Change, Talk and Sensemaking

Abstract

This study focuses on the change experience of a regional health centre that was the site of a merger over a decade ago. Within this context, we analyse the process through which organizational talk becomes privileged in the change process, and how some talk becomes meaningful in the constitution of organizational identity. This investigation of the change environment at the health centre addresses the question of whose sensemaking matters most in organizations. As some talk is privileged in the organizational change process, the deconstruction of language used throughout this analysis highlights the relationship between sites of power and the ability to affect sensemaking among organizational members.

Using a post-structuralist approach, this analysis applies the analytic framework of critical sensemaking and critical discourse analysis. By presenting organizational talk as the enactment of a sensemaking process, the study offers insight into the process of how organizational identities are maintained, altered or constrained during change. We further provide a discussion of the discursive effects of the language of change and suggest that change is actually a discursive process, not about ‘changing’ but about the mutual constitution of language and identity in a process of making sense of the discourse of change.
Change, Talk and Sensemaking

Introduction
This paper considers the process through which organizational talk becomes privileged in the process of organizational change, and how some talk becomes meaningful in the constitution of organizational identity. Within that context and as part of a broader study, we have investigated the experience of a Canadian health centre (CHC) that has undergone significant change, including the merger of two formerly independent hospitals. We were particularly concerned with the ways in which individuals made sense of this change, and at the same time exploring the question of whose sensemaking matters most in organizations.

Using a post-structuralist approach, we use an analytic framework of critical sensemaking (Mills & Helms Mills, 2004; Mills, 2003) to investigate organizational talk. We feel that this method is valuable because it offers insights into the process of how organizational identities are maintained, altered or constrained during change by approaching talk as the enactment of a sensemaking process. As such, it offers a different lens from which to understand change as well as contributing to what has been described (Weick et. al. 2005) as a lack of empirical studies using a sensemaking framework.

Critical Sensemaking
Critical sensemaking emerged from Weick’s (1995) sensemaking framework, which introduced a series of social psychological “properties” through which individuals make sense of their complex environments. Taking this framework as a starting point, critical sensemaking argues that analysis of sensemaking needs to be explored through, and in relationship to, the contextual factors of structure and discourse in which individual sensemaking occurs. In this way, critical sensemaking, as an approach to understanding the role of language in the process of change, offers an opportunity to view the discursive effects of change from the perspective of the individual employee. At the same time, it provides an important framework for investigating how individuals make sense of discourse and enact it on an individual basis. Through the sensemaking framework, this analysis presents a contextualization of how individuals reflect and interpret the experience of change in a specific organizational environment. In essence, it identifies how the discursive effects of ‘change’ are mediated by local conditions.

One of the properties of sensemaking is identity construction. Helms Mills (2003) has argued that identity construction is pivotal to sensemaking and influences the other properties. At the same time, identity construction is also central to the concept of organizational change. The focus of any change initiative is essentially to re-define identities. From either an individual or organizational perspective, change initiatives endeavor to provide a new way of conceptualizing “who we are” as an organization (Marshak, 1993). Arguably, identities result from prior beliefs and experiences, ongoing interactions, and the retrospective process of sensemaking that individuals use to reconcile changes in their social, organizational identities.

Thus, it can be argued, new identities take form and exist as they are put into language by individuals and organizations. For example, Gioia and Thomas (1996:394) found that organizational leaders readily accepted the idea of identity as ‘changeable’ over a fairly short period of time. And it is this conceptualization of identity as fluid that we suggest makes the prospect of organizational change seem plausible. However the existing change literature does little to address the
contradiction between this view of identity as fluid and the commonly held definition of identity as being quite stable and lasting (e.g. Albert & Whetten, 1985).

It is this departure from the traditional understanding of identity that has important implications for those engaged in change. “The definition of identity as enduring obscures an important aspect of identity within the context of organizational change: for substantive change to occur, some basic features of identity also must change” (Gioia et al., 1996:394). This suggests that identities may not be fixed either for individuals or organizations involved in change processes (Beech & Johnson, 2005:32).

