

## **THE FUNCTIONS OF BOUNDARY CONSTRUCTION IN INTER-ORGANIZATIONAL RELATIONS**

Irene Skovgaard Smith<sup>1</sup>

Copenhagen Business School & VU University Amsterdam

The paper explores dynamics of boundary construction in order to increase our understanding of inter-organizational knowledge work; specifically in the relation between external management consultants and internal actors. The paper is based on interviews with internal actors conducted during fieldwork on two consulting assignments. The analysis focuses on collectively held perceptions of consultants and their knowledge that frame and condition this type of inter-organisational relation and create both opportunities and limitations for the realisation of its potential value.

*Key words: inter-organisational relations, management consulting, boundary construction, knowledge*

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<sup>1</sup> Contact details: VU University Amsterdam, De Boelelaan 1101, 1081 HV Amsterdam, The Netherlands. Tel.: +31 20 59 88 207, E-mail: ismith@feweb.vu.nl

## 1. INTRODUCTION

The theme of this paper is the idea that external consultants can function as agents who bring management knowledge and experience 'from the outside' and provide new ideas and solutions to problems in organizations. This is the classic depiction of management consultants as management experts and 'carriers' of management knowledge to use Gammelsæter's (2002: 222) expression. In the words of Kubr (2002) in his comprehensive guide to the profession:

*"Management consulting can be described as transferring to clients knowledge required for managing and operating businesses and other organizations" (Kubr 2002: 4).*

This idea of management consulting is closely related to a more general assumption that organizations lack the required expertise and knowledge internally and in order to thrive they therefore need to 'tap' the knowledge of outsiders by engaging in inter-organizational relations (Anand, Glick & Manz 2002). Indeed, as Menon and Pfeffer (2003) argue, managers are widely chasing fads, copying what other companies do and using external management consultants. The resulting inter-organizational diffusion of management ideas indicate that organisations tend to value knowledge and ideas from external sources highly (ibid.).

Werr and Styhre (2003) similarly show how top managers perceive knowledge developments in their environment as rapid and dispersed and gaining access to knowledge and keeping up with developments and change is seen as a difficult task. Top managers therefore value management consultants for the external knowledge they provide and interpret as well as their services in relation to the initiation and management of change (ibid.). Thus, the development and phenomenal growth of the management consultancy industry is often seen as closely linked with the complexities and uncertainties of the management task compelling managers "to open up their boundaries to outsiders" (Fincham and Clark 2002: 11). In this paper the use of management consultants is explored as one way of engaging in inter-organizational relations with the aim of 'tapping' the knowledge of outsiders to use Anand et al.'s expression (2002).

### 1.1. Aims and Contributions

According to Menon and Pfeffer (2003) research and theorizing have been focused mainly on explaining preferences for internal knowledge while little has been done to explore the tendency to value external knowledge and actively seek it by engaging in inter-organisational relations. Sometimes at the expense of internal sources as Menon and Pfeffer (2003) show.

The aim of this paper is to contribute further to an understanding of the preference for 'outsider' knowledge while at the same time emphasising that boundaries between 'inside' and 'outside' in inter-organisational relations can not be taken for granted or assumed. Hence the use of inverted commas. The focus is on exploring how boundaries between 'insiders' and 'outsiders' are constructed and how they can potentially function to render the knowledge and ideas of external consultants both valuable and invaluable.

The argument developed in the paper is that the potential value of ‘outsider’ knowledge is present in inter-organizational relations whenever ‘outsiders’ provide content that are in some way defined as different from what particular internal actors<sup>2</sup> can provide and the same time experienced as relevant, useful and legitimate by those internal actors. Boundary construction between ‘insiders’ and ‘outsiders’ can in this sense function to create opportunities and make outsider knowledge potentially magical, but it might equally well function to marginalize consultants and render their contribution irrelevant, useless and illegitimate as I will show in the paper.

Within research on management consulting, a critical strand of the literature explore how clients come to believe that the knowledge of consultants are valuable by conceptualising consulting as a form of persuasion. The argument is that consultants use rhetorical devices, performances and impression management to convince clients of the value of their knowledge and services (Alvesson 1993; Clark 1995; Clark and Salaman 1996a, 1996b; Legge 2002, Kieser 2002). Thus the very nature of the expertise of consultants, and in what sense it can be seen as a specific knowledge base at all, is debated and questioned.

This is an important task, but the limitation is that the critical literature tends to neglect the role internal actors play and how the consultants and what they do is interpreted in client organizations. It tends to leave internal actors too much out of the equation and portray consultants almost as a kind of ‘super agents’ with an extensive ability to define themselves and the value of their knowledge and ideas. This is similarly pointed out by Sturdy (1997) who is critical of the conceptualisation of consulting as rhetoric and persuasion. In his argument consultants are also vulnerable agents, because of the inherent uncertainties of consulting. Furthermore, clients are active co-creators of the knowledge and ideas consultants are traditionally seen to advocate (Sturdy 2002).

Thus a second contribution of the analysis presented in this paper is the focus on how internal actors perceive and define consultants as providers of ‘outsider’ knowledge and how they negotiate and contest those ideas in the context of concrete consulting assignments in two different organizations.

Salaman (2002) calls for more research that analyse the knowledge of consultants by focusing on how it is produced, contested and made to count in organisations. The concept of knowledge as I use it in this paper thus refers to ideas that have to be made to count in the struggle with other ideas (Hastrup 1992/1996). The absoluteness of the knowledge of consultants can not be taken for granted. It has to be legitimatised and made to count as such in interaction in particular contexts and situations.

## **1.2. Analytical Focus and Theoretical Approach**

The paper is based on interview material produced during fieldwork on two consulting assignments; one in a manufacturing company and one in a hospital. The analytical focus is the perceptions internal actors use when they talk about their experience of working with external consultants. More precisely how the consultants and the content they are expected to provide, i.e. knowledge ideas, and solutions, is experienced, interpreted and contested.

