

JYX



JYVÄSKYLÄN YLIOPISTO
UNIVERSITY OF JYVÄSKYLÄ

This is a self-archived version of an original article. This version may differ from the original in pagination and typographic details.

Author(s): Mikkola, Leena; Stormi, Inka

Title: Change Talk in Hospital Management Groups

Year: 2021

Version: Accepted version (Final draft)

Copyright: © 2020 Informa UK Limited, trading as Taylor & Francis Group

Rights: In Copyright

Rights url: <http://rightsstatements.org/page/InC/1.0/?language=en>

Please cite the original version:

Mikkola, L., & Stormi, I. (2021). Change Talk in Hospital Management Groups. *The Journal of Change Management*, 21(3), 287-306. <https://doi.org/10.1080/14697017.2020.1775679>

Abstract

Recent national healthcare reforms have resulted in many changes to healthcare organizations. When social realities are enacted in social interactions, changes also occur in communication through discourses. In public hospitals, middle management groups form one important platform for change talk. This study aimed to identify and understand how change talk emerges in management group meetings. Data were collected from 10 hospital meetings, and change-related interactions were explored by analyzing sensemaking and positioning. In the data, change talk took three forms: collaboration, control and confrontation. These forms consisted of change discourses (change as a possibility, concealed change and enforced change) and simultaneously negotiated positions (expert position, power/powerlessness position and cohesion/opposition position). The findings suggest that middle managers use sensemaking power through discourses. Positioning is also of vital importance in directing change talk because it defines the power relations in the change process. Keywords: change talk, hospital, organizational change, positioning, sensemaking

Making a Difference: This study provides in-depth understanding of change talk, which took three different forms in middle management group meetings in the hospital: collaboration, control and confrontation. These forms emerged when different meanings given to change met positioning that created participants' power locations. To make a difference in an organization, managerial practices may be developed through interpretive skills. It is of essential that leaders can identify struggling change discourses; however, it is even more important that they understand how certain positioning acts promote collaboration and inhibit the emergence of oppositional stances. Armed with this knowledge, leaders can ensure that the best expertise and ideas are available through the change process.

Change Talk in Hospital Management Groups

Introduction

Healthcare has been a primary target of political and governmental changes in many countries during the past two decades (Cox & Hassard, 2010; Saltman & Duran, 2016; Thurlow & Mills, 2009). Changes related to healthcare on a national level (Ahgren, 2016; Tynkkynen et al., 2013) have resulted in many reforms to complex and institutionalized healthcare organizations. These organizations are often characterized by strong hierarchical structures and independent acting areas of specialty (Kornacki & Silversin, 2000; Minvielle, 1997), interprofessional working environments (Sullivan & McCarthy, 2008) and actions which are strongly informed by ethical questions (Rhodes et al., 2008). Professional subcultures (Morgan & Ogbonna, 2008) and professional identities (Rodrigues et al., 2013) create their own social realities, which are enacted in social interactions through discursive practices and language use at these organizations. Change in a healthcare organization appears in communication through discourses.

This study focuses on an organizational change in a Finnish public hospital that was undergoing extensive changes on a larger scale. A decision was made to build new hospital premises, which led to the planning and execution of many new caretaking and medical work processes. This resulted in significant changes in action across all levels of the organization. At the same time, a major renewal of health and social policy administration and services was expected in Finland, and so the organizational change was framed by the on-going national reform.

Middle managers and management groups. Middle managers' roles in organizational change are related to their strategic and sensemaking agency (Caldwell, 2009). Strategic agency is grounded in middle managers' capability to enhance strategy planning and implementation (Caldwell, 2009). Through their sensemaking agency, middle managers make

sense of top-down initiatives and communicate changes related to these initiatives to their subordinates (Balogun & Johnson, 2005). They sometimes need to ‘sell’ an issue or defend an ongoing change (Balogun & Johnson, 2005), and they act as translators who discursively reconstruct that change (Whittle, Suhomlinova, & Mueller, 2010). Middle managers also provide a rationale for the change when reforms have been actualized (Bökeskov et al., 2017). However, we cannot presume that middle managers promote the change, nor can we presume that they have strong agency in the change. This makes their role a complex one. Therefore, it is important to ask *how* middle managers use their agency in organizational change: How do they position themselves in relation to the change process, and how do they make sense—that is, make and manifest the meanings—of the change? The answers to these questions require an understanding of how middle managers discuss such change.

This study examines hospital management groups at two different organizational levels, both of which represent middle management. In Finland, hospital management groups play an important role in coordination and information management (Laapotti & Mikkola, 2016). While they seldom have decision-making power, they do support individual leaders. Finnish hospital management is based on public sector logic, which in this organization functioned as follows: Top-level management groups make decisions, which are often closely connected to political decision-making. The second-level management group acts on an operational area (OA) level, where issues such as budgeting and planning for vacancies are discussed. The third-level management group acts at an operational unit (OU) level, discussing the primary task of coordinating work across departments and units. At the OA level, managerial responsibilities are executed by the executive director, while at the OU level, the director in charge makes decisions. Following this logic, the management groups examined in this study do not have decision-making power. However, in their discussions,

these groups do construct organizational reality and management group meetings remain important arenas for organizational change communication.

