Article

American Review of Public Administration
1–14

DOI: 10.1177/0275074020982692
journals.sagepub.com/home/arp
SAGE

The Role of Interorganizational Competition in Motivating Street-Level Bureaucrats to Adopt Policy Entrepreneurship Strategies: The Case of Israeli Rabbis in Government Hospitals

Niva Golan-Nadir[1]

Abstract

What is the role of interorganizational competition in motivating street-level bureaucrats to adopt policy entrepreneurship strategies? What are their main goals in adopting such strategies? We argue that in the wake of New Public Management, interorganizational competition encourages street-level bureaucrats to adopt policy entrepreneurship strategies. We further suggest that three competition-oriented elements motivate entrepreneurial initiatives at the street level: (a) personal, (b) organizational (interorganizational and intraorganizational), and (c) cultural demographic. In addition, we argue that the goal of street-level bureaucrats as policy entrepreneurs is to influence public policy results for their own benefit. They do so because they and their organizations are rewarded financially as their clients' satisfaction with the services provided increases. Using in-depth interviews, online questionnaires, and textual analysis, we test these claims by analyzing the case of Israeli rabbis in government hospitals. We demonstrate how their goal in entrepreneurship is mainly to attract patients to their organization.

Keywords

street-level bureaucrats, policy entrepreneurship, new public management, religion, Israel

Introduction

It is traditionally argued that in situations in which costs are centralized but benefits are decentralized, the politics of entrepreneurship is needed (Wilson, 1985). In the realm of public policy, we would expect policy entrepreneurship to be led by politicians and/or statesmen, elite groups, or civil society. Yet, in some instances, the term "policy entrepreneurs" may refer exclusively to those individuals who change the direction of policies while holding bureaucratic positions (Brouwer & Huitema, 2018), as street-level bureaucrats.

Street-level bureaucrats are frontline workers who interact daily with citizens, providing public goods and services while enforcing and implementing dictated policies and regulations. The implementation literature regards them as pivotal players in the making of public policy (Brodkin, 2011; Evans & Harris, 2004; Gofen, 2013; Hupe & Hill, 2015; Lipsky, 1980/2010; Maynard-Moody & Musheno, 2003; Maynard-Moody & Portillo, 2010; Thomann, 2015).

As the implementers of policy, they enjoy state-given monopoly to implement official policy and are granted the latitude to do so using substantial discretion. Bureaucratic discretion conveys the idea of a public agency acting with considerable latitude in implementing broad policy mandates of a legislative body (Bryner, 1987). It is considered a crucial element for how they perform their duties while matching the requirements of policy to the demands of the field (Tummers & Bekkers, 2014). Indeed, although formal policy terms and managerial strategies surely matter, they cannot determine entirely what happens on the frontlines of policy delivery (Brodkin, 2011), where unelected bureaucrats regularly influence the implementation of public policies (Teske & Schneider, 1994).

It is further argued that street-level bureaucrats may influence the *design* of public policy by leveraging resources to secure favored policy outcomes at the micro level, shaping policy through their daily choices (Lipsky, 1980/2010; Maynard-Moody & Musheno, 2003; Riccucci, 2005). They are often referred to de facto policymakers in the sense that they informally construct or reconstruct their organizations' policies, thereby directly influencing the lives of many people (Brodkin, 1990; Hill & Hupe, 2014). More recently,

[1]The Open University of Israel, Ra'anana, Israel

Corresponding Author:
Niva Golan-Nadir, The Open University of Israel, Ra'anana 43107, Israel.
Email: nivagolan@hotmail.com

others have argued that motivated street-level bureaucrats may use their discretional latitude to seek to develop or adopt policy innovations using innovative ideas and strategies, turning them into street-level policy entrepreneurs (Arnold, 2015; Durose, 2007; Evans, 2010; Lavee & Cohen, 2019; Petchey et al., 2008), meaning that street-level entrepreneurship is consequential to the traditional street-level discretional latitude.

This study maintains that policy entrepreneurship at the street-level flourishes under New Public Management (NPM), because interorganizational competition encourages street-level bureaucrats to adopt entrepreneurial strategies. Indeed, under NPM, street-level bureaucrats operate in a competitive environment in which clients can choose their public service providers (Cohen et al., 2016; Taylor, 2007; Tummers & Bekkers, 2014). Such an environment enables and motivates policy entrepreneurs to try and influence public policy to open up new opportunities. Those who are well versed in the socio-political context in which they operate and demonstrate high levels of social acuity in understanding others and engaging in policy conversations may prove successful (Mintrom & Norman, 2009). Thus, they identify windows of opportunity (Kingdon, 1995) for introducing innovative policies within the existing social order and use unconventional strategies to influence policy outcomes to change the status quo (Golan-Nadir & Cohen, 2017; Navot & Cohen, 2015).

Hence, this study investigates several questions. What is the role of interorganizational competition in motivating street-level bureaucrats to adopt policy entrepreneurship strategies? What are their main goals in adopting such strategies? As this study suggests, in the wake of NPM, street-level bureaucrats' discretion is used as a sort of zone for entrepreneurship to bring forward innovative initiatives as part of an interorganizational competition on clientele. The study further suggests three competition-oriented elements that prompt entrepreneurial initiatives at the street level: (a) personal, (b) organizational (both interorganizational and intraorganizational), and (c) cultural demographic. We also argue that the goal of street-level bureaucrats as policy entrepreneurs is to influence public policy results for their own benefit because they and their organizations are rewarded financially when their number of clients increases.

Our study contributes to more recent literature arguing that motivated street-level bureaucrats may seek to develop or adopt policy innovations using innovative ideas and strategies, making them street-level policy entrepreneurs (Arnold, 2015; Durose, 2007; Evans, 2010; Lavee & Cohen, 2019; Petchey et al., 2008). More specifically, we add to the existing literature by pointing out an additional element involved in promoting policy entrepreneurship. Thus far, the literature has recognized three situations in which street-level policy entrepreneurs are prompted to act: (a) when they sense an acute crisis for their clients, their organization, and their professional goals (Lavee & Cohen, 2019); (b) when they lack the professional and political knowledge required to influence policy effectively and fulfill their duties successfully (McDonald et al., 2008, see in Lavee & Cohen, 2019); and (c) when the organizational environment encourages them to become actively involved in introducing innovations (Jordan, 2014; see in Lavee & Cohen, 2019).

In this article, we add a fourth element that promotes policy entrepreneurship. We argue that under NPM, street-level bureaucrats may be motivated to undertake entrepreneurial activities as a result of interorganizational competition. Indeed, Maynard-Moody and Musheno (2000) maintained that street-level bureaucrats' discretion is based on normative choices that are defined in terms of their relationships to citizens, clients, co-workers, and the system. This study demonstrates how the competition for clients between parallel street-level bureaucrats in similar public institutions who provide similar services motivates street-level bureaucrats to promote entrepreneurial initiatives, which affect policy outcomes directly. This process occurs in parallel among street-level bureaucrats who occupy the same horizontal level in the hierarchies of similar organizations. Our argument also challenges studies maintaining that street-level bureaucrats are selfless in their interactions with their clients. Examples of these studies include those that talk in terms of going "towards clients" (Tummers & Bekkers, 2014) and maintain that altruism (Buurman & Dur, 2012) is the dominant motivation of street-level bureaucrats.

Our study is also innovative in that it examines our hypotheses in the realm of the relationship between the state and religion. Thus far, the literature has claimed that religion is evident in the ethical attitudes, moral reasoning, and management behavior of public administrators (Briskin, 1998; see in King, 2007). Other studies maintained that religion should be confined to an individual's private life, not imposed on the public organization (Rhodes, 2003). However, what happens in a democratic country that has no separation between religion and state? (Habermas, 2005). In such a situation, religion is embedded in the public sphere as a state-funded public service to which citizens are entitled, as any other kind of public service.

