Change, talk and sensemaking

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Abstract
Purpose – The purpose of this paper is to focus on the change experience of a regional health centre that was merged in the late 1990s and shows how organizational talk becomes privileged in the change process, and how some talk becomes meaningful in the constitution of organizational identity.
Design/methodology/approach – The paper analyzes the process through which 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, the authors apply the analytic framework of critical sensemaking (CSM) and critical discourse analysis.
Findings – Organizational talk is presented as the enactment of a sensemaking process and insights are offered into the process of how organizational identities are maintained, altered or constrained during change. The discursive effects of the language of change, including the belief that change is actually a discursive process about the mutual constitution of language and identity in a process of making sense of the discourse of change, are discussed.
Research limitations/implications – The merging of critical discourse analysis with CSM provides an alternative means of understanding organizational change, including the socio-psychological processes that occur within the privileging of the language of change.
Practical implications – For organizational change practitioners, the paper provides insights into how organizational members make sense of the change language discourse, which can affect how they introduce future change processes.
Originality/value – The paper provides a novel way of understanding the change process and furthers the empirical use of (critical) sensemaking as a method.

Keywords Organizational change, Corporate identity, Conversation, Change management

Paper type Case study

Introduction
Organizational change has emerged over the past two decades as one of the most prevalent topics of management theory and practice (Doolin, 2003; Pettigrew et al., 2001; Sturdy and Grey, 2003; van de Ven and Poole, 1995). The language of change is often coached in a context of fear or failure, and the motivation to “embrace” change is often borne of a fear of being destroyed by the change if unable to adapt to it. As Sturdy and Grey (2003, p. 653) point out, the underlying assumption that connects this plethora of work on organizational change, is that change “should, can and must” be managed. Three fundamental assumptions about change characterize this dominant approach to change management within the literature. First, there is an unquestioning acceptance of change as essential to organizational survival (French and Bell, 1999). Second, change is characterized as a threat to organizations (Peters and Waterman, 1982). Third, change is represented as an issue of leadership (Bass, 1999; Woodward and Hendry, 2004).
In this study, our objective is to analyse the process through which organizational talk becomes privileged in the process of organizational change, and to show 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)[1] 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. At the same time, we wished to explore the question of how a particular sense of change is enacted and becomes part of ongoing sensemaking within an organization.

We use an analytic framework of critical sensemaking (CSM) (Mills and Helms Mills, 2004) to investigate organizational talk. We feel that this method is valuable because it contributes to what has been described (Weick et al., 2005) as a lack of empirical studies using a sensemaking framework. More importantly, 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 and it addresses the unequal balance of power in the sensemaking process. That is, whose voices are being heard? As such, we feel that CSM offers a different lens through which to understand change.

**Agency and organizational change**

Despite the vast literature on organizational change in general, there exists relatively little work on change from the perspective of individual agency. To complicate matters further, the research which does exist represents a “growing fragmentation and diversity” (Caldwell, 2005, p. 104) in terms of competing perspectives on agency. In his review of agency and organizational change, Caldwell (2005) describes four competing discourses of agency: rationalist, contextualist, dispersalist and constructionist. In each of these, agency is conceptualized through a different ontology. The most established and widely recognized view of agency in the literature is the rationalist approach. This view proposes the concepts of the “change agent” (Lewin, 1999) and “process consultant” (Schein, 1988), who offer expertise and direction during planned change initiatives. In recent years, there has been some debate among institution theorists working from this approach about the traditional role of the individual as embedded within the organization and the concept of “institutional entrepreneurs” a term that may be applied to individuals in institutions who mobilize resources, utilize rhetoric, and affect institutional change (Battilana, 2006). Work by Suddaby and Greenwood (2005), for example, addresses the discursive struggle between members of two professions dealing with the emergence of a new organizational form within an established institutional field. These authors analyze the importance of institutional rhetoric in influencing the outcome of change initiatives.

The contextualist approach focuses on “processes of emergent change and the bounded nature of centred agency in organizations” (Caldwell, 2005, p. 86). In this sense, agency is viewed in relation to processes of change. This research is concerned with creating “theoretically sound and practically useful research on change that explores the contexts, content and processes of change together with their interconnectedness through time” (Pettigrew, 1987, p. 268). In contrast, the dispersalist discourse is concerned with self-organizing systems and decentralised decision-making processes found in concepts like the learning organization (Senge, 1994). In this way,
the dispersalist perspective focuses on processes of organizing and individual sensemaking (Weick et al., 2005) in those processes. The fourth discourse, constructionist, positions agency within discursive practices. The critique of this perspective is most often associated with the lack of rational or intentional control that individuals have over the effects of discourse from this point of view.