Theoretically the paper is inspired by an anthropological framework for understanding social differentiation (Barth 1969, 2000; Jenkins 1997, 2002, 2004). Within this approach

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<sup>2</sup> The term internal actors is used to refer to formal membership in the client organization

boundaries are seen as a matter of difference being socially constructed and organized for practical purposes. Boundary construction, or in other words differentiation, create effects and perform functions in concrete encounters between people (Barth 1969). It separate actors and give shape to their interaction by framing and defining it as well as their respective roles in interaction (ibid.). This is part of how social actors know “who's who and what's what” so they can interact meaningfully with each other (Jenkins 2004: 7). Boundary construction should thus be seen as an important aspect of inter-organizational relations, as in all social relations (Jenkins 2004).

The analytical strategy employed in the paper is to focus on perceptions of similarity and difference that are used as repertoires for differentiation as one possible route for empirical exploration of boundary construction in inter-organisational relations where external actors are expected to provide ideas, knowledge and solutions to problems. The analysis represents an interest in making sense of patterns of perceptions paying particular attention to established relations between social actors and the ways in which they interpret experience and invest it with meaning (Jenkins 2002).

In the following I first describe the research on which the paper is based. Secondly the analysis is unfolded in two parts focusing on the manufacturing context and the hospital context.

## **2. THE STUDY**

Two management consultancy firms participated in the study. Both firms offer management consulting services aimed at assisting management in changing organizations ‘for the better’ – making them more effective, more profitable, ‘leaner’, better at selling, better at product development, better at managing projects, and better at organizing and managing their business and organization. The websites of both firms indicate that the identity of these firms and their consultants is closely related to the content they are selling; namely management ideas, concepts, tools and techniques. Both firms list in very similar ways the areas of their expertise: Strategy, Lean Manufacturing, Supply Chain Management, Balanced Score Card, Sales, Performance Management, Innovation, Business Development etc.

The two firms are medium-sized employing between 100-200 people including administrative staff. The study was carried out in a Danish context. According to the Danish Management Association (DMR), the management consulting industry is relatively large in Denmark, representing 0.9 percent of the Danish GNP compared with the average of 0.58 percent in the rest of Europe (DMR, 2006/2007). During the last couple of years, the industry has enjoyed large growth rates of almost 25 percent. Manufacturing companies and the public sector are the largest client groups, each accounting for over a fourth of industry revenues.

### **2.1. The Assignments**

The study revolved around two consulting assignments, one with each of the consulting firms, in two different client organizations; a hospital and a manufacturing company.

In the hospital, the consulting firm was hired to implement lean manufacturing principles in a day surgery unit. The aim was to increase productivity and secure that the day surgery

facility was used as efficiently as possible. The project involved the day surgery unit itself as well as the different surgical units that used the day surgery facilities. The consulting firm was brought in by the hospital's top management and a vice-director had the role as commissioning client and project sponsor throughout the project.

The second assignment took place in a manufacturing company as part of a turnaround- and strategy implementation process. The consultants were hired to help with this stage-by-stage change process. The change efforts they worked on in different departments were generally focused on increasing productivity and changing company culture. I followed a project in a unit within production and a larger project spanning across sales, customer service and production as well as activities related to the overall turn-around process. The commissioning client was the CEO, while other top managers had the role as project sponsors in relation to the different projects that were running.

## **2.2. Research Design and Methodology**

The research was designed as a fieldwork study focusing on following consulting assignments in 'real time' and subsequently interviewing the involved actors. The methodological approach was qualitative and exploratory and the aim was to gain an in-depth understanding of the phenomenon of client-consultant relations embedded in organizational contexts. The design was inspired by an anthropological approach concerned with ongoing interaction in concrete situations and the related meanings and interpretations of involved actors. The fieldwork activities constituted a combination of observation, informal conversations and qualitative interviews with actors involved in the consulting process, both external consultants and internal members of the client organizations.

As described in the introduction, the focal point of the analysis in this paper is the internal perceptions and definitions of consultants and their contribution. The interviews with internal actors who worked and interacted with the consultants, therefore, comprise the empirical material on which this paper is based.

The interview material is nevertheless tied up with and informed by the fieldwork experience as a whole. Interviewing as part of fieldwork is different from other types of qualitative interviews, because the researcher has a certain degree of experience with and knowledge of the local context, situations, people, stories, physical space etc. In the interview situation it is a distinct advantage to be familiar with these aspects of the local in order to be able to ask relevant and concrete questions and explore how interviewees have experienced different situations.

As an integrated part of fieldwork, participant accounts are crucial because they can tell us about experienced and interpreted reality. In the words of Jenkins (2004): "How people define the situation(s) in which they find themselves is among the most important of sociological data" (2004: 83). As Barth (1994) similarly argues:

*"Our being there ourselves, and noting exactly what really happened, retrieves just that: exactly what we think really happened and not what the events meant (and thereby indeed were) to any of the participants" (Barth 1994: 353).*

In this sense reality is always mediated by interpretation and what I experienced while observing interaction between internal actors and consultants can never come to constitute a privileged version of 'what really happened'. My analytical strategy of focusing on the

perceptions and experience of participants in order to explore how ‘outsider knowledge’ is constructed, valued and devalued relates to the point expressed here by Barth (1994), namely that what the consultants’ contribution mean to the involved actors is, in effect, what it is.

### **2.3. Fieldwork and Empirical Material**

The fieldwork took place over the course of a year; approximately 6 month on each assignment. In both contexts I was present, observed and experienced interaction as it took place in project offices, workshops and formal as well as informal fact-finding, project- and planning meetings. I was also present at formal client meetings at different levels, including meetings with top management and steering committees. Generally, I followed the consultants when they worked within the spatial domains of the client organizations. I went to the client organizations when I knew or expected that the consultants would be on site in connection with scheduled meetings, workshops or generally just working on the projects.

The interviews were carried out towards the end of the fieldwork period in each context. The starting point of the interviews with key internal actors in the two client organizations was the question of how they had experienced the consultants and the interaction with them. The interviews thus focused on how the involved actors interpreted and made sense of situations and events related to the consulting assignments.

The resulting empirical material across the two contexts consists of field notes from 85 observed situations and 54 tape recorded interviews, 35 of which were transcribed in full. The other 19 were only partially transcribed do to the more peripheral involvement of these interviewees. The transcriptions constitute a total of 620 pages of text that were systematically coded in NVivo 7. The quotes used in the paper were translated from Danish to English in the process of writing.