In the realm of entrepreneurship at the street level, studies show that religious members of public organizations have more unshakable ideas about moral precepts and are more likely to act as whistleblowers (Barnett et al., 1996). Gilad and Alon-Barkat (2018) reported that some bureaucrats do not see their religious views as conflicting with their work, meaning, as influencing their discretion. In several studies, Dana (2009, 2010) argued that religious individuals tend to hold broader conceptions regarding the social responsibility of businesses and that religion has an impact on the legitimacy of an enterprise.

Using in-depth interviews, online questionnaires, and textual analysis of primary and secondary resources, we test these claims by analyzing the case of rabbis who are appointed to work in Israeli government hospitals. As public institutions in a Jewish and democratic state (Barak-Erez,

2008), government hospitals uphold the precepts of Judaism such as keeping the Sabbath and serving kosher food. Nevertheless, they also provide a wide range of religious services that go beyond the state's basic constitutional requirements. We demonstrate that given intense interhospital competition, these services are a result of the hospitals' rabbis' entrepreneurial initiatives to attract as many clients as possible. Their motivation is rooted in the fact that the hospitals receive government subsidies per patient.

Literature Review

The Role of Street-Level Bureaucrats as Policy Entrepreneurs

Street-level theory recognizes that discretion involving judgment and responsiveness to individual circumstances is necessary for policies to be implemented (Gofen, 2013). Within this zone of discretion, it is said that unelected bureaucrats regularly influence the implementation of public policies (Teske & Schneider, 1994). Literature further stresses that within their given discretion, street-level bureaucrats may also influence the *design* of public policy by the leveraging of resources to secure favored policy outcomes, shaping policy through their daily choices (Lipsky, 1980/2010; Maynard-Moody & Musheno, 2003; Riccucci, 2005). Indeed, more recently, it has been argued that motivated street-level bureaucrats may seek to develop or adopt policy innovations while using innovative ideas and strategies as these bureaucrats became street-level policy entrepreneurs (Arnold, 2015; Durose, 2007; Evans, 2010; Lavee & Cohen, 2019; Petchey et al., 2008). As policy entrepreneurs, street-level bureaucrats are familiar with the field, hold close relationships with those who operate within it, identify social needs and windows of opportunity for action (Arnold, 2015), and may influence the public (Riccucci, 2005). In addition, their professional expertise in their field makes others consider them neutral authorities with broad-based knowledge who are sometimes even willing to risk their jobs to provide assistance to citizens they believe worthy (Maynard-Moody & Musheno, 2003). The public often trusts them because it regards them as operating without political interests (Arnold, 2015). Within this constellation, street-level bureaucrats who hold similar positions in parallel organizations compete on these clients using their entrepreneurial abilities.

NPM-Related Interorganizational Competition in Motivating Policy Entrepreneurship

Over the past three decades, NPM reforms have radically altered street-level bureaucrats' work environment, introducing market-like mechanisms into the implementation of public policy. The literature has emphasized how under NPM, street-level bureaucrats operate in a competitive environment in which clients can choose their public services providers (Cohen et al., 2016). Indeed, under the influence of these reforms, which have focused on improving the efficiency of public services by adopting private-sector management methods, this environment has shifted from specialized bureaucracies to a new world characterized by the privatized delivery of services, performance measurement, and choice-based services (Cohen, 2016; Diller, 2000; Pollitt & Bouckaert, 2011).

Specifically, choice-based services mean putting the choice in the hands of service users, with providers paid by the government to fully or partly cover the price of the service (Gilbert & Gilbert, 1989). Such arrangements are supposed not only to extend the choice of users but also to give them "real power" (Clarke et al., 2007; Le Grand, 1991); this is because if suppliers do not respond to their wishes, they can take their business elsewhere (Andrews & Van de Walle, 2013). Choice-based services require street-level agencies to compete in the market for individual customers. When clients can choose their provider, the monopoly of the bureaucracy on the delivery of public services vanishes and the need to compete for customers is supposed to import the principle of customer sovereignty into the realm of public services (Cohen et al., 2016), consequently making the street level a fruitful platform for policy entrepreneurship.

The resulting competitive environment has motivated some street-level bureaucrats to develop or adopt policy innovations (Arnold, 2015). The literature identifies three main competition-oriented elements that may lead street-level bureaucrats to entrepreneurship in providing public services: (a) personal, (b) organizational (both between and within groups), and (c) cultural demographic. On the personal level, street-level bureaucrat policy entrepreneurs are guided by their personalities and ideological perceptions of duty and a sense of mission. Studies have demonstrated that, in general, those who have an enterprising personality feel bound by specific rules that highlight their ambition, calculation, accountability, and personal responsibility (Du Gay, 1996; Rose, 1992). Furthermore, as individuals, street-level bureaucrat policy entrepreneurs are often driven by their ideological perspectives, which play a major role in their decisions, shaping their perceptions of duty and sense of mission (Bergen & While, 2005). These convictions, values, energy, and innovativeness are valuable because they give entrepreneurs the drive necessary to push an initiative forward (Wickham, 1997).

In particular, when it comes to religion, the ideological affiliation of street-level bureaucrats policy entrepreneurs is highly influential. Gilad and Alon-Barkat (2018) argued that there is significant variation in how bureaucrats perceive conflicts between their identification as members of bureaucracies or professions and as members of societal groups. Thus, some bureaucrats do not see their religious views as conflicting with their work, meaning, as influencing their discretion. For example, street-level bureaucrats such as teachers use tradition, prejudice, dogma, and ideology to

justify their practices (Ball, 1997). Moreover, Mattison et al. (2000) found that the more religious social workers are, the more likely they are to view religious activities as appropriate professional behaviors. Indeed, the implementors determine the degree to which religion is incorporated into different policies in the implementation process, based on their personal considerations.

On the organizational level, street-level bureaucrats may function as policy entrepreneurs within the organization and vis-à-vis other organizations. First, on the intraorganizational level, street-level managers encourage their employees to implement policy in a way that corresponds to the managers' worldview (Hupe & Hill, 2007). They themselves have many supervisors who oversee their work and enforce the policy (Riccucci, 2005; also see in May & Winter, 2007). According to Gassner and Gofen (2018), street-level managers can use their discretion to interpret policy at the local level so that its implementation deviates from the policy as designed. Doing so affects street-level bureaucrats' entrepreneurial abilities because managers are budget allocators (Scharff, 2016). Hence, they must have complete faith in the entrepreneurial initiatives to provide the necessary resources to realize them.

Furthermore, some scholars regard social networks and interactions with peers (Sandfort, 2000) as key influences in street-level bureaucrats becoming policy entrepreneurs. In advancing their proposals for policy innovation, policy entrepreneurs try to influence these networks and make use of their resources (Mintrom & Vergari, 1998). As Arnold (2015) argued, street-level policy entrepreneurs seek to develop or adopt policy innovations intended to entrench these innovations in the daily activities of bureaucratic peers.

On the interorganizational level, their parallel counterparts in similar organizations may encourage some street-level bureaucrats to act as policy entrepreneurs. The literature emphasizes the influence of entrepreneurial role models on the decision to initiate new policies. It shows that the effect of these role models is driven by social interactions and personal contact (Kacperczyk, 2013). It also stresses that some street-level bureaucrats may see entrepreneurship as attractive by observing their parallel counterparts engaging in entrepreneurial activities (Wyrwich et al., 2016). Hence, these entrepreneurial role models may provide street-level bureaucrat policy entrepreneurs with practical support and advice (Nauta & Kokaly, 2001).