To date, the competing nature of these discourses has meant that there is no unified understanding of the role of agency in organizational change. As a result, research on individual experiences in change initiatives tends to reflect this division, limiting contributions to one or another defined camp. The methodology utilized in this paper offers a response to Caldwell’s (2005) call for new approaches to studying agency in organizational change which attempt to combine elements of two of these competing discourses. An approach of CSM may provide an opportunity to combine elements of the constructionist and dispersalist discourses of agency. Both these perspectives offer an opportunity to make language central to the analysis. And by maintaining the constructionist focus on power, while adopting a framework that illustrates how individuals make sense of and enact the language of change, this study offers an innovative approach.

Since sensemaking occurs at an individual level, the concept of agency is important to our analysis. In this study, we view agency in terms of the ability of an individual actor to enact meaning within a local site of sensemaking and organizing. The analytical lens of sensemaking offers insight into the individual process of creating meaning. “Sensemaking is central because it is the primary site where meanings materialize that inform and constrain identity and action” (Helms Mills, 2003, p. 35). Since our interest lies in understanding the ability of individual employees to make sense of their experiences with change, we are concerned with the process through which individuals draw from the broader social contexts that shape their environments. However, sensemaking shows us that these contexts alone do not determine how individuals make sense of things. CSM allows us to both identify the process through which individuals create language as meaningful and at the same time, enact it within the organization. To that end, this research endeavours to identify connections between the language of change operating within the organization and the ability of individuals to make sense of this language and, ultimately, to enact it.

What is critical sensemaking?

Sensemaking
It provides a recipe for understanding organizational processes through the utilization of a series of interdependent social psychological “properties”, offers a way of understanding how individuals make sense of their complex environments. According to Weick, sensemaking is:

1. grounded in identity construction;
2. retrospective;
3. enactive of sensible environments;
The first property of sensemaking, identity construction, is central to this process of sensemaking as it highlights the complex nature of social construction reflected in contemporary organizational change processes. As Helms Mills (2003, p. 55) points out, identity construction “is at the root of sensemaking, and influences how other aspects, or properties of the sensemaking process are understood”. From that perspective, the identities of those experiencing change influence the way in which they make sense of events and enact meanings. This facilitates a process of identity construction where:

[...] who we think we are (identity) as organizational actors shapes what we enact and how we interpret, which affects what outsiders think we are (image) and how they treat us, which stabilizes or destabilizes our identity (Weick et al., 2005, p. 416).

Sensemaking also offers a retrospective process through which individuals interpret and make sense of events in the change process. Meanings are interpreted through a lens of past experiences and understandings. Language and events in the past that have been created as meaningful for an individual will help to shape that individual’s sensemaking of future events. From that perspective, identities that were meaningful in the past will influence the construction of, or adherence to, identities in the future.

However, the seven properties of sensemaking referred to above are not all equally visible in the process of individual sensemaking. At times one or more of the properties may play a more significant role in influencing sensemaking than others. In addition to this, the sensemaking properties may influence individual sensemaking simultaneously. For example, the property of enactment refers to the process whereby individuals bring a particular meaning into action. As Helms Mills (2003, p. 174) says, “If the other six properties are about influences on sensemaking, enactment is about imposing that sense on action.” Individuals may enact meaning by, for example, putting that meaning into language and talking with other organizational members. Enactment may become visible in this process, but that same enactment of meaning may influence the plausibility of other actions, and simultaneously the construction of individual identity. 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. As a result, individuals within organizations may not make sense of the same event in the same way. To that end, there is no one “right” meaning attached to a given experience. CSM offers a frame of analysis that looks at actions and beliefs as driven by plausibility not accuracy.

Plausibility essentially refers to a sense that one particular meaning or explanation is more meaningful than others. It feels right within the range of possible explanations available to sensemakers in a given situation. There is no specific definition of what makes a particular explanation plausible, however, Weick suggests that options make most sense when there are no better alternatives, other individuals seem enthusiastic about this alternative, other individuals or organizations have taken this same perspective, and/or this explanation resonates most closely with existing identities and perceptions. The CSM perspective further suggests that plausibility is also enhanced
by those same factors that privilege some meanings above others. The ability of an actor to propose a particular manner in which to make sense of an experience, the access individuals have to other plausible explanations, and in fact, the access individuals have to the proposed meaning, all influence plausibility.