7 of the interviewees were consultants and the rest internal actors (47 in total). Approximately 75 percent of the internal actors interviewed were managers at top, functional and middle management levels. The selection criteria for which internal actors I interviewed was based on who I had experienced most frequently in situations of interaction with the consultants and who had a central role in relation to the consulting assignments. These were primarily managers and the employees represented often had a role that to some extent resembled or were closely associated with management activities.

My interview sample thus reflects the focus consultants have on working with and through management and the extent to which their activities are closely linked with management activities. This is similarly emphasised in existing literature on consulting where it is argued that management and management consulting are mutually defining systems, i.e. management consulting is a particular form of management (Fincham 1999, 2003; Kipping 2002; Fincham and Clark 2002). Nevertheless, research on consulting that takes a client perspective focuses mainly on the individual manager who commissions the consultants. My sample is broader and empirically driven in the sense that I interviewed the people the consultants worked with in the context of concrete assignments. They are the actors that embody ‘the client’ in the relation even though most of them did not make the decision to hire the consultants. In this paper I call them internal actors referring to their formal position as members of the client organization.

The coding of the interviews was done through content analysis where categories and themes were created based on *what* the respondents were talking about and *how* they were talking about it. In the spirit of the inductive approach of my research I did not start with any pre-defined themes or categories, but created them dynamically as I coded. Through this process of coding, patterns of dominating themes emerged indicated by a combination of both a high number of total references in particular codes as well as occurrences in most interviews. These patterns were used as the starting point in the analytical process.

In the following two sections I explore how internal actors in the manufacturing company and the hospital experience and perceive the consultants as ‘outsider’ knowledge providers.

### 3. ‘OUTSIDER’ KNOWLEDGE IN THE MANUFACTURING COMPANY

In the manufacturing company the consultants were hired to help with strategy development and change implementation as part of a company-wide turn-around process. The driver for hiring them was the need to create change for survival and solve problems to make the company profitable.

When internal actors talk about what they valued about the consultants in the interviews a key aspect is expressed in terms like new impulses, new input, new ideas, new thinking and new ways of doing things. Here are two examples:

*“I think I have got, especially from John [consultant], some inputs that are good... you know the actual way of going about doing [x]. So we can try to do it another way, right. And we might not be able to use it a 100%, but I have got some ideas at least.” (Employee).*

*“They come up with some new thinking for us. And new ways to organise, new ways... and then you can agree or disagree, but they come up with some new suggestions [...] that is where they have really provided many good inputs. Because we of course think we are world champions in running a [x] department, right, but really we have actually learned many things [...] they bring something, they say: here you can improve. [...] I have to admit that I have actually not had many positive experiences with consulting firms, because often it is like we have to provide everything ourselves and yes they can be a bit devil's advocate, but they rarely add anything positive. That was my experience.” (Top manager).*

As we see it in these statements the consultants are perceived as agents who should bring or come up with something. And that something should be *new* and different from what ‘we’ already know or how ‘we’ already do things. This is one aspect of how the boundary between ‘insiders’ and ‘outsiders’ are constructed and how it functions to render ‘outsider’ knowledge potentially valuable. This is similarly indicated when internal actors talk about what they experience as a lack of value of the consultants’ contribution. The same top manager continues:

*“I don't think there has been enough input that can contribute to move [x]. The inputs that have come are actually what we have worked with ourselves already [...]. It is an old well-known problem for the company, right, and over the years we have tried lots of different things that have not worked optimally and that's why I feel a bit checkmate on this [...] there is not really any good solutions [...] But that is probably an area where I had hoped that the five-legged lamb [snaps his fingers] had come, right. YES!! We can try that! [...] And there I don't think they [the consultants] have supplied very much. There has been many good ideas, but no single individual thing we can kind of chase and I had hoped for that. I was maybe naive, but I had hoped it, right. [...] Like completely new - we could try that - it is completely new, right.” (Top manager).*

It is interesting to see how the manager talks about his disappointment that the consultants have not ‘supplied very much’ and not come up with something ‘completely new’. He is clearly aware that what he had hoped the consultants would supply is probably as unlikely as a ‘five-legged lamb’. He was in other words hoping for a miracle although he knew that the problem, that has him feeling ‘checkmate’ after years of trying, is not just solved with the snap of a finger. But the consultants represented hope because their outsider status is connected with the perception that they can provide ideas and solutions that are new and different and thus by implication almost magical.

### **3.1. The Potentials of Differentiation**

Similar mechanisms of boundaries construction between ‘insiders’ and ‘outsiders’, that function to endow the ‘outsiders’ with a special and desirable significance, can be found in a range of other empirical contexts throughout history. Karakayali (2006) for instance analyses how social actors with stranger status are used across different pre-industrial societies to perform tasks and fulfil functions that the members are perceived to be incapable of. This pattern is similarly evident in Colson’s analysis (1966/2006) of the preference for alien diviners as opposed to local diviners amongst the Tonga of Zambia in diviner cases that are perceived as particularly important or difficult.

One could argue that the consultants in the manufacturing company are expected to possess something that is not unlike the ‘impressive foreign technique’ and ‘powerful medicines’ that the Tonga attribute to alien diviners as described by Colson (ibid. 222). Something similar is also described in the context of consulting by Czarniawska and Mazza (2003):

*“The foreignness of the expertise is an important part of that expertise; the special powers, in van Gennep’s terms, have to do with experiences in distant places (other worlds).”(ibid. 280)*

Such perceptions of the higher value of external knowledge as opposed to internal knowledge represent a more general phenomenon in the context of inter-organisational relations as Menon and Pfeffer (2003) argue. They explain the preference for external knowledge as a fundamental feature of organisational life and argue that the scarcity of external knowledge and the effort required to obtain it, in comparison with internal knowledge, enhances its perceived value (ibid.).

I would argue, that such perceived scarcity can indeed be one way to construct ‘outsider’ knowledge as something valuable in contrast to ‘insider’ knowledge. The differentiation can be achieved in many different ways while the mechanism of negation is the same. What is interpreted as valuable about ‘outsider’ knowledge is always in some way related to perceptions of that which it is not. A boundary is constructed between ‘insiders’ and ‘outsiders’ that potentially attribute outsiders and their knowledge products with a “magical and miraculous significance”, to borrow a phrase from Barth (2000: 29). It is in other words the separateness of the position that creates the value, as Mauss (1950/2001) argued in the context of traditional magic.