This study focuses on analyzing change talk in OA and OU management groups. We define change talk as change-related social interaction in which change is constructed (for more on the concept of talk, see Matarese, 2012; Thurlow & Mills, 2009). In change talk, participants make and negotiate meanings related to change, but they also position themselves in relation to that change, the future organization and other actors. In this study, we ask what forms of change talk emerge in meeting interactions, that is, what kinds of stances management group members take in relation to the change. The answer is provided by analyzing how change is made sense of and how hospital management group participants position themselves in relation to that change.

Theoretical concepts and related studies

A socio-constructionist approach to change

Change is an alteration in an organization's structures, arrangements or processes (Grant & Marshak, 2011; Zorn et al., 1999). When there are observable differences within a specific time frame, there is change (Poole & Van de Ven, 2004). The importance of communication in change is inescapable, but how the role of communication is perceived depends on the theoretical premises of each study. When realistic ontology is chosen, communication is seen mainly as a tool for managing the change through the transmissional power of communication (Johansson & Heide 2008). The current study is aligned with the socio-constructionist branch of organizational change studies, which emphasizes the significance of discourses and meanings (Johansson & Heide 2008; Lewis, 2014). From this perspective, communication is not only a tool for facilitating a change but rather the process in which change occurs: communication constantly enables and constrains change (McClellan, 2011).

From a socio-constructionist perspective, cultures, organizations, relationships and identities are seen to be constructed through language, while social phenomena are explained by interaction and social practices (Burr, 2003). Conversations, stories, texts and language all create, shape and maintain organizational behaviour (Grant & Marshak, 2011; Marshak & Grant, 2008). Given all this, how change agents discursively respond to an organizational situation—that is, how they frame change or talk about change—makes a difference (Grant & Marshak, 2011). From a socio-constructionist perspective, communication is a meaning-oriented process (e.g., Fairhurst & Connaughton, 2014), and meanings are seen as ‘the primary source of action’ (Drazin, Glynn, & Kazanjian, 1999, p. 293). The change is created, enacted and modified in social interaction through meanings.

In earlier studies focusing on organizational discourses and change, attention has been given to the various levels of discourses that may exist in and be intertwined with organizations (Grant & Marshak, 2011; Guette & Vandembemt, 2017; Rhodes, Clegg, & Anandakumar, 2008). For example, it has been suggested that resistance to change is a result of diverse discourses between the local and macro levels (Nyberg & Mueller, 2009). In the healthcare sector, discourse studies on organizational change have improved our understanding of the many current and recent national reforms. In organizations, the reforms are justified through discursive changes (Cox & Hassard, 2010), with particular social actors seeming to provide discursive legitimization by manifesting certain discourses (Waldorff, 2013). In a change process, organizational relations are reconstructed through a narrative ordering, with one outcome of this narrative process, for instance, being the changing role of middle management (Doolin, 2003). The current study moves from organization-level discourses to interpersonal level and explores change by analyzing change-related social interactions as they happen in management group meetings. The focus is on the discursive practices of sensemaking and positioning.

Sensemaking in organizational change

Sensemaking is a social process through which meanings are constructed and reconstructed and through which sense—that is, the meanings—is created and interpreted (Rouleau & Balogun, 2010). In an organization, sensemaking is a collective process (Barge & Fairhurst, 2008), with middle managers having and using their sensemaking agency ‘in the construction of meaning and self-identity during organizational change process’ (Caldwell, 2009, p. 76). They construct change in change talk, even though they do not participate in the top-level management decision-making process related to change (Balogun & Johnson, 2005). Middle managers influence on sensemaking by arranging the scene for change talk (Rouleau & Balogun, 2011) as well as by sensegiving which refers to their intentions to influence the sensemaking and meaning construction processes of others (Gioia & Chittipeddi, 1991, 442).

Previous studies have shown that change is understood through organizational narratives (Bess, 2015; Manuti & Mininni, 2013) and that sensemaking is aligned with the interpretation and emotional confrontation of change initiatives (Bartunek et al., 2006). For instance, the use of metaphors and emotional content within change talk indicates how organizational change is experienced (Smollan, 2014). Moreover, sensemaking of organizational change has been studied as a process of identity construction and reconstruction (Bond & Seneque, 2012; Cherrier et al., 2012; Clark et al., 2010; Thurlow & Mills, 2009). Management groups play a moderating role in supporting the identification processes of their employees (Pitsakis et al., 2012), however, sensemaking is also identity work of the managers: Cherrier et al. (2012) showed that, when implementing new corporate values (environmentalism, in this case), top management team members constructed both supportive and defensive identities. The researchers concluded that developing an

organizational identity requires change management strategies that respond to the diverse priorities and values of managers (Cherrier et al., 2012).

In the public sector in particular, organizational change is strongly associated with managers' identities. Demands such as customer service lead to new expectations for public services managers, who have to absorb new logics into their actions (Caldwell 2009). The change produced by ongoing healthcare reforms has created a whole new role for middle managers (Doolin, 2003), meaning that organizational change for healthcare organizations occurs not only in the context of national reforms but also in the context of middle managers' work and identities. The connections between sensemaking and identity are not yet very well understood (Caldwell, 2009), but it can be assumed that identity questions will become an important part of any change process.

Positioning in organizational change

During organizational change, all members of the organization position themselves somehow in the context of the organization's future (Bisel & Barge, 2011) and negotiate their identities and organizational relationships through positioning (Barge & Fairhurst, 2008; Bisel & Barge, 2011). Positions are clusters of beliefs about one's rights and duties and positioning is a discursive process (Harré et al., 2009) enacted in discursive practices. Participants in the discussion construct their specific locations through positioning acts (Harré & Langenhove, 1999).