In order to navigate this complex process of finding plausible meaning, individuals rely on extracted cues. This property refers to a process through which individuals select certain, specific cues upon which they may base their sensemaking. Weick (1995, p. 54) identifies cues as being linked to a series of ideas and actions. These links can help to “tie elements together cognitively”. As a result, if the cues which individuals extract from the environment are consistent with the decision-making process of the organization, sensemaking may serve to support the change process. Alternatively, if there is inconsistency in the cues, or some important cues for the dominant change story are missed in the environment, the change process may not be supported (Helms Mills, 2003).

Weick’s model is useful in providing us with some insights into how individuals connect with the language of change on a micro-level, as they construct the day-to-day activities of organizations. If we apply Weick’s sensemaking to the understanding of the process of organizational change, we can see how disparate understandings of the change process and the language used can occur. For example, by exploring the factors and events that shape who we are we can see how they influence what cues we extract to make sense of issues to give them plausibility. This includes drawing on past experiences and previous exposures to change programmes as frames of reference, as well as relying on both social interactions and the environment that we create and enact because of these interactions. But sensemaking does not explicitly address the issue of power, power relationships, or context. We are still left with a gap in the literature between understandings of individual level reactions to and relationships with change, and connections to the broader language of organizational change.

Since CSM offers an opportunity to combine the ideas of sensemaking and organizational power in an analytic approach, it allows us to explore these power structures and relationships in a way that sensemaking alone would not.

Formative contexts
As we have said, the sensemaking properties provide a useful lens through which to analyze agency but as Helms Mills (2003) reminds us individuals do not determine their own sensemaking, separate from external forces and within a context of power. This is where the notion of formative contexts provides a link between dominant social values and action (Blackler, 1992). Described as institutional and imaginative practices that shape a society’s routines, formative contexts are structures that limit what can be imagined and done within that society. While no one formative context is necessary or fixed, some are more “visible” than others and therefore more easily destabilized (Unger, 2004). By introducing the dimension of formative contexts, a CSM framework creates space for a discussion of how the macro-level context in which individuals operate affects the cues they extract, the plausibility of various text and narratives, and the nature of enactment. From this perspective, individuals do not limit their interpretations of meaning solely to the language and experiences provided by the organization. This connection between the local site of sensemaking and a broader social context is an important link in the analysis of individual enactment of meaning.
Organizational rules

In addition to the structures of formative context, Mills and Murgatroyd's (1991) organizational rules perspective offers another dimension that contributes to our understanding of the establishment of the context in which sensemaking happens. "Rules are phenomena whose basic characteristic is that of generally controlling, constraining, guiding and defining social action" (Mills and Murgatroyd, 1991, p. 3). These rules focus on "activities of socialization, whereby employees enact organizational rules and maintain organizational culture" (Helms Mills, 2003, p. 199). However, the rules also set limitations on individual sensemaking and actions. At the same time, these rules may emerge as formal (i.e. policies) or informal (the way things get done) within the organization. From that perspective, rules provide a pre-existing sensemaking tool that contributes to the plausibility of an interpretation or the likelihood of a cue to be extracted as meaningful. The incorporation of organizational rules into the CSM framework also introduces the concept of meta rules to sensemaking practices. These rules (including, for example, privatization, competition and modes of production) are broad in scope and represent points of intersection between a number of formative contexts (Helms Mills, 2003).

Rules might also be interpreted differently in different areas of the organization depending on how they are made sense of and whose sensemaking is being heard. As well, formal and informal rules in the same organization may lead to different interpretations of "how things are done". In the case of the CHC, formal rules on hiring practices across the organization were designed to facilitate a more integrated workplace. Internal applicants are eligible to apply for positions throughout the health centre, no matter where they come from in the organization's structure. At the same time, however, informal rules maintain distinct boundaries. As one CHC manager points out:

The influence of the two former hospitals can still be seen. The sites 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 programs associated with one or the other former hospital sites (CHC Operations Manager).