The organizational relevance of and preference for ‘outsider’ knowledge is constructed by way of perceptions of the organizations and its members. Consultants are expected to bring something to the table that is far and beyond what any internal manager can come up with for instance. ‘New’ is the attribute of ideas and solutions of outsiders that functions as the dichotomy of the old ways; what ‘we’ have tried before etc.

As Barth (2000:28) argues, boundaries can separate actors for the purpose of giving “shape to their interaction in a way that [...] positively enables it, since it frames and defines the



nature of the opportunity”. Consultants can be separated from internal actors by the drawing and maintenance of a particular boundary that makes their contribution potentially magical. If the boundary is not sufficiently maintained the potential value of their contribution disappears. As for instance when consultants come up with solutions that fails to be interpreted as new as we see it in the following statement by another top manager:

*“[...] we have said that many times before, there is nothing new in that. And I don't believe in a solution that doesn't contain something new to solve the same problem.” (Top manager).*

A particular suggestion made by the consultants is not experienced as valuable, because it is too similar to something that has been tried ‘many times before’. The knowledge of managers and consultants is often experienced as similar in the manufacturing context because the managers know about many of the same management concepts, methods and techniques from education, training, books, previous experience, other consultants etc. In effect the consultants are in some situations more similar than different in relation to internal managers.

If the ideas, knowledge and solutions consultants provide cannot be interpreted as new or different from what 'we' know, it will at the very least have to be interpreted as superior or advanced in order to attain status as valuable. As the top manager describes one of the consultants:

*“John is an extremely skilled expert within production and logistics and flows and stock and optimisation on distribution and Lean and all that. There he really outperforms everyone here in the company, right. Because that is what he has worked with in all kinds of companies, so he does of course have a template way of thinking that is sharp of course. We don't have that.” (Top manager).*

Again it is the differentiation that makes the content of what the consultant provides valuable. The outsider who has experience from many different companies outperforms ‘everyone here’ and he has a way of thinking that ‘we don't have’. The consultants are the agents who are supposed to bring ideas and solutions that are new or at least superior and advanced, i.e. different, unknown to us, based on experience in other companies or simply beyond our competence and therefore also valuable.

When the suggestions and ideas of consultants fail to be interpreted as new, different or superior compared to what we ourselves have already come up with or done before, they risk losing their potential value. The point is that the knowledge of consultants is not inherently different, new or superior; it has to be interpreted that way. It has to acquire that status in interaction and that is only possible by way of differentiation from existing internal knowledge.

However, it is equally problematic if the knowledge and ideas of consultants are experienced as too different as we shall see in the following. One of the surest ways for consultants to become marginalised is to be perceived as theoretical, ‘damned know-it-all’, out of touch with local realities or come with fixed preconceived solutions.

### **3.2. The Risks of Differentiation**

As valuable as clearly differentiated ‘outsider’ knowledge is perceived to be it is also at the same time something of a two-edged sword. It comes with expectations of radical newness and differentiation in relation to what ‘we’ already know thereby creating the hope of miracles and other such extraordinary and fantastic effects as explored above. This is very

difficult to supply, not just because knowledge and ideas are never exclusive or delimited. If the differentiation is effectively achieved, the boundary constructed easily become marginalising which implies the risk that ‘outsider’ knowledge is experienced as irrelevant and useless rather than highly valuable, because it is too general and distant from experienced reality as I will show in the following. Too much differentiation is just as problematic as too little differentiation.

A middle manager talks about a consultant who particularly in the beginning fitted the image of “one of those consultants again... they are so damned know-it-all, right” as she puts it. As she goes on to explain:

*“He could be a bit... that theoretical one who didn't listen to what we said but kept having his thoughts in here [in his head]. 'But try to listen' [he would say] - yes but also try to listen to what we are saying” (Middle manager).*

A third top manager similarly talks about how he thinks two of the consultants are too ‘theoretical’. Here with reference to a particular situation in a meeting:

*“It was a waste of time, things took twice as long, because Sebastian had to philosophise about all kinds of things. And with Tom I just think it is so flighty the whole thing, so I just couldn't be bothered listening to it. [...] So this thing, that they have to go into all kinds of theoretical reflections, like this and like that, on and on, you just can't be bothered. Not for very long at a time anyway. Of course there can be something of value in it, but that constantly has to be weighed up - how theoretical should you be?” (Top manager)*

He continues by describing very precisely how ambiguous the expectations are:

*“But of course that is not to say that they shouldn't bring something new in from the outside. Because they also have to do that. Obviously that is also, amongst other things, what you buy. Someone who has tried something similar somewhere else you could say. They have to have that as well, but they really must make themselves quite well acquainted with things” (Top manager).*

Clearly being ‘theoretical’ and ‘flighty’ has everything to do with not being enough acquainted and in touch with the practicalities and details of local circumstances. This is how he describes another consultant that seems better able to walk the fine line:

*“And Claus he is actually also quite theoretical you could say, but he is it in a very down-to-earth kind of way still. Somehow he gets away with it. Really I have never experienced anyone that is so theoretical and gets away with it as Claus. Of course because he is still also relatively pragmatic when it comes down to it, so that if it is closed off there well then we can talk our way around it. And he is good at that.” (Top manager).*

The way the manager ponders on how this particular consultant managed to ‘get away with’ being theoretical illustrates how tricky the balancing act is. But as we see it here, it is possible – at least in certain situations.

### **3.3. Listening, Understanding and Adapting**

A middle manager similarly praises the consultants he is working with for being different in this respect compared to other consultants.

*“I have experienced many different consultants. Some are so theoretical and don't really listen to what the client says but more... well they have already... they have almost already made the plan and the solution, right. Where I think [the present consultants] have listened to*

*us and been a really good sparring partner, also when we made the strategy.” (Middle manager).*

What makes the difference here is the ‘listening to us’ and being a good sparring partner. That means engaging in a dialogue and understanding the organisation and its people, culture, processes and products, being able to adapt to it and incorporate it when developing solutions. Another top manager talks about why he feels the present consultants are providing something valuable.