In their foundational study, Bisel and Barge (2011) utilized Harré and Langenhove's (1999) positioning theory to understand how planned change messages positioned the members of a healthcare organization undergoing change. Their findings showed that, while presenting change messages, the manager positioned employees as *taken for granted*, which then produced a deep sense of violation amongst the employees. In the change process, this sense of violation was followed by several discursive phases, from recitation (driven by an

attempt to achieve remediation) and habituation (negotiating a new identity and position in managerial discourse) to reservation (distrust of leadership). The results showed that the construction of employees' positions in change messages had a deep impact on the change process itself. In Bisel and Barge's (2011) case, the change process did lead to a distrust in the organization, which suggested that positioning plays an essential role in the success of organizational change and change communication.

Since positioning describes what an agent 'may do and may not to do' (Harré et al., 2009, p. 9), positions reveal power structures within an organization (Barge & Fairhurst, 2008) by defining who has rights and duties to participate and make interpretations. Positioning thus forms a social aspect of sensemaking (Bisel & Barge's 2011). In Jansson's (2013) interview study, which focused on organizational change in healthcare, the words used within a change process indicated the possibility of keeping and concealing power within certain groups. She also found that participation in change talk was limited with mandates. Thus, power relations in organization and in organizational change were discursively maintained. The current study uses naturally occurring data to understand how middle managers position themselves in the organizational change process and how these positions are negotiated. . This study examines both sensemaking and positioning in change talk in management group meetings.

The study

Aim of the study

This study aims to identify the forms of change talk occurring in management group meetings in a hospital. Change talk is defined as a social interaction about change-related themes; it creates and manifests meanings for organizational change. During the planned change process, the positions of the organization's member are also suggested and negotiated in change talk. The study focuses on meanings of the change and also on the positions in the

ongoing change process. To this end, we ask the following questions: (RQ1) How is change made sense of in the change talk that takes place in management group meetings? (RQ2) How do management group members position themselves within organizational change in the change talk that takes place in management group meetings?

The case and the data

The case. This study focuses on two management groups at the OA and OU levels in a large Finnish hospital. These two groups were chosen based on the presumption that there would be differences in change talk at different hierarchy levels. The OA management group consisted of managers with their own units and a nurse representing the nursing staff. The executive director of the operational area acted as a chair. Six to 10 members participated in meetings during the data collection period. In two of the meetings, visitors were also present. In the OU management group meetings, six to eight members participated. The members included nursing staff representatives, nurse managers, and the chair, who was the chief physician and director in charge of the unit. A secretary also participated in the both groups' meetings. Both the OA and OU management groups held monthly meetings. The agenda was delivered by email in advance of the meeting.

Data collection. Data collection took place in fall 2012 and spring 2013. At the turn of the year, some changes were made in the composition of the groups. Ten total meetings—five per group—were video recorded with a 360° panoramic camera. Before the recordings, one meeting per group was observed but not recorded. When recording, one or two researchers were present. All members of the management groups gave written consent; the visitors provided oral consent. The length of the video data was 12 hours and 19 minutes. The duration of the OA meetings varied from one to almost two hours, while the OU meetings ranged from 45 to 70 minutes. All video recordings were transcribed verbatim.

Limitations of the data. While the naturally occurring nature of the data was a strength of the study, there were also some limitations. The presence of the researchers and the camera may have had a minor effect on communication behaviours during the meetings, but over time participants usually become used to the idea of recording (Frey et al. 2000). In the first recordings, there were some more formal interactions, but the meeting interactions generally followed the typical habitual conversational forms for workplace meetings. We believe that the material collected from these 10 meetings over a seven-month period provide credible and adequate data for analysis.

Analysis

The analysis proceeded in phases. The first phase involved composing the final dataset. First, we watched the videos and read all the transcriptions several times over in order to get an overview of the interaction flow and content of the meeting. Talk of the upcoming changes was one essential aspect of the meetings, but there was also considerable amount of discussion of current occurrences and everyday practices. It was rationalized to confine the data: The dataset was created by collecting the meeting interaction that was related to the changes that were already planned or confirmed but were not yet completed at the time of the meetings. This criterion was formed to ensure that all interactions about a planned change were included. Discussions on changes that were already completed were included only if they generated new meanings for the current change. The dataset for this study also included discussions about the progress and development of changes.

All data were collected and analysed in Finnish. We worked primarily with transcriptions, but video recordings were also used to fully grasp paralinguistic cues that informed our interpretations, which were based on the textual and organizational context.

In the second phase, we focused on sensemaking of the change by analyzing meso-level discourses, which appear in interpersonal interactions (Grant & Marshak, 2011). The

analysis proceeded by identifying the manifested and latent meanings (Graneheim & Lundman 2004) that were negotiated for the change in meeting interactions. The coding was inductive and the meanings appeared from the data. They described the nature and features of change (e.g., change is uncertain, unpredictable) as well as the emotions evoked by the change (e.g., change causes frustration, reluctance, disappointment). The codes were then organized to identify the change discourses that had been constructed and manifested in the change talk. This was done by analyzing how the codes appeared in the text, for example, which codes (meanings) occurred together. The following three intrinsically coherent but independent change discourses were identified: (1) change as a possibility, (2) concealed change and (3) enforced change. The meanings that construct these discourses are presented in Table 1.