Rules, although perhaps traditionally viewed as maintaining an existing process or structure may also operate in the case of organizational change, we suggest, to privilege a dominant language of change within the organization. In as much as rules inform our understanding of how organizations may retain unity and cohesiveness, they “simultaneously serve to contain differences of opinion, beliefs, and values while resulting in practices that give the appearance of unity of purpose” (Helms Mills and Mills, 2000a, p. 58). The rules perspective, within a framework of CSM, provides insight into both the power of the actors enacting rules, and the constraints under which these rules are introduced to the organizations. Although powerful actors in the organization may set the direction for the rules which will provide a sense of cohesion within the organization, they are themselves constrained by meta-rules and formative contexts which limit the availability of alternatives they may select from within a broader context of organizational change.

Thus, CSM argues that an analysis of sensemaking needs to be explored through, and in relationship to, the contextual factors of structure and power in which individual sensemaking occurs. In this way, it provides an approach to understanding the role of language in the process of change and it offers an opportunity to view the effects of change from the perspective of the individual employee. At the same time,
CSM provides an important framework for investigating how individuals make sense of language and enact it on an individual basis. Through the CSM framework our analysis of events that occurred at the hospital presents a contextualization of how individuals reflect and interpret the experience of change in a specific organizational environment. In essence, CSM identifies how the meaning of “change” are mediated by local conditions. Specifically, we will focus on the connections between the properties of sensemaking, which influence how individuals make sense of language, formative context and organizational rules (Helms Mills and Mills, 2000a).

Identity construction and CSM
Whereas CSM, as a method of analysis, allows us to make a connection between individual actors and the effects of the broader context in which they operate, this is accomplished to some degree by a focus on the property of identity construction in individual sensemaking processes. As has been outlined elsewhere (Helms Mills, 2003), identity construction is a key property of sensemaking and provides a foundation to the sensemaking process that is pivotal in its influence on 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 endeavour to provide a new way of conceptualizing who we are as an organization. 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.

By highlighting the importance of identity in the relationship between language and power in organizational change, we suggest that CSM offers a method of analysis that 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 and Mills, 2000b, p. 67). Thus, we feel that CSM 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
The traditional managerial focus on organizational change and the language of change as tools that can be manipulated in the pursuit of organizational goals has left little space for a more in-depth analysis of the political landscape on which change happens. Specifically, the relationship between language and power in the process of identity construction in an environment of change has not been fully explored. As individuals and organizations endeavour to make sense of ongoing change, the broader context of this landscape must be taken into consideration.

We feel that a focus on the language of organizational change helps us to understand not only how people construct an “ongoing sense” 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 and Gehling, 1997; Hammer and Champy, 1993; Higgs and Rowland, 2000, 2005; 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 this paper, we have adopted the definition of discourse as described by Knights and Morgan (1991, p. 254), in that discourse “is shorthand for a whole set of power/knowledge relations which are written, spoken, communicated and embedded in social practices”. In that context, organizational change is viewed as a management discourse that produces important and visible effects within an organization. The significance of the language of change within organizations may actually be the power of the language itself. In a move from an “old to a new discourse of change” (Oswick et al., 2005, p. 387) the discourse of change management has altered its focus from one of outcomes to one of language. Oswick et al. (2005, p. 387) describe this transition as “a subtle shift of emphasis from the substantive to the discursive” 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” and the implications of this enactment for those involved in the process.

CSM and talk about change

In an analysis of the processes of organizational change at a Canadian power utility company, it has been argued (Helms Mills, 2003, p. 73) that “organizational change as an imperative has become an important management discourse [ . . . ] that can be witnessed in the discursive practices of companies throughout North America and Europe”. This creates a need for new methodological strategies for studying the language of change and its effects on those involved (Helms Mills and Mills, 2000a). In this study, we are particularly interested in the language of change that reflects a narrative, or narratives, within the health centre. For this purpose, we view a narrative “as an analytic construct that is used to unify a group of events into a single story” (Abbott, 1990; Griffin, 1992; Stevenson and Greenberg 1998, p. 742). The question of how some talk becomes privileged over others within organizations has been addressed by a number of studies of organizational change (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 and van Every, 2000) or indicate that a narrative has been “taken up” (Cooren and Taylor, 1997), sufficiently widely throughout an organization provides context for our investigation of the dominant and alternative narratives of change in this study.

Privilege in the process of CSM 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. Sensemaking informs us that what resonates with one audience may not make sense to others in the same organization. “What is plausible for one group, such as managers, often proves implausible for another group, such as employees” (Weick et al., 2005, p. 415). Certainly, how cues are extracted to support a particular meaning is an
important part of that process. At the same time, a plausible meaning 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 et al., 2004, p. 643; Phillips and Hardy, 2002). And as these authors conclude, “only certain texts will ever become embedded in discourse.”