Moreover, nongovernmental organizations (NGOs) with agendas similar to those of street-level bureaucrat policy entrepreneurs may help them implement their initiatives. The material support of NGOs in providing both resources and manpower is essential because, as Wilson (1985) suggested, in situations in which costs are centralized but benefits are decentralized, the politics of entrepreneurship is needed. In bearing a portion of the costs, NGOs are a crucial component in the success of the entrepreneurial action. Indeed, NGOs provide services willingly and effectively (DeStefano & Schuh Moore, 2010). By assisting policy entrepreneurs, they promote the policy options they deem most appropriate (Bogdanova & Bindman, 2016; Weller, 2004). As we show later, in our case, religious groups that function as NGOs play an important role in the activities of our rabbinical street-level policy entrepreneurs.

Finally, with regard to cultural demographic element, in their role as implementers of policy, street-level bureaucrats respond to the situations with which they are presented, adjusting their actions to the multiple demands, priorities, and values in their environment (McLaughlin, 1987). Indeed, Lipsky (1980/2010) and Maynard-Moody and Musheno (2003) claimed that the definitive characteristic of street-level work is the physical interaction between workers and clients. This is even more evident in their entrepreneurial activity because values and culture shape the environment where street-level entrepreneurship takes place, influencing its character (Cohen, 2018; Dana, 2009). Indeed, policy entrepreneurs must carefully reflect on the nature of the content and mode of delivery that will be most effective in making the desired connection with the specific audience (Mintrom, 2019). As street-level bureaucrat policy entrepreneurs develop new initiatives, they need an environment that supports and requires this entrepreneurial activity (Kuratko et al., 1990). Hence, the desires of the environment and the goals of the entrepreneurial activity should overlap.

The Context–Religion in Hospitals

There is an extensive body of academic literature about formal and informal perspectives on religion in hospitals (Balboni, 2015). Studies have focused on the influence of religion and spirituality on the patient's treatment (Koenig & Koenig, 2008), the role of the physician's beliefs (Chibnall & Brooks, 2001), organ donations and religion (Oliver et al., 2010), and deathbed rituals (Quartier, 2010). In terms of attracting patients, studies have documented that patients will travel to distant hospitals if they provide religious services (Morrill et al., 1970), discussed the implementation of religious standards in hospitals to attract medical tourists (Izadi et al., 2013), and argued that the medical staff should ask about the patients' religious affiliation to try to meet their religious needs (Kirkwood, 1993).

Researchers have investigated the role of religion in hospitals in Western democracies such as the United States (Hirschman, 2004), Britain (Gilliat-Ray, 2011), and the Netherlands (Quartier, 2010). Our study adds another case that of a democratic country that does not separate state and religious affairs. By law, Israeli government hospitals are obligated to supply several religious services. However, our focus is on the provision of religious services that are not mandated by the state. Instead, the goal of providing them is to attract patients.

The Role of Religion in Israel

Israel was established on May 15, 1948, and is constitutionally defined as a Jewish and democratic state (Barak-Erez, 2008). The status quo principle with respect to the relationship between church and state creates a delicate consociationalist balance between religious and secular concerns (Don-Yehiya, 1999). This balance is evident with regard to four policy principles, two of which have a strong impact on government hospitals as public institutions: observance of the Sabbath on Saturday and the provision of kosher food. Public institutions are required to abide by these regulations as defined by Orthodox Judaism. Nevertheless, people are individually free to choose how to observe these rules (Yanai, 1996).

Indeed, while state and religion are not separated, religious practices are embedded within institutional designs as instructed by Chief Rabbinate of Israel's regulations. The Chief Rabbinate is a unit in the Ministry of Religious Services, which operates under the *Chief Rabbinate of Israel Law* (1980) and is defined as the supreme rabbinic authority for Judaism in Israel. Under the supervision of the Chief Rabbinate of Israel, there are countless complex and sensitive issues, including the supervision of marriage, the issue of kashrut and more (State of Israel Ministry of Religious Services, 2020).

In the realm of health, it is the Ministry of Health's responsibility to ensure the healthiness of the population, design policy on matters of health and medical services, and oversee the planning, supervision, control, licensing, and coordination of the health system's services. Among these services are the mandated religious services in hospitals (Ministry of Health, 2019). Hence, the Ministry of Health's appointed office rabbi is in fact the representator of the Chief Rabbinate in the ministry. His task is to implement the rabbinate instructed religious practices in the realm of health services.

Overall, Israel's public health services face steady levels of citizens dissatisfaction (Vigoda-Gadot & Mizrahi, 2008). Such dissatisfaction is manifested in an unusual reality where although Israel has a national health insurance system which provides universal access to basic public health care services, many take out voluntary-private health insurance. The latter enables them to seek specialist and hospital care in private-sector hospitals rather than the already overstretched public hospitals. Private provision negatively affects the public system by drawing away physicians, patients, and revenues from public hospitals, causing them constant competition on clients in the public sector. Consequently, the government addressed these challenges through an effort aimed at quality provision of public health services while also encouraging physicians to work full time in the public sector and moving to activity-based payments in public hospitals (Waitzberg & Merkur, 2017). Indeed, since 2015, the Ministry of Health and the Ministry of Finance took three measures to strengthen public hospitals through a series of policy reforms, including (a) limiting private funding to potentially enhance market competition based on quality rather than price, (b) determining a cooling-off period to limit diversion of patients to private practices, and (c) building a consistent costing and pricing mechanism for public hospitals to reduce gaps between costs and prices (Brammli-Greenberg et al., 2016; Waitzberg & Merkur, 2017). The overall objective of these initiatives is to strengthen Israel's publicly financed health care system by improving its availability, quality, and safety and at the same time constrain the private provision of care. This inspired constant competition on the clients who do choose to use the public sector's services.

One of the most significant realms of competition relates to religion. The latter can be understood as a way of framing social relations, especially in heterogeneous societies, where members of different religious communities may participate in separate, parallel institutional worlds, which can include school systems, universities, media, political parties, hospitals, cultural activities, and more (Brubaker, 2012). Borrowing from Brubaker's argument, such heterogeneous-oriented framing may be implemented in the Israeli health system to address religious concerns of multiple populations.

The population of Israel is heterogeneous, consisting of varied religious, cultural, and linguistic groups. As such, hospitals constantly compete to supply fitting medical environments to attract them. This competition accelerated as an effort to promote equality in the health system was initiated by a 2011 Ministry of Health Director-General's Circular (no. 7/11), going into effect in 2013. The circular's goal was to improve the cultural and linguistic accessibility of the health system to the many cultural groups in the state. It defined objectives and standards for religious, cultural, and linguistic competence, meaning to provide care to patients by abiding their values, beliefs, behaviors, and needs (Elroy et al., 2016; Ministry of Health, 2019). De jure, the circular does not constitute a law, but rather determines a more profound interpretation of the 1994 *National Health Insurance Law*, and the 1996 *Patient Rights Law*. It redefined the "standard of care" while applying an approach focusing on a *Patient-Centered Care*. This change in policy can be described as a transition from the reality of making assumptions on the service recipients based on their cultural background, to implementing principles of *cultural competency* while developing skills of intercultural communication and helping medical staffs to reach patients' needs and preferences (Dayan & Biderman, 2014).

This process was also a result of the ministry's 2012 decision (circular no. 38/2012) to incumbent General Hospitals to go through an international accreditation and certification process by the *Joint Commission International* (JCI). This was done to align with Western criteria to improve patient safety and quality of health care, as a condition to renew their

license. Indeed, the process of accreditation from JCI is a prominent factor for accelerating the implementation of the circular (Elroy et al., 2016).

With the circular coming to effect, hospitals accelerated efforts to meet these cultural-religious and linguistic needs to attract multiple populations. The Ministry of Health's (2011) cultural competency policy encouraged a gradual implementation, as clause 4b states, "The Ministry recommends the gradual implementation of the circular." This may be attributed to the lack of budgets provided by the Ministry and the recognition that such policy is regulated officially for the first time in the history of the Israeli Health system.

At the street level, it was the staff's responsibility to implement the newly requirements, especially the hospital's appointed rabbis who initiated vast religious and cultural utilities.