[Insert TABLE 1 here]

The third phase of the analysis followed the logic of abduction (Reichert, 2013), guided by the principles of positioning theory (Harré & Langenhove, 1999). We scrutinized one episode at a time to explore how members of the management group discursively produced either oneself or the group as an actor (Harré et al., 2009). The pronouns used were the primary clues: *I* as a person and *we* as a group simultaneously produced categories of *you* as a group member, *they* as an identified group and *others* as anonymous actors. These identifications (*I*, *we*) and categorizations (*they*, *others*), which were suggested with discursive practices (e.g., asking or giving information, confirming and supporting) (Barge & Fairhurst 2008), were explored in relation to the change (e.g., who has a right to interpret information about the change). The suggested positions were then supported, challenged or denied in discussion (Harré et al., 2009), and an analysis was performed to identify whether these positioning acts were 1) confirmed, 2) challenged and the challenge was accepted or 3) challenged and the challenge was denied. The positions were analyzed both within the

management groups and on the borders of these groups, and the positioning acts were recognized within the group towards other group members or towards other groups.

Recursively proceeding, we categorized the positions created in the meetings. The following three positions were identified: (1) expertise position, (2) power/powerlessness position and (3) cohesion/opposition position. The formation of these positions is presented in Table 2.

[Insert TABLE 2 here]

In the fourth phase of analysis, we constructed the forms of change talk by exploring whether a certain kind of position occurred with a certain discourse. According to this exploration, we labelled three forms of change talk: (1) change talk as collaboration, (2) change talk as control and (3) change talk as confrontation. These forms are illustrated in Figure 1 and presented in the results section, where we also describe how they appeared at different levels of the management groups.

[Insert FIGURE 1 here]

Limitations of the analysis. To enhance the credibility of the analysis (Tracy 2010), we attempted to maintain reflexivity (Hardy, 2001) throughout the process. By elucidating the analysing process and illustrating it with tables that include examples, we sought to strengthen transparency (Tracy, 2010). Being ‘outsiders’ in the hospital organization naturally impacted our interpretations, and this was both a limitation and a strength. As communication scholars, we recognized communicative actions that the participants themselves might not have paid attention to. However, instead of grounding the interpretation in knowledge of hospital processes, our interpretation was based on more general societal and organizational meanings.

The extracts presented in the results section were translated into English by the authors. To follow the principles of research ethics and protect the anonymity of the management group members, we do not specify the field of the OA or OU. Also, all the names of the organizations and individuals mentioned in this study were changed to ensure the anonymity of the research participants.

Results

Change talk as collaboration

Change talk as collaboration emerged when change was constructed as a possibility and when the management group members positioned themselves and the others as experts in that change (see Figure 1). This form of change talk was prevalent in the OA meetings, and it also occurred in the OU meetings. Change was represented as a possibility in the context of progress and efficiency in future work, and it was discussed in a positive tone. In the conversation, change was presented as rationalized through descriptions of explicit planning and the meanings of openness and accuracy when describing change communication. These meanings seemed to create trust in cooperation and promises of the benefits of change. In Extract 1, a unit manager describes change as follows:

Unit Manager: By having general working hours, we would get more working time so that we could utilize this change. So there are no obstacles, except for the ones who work double shifts and, well, Johanssen and Lindquist are trying to find a solution to the issue. And Johanssen has even brought up a time schedule for the new working time practice, which would start at the beginning of summer; the plan is in progress right now.

In the possibility discourse of change, new ways of collaboration with different units were emphasized, which was manifested in strengthened involvement described in

interaction. Extract 2 illustrates how change progressed through negotiations in the discussions:

Chair (OA director): Organizational change in health services really drew their attention [other members look at the unit manager (UM) and smile, UM nods and smiles], and we were encouraged to proceed with the matter; we were already promised that we would have three new assistants.

UM: Oh! [UM makes a note]

Chair: And that was all, but there were [also] discussions about dividing service and care units in the manner we talked about, and, well, it should be planned so well that it would be clear if it is a company itself or a part of the new hospital.

Yes, and that's why we met with Jenny Erikson [a colleague from another operational area]; we had similar thoughts about this as Jenny.

In both the OA and OU meetings, an expert position was constructed within the change talk as collaboration: In conversation, *I* was introduced as an expert, and the position was suggested and confirmed. Hence, the members had a right (and duty) to enter into discussion by providing their expertise through giving and asking for information, as well as searching for solutions and decisions. Information-giving was based on a person's knowledge and information was shared through reporting, such as when individuals described events that had happened in the change projects up to that point. The expertise position was supported with nonverbal cues, such as nodding and writing notes, as well as entering into collaborative problem solving. Change talk as collaboration took place within the management group, but collaboration was also described between the group and other actors in the organization. In OU meetings, discussions were more practical, but at both levels, the expertise position was usually accepted without hesitation by other group members. In fact, a group member's

expertise was only challenged or denied a couple of times. Instead, both the chair and the members supported each other's rights to define and evaluate the problem at hand.

In the meetings, a recursive pattern of constructing the expertise position occurred: The chair opened a new item of the meeting agenda by labelling the matter (e.g., 'Well then, the new hospital'). This was then followed by offering a fact or asking directly for opinions or information. In other words, the chair invited all or somebody to participate. With these invitations, the chair created a landscape which made it possible to position oneself as both a full participant and expert in the discussion. In OU meetings, both the chair (physician) and a nurse leader (or the deputy head nurse) were in the position of opening the change talk episode. However, nurse leaders did it by *asking* about the planned change (e.g., 'Where are we now?'; 'Do we know anything new?').