Gathering talk at the CHC
The current CHC Hospital, which is a regional health care facility, is the result of the merger of two smaller hospitals: Faith and City Hospitals. Each of these were well-established organizations in the region, and they physically existed across the street from one another for a number of years prior to the merger. City Hospital was the pre-eminent tertiary care children’s hospital in the region. The Faith Hospital was the largest maternity hospital in the region. In terms of size, the City Hospital was the larger of the two and certainly had the forefront in technology, research and teaching. The relatively smaller Faith Hospital was a Salvation Army run organization with a strong community focus, and a commitment to “live within our means” which meant budgets were very limited. After the merger, the Salvation Army left the hospital and the CHC now has no religious affiliation. Former Faith Hospital employees are the group that are most vocal in their opposition to the merger, and maintain today that they are a distinct group within the CHC. As one manager explains:

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’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 Nurse Manager).

The City Hospital employees were also sceptical about the merger. As one CHC employee explains:

The Faith Hospital didn’t have the clinical respect of the City. Because they really were the tertiary paediatric centre, you know, for the whole [of the] region. And granted, the Faith was as well, but didn’t have the dramatic cases that the City would’ve had at the time or still continues to have for our region. So I think there was always a “We’re better than you are” type of attitude (CHC Senior Administrator).

The merger itself was mandated by the provincial department of health, and driven by a motivation to cut health care costs in the region. It also occurred in the context of significant change within the health sector in general. This re-organization of public health care in the 1990s was closely aligned with a view to becoming efficient at the business of health services provision. The driving force in health care in the region
over the past decade had been a need to cut costs. In fact, health care is probably one of the most targeted sectors in this region of Canada when it comes to ongoing change. Financial pressure driven by increased demands on the system and inadequate federal and provincial budgets have led to significant job losses, restructuring, a series of mergers, and the reduction of care programs across the province. Although the province was clear in its demand for fiscal accountability, issues of differences in organizational values were not addressed or acknowledged at the time of the merger.

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. We ensured that the participants included representation from former Faith employees as well as City employees and employees who had joined after the mergers. Individual participants were selected for the study as they represented voices from a variety of locations within the organization and reflected differing degrees of organizational power. 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 CSM framework.

Owing to the complexity of the CSM framework (incorporating the psycho-social properties, rules and formative context), we started our analysis of the interview transcripts by examining the text to identify an organizational “shock” (Weick, 1995) which required organizational members to engage in sensemaking. It became clear very early in this process that the merger of the Faith and City Hospitals would provide this element. As we moved forward in the analysis, we attempted to learn about the sensemaking processes of individuals as they bracketed events before and after the merger. In this manner, we were not working to fit examples of language into a checklist of prescribed sensemaking categories. Conversely, we allowed the language to highlight the elements of the process that were most significant in influencing that particular representation. Essentially, we reviewed the language and asked, “what can we learn from this about how the process of how CSM unfolds”. Further, we attempted to discern which of the sensemaking properties appeared to be influencing meaning. We looked for language that was reflective of a formative context and indicated when an individual was drawing on language and experience from outside the organization. As sensemaking is not a linear process, analysis does not happen in a particular sequence. Therefore, the text of the interviews themselves directed which of the sensemaking properties we came to focus on in our analysis. We were also cognisant of the fact that some of the sensemaking properties, most notably identity construction, may draw on a number of meanings at the same time during the sensemaking process. For example, identity construction for some employees reflected a language of financial efficiency yet at the same time drew on an external context such as family or public service to legitimate the importance of their work. We also looked for evidence of organizational rules reflected in the language used. These rules could be in the form of formal or informal organizational rules, and reflected processes that imposed order through organizational routines. This analysis of rules helped to inform our understanding of how language was used in the organization and especially how meanings were enacted.
1990-1995: organizational shock, formative context and enactment

Organizational shock
As is typical in analysis of organizational sensemaking, we began our analytic process by identifying an organizational shock in the experience of the CHC that would signify a point at which sensemaking had occurred. Weick (1995) informs us that organizational sensemaking among individuals is 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, 17 years 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. Values at the City Hospital tended to focus on innovation, technology and leadership in paediatric medicine. 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.