By highlighting the importance of identity in the relationship between language and power in organizational change, we suggest that critical sensemaking offers a method of analysis, which privileges the role of the individual within organizational change. As we incorporate this framework within a poststructuralist approach, we are also able to addresses the reflective processes employed by individuals operating within the broader power/knowledge relationship of change. For example, although everyone in the organization may take part in sensemaking, there is an inherent inequality among organizational members that may affect the realities they construct (Helms Mills & Mills 2000:67). Thus, critical sensemaking provides a lens through which to analyze the power relationships reflected in these inequalities and the consequences of those power effects for individuals.

The language / power relationship
A focus on the language of organizational change helps us to understand not only how people construct an “ongoing sense” (Weick, 1995) of organizational reality but also a sense of identity. For example, despite the widespread acceptance of organizational change as an essential component of management discourse (du Gay, 2003) there is little empirical evidence to indicate that change programs are able to achieve the objectives they espouse (Champy, 1995; Choi & Gehling, 1997; Hammer & Champy, 1993; Higgs & Rowland, 2005; Higgs & Rowland, 2000; Kotter, 1990). Even though empirical evidence points to the perceived failure of organizations to realize change, the language of change is still powerful in its ability to produce and maintain a discourse of change. In a move from an “old to a new discourse of change” (Oswick, Grant, Michelson, & Wailes, 2005:387) the discourse of change management has altered its focus from one of outcomes to one of language. Oswick et al. describe this transition as “a subtle shift of emphasis from the substantive to the discursive” (2005:387) and identify a discourse of change which focuses almost exclusively on meaning, conveyed through language, as opposed to tangible management outcomes. The study of language-use in the talk about change at the health centre explores the way that significant organizational events were “enacted” (Weick, 1995) and the implications for those involved.

Critical Sensemaking and the discursive effects of talk about change
The question of how some talk becomes privileged over others in the construction of organizational discourse has been addressed by a number of studies from the perspective of discourse analysis (Hardy, 2004). This interest in what attributes and conditions are required to give “some texts staying power” (Cooren, 2004), or “become sufficiently fixated” (Ricoeur, 1981), “leave traces” (Taylor & Van Every, 2000) or indicate that a narrative has been “taken up” sufficiently widely throughout an organization (Cooren & Taylor, 1997) provides context for my investigation of the dominant and alternative narratives of change in this study.
The Foucauldian approach “urges us to think in terms of a plurality of discourses, in relation to which actors are differently positioned by virtue of their status and identity” (Rossi, 2004:6). Privilege in the process of critical sensemaking comes largely through the ability of a particular actor to extract cues, convey plausible explanations, and resonate with the identities of those involved in the process. In the organization featured in this study, a number of competing narratives of change were available to those involved in the change initiative, yet only a few were privileged as dominant within the organization. Critical discourse analysis informs us that certain narratives are more likely to resonate with the sensemaking process of individuals in organizations. Certainly how cues are extracted to support these narratives is an important part of that process. But the content of the narrative itself must reflect a plausibility that is required by sensemaking. It must also reflect an identity that is consistent with the current identity construction. If a narrative offers these elements to those making sense of change, it may become ‘embedded’ in organizational discourse. Embedding refers to the extent to which narratives are adopted and incorporated by other organizations to become part of standardized, categorized, generalized meanings.” (Phillips, Lawrence, & Hardy, 2004:643) And as these authors conclude, “only certain texts will ever become embedded in discourse.”

**Gathering Talk at the CHC**

The current Canadian Health Centre Hospital (CHC), which is a regional health care facility, is the result of the merger of two smaller hospitals. For the purposes of this research, and in order to accommodate the retrospective, social and ongoing nature of sensemaking, fifteen employees, representing a cross section of the organization from CEO to front line staff, from both of the formerly independent sites, were interviewed, in order to gain insights into how individuals had made sense of the changes. Starting with a general question, “could you talk about your experience with organizational change at this organization?”, participants were able to use their own language and direct their own sensemaking around the change experience, thereby allowing us to unravel the participant’s change story, through a critical sensemaking framework.