This turn of events created a large gap between the Ministry of health's policy as designed and the de facto religious services provided, with the latter being far more extensive than those required by law. More specifically, although the Chief Rabbinate and the Ministry of Health provide only a general policy on Sabbath observance and kosher food, government hospitals state on their public webpages that they support religiously observant patients with additional services. Examples include extra provisions for Sabbath observers, expensive kosher food that meets more stringent requirements, a hospital synagogue, celebration of all religious holidays, and Torah lessons by the hospital rabbi. Over time, the number and variety of these services, supported by the hospitals' budgets, have increased for all religious groups. Interhospital competition for patients is said to be the major motivation for these religion-based entrepreneurial initiatives by the hospitals' appointed rabbis.

Research Design

We triangulated information from several data sources: documentation from various state institutions, official statistics, 22 semi-structured in-depth interviews, and 41 online questionnaires. We used content analysis to analyze the qualitative data from the interviews and online questionnaires.

Textual analysis of primary and secondary sources. Our primary source material included protocols from hospital management meetings, legislation passed by official state institutions, and the Israeli Ministry of Health's Director-General circulars, which are the most common way this state institution regulates policy modifications. We also used secondary source materials such as reports issued by research centers, newspaper articles, and statistical reports.

In-depth interviews. To obtain a more detailed understanding of the issue, we conducted 22 in-depth interviews with the hospitals' marketing and administrative management, their spokespersons, the 11 government hospital rabbis (who provide the same level and kind of services), policy officials at the Ministry of Health, and mainstream newspaper reporters on health issues. The interviews occurred in person and lasted between 30 min to an hour each. Most of the interviews were recorded and transcribed verbatim. Overall, all interviews converged and gave emphasis on religious service. The interviewees were asked to describe the use of the various religious services in government hospitals. Specifically, we were interested in their perceptions about the entrepreneurial activity of the religious service providers in the hospital (the rabbis) as a catalyst for providing extra religious services and its effect on interhospital competition. Indeed, as the interviewees are of different kinds or levels of position or rank, the questions asked were modified accordingly. And, finally, we used projection questions to learn what service providers think through questions about their peers.

The interviewees were sampled through snowball sampling (Robinson, 2014), which assigns a defined quota to each group of interviewees. Hence, despite the defined quota of 20 interviewees at the initial research design phase, an effective snowball sampling technique along with an adequate response rate led us to conduct 22 interviews.

Online questionnaires. To overcome obstacles such shyness or discomfort discussing delicate issues in front of a stranger, we sent 41 nurses, doctors, and paramedical staff an online questionnaire that they could answer anonymously (Zhang, 2000). The questionnaires contained both close-ended and open-ended questions (Babbie, 2009). We asked the respondents about their impressions regarding the religious services provided in their hospital and the reasons they believed such extensive services are provided. For this quantitative tool, traditional statistics are computed (Creswell, 2014).

Data analysis. We analyzed the transcriptions of the interviews and online questionnaires using the conventional approach in qualitative content analysis. Conventional content analysis is generally used with a study design, the aim of which is to describe a phenomenon, in this case, the supply of religious services beyond the policy as designed. The conventional approach to this type of research design is appropriate when existing theory or research literature about a phenomenon is limited. Its advantage is obtaining direct information from participants without imposing preconceived categories or theoretical perspectives (Kondracki et al., 2002). Instead, the categories and names for them flow from the data. In our analysis, the categories that emerged were perceptions, motivations, goals, expectations, and achievements.

Findings

Overall, the respondents to the online questionnaires indicated that although the hospital rabbis have a very specific

official role, they oversee a broad and ever-growing range of activities. Their relatively vague job description allows them a considerable range of discretion. The hospitals encourage this discretion because they want to attract patients by trying to meet their religious requests. Indeed, when asked about the reasons for the vast religious services in their hospital, 34% said, "money and an attempt to attract religious communities to the hospital," 92% stated, "payments received from religious communities," and 56% suggested, "an attempt to market the hospital to religious and Haredi [ultra-Orthodox] communities."

Street-Level Policy Entrepreneurship in Religious Services

Interhospital competition over clientele is intense and religious services are a significant attraction for not a few communities, motivating street-level entrepreneurship. As the hospitals' appointed rabbis began providing innovative services in their hospitals, these enterprises became hospital policy, and eventually government policy. These innovative practices include a vast extension of the religious services provided, awareness about the quality of the services, and struggles over fundraising. In some cases, rabbis may initiate services based on what they see their counterparts doing. Indeed, their relationship is competition based.

Interviewees stated that, "It is highly evident that government hospitals are in constant competition for potential clientele. They put much effort in meeting their patients' needs, both material and emotional" (Hospital Spokesperson, July 8, 2019; Hospital Marketing and Service Executive, July 9, 2019; Hospital Spokesperson, July 17, 2019). Although they pursue clients from the general population, they specifically woo the religious and Haredi communities. Interviewees said that government hospitals put a great deal effort into attracting these communities and are constantly competing about the level of religious services they offer (Hospital Marketing and Service Executive, July 9, 2019; Hospital Rabbi, August 1, 2019; Health Reporter, July 21, 2019; Health Reporter, July 24, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Health Reporter, July 31, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). A large central hospital's marketing and service executive elaborated, "Our slogan is: 'With you, and for you, hand in hand throughout the way.' This slogan has become the DNA of the medical staff, and all other staffs" (Hospital Marketing and Service Executive, July 9, 2019). A hospital spokesperson noted,

> We will assist religious patients so that they will not desecrate the Sabbath. If we are able to discharge them before the Sabbath, we will do that, but if we cannot, we will give them everything they need to keep the Sabbath. (Hospital Spokesperson, July 8, 2019; Hospital Rabbi, July 23, 2019)

Indeed, as the hospital rabbis said, Sabbath hospitals provide all necessities: candles, automatic doors and elevators that do not violate Sabbath restrictions, meals for visiting families, rooms for them to stay in and a subsidized motel (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Some added, "We will do everything to get them here" (Hospital Spokesperson, July 22, 2019; Hospital Rabbi, July 25, 2017).

De facto, hospitals are constructing their wards, especially their maternity wards, to meet the requirements of Haredi communities. It costs millions of shekels, but is expected to eventually reward them (Hospital Spokesperson, July 17, 2019). As a health media reporter explained, "The hospitals will do everything in their power to attract women to the maternity ward—as hospitals receive a substantial grant from the state per birth" (Health Reporter, July 21, 2019).

The Maternity Ward—The Heart of the Competition

At the core of the competition between hospitals is the maternity ward. The reason for the competition is the Hospitalization Grant that hospitals receive from the National Insurance Institute of Israel for each birth, as stipulated in the National Insurance Law (State of Israel Social Security Law, 1995). According to its official website, the National Insurance Institute grants the hospital 14,146 NIS (new Israeli shekels, approximately US$4,050) per birth (National Insurance Institute of Israel, 2019).

The interviewees indicated that while they try to attract all pregnant women, they focus their attention on the Haredi communities due to their high birth rates (Hospital Rabbi, August 1, 2019, Health Reporter, July 21, 2019; Health Reporter, July 24, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Researcher at the Smokler Center for Health Policy Research, July 24, 2017; Health Reporter, July 31, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). According to the Israeli Bureau of Statistics, religious women have an average of 4.8 children and ultra-Orthodox Haredi women have 5.3 (Families in Israel in 2017, 2019). Hence, hospitals invest in the religious services they provide in these wards and advertise their advantages. As a hospital administrative executive explained, "If we offer kosher food of high standards, the Haredi communities will come here. A Haredi woman gives birth almost every year, so this is important for the hospital financially" (Hospital Administrative Executive, August 7, 2019).