Formative context
The CHC merger occurred within a broader context of public health management. In the 1990s, fiscal accountability in health care became an important management value. As a result, the CHC merger was positioned as a financially responsible decision. This position was not always accepted by organizational members, particularly when it conflicted with the context of faith-based healthcare previously associated with the Faith Hospital. The importance of faith and service in the previous organizational identity was supplanted by a focus on efficiency and management. Those who describe themselves as marginalized within the organization today are individuals who continue to identify with the faith-based culture of the former Faith Hospital.

The organizational values which were a part of the Salvation Army run Faith Hospital, the family-type approach to the organization and community focus 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 Administrative Manager at the Faith Hospital).

From the City Hospitals perspective, the culture of the Faith Hospital was not consistent with the high-profile culture of medical leadership that characterized its own. This difference in approach, described by the Faith employees as a “lack of clinical respect” was key to the divide between the two organizations.

As one former City Hospital employee explains:

What the Faith people didn’t really appreciate was the incredible complexity of the City Hospital, because the Faith was just, not just – I mean the patient numbers were higher in
terms of discharges, it was obstetrics and it was neonatology. And that’s what it was. Period.
Whereas at the City hospital, there were like 35 sub-specialties – it’s unbelievable the complexity of what was the City going into the merger (Senior Administrator in the current CHC and Former Nurse Manager at City Hospital).

City Hospital employees were quite comfortable with their role as leaders in paediatric medicine, and this was central to the identity of that organization:

The City folks, we are very proud of the complexity of what we do. We are a leader in paediatrics and we have always had high self-esteem about that. The Faith folks coming into the merger had low self-esteem. Really. At the end of the day, that is true. We were very able to promote ourselves and the practices we were involved in – and I’m not sure the Faith people were doing the same thing (Former Front-line Health Care provider at City Hospital).

As the merger progressed, the Faith Hospital contingent describes their experience of loss as being compounded by the sense of being “swallowed up” by a more complex, more high-profile institution:

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 (nursing assistants): 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).

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 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. Enactment is a property of sensemaking which “means that we create an activity that reflects our making sense of the experience within our environment” (Helms Mills, 2003, p. 198).

The merger itself required layoffs initially, and again about midway through the implementation of the process. 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. Although there were two rounds of layoffs associated with the merger, the first and largest group of individuals laid off happened at the outset of that initiative. These occurred 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:

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 (Former City Hospital support staff – current CHC Manager).

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. As one manager explained, employees tend to “equate change with a loss of service, loss of jobs and less money in terms of resources” (Current CHC Human Resource Manager).

**1995-2000: the CHC identity**

As Weick et al. (2005, p. 416) remind us, “our identities lie importantly in the hands of others”. From the external perspective the community view of the CHC has been, and continues to be, very positive. Internally, however, there appears to be a 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. As one member of the HR team explains:

> It is really interesting is that most of people who are involved in these difficult, stressful workplace relationships are excellent patient care providers. We don’t have a problem with patient care, people leave here, patients/families leave here like praising us to the highest hills that we’re the best around. But the relationships inside the organization are weak and strained. So you have to ask yourself, how long can we maintain that excellent patient care if the bindings of us together as a team are starting to fall apart. It’s got to have an impact eventually (Current Directory of Human Resources, CHC).

In an attempt to recapture some of the positive associations employees have with the organization, 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 remind employees of some of the positive attributes of the health centre from the external perspective, and inspire employees about 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, or extracting, several important cues. One such cue comes from the provincial government which has designated the health centre as having a distinct role in the community and separate from the regional health authority that administers other area hospitals. 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 priorities of management, medicine and identity, 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 identities 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 choosing to stay, some employees may be privileging a competing identity within a broader social context, 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.

Since the merger, identity construction has proven to be a particularly complex endeavour 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.

Within these broad constructions of identity, individual employees have struggled to construct themselves as organizational members. Some members of the CHC staff, for example, have held firm to their previous identities as part of the old Faith or City Hospital. Through their language, the Faith Hospital employees have maintained the existence of an entity that was officially dissolved over ten years ago:

Its language, the very interesting factor with that is that people will still call their part of the hospital what it used to be called, the Faith or the City. So there’s the language of where they are and they don’t want to give that up. There’s resistance to participate and share resources and ideas across the board (CHC Nursing Staff Member).