*“I think that is what does it - that they can do it. That they simply have the combination of the two characteristics: high intellect and good sympathetic insight. The quality is high and in touch with reality. Those are the things that do it, that is simply the reason, as I see it, that the collaboration has been so long and good as it has” (Top manager).*

It is the combination of knowledge at a high level, ability to listen and understand, as well as being ‘in touch with reality’. Being ‘in touch with reality’ refers to working with what is practically possible and realistic and adapt concepts and solutions accordingly. As the middle manager above put it, many consultants seem to have made the plan and the solution beforehand and that is a sure way for consultants to marginalise themselves and their contribution.

In the following a functional manager describes how the consultants have actually managed to progress from being too theoretical and ‘textbook-like’ in the beginning:

*“I think they have... well in the beginning it was very theoretical I think. It was kind of like: Now listen, we have this concept here and that is simply the answers – this is how it’s going to work a 100%, right. [...] and that... I think they have understood that the reality is different [...] And I think they have realised that now, because in the course of the process it hasn’t seemed that way with the textbook - that they say now listen you have to do it like this and like that. It has been more a dialogue and where they have been sparring partners for us. [...] I would say that the negative that was in the beginning where it was this textbook-like thing and where we sometimes said... No come on, that will never work in reality, right” (Functional manager).*

The consultants have learned over time and adapted their deliveries to the context. They have “done their homework well” and then “spiced it with their knowledge” as he further explains in the interview. This expression of ‘spicing’ is interesting, because it hints at how to achieve the balancing act. Relevant and useful knowledge, ideas and solutions that will work in practice are not simply ‘brought in from the outside’, but are rather the result of a process where internal actors are active co-creators and the ideas are mutually transformed.

A middle manager in the manufacturing company tells a story that hints at how valuable the contribution of consultants can become when the adaptation to and incorporation of local knowledge and context is mastered sufficiently. The story is about a group of employees who are not too happy with the prospects of having consultants come along to tell them how to do their job:

*“And there the [employees] said to me, 'come on really'... and 'bloody hell, now we have been here for 25 years'... or you know how they are, right [laughing] - 'they are not going to come here and teach me anything, these damn consultants', right. But it was funny because on the Friday when they were going home some of them actually called and some of them... also later when I have talked with them... they had to admit: 'they were actually good' and 'I'll be damned if they hadn't...' - it was the first consulting firm that had got to know their stuff, what they do in the real world and things like that. You know, they were very positive.” (Middle manager).*

It is clear that these employees do not initially think consultants can teach them anything because they expect their knowledge to be purely theoretical, irrelevant and thus also trivial seen from the perspective of experienced employees. But the consultants surprise them and get to them because they 'have done their homework' and are able to serve up a cocktail of reconstituted and reified local knowledge 'spiced' with 'outsider knowledge' so to speak. This importance of being close to and in touch with practice and what is experienced as local reality cannot be understated. Internal actors talk extensively about this.

The perceived similarity between consultants and internal managers in terms of the management and business ideas they both identify with can also function as an advantage for consultants in the sense that it facilitates the relations with internal managers and it renders consultant ideas and approaches largely legitimate from the outset. There is no sense of discrepancy of values to marginalise the consultants as there is in the hospital context as I will show in the next section.

Here is how two managers in the manufacturing company describe this sense of agreement:

*"I can only compare with the way we did it in [x] company [...] but it is the same ideas. It is the same goals that you go for. [...] [The consulting firm] has been good at pulling in the right direction - where the company in my opinion should be going [...] They know what they are dealing with and they know what changes are needed in order for us to get better at... making money, to put it straight." (Functional manager).*

*"Well, you can say... I was by and large completely in agreement with what was going on. Even though it wasn't me who ordered it [the consulting service]". (Middle manager).*

Consultants and internal managers believe in much the same things although there is also sometimes disagreement and consultant ideas are contested with reference to different approaches and opinions. As a top manager describes it:

*"There have also been some things where I very much disagreed with them and there are also things where I still disagree and also some of the things where I am completely in opposition to them, but that does not mean that I think they are poor. That is a question of opinion. I have one opinion, they have another. And there have been times where I have said that I simply will not go along with that. You know within my own area I can do that. [...] But you can in any case respect their opinion and when they can explain the reasoning for why they think like that, then I also think it is positive. [...] They listen, you know as I say we do not necessarily agree, but there is a lot of dialogue around things, right" (Top manager).*

Internal actors and consultants might disagree on certain issues, but as long as the consultants listen, adapt and there is a good dialogue, disagreements can exist within an overall frame of agreement. It is part of how internal actors actively negotiate and co-create ideas and solutions.

However, as much as similarity can foster a sense of agreement, collaborative spirit and therefore maybe also less resistance, it does not render the contribution of consultants valuable in itself. It is not enough for a consultant to become just like an 'insider' and do a really good job as such. Lack of differentiation is always risky for consultants as we saw earlier because the experience of internal actors very easily becomes that the consultants are not contributing with much, i.e. nothing out of the ordinary. Per definition consultants are supposed to be anything but ordinary.

#### 4. 'LEAN PEOPLE' IN THE HOSPITAL

In the hospital, the consultants were hired to implement Lean Manufacturing principles in a day surgical unit. Lean was the occasion for their presence and the change project in the hospital was on a daily basis called 'the Lean project'. The goal was to use Lean thinking, methods and tools to increase productivity in a day surgical unit. At the same time the idea was to use this project carried out by external consultants to build up the competence internally to carry out more Lean projects in other areas of the hospital.