This phenomenon is quite evident in mass media reports. Health reporters agree that the maternity ward is the area of the greatest competition, mainly due to the National

Insurance Institute's birth grants. In addition, they stated that hospitals want to attract people for "good reasons" but based the competition on prestige and money (Health Reporter, July 21, 2019; Health Reporter, July 24, 2019; Health Reporter, July 31, 2019). One reporter said, "The Haredi communities are the hospital's sectorial preference as customers. It is simply based upon economic interest. It is an 'economically based courtship'" (Health Reporter, July 24, 2019). Another reporter noted, "Haredi women come to the Tel Aviv Sourasky Medical Center, not their local city's religious private hospital, since Sourasky offers this community the highest level and most expensive kosher food" (Health Reporter, July 31, 2019).

Hospital rabbis are well aware of the importance of the maternity ward in their hospitals. Supported by the management, they initiate and deliver quality religious services, and work with Haredi advertising firms to encourage Haredi women to come to their hospital (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). More specifically, this ward is prioritized in terms of time, budgets, and creative initiatives to resolve religious accessibility issues. As one rabbi explained,

> Most of the efforts and budgets go to maternity; in this ward all religious services and equipment are provided fully. All doors are adjusted to Shabbat, they have their own religious chef, who cooks there in a separate kitchen to upgrade the level of food. (Hospital Rabbi, August 1, 2019)

Some respondents also indicated that even the milk pumps were adjusted for the Sabbath (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 23, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019).

The Competition-Oriented Elements Motivating Street-Level Bureaucrats' Entrepreneurship

Do the data support the study's contentions that personal, organizational, and cultural demographic elements motivate street-level bureaucrats to adopt policy entrepreneurship? (Table 1).

The personal component. The hospitals' rabbis ideological perception of duty is an important element in how they initiate and implement new ideas and religious services. If they believe in the services they deliver, they will expand the variety of services that the hospital offers. The interviewees indicated that the hospital rabbis' main task is all-inclusive. They accompany patients throughout the cycle of life, from the delivery room until their last breath (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Several rabbis stated that they provide a safe, kind, and inviting place to patients and staff. They try to think "outside the box" to gain everyone's appreciation (Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019). As one rabbi summarized, "The work here is great if you enjoy it, and love working hard" (Hospital Rabbi, July 23, 2019).

Table 1. Competition-Oriented Elements and Their Features.

Competition-oriented elements	Features
Personal	Ideological perception of duty Personality Sense of mission
Organizational	Intraorganizational level: Street-level managers Colleagues who are street-level bureaucrats Interorganizational level: Fellow government hospital rabbis State institutions Religious nongovernmental organizations
Cultural demographic	Societal structure

Furthermore, the rabbis' personality is one of the components that helps them launch new enterprises, obtain the management's support, and gain the trust of the patients and the staff (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). As one respondent described, this job is "fit only for an open-minded rabbi, as the man makes the job—It is pure entrepreneurship" (Hospital Rabbi, August 1, 2019). This point is very true because the state policy on this issue is very vague (Hospital Administrative Executive, August 7, 2019). One rabbi emphasized, "It depends on the rabbi. If he is regarded as a reliable figure, people will turn to him for medical advice in accordance with Jewish conduct" (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 23, 2019; Hospital Rabbi, September 1, 2019). Other rabbis explained that the interaction between the rabbi and the medical staff also depends on the rabbi, as they need to trust him to consult him (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 23, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019). One rabbi said proudly, "I have created a new reality where everyone consults me" (Hospital Rabbi, August 21, 2019). The rabbi's personality is also a major factor in determining the scope of the services and the budget that is allocated to his department (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi,

August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). The rabbis indicated that obtaining more resources depends on each rabbi's communication skills (Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 2, 2019).

Finally, the rabbis' sense of mission drives them to work hard and succeed as entrepreneurs (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Interviewees stated that many young, driven rabbis are assigned to be hospital rabbis (Hospital Rabbi, August 1, 2019). As part of their strong sense of mission, the rabbis advertise their services. Indeed, the rabbis' personal phone number is published on the hospitals' website so that patients can call them directly (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Administrative Executive, August 7, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Furthermore, the rabbis advertise religious services via brochures distributed throughout the wards, in all information centers and in the hospital's synagogue (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Some rabbis even send information circulars to the staff and patients on a regular basis to create a kind of religion and medicine database (Hospital Rabbi, August 1, 2019).

The organizational component. At the intraorganizational level, street-level managers are an important element in supporting the discretion of hospital rabbis and allowing them to develop entrepreneurial initiatives. Interviewees stated that management's expectations and support allow them to initiate and implement new religious services (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Overall, the management recognizes the importance of religious services. As a hospital administrative executive stated, "At the administration level, religious services is like laundry—we have to provide it" (Hospital Administrative Executive, August 7, 2019). Interviewees indicated that management's support of the rabbis is a key component in their entrepreneurial success (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Several rabbis admitted that the management gives them the freedom to demand all they need (Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, September 1, 2019) while working hand in hand (Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019), even with the CEO (Hospital Rabbi, July 25, 2017). The relationship is described as fruitful. "In many cases my initiatives become hospital policy, even if sometimes my solutions are more costly; in the long run—they are better for the hospital" (Hospital Rabbi, August 21, 2019).

Furthermore, the rabbis' interactions with colleagues who are street-level bureaucrats determine how successfully they can initiate new services. The support of these collegial street-level bureaucrats such as doctors, nurses, and social workers is critical for the rabbis' entrepreneurial success (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Indeed, doctors (Gaede & Gaede, 2016) and nurses (Hewison, 1999) are street-level bureaucrats who connect patients and the hospital rabbi. Their advertising of the rabbis' entrepreneurial initiatives is critical for the latter's success. Interviewees stressed that, "hospital rabbis work in many interfaces; with administrative management, manpower, and also with medical staffs, giving their religious views on medical matters (Hospital Rabbi, August 1, 2019), and everyone has requests: doctors, nurses, social workers and the patients themselves" (Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, September 1, 2019). For example, the doctors ask the rabbis many questions on religion and medicine (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019), and request assistance in asking religious families of terminally ill patients for organ donations. Some rabbis even join the hospitals' ethics committee on the matter (Hospital Rabbi, August 1, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019).

At the interorganizational level, there are extensive collegial connections among the 11 government hospital rabbis. All of rabbis indicated that their working relationships have a strong influence on their entrepreneurship abilities, as they learn from, advise, and consult one another (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). One rabbi said, "We are very co-dependent. We have a WhatsApp chat group called 'Medical

Centers Rabbis'" (Hospital Rabbi, August 22, 2019). The rabbis emphasized that they meet and visit each other's hospitals to learn how to develop religious services by example (Hospital Rabbi, July 23, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Nevertheless, they all noted that this relationship is competition-based and take pride when fellow rabbis "copy" their enterprises (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019).

In addition, state institutions provide rabbis with guidance and support. The Ministry of Health's rabbi in charge of the overall religious services in government hospitals plays a central role in the success of the rabbis, as he promotes their initiatives (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). The interviewees stated that policy-wise, all hospitals receive general guidelines from the Chief Rabbinate and the Ministry of Health on how to maintain the Sabbath and kosher kitchens. Nevertheless, many of the details of implementing these guidelines depend on the rabbi's discretion (Hospital Spokesperson, July 8, 2019; Hospital Rabbi, August 1, 2019; Health Reporter, July 24, 2019; Hospital Rabbi, July 25, 2017; Hospital Administrative Executive, August 7, 2019; Hospital Rabbi, September 2, 2019). De facto, Rabbi Pinchas Frenkel, the chief rabbi in the Ministry of Health, encourages the hospital rabbis' activities, advises them, visits the hospitals, and authorizes their new initiatives (Hospital Spokesperson, July 8, 2019; Hospital Rabbi, July 25, 2017; Coordinator of the Reduction of Health Inequalities Unit in the Ministry of Health, July 31, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). This process goes both ways, as one rabbi stated, "In some cases, the Ministry of Health rabbi comes both to inspect and to learn from my processes—to eventually make it policy" (Hospital Rabbi, August 21, 2019).

