with Scandinavian translation theory, which posits that ideas change as they move into and across organizational fields. It is also clearly consistent with Latour who rejects the notion that ideas are “effortlessly gliding through space as a result of their own impetus” (Latour, 1987, p. 132). Rather, the path that ideas such as reputation management take when entering a field is part of the normal “order of things”, according to the ANT perspective. As Latour underscores, translation concerns the enrolment of “others so that believe it, buy it and disseminate it across time and space”. Consequently, reputation management in a hospital does not mean the same as reputation management in e.g. a bank.

However, neither Latour nor Scandinavian translation theory account for the patterns identified in the data. Furthermore, the hospitals’ insistence on strategic similarity is inconsistent with the Scandinavian translation theory and Latour’s assumption that translations are unique and heterogeneity-producing social mechanisms. On this point, the findings are more in accordance with the neoinstitutional notion of homogeneity (DiMaggio & Powell, 1983; Meyer & Rowan, 1977).

Based on insights from the neoinstitutional perspective, we could hypothesize that institutionalized fields provide particularly strong incentives for field members to add and omit elements of the translating construct. Such fields seek to protect prevailing institutional orders, which in our case seems to have motivated the hospitals to reject the differentiation component and add the similarity concern. Although mimetic forces may have motivated the hospitals to adopt reputation management in the first place, the findings are consistent with the North-American neoinstitutional view that normative isomorphic forces, typical for such fields (DiMaggio & Powell, 1983), push field members toward greater degrees of homogeneity. Hospital fields are arguably one of the most highly institutionalized fields examined in empirical research (Scott, Ruef, Mendel, & Caronna, 2000), in part due to the strong professional norms that dominate such fields and protect the prevailing institutional order. As noted by DiMaggio and Powell (1983), the more professionalism in the field, the more isomorphism.

While Scandinavian translation theory distances itself from isomorphism assumptions and, by doing so, has created its own version (or “translation”) of institutional theory, our findings reconnect organizational translation research with

4 Private clinic located in Oslo.
its North-American roots. The findings challenge the assumption made by Scandinavian translation theorists that every translation leads to the emergence of new and unique local versions. Assuming that the findings presented here have general validity, they suggest that the local versions that emerge in an organizational field share salient features. Even if field members employ different rules, and the use of these rules is arbitrary, the resulting variation will still be considerably less than what is predicted by Scandinavian translation theory.

Through these findings, the study also contributes to the growing general literature on modifications and adaptations of organizational practices (e.g. Ansari et al., 2010) by adding empirical evidence of the outcomes of such modifications. More specifically, the findings are a confirmation that patterns and regularities of translations, here operationalized in the form of translation rules, are valuable keys to understanding the question of “what happens” when practices are adopted in specific organizational contexts. Drawing inspiration from the field of translation studies does not just make sense theoretically, as observed by Ravik (2007), but also empirically. Management ideas can be conceived of as consisting of different components that can be copied, omitted, added to, or altered or mixed together with other components into a new innovation, just like translations of other cultural expressions. Depending on the mix of these rules, the translating organization performs anything from no or almost no modification to radical transformations. The findings thus support Ravik’s (2007) effort to distance Scandinavian translation theory from some of the basic arguments of Actor-Network theory, integrating it instead with a translational-inspired line of reasoning.

Finally, the above challenges the notion put forward in reputation and branding literatures that conformity is a problem. As we have seen, it is not: The communication directors generally reject the notion of differentiation, preferring instead to be perceived as ‘normal’ hospitals. This means that differentiation may not be an ideal solution even if a field is characterized by growing competitive pressures. Several observations from this study highlight important aspects of such fields, including the general turbulence in the field which affected the hospitals similarly; the need for legitimacy – which is universal – but perhaps particularly salient in the hospital field; and expectations of similarity within the field. Thus, conformity is not necessarily a ‘trap’, it may be a strategic choice in the same way as differentiation (Deephouse, 1999). Conformity does not seem to be an obstacle for self-expression. When organizations copy the self-presentation component of reputation management, the findings highlight the possibility that similarity-oriented organizations can be just as expressive as what can be expected from reputation management theory. The difference is that similarity-oriented organizations are communicating on the basis of shared rather than unique organizational characteristics.

Concluding remarks

The main findings in this research can be summarized as follows: (1) The idea of managing reputation found its translated form in the Norwegian hospital field through the use of three specific translation rules: Copying, omission, and addition. (2) The field level outcome of the translation processes is homogeneity, as the hospitals prefer promoting general and similar hospital characteristics, but we do not maintain that this outcome implies a conformity trap. The findings suggest that reputation management literatures may be overstating the importance of differentiation, while ignoring the benefits of similarity. On the basis of these results, we encourage future empirical studies that focus on the regularities of translations, the variation in rules, and how their outcomes are connected with “real-time” translation work. How rule-like organizational translation processes unfold in practice, which alternatives and components are negotiated, contested, and merged, remain open-ended questions. Exploring them could contribute tremendously to a more coherent theory of organizational translations.

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Appendix A. [[(Appendix 1: Logos used by 13 hospitals. Source: Hospital web pages (2010))]]

<table>
<thead>
<tr>
<th>Symbolic meaning</th>
<th>Logos</th>
</tr>
</thead>
<tbody>
<tr>
<td>The cross/medical help</td>
<td>![Logo 1]</td>
</tr>
<tr>
<td>The human being in focus</td>
<td>![Logo 4]</td>
</tr>
<tr>
<td>Animal characteristics</td>
<td>![Logo 6]</td>
</tr>
<tr>
<td>Circles</td>
<td>![Logo 9]</td>
</tr>
<tr>
<td>Others</td>
<td>![Logo 12]</td>
</tr>
</tbody>
</table>

References