**The CHC: mergers and shocks**

Weick (1995) informs us that organizational sensemaking among individuals is typically triggered by a shock, such as an organizational event, that makes it impossible for members to continue to make sense of things as they previously had. The most significant shock described by participants from the CHC is still, a decade later, the merger of the formerly independent Faith and City hospitals. The Faith Hospital historically had a strong religious affiliation and was focused exclusively on women and maternal health. The City Hospital was not a religious hospital but was historically connected to a teaching university and was known as a centre of excellence in paediatric tertiary care. Although the merged organization has experienced many change initiatives since this event, individuals still tend to bracket their experiences into ‘before and after’ the organization merged.

The organizational values which were a part of the Salvation Army run Faith Hospital, the family-type approach to the organization, community focus, and commitment to “live within our means” were cultural attributes which Faith employees describe as being “lost” in the process of the merger.

I’ve reflected a lot on this over the years and certainly had a lot of conversations with other people about this about the role of the Salvation Army, when your CEO (in the Salvation Army model) doesn’t get a salary, their decision-making is driven by other things than personal gain. Perhaps when you look at other provinces where
you've got hospital CEOs making close to $700,000 a year, when you put a Faith Hospital CEO up against that – where basically he gets living expenses – like, they get no money. It's a whole different motivation and it is this notion of a religious calling. And so the Salvation Army – what I think we lost with that merger was we lost those values (former Faith hospital manager).

I think, in hindsight, maybe the administration did not pay as much attention as it needed to at the grieving of the old Faith Hospital... I think there was a huge loss with the Salvation Army; I think there were many, multiple losses. I think the grieving of the old Faith was the beginning. And then put on top of that the dismissal of the LPNs: it just added to the further burying, I think, of the grief … and then the layer of the shared services and then the layer of the merger. You know, so I think from the Faith perspective, it's just been a compounding of issues (CHC nursing staff, former Faith Hospital employee).

The connection to the former organizations is maintained not only by Health Care staff, but by the physician teams as well. Differing perceptions of the competence of medical care delivered in the former Faith and City have been retained, and resulted in both cultural and structural difference within the merged centre.

There are issues here that are real tough. For instance: we have two departments of Anaesthesia, you know. And that physically results in a barrier to trust each other enough to work together. So at some point, we've got to look at that: we've got two peri-operative things going on in one organization (CHC manager).

The distinction between the two organizations is further entrenched by informal talk inside the organization and outside in the community. For example, as employees in these two camps made sense of the merger as something that should be resisted, they established and maintained language and practices that would support their traditional loyalties. As one manager put it:

I still have nurses who refer to this section of the health centre as the “Faith side” and they will not share resources with folks from the former “City” side. Also, they won't apply for internal positions that are connected to “City” side departments. But it's more wide spread than this... I mean, the language is so established I can't get a taxi to pick me up at the doors on this side of the building without asking specifically to be picked up at the Faith side of the hospital. That has to stop...but it is very ingrained.

In this description, the power of talk used to maintain meaning in the merged organization is evident. Some employees in the centre are continuing to use language to reinforce practices which have real effects on organizational processes. Although formal organizational rules encourage nurses to apply for jobs across the centre, the informal rule reflected in a practice of maintaining silos is apparent.

Identity Construction
As Weick et al remind us, “our identities lie importantly in the hands of others” (2005). From the external perspective the community view of the CHC has been, and
continues to be, very positive. The struggle for that group is to reconcile the internal reality of the workplace with the external perception.