Finally, religious NGOs assist the rabbis with their initiatives, as without their material support, the rabbis simply do not have the resources to implement their innovative enterprises (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). The hospital budget is simply not enough (Hospital Marketing and Service Executive, July 9, 2019; Hospital Administrative Executive, August 7, 2019). The hospitals' management allows the religious NGOs to operate in them (Hospital Administrative Executive, August 7, 2019; Health Reporter, July 31, 2019; Hospital Rabbi, September 2, 2019). The NGOs also fundraise for the hospitals' religious services (Hospital Rabbi, August 22, 2019) and are mainly involved in holiday celebrations. Interestingly, despite the fact that it is not policy oriented, traditional holiday celebrations have become hospital routine due to the rabbis' enterprises (Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). NGOs have become key players in their execution, due to their resources and manpower (Hospital Rabbi, August 22, 2019; Hospital Rabbi, September 1, 2019).

The cultural demographic component. The interviewees noted how the cultural or demographic environment of government hospitals, which are located country wide, influences the hospital rabbis' entrepreneurial ambitions. Most of the interviewees stated that adjustments are made to meet the demands of the population in the hospital area (Hospital Spokesperson, July 8, 2019; Hospital Rabbi, August 1, 2019; Hospital Rabbi, July 25, 2017; Hospital Rabbi, July 23, 2019; Hospital Rabbi, July 22, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, August 21, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). Thus, the availability of religious services in each hospital depends on the population who uses its services (Coordinator of the Reduction of Health Inequalities Unit in the Ministry of Health, July 31, 2019). A media reporter explained, "Just how much hospitals woo Haredi communities depends on the hospital's geographical location" (Health Reporter, July 24, 2019). In addition, in areas with heterogeneous populations, the rabbi provides services to all religions (Anonymous Hospital Spokesperson, July 8, 2019; Hospital Marketing and Service Executive, July 9, 2019; Hospital Spokesperson, July 17, 2019; Health Reporter, July 21, 2019; Hospital Rabbi, July 23, 2019; Hospital Administrative Executive, August 7, 2019; Coordinator of the Reduction of Health Inequalities Unit in the Ministry of Health, July 31, 2019; Hospital Rabbi, August 22, 2019; Hospital Rabbi, September 1, 2019; Hospital Rabbi, September 2, 2019). One rabbi from a Northern hospital explained, "I was the one to pressure the hospital into building a Muslim prayer room, since a substantial fraction of the population in the hospital's area are Muslims" (Hospital Rabbi, September 1, 2019).

On a practical level, the rabbi serves as the hospital's "attentive ear" to the Haredi communities in the area, informing them of the hospital services and learning from them what more is required (Hospital Rabbi, August 22, 2019). One rabbi stated, "We actively go to these communities and advertise the hospital—only this action will bring them here" (Hospital Rabbi, August 1, 2019). A hospital spokesperson elaborated further:

> Our hospital, located in the South of Israel, established a rabbinical forum with the hospital's CEO and rabbi, in order to

> attract the Haredi communities in the area to use its medical services, especially the maternity ward. In this forum their communal leaders have raised the issues the hospital has to resolve if it wants them to use its services. (Hospital Spokesperson, July 22, 2019)

This hospital's rabbi stated, "I initiated this forum. It has a lot of power—I estimate that roughly 90% of their demands were met, as the hospital invested a lot of its budget to improve its religious services for them to come" (Hospital Rabbi, July 25, 2017).

Discussion and Conclusion

This article contributes to the literature on street-level bureaucrats as policy entrepreneurs by adding another element to the current list of motivations for why these bureaucrats engage in policy entrepreneurship. It stresses that under NPM, interorganizational competition promotes policy entrepreneurship strategies at the street level to attract clientele.

We began this article with theories about how various elements motivates street-level bureaucrats to pursue entrepreneurship and their main goals in adopting such strategies. The study's findings demonstrate that the combination of three competition-oriented elements—personal, organizational (both interorganizational and intraorganizational) and cultural demographic—motivate street-level bureaucrats to adopt entrepreneurial strategies in providing public services. The findings also indicate that their goal in doing so is to influence public policy results for their own benefit because they and their organizations are rewarded financially for improving their clients' satisfaction with the services provided. These findings seem somehow at odds with previous studies maintaining that the motivations of street-level policy entrepreneurs are selfless and rooted in altruism. Our investigation, conducted in the realm of the relationship between religion and state, is also innovative in treating religious services as a public service no different than any other service that street-level bureaucrats provide. Therefore, despite its unusual context, we feel confident that its implications are valid for theory about street-level bureaucrats' policy entrepreneurship.

Furthermore, exploring the combination of theories about street-level bureaucrats and policy entrepreneurship is important not only in the academic realm but also in professional settings. It indicates that policy entrepreneurship may be a strategy used bottom-up by policy implementers who want to attract clientele by offering innovating services in a competitive context. In addition, our findings indicate how the various elements involved in street-level policy entrepreneurship overlap. Typically, the personal characteristics of the street-level bureaucrat policy entrepreneurs remain relatively stable. However, variations in their managers and/or settings may lead to differences in how they adopt policy entrepreneurship strategies.

Nevertheless, it is evident that the personal component is very influential. Street-level policy entrepreneurs who see their work as a mission redefine how services are provided. They position themselves in a central spot in their organization. Their peers and clientele often ask them to provide innovative services, most of which exceed the requirements defined in the policy as designed. Furthermore, despite framing and shaping the environment street-level bureaucrats operate in, the cultural demographic component is still less influential than the personal and organizational ones. This is since the core essence of policy entrepreneurship lays in one's personal skills while embedded in diverse organizational relationships.

While we validated our hypothesis using data from the realm of religion in the public sphere, replicating our study in areas such as education, tax collection and social work would be fruitful. Hence, future research should focus on competition-oriented street-level bureaucrats as policy entrepreneurs in other countries and policy realms, which would shed further light on the importance of this factor. Other fruitful research directions, such as focusing on other types of street-level bureaucrats, as well as on different types of entrepreneurial initiatives, will improve the understanding of this phenomenon.

One of the limitations of this study is the specific time, place, and context in which it was conducted. Thus, we do not claim that precisely the same mechanism will operate in all circumstances. Nevertheless, although other or additional factors may lead street-level bureaucrats to become policy entrepreneurs and perform as such in providing services in other contexts, street-level bureaucrats' policy entrepreneurship, as presented here, is a preliminary framework for future research.

Finally, further research is needed to answer other questions. For instance, what are the limits of entrepreneurship at the street level? Is there a limit to how far street-level bureaucrats can go in initiating new projects? Second, what is the role of multiculturalism and gender? Are entrepreneurship opportunities equal among various populations in organizations? And finally, is entrepreneurship a valuable quality for street-level bureaucrats, or does it have a negative effect on their role as policy implementers, creating a chaotic organizational environment and turf wars? These questions are valuable for advancing scholarship on these theories.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Niva Golan-Nadir https://orcid.org/0000-0002-6397-6591

References

Andrews, R., & Van de Walle, S. (2013). New public management and citizens' perceptions of local service efficiency, responsiveness, equity and effectiveness. *Public Management Review*, *15*(5), 762–783.

Arnold, G. (2015). Street-level policy entrepreneurship. *Public Management Review*, *17*(3), 307–327.

Babbie, E. R. (2009). *The practice of social research* (12th ed.). Wadsworth.

Balboni, M. J. (2015). Everyday religion in hospitals. *Society*, *52*(5), 413–417.

Ball, S. J. (1997). Policy sociology and critical social research: A personal review of recent education policy and policy research. *British Educational Research Journal*, *23*(3), 257–274.