And although the external views of both organizations, and the new merged health centre, have always been positive, the internal perspective is not:

We do have a morale problem and that is one of the most interesting factors because a lot of people, most people from the outside world would think that the CHC is a great place to work. Always collegial with each other and positive. And its – the shocking reality is that it’s not like that for a lot of people. They don’t want to come to work when they have a difficult relationship with a manager or they don’t like their colleagues and you know – we have to deal with that problem before we can do much else with some of those groups (Administrative Manager, CHC).

2000-present: current workplace environment, language and organizational rules

Current workplace environment
The 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 (Human Resource Consultant, CHC).

As Knights and McCabe (2002, p. 243) 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.” In terms to the language of
change, fear is an important element in individual sensemaking.

The dominant narrative of health reform within the region 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 (Public Relations Officer, CHC).

This description of change emphasizes the power of the language 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.

Language

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 individuals 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, although part of a dominant
narrative, did not resonate with all groups or individuals across the organization. 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 (CHC Nursing Education Staff).

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 (CHC Senior Management Team Member).

Although he acknowledges there were bumps in the road, he defends the organizational change experience as strategic and focused on objectives.

Organizational rules
At the CHC, 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 Human Resource 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.

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 and 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 (Human Resource Consultant, CHC).

This quote refers to the maintenance of three separate organizational identities. These include the identities of the former organizations as well as a third identity, other health services, which resulted from the introduction of mental health services and some satellite service locations which did not exist at the time of the merger. This new grouping is a smaller segment of the organization compared to the Faith or City identities, and is to a significant extent located outside of the main health centre facility. In 2005, an external review of the organization (Health Centre Document, 2005)
identified these three distinct identities as a significant challenge for the organization. New employees hired by the Health Centre adopted the identity of the area they were hired into, i.e. the Faith side of the health centre or the City side, or the other health services.

The connection to the two former organizations is maintained not only by health centre staff, but also 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 (Current CEO, CHC).

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 (Member, Senior Management Team, CHC).

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.

**Conclusion**

In this study, we have attempted to show how the language used in organizational talk about change has become meaningful for employees, through a process of sensemaking that is closely connected to the organizational identities of the two former hospitals. What we found was that these separate identities have essentially remained intact despite a change initiative aimed at a unified organization. Although the merger itself was the result of financially motivated health care reform in the region, some of the organization’s employees, and particularly those in management, seemed to accept and privilege financial responsibility over other organizational issues, while 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. As individual employees make sense of the language of financial responsibility in this study,
they most often describe low-workplace morale, a toxic workplace, and a fear of change, as effects of the enactment of this language.

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.

Through the use of a CSM approach, this study has focused on this relationship between language and change and proposed a new approach to the analysis of organizational change: one that views change as a process which is enacted, maintained, constrained and made sense of through language. In contrast to mainstream views of language as a tool to facilitate change agendas, this perspective highlights the discursive effects of language as it imposes order on a process of discursive change. This understanding of the language of change as discourse suggests that embracing organizational change may not be in the adoption of change practices but ultimately in the acceptance of language that reflects identity and a change agenda.

In this context, those advocating organizational change may wish to consider individual sensemaking as a key component in the process of change. The impact of language must be looked at not as a tool to facilitate change, but the context in which change happens from the perspective of identity construction, the enactment of discourse (values, beliefs and experiences) and the privileging of extracted cues. At the same time, the framework of CSM offers a useful contribution to this discussion. By focusing this analysis on properties of CSM, which allow individuals to create language 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.

CSM provides a framework whereby we can see the components of a change process that lead to individual understandings 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. In this analysis, properties of CSM, which allow individuals to create language as meaningful within organized settings, highlight a process through which individuals interpret, enact, create and maintain the discourse that becomes dominant at the local level.

By focusing on language and power in this analysis this method creates a bridge between a broader formative context and the local site. At the same time, by engaging study participants in a process of active sensemaking as they share their narratives of change, this study contributes to the need for space for multiple voices in the investigation of the language of organizational change. The experiences of individuals within organizations need not reflect consensus on the change experience. In the organization studied here, in fact, narratives of change reflected diversity of sensemaking. This resulted in the identification of competing narratives of change, as well as other narratives which were not privileged within the organization. It also served to emphasize that individuals may make sense differently of the same language and circumstances. Although this concept has been presented in previous work, we feel that that this case makes an important contribution to the growing body of sensemaking literature because it highlights the manner in which language and power affect these different sensemaking processes.
Note
1. The names of the organizations and individuals presented in this paper have been changed to protect the confidentiality of those who participated in this research.

References


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Change, talk and sensemaking

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