In the OA group, every member (except for one personnel representative and a nurse leader representative) were leaders of their OUs, which created an organizational setting and meeting framework that strongly supported each person's position as an expert. These positions were not challenged or interfered with. In conversations, asking for and providing information often enacted as dyadic processes, emphasizing OA group members' positions of expertise position and their roles as autonomous change agents.

Expertise positions were grounded in the chair's collaborative invitations to join the conversation. Considering the form of change talk, some of the chair's key expressions directed the sensemaking of change and emergence of certain change discourses in the meeting. The chair (and some other members) directed the change talk with their opening remarks, for example, 'the conversation yesterday was quite good', 'the previous task group meeting was frustrating' and 'thank God I wasn't there yesterday' (in reference to a time-consuming meeting). These keys framed the change talk episodes and directed the

appearance of different discourses in meeting interactions. Then, if a negative or positive discourse took place in change talk, it was continued until the next issue occurred.

Change talk as control

Change talk as control emerged when concealed change discourse was combined with a position of power/powerlessness (see Figure 1). When a picture of the change was obscure and one's participation was denied, aspiring control emerged. This happened either by pursuing control through information search or maintaining the established power by hiding the information one has.

Concealed change discourse represented change as covert and unadvised, and it was presented as complex, dubious and already delayed, in other words, difficult to grasp. In discussing change, people expressed negative interpretations and pointed out cryptic change communication, which prevented the management group from having control over the change. In Extract 3, the chair seems to sketch possible threads:

Chair (OA director): The starting point is not at all easy ... There is a demand for saving 8 million euros in the budget, and this is *very* challenging [emphasizes by slowing down speech].

In the discourse of concealed change, availability of information was represented as covert both for and amongst group members. This resulted in meanings of unpredictability, uncertainty and uncontrollability. These meanings for change were created and sustained in both the OA and OU meetings, but it was manifested slightly more often at the lower hierarchical level of OU.

In the frame of concealed change discourse, change was obscure. The change was talked about in somewhat hidden ways, as if participants knew something about the change processes but wanted to avoid revealing this information to others. Paradoxically, the

discourse of concealed change was manifested, since the change-related information was not openly shared. In the OU management group meetings, in particular, it seemed that some members were aware of the next steps, while others did not receive information about upcoming changes. In Extract 4, it is the chair who dodges the issue in an OA meeting:

Chair (OA manager): I hope I remember what was discussed there in the meeting ... Roughly, the process is still in the same phase; that is to say, the processes have been drafted [simultaneously presents vivid kinesic gestures and looks at other members] ... and now they will concretize space requirements.... We had a very interesting discussion about this topic.

This general level of expression implied that the chair had additional information but was not willing to share it with the other members. This kind of discussion also occurred in the OU meetings, in which information sharing was limited, as shown in Extract 5:

Chair (An OU member was sitting in for the actual chair): Let's not record anything else other than the fact that we have received this kind of letter about the matter.

OU member 2: That there have been some discussions about the matter.

Chair: There have been some discussions about the matter ... and the discussions are continuing. So, let's not have everything in black and white.

The concealed change discourse appeared together with a power/powerlessness position, which remained an established power dynamic in the group and in the organization. This position was constructed by challenging or denying one's right to define oneself as an expert through limiting information or discussion. The chair made existing power relations visible by avoiding answering certain questions and disregarding some of the members' comments and opinions. Extract 6 illustrates this, showing how the chair (OU manager) had

information about the changes but chose not to fully answer the other members' concerns about new team arrangements:

OU member (deputy head nurse): So, will you be the leader of the team [like before]?

Chair (OU manager): Yes, no, well, yeah. But I don't think that there will be exactly the same work model. I am not a nurse, but anyhow, [I am] a leader of that team, too.

OU member: Surely, most of the practices will become clearer, but it is understandable that the ones whose work will change are very confused about how the new work model will take place.

Chair: Yeah, but it will affect you guys. Even if we did nothing, the changes would still affect each one of you. So, this is how we go. What else did I want to say? Oh yes, the first real problem is to find three secretaries [moves to the next topic].

In the management group, it was mostly the chair who maintained established power relations and denied the position of an expert. However, challenging expertise positions also occurred when an OA group member—representing a more prestigious medical specialization within the hospital hierarchy—challenged another member who was formally at the same hierarchy level when discussing the change. The hierarchy of medical specialties was also present in change talk.

In the OU group, denying or challenging one's position was mitigated with humour, either through laughter or by limiting a member's speculation about change through humorous and accented dialectical statements ('Please, don't ya rush'). Even though there was an established power structure, contradictions and open challenges were mostly avoided.

For example, smiling and irony were used to keep a positive tone and to maintain consensus even when the members disagreed and were challenging each other's right to participate or provide interpretations. However, in the change talk, there was nonetheless both overt and hidden control.

Change talk as confrontation

Change talk as confrontation consisted of enforced change discourse and the cohesion/opposition position (see Figure 1). When enforced change is faced and one's position as an active agent is challenged or denied, change talk takes the form of confrontation. The confrontation is directed towards those who have power in the change process. Simultaneously, cohesion within one's own group strengthens.