Barak-Erez, D. (2008). Law and religion under the status quo model: Between past compromises and constant change. *Cardozo Law Review*, *30*, 2495–2507.

Barnett, T., Bass, K., & Brown, G. (1996). Religiosity, ethical ideology, and intentions to report a peer's wrongdoing. *Journal of Business Ethics*, *15*(11), 1161–1174.

Bergen, A., & While, A. (2005). "Implementation deficit" and "street-level bureaucracy": Policy, practice and change in the development of community nursing issues. *Health & Social Care in the Community*, *13*(1), 1–10.

Bogdanova, E., & Bindman, E. (2016). NGOs, policy entrepreneurship and child protection in Russia: Pitfalls and prospects for civil society. *Demokratizatsiya: The Journal of Post-Soviet Democratization*, *24*(2), 143–171.

Brammli-Greenberg, S., Waitzberg, R., Perman, V., & Gamzu, R. (2016). Why and how did Israel adopt activity-based hospital payment? The Procedure-Related Group incremental reform. *Health Policy*, *120*(10), 1171–1176.

Briskin, A. (1998). *The stirring of soul in the workplace*. Berrett-Koehler Publishers.

Brodkin, E. Z. (1990). Implementation as policy politics. In D. J. Palumbo & D. J. Calista (Eds.), *Implementation and the policy process: Opening up the black box* (pp. 107–118). Greenwood Press.

Brodkin, E. Z. (2011). Policy work: Street-level organizations under new managerialism. *Journal of Public Administration Research and Theory*, *21*(Suppl. 2), i253–i277.

Brouwer, S., & Huitema, D. (2018). Policy entrepreneurs and strategies for change. *Regional Environmental Change*, *18*(5), 1259–1272.

Brubaker, R. (2012). Religion and nationalism: Four approaches. *Nations and Nationalism*, *18*(1), 2–20.

Bryner, G. C. (1987). *Bureaucratic discretion*. Pergamon Press.

Buurman, M., & Dur, R. (2012). Incentives and the sorting of altruistic agents into street-level bureaucracies. *The Scandinavian Journal of Economics*, *114*(4), 1318–1345.

Chibnall, J. T., & Brooks, C. A. (2001). Religion in the clinic: The role of physician beliefs. *Southern Medical Journal*, *94*(4), 374–379.

Chief Rabbinate of Israel Law. (1980). https://fs.knesset.gov.il/9/law/9_lsr_209384.PDF. (In Henrew).

Clarke, J., Newman, J., Smith, N., Westmarland, L., & Vidler, E. (2007). *Creating citizen-consumers: Changing publics & changing public services*. SAGE.

Cohen, N. (2016). Forgoing new public management and adopting post-new public management principles: The on-going civil service reform in Israel. *Public Administration and Development*, *36*(1), 20–34.

Cohen, N. (2018). How culture affects street-level bureaucrats' bending the rules in the context of informal payments for health care: The Israeli case. *The American Review of Public Administration*, *48*(2), 175–187.

Cohen, N., Benish, A., & Shamriz-Ilouz, A. (2016). When the clients can choose: Dilemmas of street-level workers in choice-based social services. *Social Service Review*, *90*(4), 620–646.

Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE.

Dana, L. P. (2009). Religion as an explanatory variable for entrepreneurship. *The International Journal of Entrepreneurship and Innovation*, *10*(2), 87–99.

Dana, L. P. (Ed.). (2010). *Entrepreneurship and religion*. Edward Elgar Publishing.

Dayan, N., & Biderman, A. (2014). Cultural competence in health services: Legislation and policy in the USA, Australia, England and Israel: A comparative view. *Promoting Health in Israel*, *5*, 35–43. (In Hebrew)

DeStefano, J., & Schuh Moore, A. M. (2010). The roles of non-state providers in ten complementary education programmes. *Development in Practice*, *20*(4–5), 511–526.

Diller, M. (2000). The revolution in welfare administration: Rules, discretion, and entrepreneurial government. *New York University Law Review*, *75*(5), 1120–1121.

Don-Yehiya, E. (1999). *Religion and political accommodation in Israel*. Floersheimer Institute for Policy Studies.

Du Gay, P. (1996). *Consumption and identity at work*. SAGE.

Durose, C. (2007). Beyond "street level bureaucrats": Re-interpreting the role of front line public sector workers. *Critical Policy Analysis*, *1*(2), 217–234.

Elroy, I., Schuster, M., & Elmakias, I. (2016). *The cultural competence of general hospitals in Israel*. The Smokler Center for Health Policy Research.

Evans, T. (2010). Professionals, managers and discretion: Critiquing street-level bureaucracy. *The British Journal of Social Work*, *41*(2), 368–386.

Evans, T., & Harris, J. (2004). Street-level bureaucracy, social work and the (exaggerated) death of discretion. *The British Journal of Social Work*, *34*(6), 871–895.

Gaede, B. M., & Gaede, B. (2016). Doctors as street-level bureaucrats in a rural hospital in South Africa. *Rural Remote Health*, *16*, 1–9.

Gassner, D., & Gofen, A. (2018). Street-level management: A clientele-agent perspective on implementation. *Journal of Public Administration Research and Theory*, *28*(4), 551–568.

Gilad, S., & Alon-Barkat, S. (2018). Enhancing democracy via bureaucracy: Senior managers' social identities and motivation for policy change. *Governance*, *31*(2), 359–380.

Gilbert, N., & Gilbert, B. (1989). *The enabling state: Modern welfare capitalism in America*. Oxford University Press.

Gilliat-Ray, S. (2011). "Being there" the experience of shadowing a British Muslim Hospital chaplain. *Qualitative Research*, *11*(5), 469–486.

Gofen, A. (2013). Mind the gap: Dimensions and influence of street-level divergence. *Journal of Public Administration Research and Theory*, *24*(2), 473–493.

Golan-Nadir, N., & Cohen, N. (2017). The role of individual agents in promoting peace processes: Business people and policy entrepreneurship in the Israeli–Palestinian conflict. *Policy Studies*, *38*(1), 21–38.

Habermas, J. (2005). Religion in the public sphere. *Philosophia Africana*, *8*(2), 99–109.

Hewison, A. (1999). The new public management and the new nursing: Related by rhetoric? Some reflections on the policy process and nursing. *Journal of Advanced Nursing*, *29*(6), 1377–1384.

Hill, M., & Hupe, P. (2014). *Implementing public policy: An introduction to the study of operational governance*. SAGE.

Hirschman, C. (2004). The role of religion in the origins and adaptation of immigrant groups in the United States. *International Migration Review*, *38*(3), 1206–1233.

Hupe, P., & Hill, M. (2007). Street-level bureaucracy and public accountability. *Public Administration*, *85*(2), 279–299.

Hupe, P., & Hill, M. (Eds.). (2015). *Understanding street-level bureaucracy*. Policy Press.

Izadi, M., Hoseinpourfard, M., Ayoubian, A., Karbasi, M., Jahangiri, M., & Jalali, A. (2013). A survey to the implementation of Islamic standards in the hospitals of Iran for attraction of Muslim medical tourists. *International Journal of Travel Medicine and Global Health*, *1*(2), 99–102.

Jordan, S. R. (2014). The innovation imperative: An analysis of the ethics of the imperative to innovate in public sector service delivery. *Public Management Review*, *16*(1), 67–89.

Kacperczyk, A. (2013). Social influence and entrepreneurship: The effect of university peers on entrepreneurial entry. *Organization Science*, *24*(3), 664–683.

King, S. M. (2007). Religion, spirituality, and the workplace: Challenges for public administration. *Public Administration Review*, *67*(1), 103–114.

Kingdon, J. W. (1995). *Agendas, alternatives, and public policies* (2nd ed.). HarperCollins.

Kirkwood, N. A. (1993). *Hospital handbook on multiculturalism & religion*. Church Publishing.