In the following statements by internal actors in central hospital management and administration, we see how the external consultants are perceived as agents who possess knowledge 'we don't have' and that they are expected to pass this knowledge on to internal people:

*"They teach us some new things. Even though we will hopefully be able to hire some people and run it [the Lean implementation] ourselves going forward, we are dependent on them for a while to teach the new people and then they shouldn't be here anymore." (Administrative manager).*

*"They have some knowledge that no internal consultants have here, or that any of us have at this point. So just professionally we would not be able to do what they do. You know, because we don't know that way of thinking and things like that, so we have to have someone with the expertise, right." (Internal consultant).*

This is an example of how the expertise the consultants are perceived to possess is constructed as 'outsider knowledge' by being differentiated from what 'insiders' know and can do at this point. The position of the consultants is connected with an ability 'they' have in contrast to 'us'. They can provide knowledge that is perceived as lacking internally, but the implication is that it ought to be there. The knowledge of consultants is meant to be left behind and transferred to internal actors. The content should in a sense change status from 'outsider' to 'insider' knowledge in the course of the consulting engagement.

This resonates with the way the consultants positioned themselves, namely as teachers and mentors and they differentiate their expertise by emphasising the necessity of insider learning. As it is stated in the contract with the hospital:

*"[The consulting firm] commit to support knowledge transfer in every context, build up Lean competence and generally further the Lean-culture in the organisation."*

As we see it here, Lean is not just a management concept or method; it is also a 'culture'. In this way Lean is constructed as external content that its 'carriers' commit themselves to pass on to the organisation so it can become internal content in the sense of knowledge, competence and culture. The consultants are experts, proponents, representatives and teachers of Lean.

In the hospital the consultants are thus strongly identified with Lean through the dialectic of the way internal actors position them and through their own positioning. The consultants are unambiguously identified with their Lean expertise and positioned as agents that bring Lean to the hospital from the business world regardless of whether that is seen as something positive or negative by different internal actors. Perceptions of Lean are used to define who the consultants are and internal actors often refer to them simply as the 'Lean people' in the interviews.

Their status as 'Lean people' is an important and potent source of differentiation in the hospital context. There is here an obvious difference compared to the manufacturing context where the consultants are not intimately identified with particular management

ideas to this extent and where their knowledge and ideas are experienced as much more similar to the ideas of internal managers.

In the hospital the boundary construction between ‘insiders’ and ‘outsiders’ is indeed very effectively accomplished. It is almost as if the consultants belong to a different tribe – the ‘Lean people’. The consultants are social actors that embody Lean. They *are* Lean and they have no choice but to be intimately identified with whatever associations and interpretations different internal actors create in relation to it. Their position in social space is fixed and bound up with Lean. They can never step away from this identity. They always have to defend Lean, always have to teach and demonstrate how it is to be lived, thought and practised in every situation and they always have to defend their monopoly on the correct interpretation of Lean. The need for such a strong positioning is intensified in a self-perpetuating process, because the consultants are identified with a concept whose meaning has a life of its own independently of the consultants and what they say and do.

Lean was the focus of extensive media attention and debate at the time of the project. The staff would cut out and bring newspaper articles about Lean to copy and distribute amongst each other. Lean was discussed at the dinner tables at home, as some internal actors told me, and it was being discussed and talked about in all corners of the hospital amongst actors who had never met the consultants. Rumours, meanings and interpretations were created in abundance around the concept. The consultants influenced only a part of the meaning-making around the concept which in a sense turned it into an agent in and of itself. The content consultants were hired to bring, teach and implement in the hospital became fused with and confused with interpretations created by internal actors as they negotiated what is meant by ‘Lean’ as a negation of the values in a hospital context.

#### **4.1. Boundary Construction that Marginalises**

The hospital context represents an example of how the content external consultants become identified with is used to construct a boundary that marginalises the consultants and their contribution. The consultants are not simply constructed as ‘outsiders’ by way of being non-members of the organisation. They are neither doctors nor nurses and they come from an entirely different world of private business and industrial production, and they bring with them truly foreign ideas. Lean is perceived as a concept originating in a foreign world, not just from ‘outside’ the organisation. It comes from the business world, the private sector and the world of production of non-human objects, i.e. car manufacturing. What is being constructed here is not boundaries with reference to this specific organisation, but boundaries between ‘us’ and ‘them’ using much broader societal and cultural repertoires for differentiation.

It is important to emphasise that top- and central management in the hospital do not generally have the same perceptions of cultural difference as clinical management and staff. Top management believe in similar ideas and approaches as the consultants and there is a high level of agreement with the consultants. As an administrative manager expresses it, she experiences more cultural differences in relation to clinical management and staff than there are in relation to the consultants.

However in the operational parts of the hospital, more specifically in and around the day surgery unit, Lean functions as a source of differentiation that serves to marginalise the ‘outsiders’. It is used to contest any ideas presented by the consultants and to render their input illegitimate with reference to cultural values. An extract from my field notes where two employees talk about the consultants and Lean can illustrate:

E1: *“They are just totally too much. I feel like telling them ‘no come on... really... come down already’. It is a culture-clash - we are just not like that here. It is a totally different culture here.”*

E2: *“yeah you can't transfer these things from the private sector.”*

The construction of stereotypical foreignness is obvious – ‘it is a totally different culture here’. ‘These things’, i.e. these ideas from the private sector do not fit in our world. ‘We are just not like that here’. You can almost hear the moral aversion. The mere presence of the agents that embody this foreign way of thinking produces a ‘culture clash’. It does not seem far-fetched to compare this with negative reactions towards people of different religious beliefs and culture perceived as completely incompatible with ‘our’ culture and beliefs.

## 4.2. Experienced Usefulness and Relevance

Interestingly, however, one of the employees quoted above actually changed her views significantly as time went on. She became slowly interested and engaged in the work with implementing Lean and on one occasion she told me how she could relate to the consultants' way of thinking and that it actually evoked some kind of resonance in her as she described it. She seemed surprised by this and she continued to talk about the “clash between cultures” and said that most of her colleagues had not been “converted to think the way the consultants do”, as she put it.

Lean, and the way of thinking it is perceived to imply, is constructed as a different culture and an ideology you have to be converted to. However, this employee might not be altogether as unique as she thought in finding at least certain elements of Lean attractive. There is in this context a distinct pattern of interpreting Lean as a problematic and foreign ideology with reference to the values of the business world where ‘they’ only care about quantifiable productivity, efficiency and profit. And at the same time creating positive meaning around certain aspects of what the consultants have actually done in the hospital. Here is an example:

*“There have been some really good things about it, and that is that you have got a lot of things structured that were maybe a bit slack before. But... and that is fine. So the things that you can put structure on and put in a fixed framework you should of course do so and say well this is how we do it and now we have done these processes and it is this process that the patient goes through and we stick to that [...] everything where it is in any way possible to make standards and instructions and follow them, then you should do it, definitely.” (Middle manager).*

Many different internal actors talked about these aspects related to structuring, standardising, systematising and ordering in very positive ways.