This discrepancy factors significantly in individual sensemaking about organizational identity. Perhaps most problematic is the disconnect between the external identity of the organization as a top-notch tertiary care hospital and the internal experience of employees who were feeling undervalued, overworked, and unhappy in their (hostile) work environment. The HR director has introduced a new approach where employees are asked, in focus groups or individually, to reflect on the original reasons why they came to the health centre. She hopes to capture some of the positive attributes of the health centre from the external perspective, and remind employees of what the organization could be. “Let’s focus on what we could be doing well and celebrate that,” she says. “It’s critical because you don’t want people really wanting to work at the CHC and then getting here and saying, ‘Oh my God! It’s extremely toxic; it’s stressful. I didn’t sign up for this; this is not what I expected.’ And then getting out.”

Employees make sense of this inconsistency between external and internal views of the organization by drawing on several important cues. The first is the government validation of the CHC as separate from the regional health authority, with a distinct role in the community. This remains a source of pride across the organization. Likewise, the external perception of quality patient care provided by the organization is important to employee descriptions of themselves as health care providers. As employees grapple with the tension between competing discourses of management, medicine and culture, they tend to describe these differences in approach as internal issues, separate from the external view of the institution.

At the same time, the identities that individuals may draw upon in constructing themselves in the workplace need not be limited only to discourses of the employee. In explaining the conflict health care employees may feel about their roles, and their ultimate decision to continue working in a hostile workplace environment, one manager said: “in some respect they stay because they see themselves as future consumers in the system. They look ahead and say, ‘I am going to need this service, who will provide it for me and my family?’” In choosing to stay, some employees may be privileging a competing identity within a social discourse, one of health consumer or family member, over their identity as a health centre employee.

Another challenge to organizational identity construction is that the community around the CHC continues to recognize the two distinct organizations. Armed with this external validation of their previous identity, there was little perceived benefit on the part of the Faith hospital employees to adopt a new identity once the threat of the regional health board was averted. Employees at the Faith hospital already had respect from the community, and the dominant culture (City Hospital) at the CHC did not appear to respect the clinical competence of the Faith employees.

A decade later, identity construction has proven to be a particularly complex endeavor at the CHC. A number of program groups, or discipline groups have developed collective identities, i.e. former Faith Hospital employees, physicians, management, etc. As well, employees began to struggle with their own individual identities within the organizational language of change, specifically program-based care and family-centered care. These two initiatives were introduced to facilitate a re-structuring of how the health centre managed resources and streamlined processes. Resistance to both the re-structuring and corresponding language has made it difficult for management to gain a widespread commitment to the organization’s mission, vision and program-based care structure. One current
member of the senior team has served as the acting CEO of the health centre on three occasions in the decade since the merger. He describes his approach to change in this way:

My experience in successfully navigating change here is you go back to the processes of planning for a change; putting in place measures so that you can report on the change; evaluating the change; and then doing some fine-tuning: “Okay, so we’ve done this change. How is it working? What do we have to do next?” Recognizing that you’ve got that internal piece, but you’re also looking at how the organization is doing relative to alignment with the changes in the system…It all has to play out in terms of; how do you develop the strategy, the strategic framework, for the next advance?... For the folks who lead an organization, you’ve got to say, “Okay, stay the course so as to show progress and move forward.” And that’s what folks in an organization expect vis-à-vis leadership. And remember, the dynamics of an organization, the people in an organization, are transitional... You want to make sure that you’re adding value with respect to the ongoing journey of an organization.

Although this approach is consistent with the mainstream approach to change management, it does not recognize the identity struggles of individuals within the organization.

Strategic change, when viewed as micro-strategic processes rather than successive organizational states, is highly susceptible to processes of disjunction and disruptions. Whilst an ideal may be that people can make sense of strategic change through a coherent narrative that is credible for all parties, in messy, socially constructed reality, there is a high chance of actors making sense of the situation differently and impacting on each others sensemaking processes (Beech et al., 2005:44).