In enforced change discourse, change was represented as a process that is conducted by other people—people who work somewhere else in the organization but do not listen to or take account of their employees' vision or beliefs. In this case, the 'others' are the administration that is in opposition to the management group members. This discourse created and manifested meanings of hierarchy, coercion, contradiction and disengagement. Change was represented as an uncomfortable process that is enforced and steered from the outside, rather than proceeding through discussions that consider the needs of a unit or area. Enactments of power from a distance mean that the possibilities for influencing the change are few. Thus, even though the change is significant, individuals do not have a say in what is brought up outside the groups, as shown in Extract 7 where group members are obligated to wait a decision from administration:

OU member 1 (head nurse): If there is no confirmation for the [employment] position coming from management, we will be left with only three nurses.

OU member 2 (nurse representative): It will affect us a lot on shifts during the weekends.

OU member 1: Yeah, it [three nurses on a certain site] won't be enough for the shifts over the weekends.

The enforced change discourse constructed change as a deterministic process. Even if the work of the group members was becoming more difficult, the members had to act according to the changes that were brought up by other actors, even though there are no rationalizations for those changes. In the meeting interactions, enforced change discourse manifested when the change was compared with (better) earlier practices, 'the way it used to be', as illustrated in Extract 8:

Chair (OU manager): Flextime, the flexibility [of working hours] from one end. It was easier.

OU member (nurse representative): Yes.

Chair: When one knew that one had the hours, one could collect them [the working hours] and have them as a holiday; yeah, it was a major disappointment when the flextime practice was changed. But there were no changes promised [to the current flextime practice], at least not in these discussions.

OU member: Yes, they have made plans about flextime, but that has been talked about for so many years already [Chair: That's right.], and it doesn't seem that it will ever be ready.

Chair: No, it doesn't seem so.

The enforced change discourse appeared alongside a cohesion/opposition position. This position was constructed by placing *we* in contrast to *they* or *others*. This position results

in the contradiction of setting one's own group in an opposing position with *them* (the other identifiable group, for example, the New Hospital Planning Group) and *others* (defined as an anonymous administrative group of people or politicians). At the same time, cohesion is strengthened within one's own group. Change talk creates and maintains confrontation and, often, opposition to change. Thus, it is not about resistance to change as such but rather about opposing some other group. For example, *we* operated as the 'sound of common sense' in discussions about organizational change, while *they* brought negative changes that worsened the work situation for *us* (the members of areas and units that the management group members were representing). *They* jabbered and did not get any results. Mentions of the 'good old days' and attendant frustrations emerged as a position that opposed the organizational changes. These frustrations were expressed in the form of questioning upcoming changes. As detailed in Extract 9, the OU member and the OU chair (OU manager) positioned themselves and the group as representatives of 'common sense', whereas *them* and *others* were opponents:

OU member: Hopefully, common sense will be present in this [working hours] matter.

Chair: We'll see; I think they [administration officers] will be quite difficult.

OU member: Yeah.

Chair: These administration officers, I know what is said in the employment contract, but ...

Neither task- nor solution-oriented speculations of change were created in the frame of enforced change discourse and the positioning of cohesion/opposition; rather, they were group oriented. This was enacted by supporting one another's opinions and comments and

creating cohesion within the group. Extract 10 shows how the OA group members criticized the enactment of the change process by expressing how *they* gave impossible tasks:

OA member 1 (OU manager): It was a bit confusing; the message was sent on Monday evening, and it said that we would have a planning meeting the next day, and then they asked if I knew any good indicators [OA member 2 (OU manager): Oh yes!]; I replied on Thursday saying, 'sorry, I haven't been at work for a couple of days'. No, no [smiles ironically and changes his position].

OA member 2: Yes, we also got the indicator question; it's quite difficult to answer.

OA member 3 (OU manager): Yeah, the indicator question [sighs ironically].

These kinds of acts seem to deny the expert position by making it impossible to enact one's expertise. The cohesion/opposition position occurred in both the OA and OU groups. On both levels, significant solidarity with one another and shared critiques regarding the planned changes were expressed in change talk. Within the groups, opposing opinions were expressed quite cautiously, which implies cohesion building. Cohesion was likewise created through task-oriented identity building, which was produced by comparing *our* own group with *others* and *them*—for example, other areas of specialty or other units of specialty. In these discussions, especially at the OU level, group members connected positive attributes to *we* (e.g., to the visionary attitudes and roles of the forerunners).

Discussion

Forms of change talk. A great deal of change talk occurred in hospital management group meetings, resulting in both collaborative and restrictive ways of talking about change: change talk may enact collaboration, foreground control or produce confrontation. These forms of change talk consisted of specific pairings of discourses and positions. Change talk as

collaboration involved problem solving by experts who saw change as a possibility, while change talk as control combined concealed change with limited participation in interactions, whether consciously and strategically or unconsciously and by accident. In change talk which took the form of confrontation, participants' expertise was challenged and the change was represented as an enforced process.

Even though change discourses and positions were closely connected, our findings do not reach directionality between them: one does not lead to another. Instead, understanding the discursive context of positioning acts helps understand positions (see Bisel & Barge 2011). The current study contributes to organizational change research by describing this connection. The results illustrate how organizational discourses become aligned with discursive acts of positioning and how these forms of change talk emerge in the context of hospital change.