*“I like that it becomes more streamlined and I like that there is a bit more focus on doing things the same way every time. Also in order to be sure that you actually maintain your quality, that the patients all get the same quality. And you will actually at some point be able to measure that. So I like that. I like that things are in order, there is nothing more irritating than if something is missing or that things are not in order. And this – ‘all the time looking for the best way to do things’ – I like that. [...] So in that way I can easily relate to it and am fine with the Lean idea. I am.” (Middle manager).*

It is interesting to observe what elements are appropriated by internal actors in the hospital. They all relate to making sure that the process the patient goes through is safe, correct every time and smooth. It is quality and order they care about. They want to have ‘a good day’

everyday. And ‘a good day’ is a day where things go smoothly, patients feel they are in good hands and operations are successfully performed without problems. A big hit for instance, that all the nurses mention in the interviews, is a new routine the consultants have implemented where the nurses prepare the next day's operations by getting utensils etc. ready on carts. Here is how one of them describes it:

*“We don't have that frustration that we had a lot - that we were not prepared for the next day. Because now we pack the carts and because we are a bit more prepared for what is going to happen – what patients we have the next day. And that means that our morning becomes a lot more calm because you go into the operating room and then you only have about 10 minutes work, then you are ready for the patient. So I think it is a lot steadier in that process. So I certainly think that that is considerably better.” (Employee)*

This is a good example of the application of an idea that is perfectly relevant for daily practice and in line with the values in the hospital context. The strong aversion against the overall concept, and the culture and ideology it is perceived to imply, loses its importance when concrete initiatives prove to be indeed very compatible with internal values and not so foreign after all. In this sense we see again how ‘outsider knowledge’ becomes valuable when it functions as a kind of ‘spice’ in the local context, so to speak.

### **4.3. Lack of Everyday Knowing**

Nevertheless, even when internal actors talk about the elements of Lean they have appropriated, they also at the same time maintain the boundary with reference to the values that ‘we’ do not agree with here in ‘our’ world. This way of thinking imply a different set of ethics and morals that might be perfectly ok when you are dealing with ‘machines and nuts’ as an employee put it, but not when you are dealing with humans.

Just like in the manufacturing context the potential value of ‘outsider’ knowledge is conditioned by the consultants’ ability to listen, understand and adapt. In the hospital context it is not just Lean as a concept that functions to marginalise the consultants, but also their perceived lack of ability to listen and understand the local context. Here is for instance how a middle manager talks about the usefulness of the knowledge and ideas of consultants, but also the problem of their lack of listening:

*“Many of the ideas and the discussions I have had with them... they have been able to say some things that they think we should do differently with regards to how we manage and I think I have had great benefits from discussing those things with them. Their knowledge about production has also been beneficial to me, and how you organise in other companies. I think that has been very useful for us. They should have just listened a bit more to the things we said to them” (Middle manager).*

A symptom of the lack of listening is also apparent in the following where an employee talks about how certain things are seen as unimportant in ‘other people’s eyes’:

*“You know, I think it is a lot more complex some of the things. And it gives rise to many other little things when you go in and change something that you think is just a small thing, but that you have to spend time on and that time it is not easy to measure because it is little unimportant things in other people's eyes. But it is something that comes with it all the time, because we are communicating with humans and they have some questions that we would not have had the imagination to think that they had, but they do.” (Employee).*

Between the lines there is an element of not feeling understood. Work processes are experienced as a lot more complex by the practitioners themselves. The employee is



referring to things that are hard to measure and ‘see’ and therefore perceived as unimportant in the eyes of ‘other people’, i.e. the ‘outsiders’. It is the knowing of everyday practice - the knowing that it is difficult for consultants to gain access to and learn to understand, but that nevertheless conditions their ‘outsider’ potential. The *knowing* grounded in the activities, relations and experience of everyday life (Borofsky 1994).

This everyday knowing is a key source of differentiation between ‘insiders’ and ‘outsiders’ in any context and thus also a potential source of differentiation that risks rendering any ‘outsider’ input illegitimate and irrelevant. What can potentially serve to negatively differentiate and marginalise the consultants is thus a combination of the ‘outsider’ knowledge they are associated with, in this case Lean, as well as the ‘insider’ knowing they are perceived to lack.

The consultants are thus also criticised for being ‘rigid’ and unwilling to compromise and modify:

*“And that is where you shouldn't be so rigid and I think the consultants have been that a lot. They have been really really rigid and it has been difficult to constantly have to explain why you want to do it that way. Because as I have said twenty million times - there are differences between humans and machines and you have to accept that. That you can't within health care make it a 100% Lean, you can't. You always have to go in and modify some things. You can have the mindset and the ideas, but you really have to sometimes compromise with some things. [...] you just sometimes have to make the consultants aware that it just is not as black and white as they often like to see it” (Middle manager).*

The consultants become accused of being ‘rigid’ and seeing things as more ‘black and white’ than they are, because they have not adapted and integrated enough. Interestingly this exact same expression was also used in the manufacturing company in a situation of interaction with the consultants there. External consultants always face this risk of being marginalised with reference to perceived lack of everyday knowing and understanding.

#### **4.4. Expertise as ‘Insider’ Attribute**

‘Outsider’ knowledge is not only contested with reference to cultural differences or moral and ethical questionability in the hospital context. It is also contested with reference to ‘insider’ expertise and professionalism. In these instances, the boundary constructed does not function to attribute the ‘outsiders’ with expert status, but the opposite. I.e. it is the ‘insiders’ that are the true experts.