The alternative narratives of change at the CHC, stories of loss, lack of respect, workplace hostility and frustration, indicate that change has not been just an organizational undertaking. It has been an individual journey as well and, as Beech & Johnson (2005) point out, actors have made sense of the situation differently. A member of the human resources team at the health center explained some of the individual affects of the change agenda as follows:

We have very, very definite silos here. We are three, almost three organizations: City, Faith, and then Other Health Services, which was an amalgamation of a variety of services. And so our greatest challenge of trying to merge these is impacting everybody who works here and [that's] recognizing that we've gone through a number of CEOs; they've seen what is happening in the government; they see that funding is not forthcoming. We’re burning people out. There is a lot of stress and overwork. In some parts of the organization, a toxic workplace. We have a number of indicators to tell us, you know, that we’re in trouble.

Enactment

Although identity construction is central to the sensemaking process, another property, enactment, provides an important glimpse into the relationships between how individuals make sense of things through language and how this translates into action. As Helms Mills(2003:174) points out, “If the other
As individuals enact their beliefs, they also make sense of them. And in effect, the 
use of language in the describing of an event enacts the construction of sensemaking about the event. Helms Mills (2003: 198) explains enactment as a property of 
sensemaking which “means that we create an activity that reflects our making sense of the experience within our environment.”

The enactment of layoffs which happened at the health centre in the name of 
financial efficiency was an important element of the change agenda at the CHC. It 
happened within a context of public sector health reform which was consistent with the 
language of financial efficiency. As a result, the discourse which equated change and 
organizational survival created layoffs as meaningful events in a strategy designed to preserve the work of the broader organization, at the expense of individual employees.

In that sense, talk about change at the CHC is represented in a discursive form which equates change with survival. Essentially, the fear of what will happen if change is not attempted is motivation to adopt it, even when past experience with change has been negative. Employees tend to “equate change with a loss of service, loss of jobs and less money in terms of resources.” This is a result of the organizational change experience since the merger.

The first time we had a change was around the time of the merger and I think it was 46 people that went out the door and you know those were competent people, they weren’t folks that were deadwood that the organization could just say ok, let’s off a few people, they were significant contributors to the organization, they were just in the wrong place at the wrong time. So now individuals start to get the mindset that change means consequences to significant numbers of people and budgets, and has nothing to do with individuals.

This concern with workplace morale and employee stress is evident throughout the health centre, and central to any discussion of change. One of the most visible effects of this organizational environment is fear. As one employee says, “when people hear the word change, or any of that language… program-based care, etc, it unnerves them. I think we have a culture of resistance here, maybe because of low morale, but because people are afraid.”

As Knights and McCabe point out, “Given the contractual nature of employment, the vagaries of capitalism and the structural inequalities of power, fear is invariably a perennial feature of organizational life” (2002:243). In relation to the discourse of the language of change, fear is an important element. This is not just in the production of the discourse, but in the experiences of those making sense of the organizational change as well.

The discourse of health reform is presented below by a member of the senior management team as she provides legitimacy for the enactment of layoffs. “There is a lot of fear, but I mean, what can we do? The money just is not there. The provincial health care budget is already the largest, and we can’t afford it. We need to change so that we can be more efficient.”

This statement provides us with insight into the power of the language of change reflected in talk about financial efficiency. When this employee emphasises what we can “afford” financially this language legitimizes a work environment characterized by
fear. Although the statement acknowledges a negative effect on individual employees (fear) the meaning conveyed clearly privileges the power of provincial budgets over the environment, or individual concerns.

As one member of the public relations team describes;

One of the large agents of change or creators of change or catalysts of change in this building, as in the whole industry of health care, is funding. It really is a massive one. You know, they do get a chance – the managers and stuff – they do get a chance to go across the country and look at best practices and look at the way other people do things, and try to bring that back -- but not as much as they would look at their PIRs (performance indicator reports) and their quarterly budgets. I mean, that’s really the big one.

This language emphasizes the power of the discourse of financial accountability, and at the same time indicates a contradiction in organizational talk about change where broader initiatives such as ‘family-centeredness’ are promoted as reflecting the values of the organization, but financial efficiency is actually privileged as the motivation behind organizational change.