Koenig, H. G., & Koenig, H. G. (2008). *Medicine, religion, and health: Where science and spirituality meet*. Templeton Foundation Press.

Kondracki, N. L., Wellman, N. S., & Amundson, D. R. (2002). Content analysis: Review of methods and their applications in nutrition education. *Journal of Nutrition Education and Behavior*, *34*(4), 224–230.

Kuratko, D. F., Montagno, R. V., & Hornsby, J. S. (1990). Developing an intrapreneurial assessment instrument for an effective corporate entrepreneurial environment. *Strategic Management Journal*, *11*, 49–58.

Lavee, E., & Cohen, N. (2019). How street-level bureaucrats become policy entrepreneurs: The case of urban renewal. *Governance*, *32*(3), 475–492.

Le Grand, J. (1991). Quasi-markets and social policy. *Economic Journal*, *101*, 1256–1267.

Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public service*. Russell Sage Foundation. (Original work published 1980)

Mattison, D., Jayaratne, S., & Croxton, T. (2000). Social workers' religiosity and its impact on religious practice behaviors. *Advances in Social Work*, *1*(1), 43–59.

May, P. J., & Winter, S. C. (2007). Politicians, managers, and street-level bureaucrats: Influences on policy implementation. *Journal of Public Administration Research and Theory*, *19*(3), 453–476.

Maynard-Moody, S., & Musheno, M. (2000). State agent or citizen agent: Two narratives of discretion. *Journal of Public Administration Research and Theory*, *10*(2), 329–358.

Maynard-Moody, S., & Musheno, M. C. (2003). *Cops, teachers, counselors: Stories from the front lines of public service*. University of Michigan Press.

Maynard-Moody, S., & Portillo, S. (2010). Street-level bureaucracy theory. In R. F. Durant (Ed.), *The Oxford handbook of American bureaucracy* (pp. 252–277). Oxford University Press.

McDonald, A., Postle, K., & Dawson, C. (2008). Barriers to retaining and using professional knowledge in local authority social work practice with adults in the UK. *British Journal of Social Work*, *38*(7), 1370–1387.

McLaughlin, M. W. (1987). Learning from experience: Lessons from policy implementation. *Educational Evaluation and Policy Analysis*, *9*(2), 171–178.

Ministry of Health. (2011). *Circular no.7/11*. https://www.health.gov.il/hozer/mk07_2011.pdf. (In Hebrew)

Ministry of Health. (2019). *About us*. https://www.health.gov.il/English/About/sla/Pages/default.aspx

Mintrom, M. (2019). So you want to be a policy entrepreneur? *Policy Design and Practice*, *2*(4), 307–323.

Mintrom, M., & Norman, P. (2009). Policy entrepreneurship and policy change. *Policy Studies Journal*, *37*, 649–667.

Mintrom, M., & Vergari, S. (1998). Policy networks and innovation diffusion: The case of state education reforms. *The Journal of Politics*, *60*(1), 126–148.

Morrill, R. L., Earickson, R. J., & Rees, P. (1970). Factors influencing distances traveled to hospitals. *Economic Geography*, *46*(2), 161–171.

National Insurance Institute of Israel. (2019). https://www.btl.gov.il/benefits/Pages/%d7%9e%d7%a2%d7%a0%d7%a7%20%d7%90%d7%a9%d7%a4%d7%95%d7%96.aspx

Nauta, M., & Kokaly, M. (2001). Assessing role model influences on students' academic and vocational decisions. *Journal of Career Assessment*, *9*(1), 81–99.

Navot, D., & Cohen, N. (2015). How policy entrepreneurs reduce corruption in Israel. *Governance*, *28*(1), 61–76.

Oliver, M., Woywodt, A., Ahmed, A., & Saif, I. (2010). Organ donation, transplantation and religion. *Nephrology Dialysis Transplantation*, *26*(2), 437–444.

Petchey, R., Williams, J., & Carter, Y. H. (2008). From street-level bureaucrats to street-level policy entrepreneurs? Central policy and local action in lottery-funded community cancer care. *Social Policy & Administration*, *42*(1), 59–76.

Pollitt, C., & Bouckaert, G. (2011). *Public management reform: A comparative analysis*. Oxford University Press.

Quartier, T. (2010). Deathbed rituals: Roles of spiritual caregivers in Dutch hospitals. *Mortality*, *15*(2), 107–121.

Rhodes, T. L. (2003). When the spirit moves you: Administration, law, and spirituality in the workplace. In R. A. Giacalone & C. L. Jurkiewicz (Eds.), *Handbook of workplace spirituality and organizational performance* (pp. 378–389). M.E. Sharpe.

Riccucci, N. M. (2005). *How management matters: Street-level bureaucrats and welfare reform*. Georgetown University Press.

Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology*, *11*(1), 25–41.

Rose, N. (1992). Governing the enterprising self. In P. Morris & P. Heelas (Eds.), *The values of the enterprise culture: The moral debate* (pp. 141–164). Routledge.

Sandfort, J. R. (2000). Moving beyond discretion and outcomes: Examining public management from the front lines of the

welfare system. *Journal of Public Administration Research and Theory*, *10*(4), 729–756.

Scharff, C. (2016). The psychic life of neoliberalism: Mapping the contours of entrepreneurial subjectivity. *Theory, Culture & Society*, *33*(6), 107–122.

State of Israel Ministry of Religious Services. (2020). *About us*. https://www.gov.il/en/Departments/ministry_of_religious_services

State of Israel Social Security Law. (1995). *Chapter C: Motherhood insurance, clause 43: Hospitalization grant* (Correction No. 12, 1996). https://www.nevo.co.il/law_html/Law01/039_002.htm#hed27. (In Hebrew).

Taylor, I. (2007). Discretion and control in education: The teacher as street-level bureaucrat. *Educational Management Administration & Leadership*, *35*(4), 555–572.

Teske, P., & Schneider, M. (1994). The bureaucratic entrepreneur: The case of city managers. *Public Administration Review*, *54*(4), 331–340.

Thomann, E. (2015). Customizing Europe: Transposition as bottom-up implementation. *Journal of European Public Policy*, *22*(10), 1368–1387.

Tummers, L., & Bekkers, V. (2014). Policy implementation, street-level bureaucracy, and the importance of discretion. *Public Management Review*, *16*(4), 527–547.

Vigoda-Gadot, E., & Mizrahi, S. (2008). Public sector management and the democratic ethos: A 5-year study of key relationships in Israel. *Journal of Public Administration Research and Theory*, *18*(1), 79–107.

Waitzberg, R., & Merkur, S. (2017). Policy efforts to strengthen public hospitals in Israel. *Eurohealth*, *23*(4), 34–38.

Weller, R. P. (Ed.). (2004). *Civil life, globalization and political change in Asia: Organizing between family and state* (Vol. 10). Routledge.

Wickham, P. A. (1997). Developing a mission for an entrepreneurial venture. *Management Decision*, *35*(5), 373–381.

Wilson, G. K. (1985). *Business and politics: A comparative introduction*. Palgrave Macmillan.

Wyrwich, M., Stuetzer, M., & Sternberg, R. (2016). Entrepreneurial role models, fear of failure, and institutional approval of entrepreneurship: A tale of two regions. *Small Business Economics*, *46*(3), 467–492.

Yanai, N. (1996). The citizen as pioneer: Ben-Gurion's concept of citizenship. *Israel Studies*, *1*(1), 127–143.

Zhang, Y. (2000). Using the internet for survey research: A case study. *Journal of the American Society for Information Science*, *51*(1), 57–68.

Author Biography

Niva Golan-Nadir is a teaching faculty at the IDC Herzliya and the Open University of Israel. Her research interests include: gaps between the policy as designed and its implementation; street-level policy entrepreneurship; and the relationship between the state and religion in the lens of public administration theories, with a special comparative interest in Israel and Turkey.