*“It is really... you have to remember that in the operating rooms we have highly educated surgeons doing a piece of work and then to have a non-specialist come from the outside and say that you have to do that faster and things like that, that is really an illusion. They have no idea what we are doing [...] it is done with the careful forethought that is practical. It is the practical applicability in the given situation. It has indeed been thought through by so many, so no non-specialists can come and tell us that we are standing incorrectly or whatever it might be.” (Functional manager).*

Seen from the perspective of this manager and his fellow surgeons it is perceived as rather unlikely that ‘outsiders’ could possibly contribute with anything at all. The ‘insiders’ themselves know best how to organise their work. The very definition of consultants as experts in any kind of sense is undermined. Instead the ‘insiders’ are the experts and the consultants are the novices – ‘they have no idea what we are doing’. Especially in relation to doctors and surgeons as it is similarly clear in the following:

*“They [the consultants] have to learn to be more attentive to the people that sit there already. They [the surgeons] really have an expertise that is high. Here it is those who are closest to the production line that has the longest education. You know, they have an education that is at least double of what the consultants have.” (Middle manager).*

Any kind of expert status is difficult to attain for consultants in the hospital context, especially in relation to the surgeons, because expertise is an ‘insider’ attribute. This is clearly illustrated in the way this surgeon emphasises the superiority of the ‘insiders’ measured by level of education. It is, however, not just about the level of education as such, it is also superiority in the very areas where consultants claim their expertise, namely management. As the surgeon continues:

*“Those who sit at that level are also used to manage and there I would say that they [the consultants] have shown a surprising lack of understanding for the fact that they are dealing with people who know what that is all about. I could also see that when they have tried to tell our management, you know my unit management, how things ought to be. You won't get far with that, really! They are people who know what they are doing and who are fundamentally better educated in management than consultants.” (Middle manager).*

The consultants are contested on their own turf so to speak. Clinical managers in the hospital also have a tendency to quickly form opinions about how Lean should be applied even if they did not know much about Lean before the consultants arrived. In this sense they are often staking the claim of ‘knowing best’ and using their interpretation of Lean to contest and critique what the consultants are doing in the implementation. As for instance in the following example:

*“There are lots of things that have gone wrong that you could have avoided and that is where I think that... well generally I'm of the opinion that there is not a lot of Lean in what they [the consultants] have done. As I have understood it. You know, as I see it Lean is about optimising processes, removing wasted time. And some of what they have done that is... they have created extra capacity, but I would say that it is actually work harder, not smarter. [...] So in that way you can't say that they have optimised processes. They have just moved some resources.” (Functional manager).*

As we see it expressed here, there is nothing wrong with Lean as such, the consultants have just not done it the correct way. The legitimacy of the consultants as experts, even in the ‘outsider’ concept they are so intimately identified with, is challenged and undermined.

## **5. CONCLUSION**

I have in this paper shown how boundary construction between ‘insiders’ and ‘outsiders’ can function to attribute consultants with the ability to provide highly valuable *new* ideas, knowledge and solutions that insiders can not provide. Such ‘outsider’ knowledge and the status as knowledge provider from the ‘outside’ is, however, tremendously ambiguous.

Firstly, boundaries between ‘insiders’ and ‘outsiders’ and clearly differentiated ‘outsider’ knowledge can potentially marginalise the consultants and their contribution in several ways. The constructed boundary can function as a marker of problematic cultural difference and incompatible values. And even when there are no such perceptions of cultural difference the consultants still risk becoming interpreted as too ‘theoretical’, ‘flighty’, ‘know-it-all’, ‘out of touch with reality’, ‘rigid’, ‘black and white’ etc. This can relate both to the content itself, but also to how it is communicated and how consultants position themselves and come across as experts, teachers and advisors. In these ways, ‘outsider’ knowledge is potentially marginalising for consultants and their input fails to be interpreted

as useful, relevant and legitimate. Internal actors might also construct themselves as the management experts instead of the consultants or render the consultant ideas and solutions relative, i.e. as a matter of belief and approach rather than absolute expertise.

Secondly, there is the opposite risk of lack of differentiation where the knowledge and ideas of consultants are simply interpreted as too similar to what 'we' already know, i.e. not new, different or superior enough. The result is the client interpretation that the consultants are not really contributing in the way they are expected to or 'bringing anything from the outside'. In order for ideas and knowledge to be experienced as valuable there has to be differentiation, by whatever means. Without differentiation the knowledge and ideas of consultants are not valuable in their own right. The 'magic' is in the boundary so to speak. Nevertheless, in situations where internal actors and consultants agree and subscribe to the same management ideas for instance, similarity can facilitate relations and sustain the legitimacy of consultants as equal peers in the world of management enabling the consultants to do other things such as successfully engage in political negotiations and convince managers who resist a particular initiative for instance. But it does not make them providers of 'magical' knowledge and solutions.

To state the ambiguity in simplifying terms: Internal actors want 'outsider' knowledge that is clearly distinguishable and different from 'insider' knowledge, but at the same time they do not want that knowledge to be too different. They want 'outsider' experts at the same time as they perceive it as impossible for an 'outsider' to be just that. 'Outsiders' are expected to provide revolutionary ideas and solutions that can solve problems 'insiders' have not been able to solve themselves and implement 'best practices'. But at the same time these 'outsider' ideas and solutions are no good because they are incompatible with 'our' culture, values, internal knowledge, how things are done 'here' etc.

The knowledge and ideas of consultants are in this sense under constant risk of being undermined and rendered illegitimate, irrelevant or useless if interpreted as either too different or too similar. The content consultants are expected to provide should in other words be different, but also at the same time similar. The potential value of 'outsider' knowledge is realised when a synthesis of nearness and distance (Simmel 1950) is achieved we might argue inspired by Simmel's idea of positive stranger relations.

The metaphor of the consultants adding 'spice', which one of my interviewees used, is one way of conveying this. It is a matter of mixing that magic cocktail of reconstituted and reified local content 'spiced' with 'outsider' content to become something third. Something that can be interpreted as new, superior or in other ways different while at the same time recognisable, legitimate, useful and relevant. 'Outsider' knowledge is the spice that can make all the difference in the right measure. Not too much, not too little. Achieving the measure is a mutual accomplishment that can not be done by consultants as such. 'Outsider' knowledge become valuable when it is both clearly differentiated and mutually transformed in interaction between actors categorised as 'insiders' and actors categorised as 'outsiders' to become something third that is experienced as new but also relevant, useful and legitimate in a given context and situation.

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