The tension between the language employees hear, “workplace of choice,” “team-based,” “family-centered”, and the cues that factor into their sensemaking processes is further exacerbated by the fact that some individual in the organization do not accept the meanings conveyed through the dominant narratives reflected in organizational talk. Consistent with talk of change reflecting financial accountability, success stories about the merger often focused on finances, rationale for change was often couched in economic terms, and this language did not seem to resonate with the organization as a whole. From a sensemaking perspective, the dominant narrative of financial responsibility appears to connect with the senior leadership team and management – but it does not resonate with health care providers. In fact, it is a point of resistance for that group.

The formal privileging of language associated with the dominant way of talking about change from the CHC management team is embodied in the form of the organizational strategic plan. This plan is frequently referenced in terms of its values, mission and objectives, however, as one employee explains, the specific language of the document is not particularly accessible. “In that strategic plan, there are four key directions, 21 goals and 83 objectives which are supposed to guide our plan. What we’re doing, our business. To have 83 objectives that are submerged in a strategic plan that nobody looks at; and if you did look at them, it would be hard to decipher what is meant. That’s not a useful document in any organization.”

The power in the formal documentation of the strategic plan appears more so in its role of legitimizing management’s narrative of change. As one long-term member of the senior team explains;

So while it’s true that we’ve had a lot of change in the office of the CEO since the merger, the senior leadership commitment to be true to mission, vision and the strategic goals that were set in the last Strategic Plan really did not waver. We are meeting, have met, objectives.

Although he acknowledges there were bumps in the road, he defends the organizational change experience as strategic and focused on objectives.
Yet even though formal organizational rules may attempt to guide the organization towards a more integrated approach, informal rules maintain a structure of distinct identities. As one CHC manager points out,

The two cultures are still very separate. Employees do not apply for jobs posted “on the other side,” and there can be a reluctance to share resources between the old Faith programs and the old City side and vice versa.

Conclusion
The language used in organizational talk about change has become meaningful for employees in this case through a process of sensemaking that is closely connected to the cultural identities of the two former hospitals. These identities have essentially remained intact despite a change initiative aimed at a unified organization. The merger itself was the result of financially motivated health care reform in the region. Although some of the organization’s employees, and particularly management, accept and privilege financial responsibility over other organizational issues, others do not.

This tension between the language of finances and the language associated with a faith-based approach to health care is reflected in conflicting sensemaking process, organizational rules, and identities within the organization. Although the language of financial responsibility is questioned within the organization, it is certainly dominant within the formative context of provincial health care management. It is also dominant in the broader social discourse of organizational change. The discursive effects of this discourse upon the organization are most often described by CHC employees as low workplace morale, a toxic workplace, and a fear of change.

The resulting effect within the organization is one where employees from different parts of the organization talk about change differently. This is reflected in very different sensemaking processes. Employees of the former Faith hospital, for example, tend to associate talk of change with talk of loss. As a result, employees in different locations of the organization make sense differently of the same cues and experiences.

By engaging participants in a process of active "sensemaking" (Weick, 1995) as they share their narratives of change, this study contributes to the creation of space for multiple voices in the investigation of the language of organizational change. At the same time, the framework of critical sensemaking offers a useful contribution to this discussion. By focusing this analysis on properties of critical sensemaking, which allow individuals to create discourse as meaningful within organized settings, we were able to view a process of how individuals interpret, enact, create and maintain the language used to talk about change at the local level.

The language of change is conceptualized here as particular discourse which effects the actions of individuals in organizations. In order to see the discursive effects of the specific language of change, we must look at the process of how individuals within organizations make sense of meaning and language and ultimately view the effects of that language on individuals. Critical sensemaking provides a connection between the importance of power effects reflected in discourse, but also provides a framework whereby we can see the components of a change process that lead to individual understanding of the change environment. This methodology is useful in uncovering process and structures which serve to privilege some narratives as sensible, plausible and, potentially, dominant within the organization.
References