Change discourses. In change discourses, change was represented as a possibility but also as a concealed and an enforced process. One could infer that the meanings aligned with different change discourses emerge from the interpretations that are given to 1) the goals of the change (how we should react to these goals), 2) the quality of the change process (how well the planned change is communicated) and 3) level of involvement in the process and organization (how we are a part of this change process). The goals of the change may sometimes be externally set, but the quality of process and level of involvement are always questions of communication and, therefore, also negotiable. In different discourses, these dimensions are set differently. For example, when change is seen as a possibility, it enhances one's own goals and the participant engages with the change. If the change is poorly communicated, it does not resonate with members, and so these members withdraw and may discard the goals. Concluding, the change discourses consist of the meanings given to a

particular *change*, which is in relation to the members and creates the social reality of the change. Agents are in relation to each other through positions.

Positions in the change process. Positions were negotiated at the same time as change discourses were created and manifested. In the data, three positions were identified: expert position, powerful/powerlessness position and cohesion/opposition position. A primary positioning act was an act which invited the management group members into a problem-solving discussion as experts. This invitation resulted in different positions depending on whether the suggested position was accepted (expertise position), denied (power/powerlessness position) or challenged but maintained (cohesion/opposition position).

Even though positioning theory (Harré & Langenhove 1991) has been widely applied, positioning is still a novel approach in organizational change studies. The current study provides an understanding of how positions are negotiated in on-going social interactions in actual face-to-face social interaction in change process. When positioning is a discursive practice which reveals power structures (Barge & Fairhurst 2008), the findings of this study allows for an understanding of power relations within organizational change in hospital. In Jansson's (2013) study, interviewees reported that participation in change processes was controlled by mandates and language choices. The current findings show that, in meeting interactions, permitting or limiting participation occurs as a result of positioning. The mandate of a management group member does not necessarily guarantee that one will be an active agent in change. Rather, the results suggest that positioning is the practice that is used to determine who is allowed to define the change, who is included in the change process and who has agency in that change. When expertise was in the core of agency, identity construction in organizational change (e.g. Cherrier et al. 2012; Clark et al. 2010; Thurlow & Mills 2009), would benefit from exploring questions of positioning

Middle managers' agency. When organizational change takes place, middle managers possess and use their sensemaking agency (Caldwell 2009). The current study contributes to the research on middle managers and change by describing how middle managers use this sensemaking agency in the context of management groups. When participating in meeting interactions, all management group members participate in the creation and negotiation of meanings. However, it is often the chair who has the greatest influence: our findings suggest that the chair sets the tone for the discussion with their opening remarks and key phrases. These opening remarks illustrate the sensegiving practices (Gioia & Chittipetti 1991) of managers. These openings then implicitly influence which discourses are manifested in the meetings because, as findings suggest, a single discourse usually dominated a conversation at any given time, and it was often a discourse guided by the chair's opening remarks.

Middle managers also demonstrated their agency through positioning. The manager—or the meeting chair—may invite the participants into the discussion and thus strengthen their expert positions or, on the other hand, lead the group into control talk and deny their expert positions in the conversation. In the organizational framework, an executive manager of a unit can provoke confrontation through use of the kind of positioning acts which feed cohesion/opposition positions. This raises interesting questions of awareness and intentionality of positioning in change talk.

Some earlier findings suggested that particular social actors manifested certain discourses in organizations when national reforms were implemented (Waldorff 2013). However, we did not find this kind of tendency. This may be explained by the early stage of the change process, in which certain interests in change process are not yet established in the organization. On the other hand, participants were among their peers, which may explain multifaceted discussions apart from particular interests.

Change communication. The current study approached change talk from a meaning-oriented communication perspective and from a socio-constructionist perspective. When in organization, conversations, stories, texts and language shape members' behaviour (Grant & Marshak 2011; Marshak & Grant 2008), so too does change talk. The change discourses that are created and manifested in meeting interactions represent different realities of change, so to speak, and acts of positioning place participants in different locations (Harré et al. 2009), in other words, change talk constructs the reality of change and locates agents. Change talk is not a tool for implementing or facilitating change in a sense of effectiveness, but the process by which change becomes living. However, this does not deny the strategic power of communication. Even though the method of this study does not allow us to make inferences about intentionality, the results suggest that some possible strategies may occur. For example, humour was used in the meetings to avoid in-group confrontation—a strategy that may also have been employed as a means of retaining control over the interactions. Also, inviting participants into the discussion and listening to their views on change, may be a part of a strategy which supports change becoming living.

Conclusions. This study provided new information on the collaborative and restrictive ways of speaking about change. We consider our results as transferable to similar kind of organizations that are based on knowledge-based professional work. However, in every change, meanings may be arranged differently; thus, studying different kinds of organizations and changes would shed more light on the change talk processes. The limitation of the current study is that it focused on management group meetings in which middle managers participated in change talk with their peers and colleagues. Future studies should turn more closely to leader–follower interactions and particular work units to explore what kind of change talk emerges in the workplace.

A contribution to managerial practice is to enhance managers' understanding of communication. Understanding social realities within an organization allows the promotion of desirable change. It is essential that leaders are able to identify struggling change discourses. Nevertheless, it is even more important that they understand how certain positioning acts may promote collaboration and inhibit the emergence of oppositional stances. Collaboration does not emerge when talking about collaboration but when producing collaborative change talk through meaning negotiations and positioning acts. Paying attention and developing interpretative skills helps to identify what kind of meanings are created and what kind of positions are constructed in social interactions. With this knowledge, leaders can ensure that the best expertise and ideas are available through the change process.

References

- Ahgren, B. (2016). Competition and integration in Swedish health care. *Health Policy, 96*(2), 91–97.
- Balogun, J., & Johnson, G. (2005). From intended strategy to unintended outcomes: The impact of change recipient sensemaking. *Organization Studies, 26*(11), 1573–602.
- Barge J. K., & Fairhurst, G. T. (2008). Living leadership: A systemic, constructionist approach. *Leadership, 4*(3), 227–251.
- Bartunek, J. M., Rousseau, D. M., Rudolph, J. W., & DePalma, J. A. (2006). On the receiving and sensemaking, emotion, and assessments of an organizational change initiated by others. *Journal of Applied Behavioral Science, 42*(2), 182–206.

- Bess, K. D. (2015). The impact of everyday experiences on planned organizational change: Applying schematic change theory to the study of narratives in community-based organizations. *Journal of Community Psychology, 43*(6), 739–759.
- Bisel, R. S., & Barge, J. K. (2011). Discursive positioning and planned change in organizations. *Human Relations, 64*(2), 257–283.
- Bogeskov, B. O., Rasmussen, L. D., & Weinreich, E. (2017). Between meaning and duty—Leaders’ uses and misuses of ethical arguments in generating engagement. *Journal of Nursing Management, 25*(2), 129–138.
- Bond, C., & Seneque, M. (2012). Exploring organizational identity in the context of transformational change: A South African case study. *Journal of Change Management, 12*(1), 13–30.
- Cherrier, H., Russell, S. V., & Fielding, K. (2012). Corporate environmentalism and top management identity negotiation. *Journal of Organizational Change Management, 25*(4), 518–534.
- Clark, S. M., Gioia, D. A., Ketchen, D. J., & Thomas, J. B. (2010). Transitional identity as a facilitator of organizational identity change during a merger. *Administrative Science Quarterly, 55*(3), 397–438.
- Cox, J. W., & Hassard, J. (2010). Discursive recontextualization in a public health setting. *The Journal of Applied Behavioral Science, 46*(1), 119–145.
- Doolin, B. (2003). Narratives of change: Discourse, technology and organization. *Organization, 10*(4), 751–770.
- Fairhurst, G. T., & Connaughton, S. L. (2014). Leadership communication. In L.L. Putnam & D. Mumby (Eds.), *The Sage handbook of organizational communication* (pp. 401–423). Thousand Oaks: Sage.

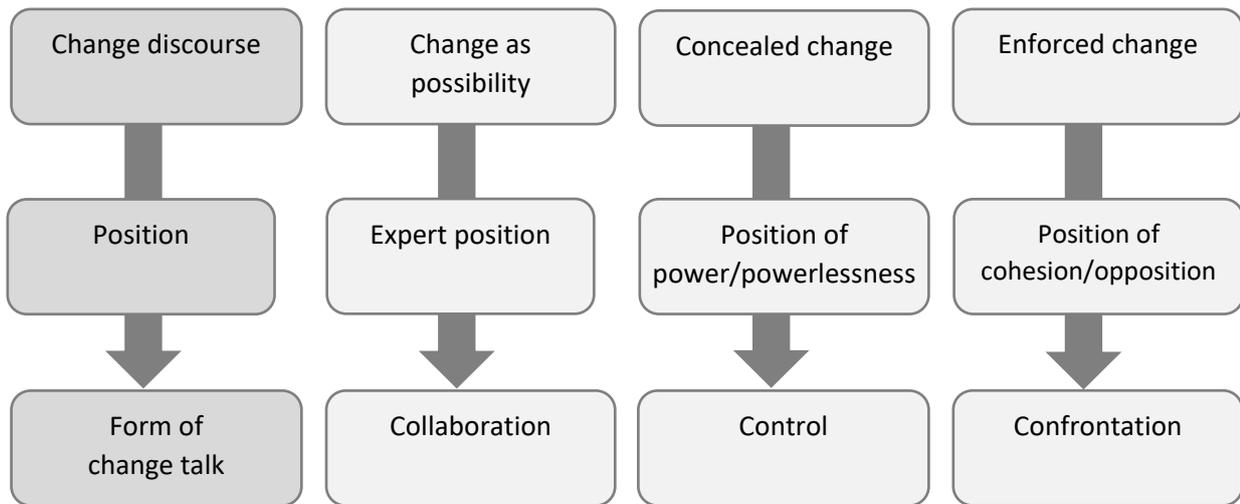
- Grant, D., & Marshak R. J. (2011). Toward a discourse-centered understanding of organizational change. *Journal of Applied Behavioral Science*, 47(2), 204–235.
- Hardy, C. (2001). Researching organizational discourse. *International Studies of Management and Organization*, 31(3), 25–47.
- Harré, R., Moghaddam, F., Pilkerton Cairnie, T., Rothbart, D., & Sabat, S. (2009). Recent advances in positioning theory. *Theory and Psychology*, 19(1), 5–31.
- Harré, R., & Van Langenhove, L. (1999). *Positioning theory: Moral contexts of intentional action*. Oxford: Blackwell.
- Jansson, N. (2013). Discourse phronesis in organizational change: A narrative analysis. *Journal of Organizational Change Management*, 27(5), 769–779.
- Johansson, C., and Heide, M. (2008). Speaking of change: three communication approaches in studies of organizational change. *Corporate Communications: An International Journal*, 13(3), 288–305.
- Kornacki J. B., & Silversin M. J. (2000). *Leading physicians through change: How to achieve and sustain results*. Tampa: American College of Physician Executives.
- Laapotti, T., & Mikkola, L. (2016). Social interaction in management group meetings: A case study of Finnish hospital. *Journal of Health Organization and Management*, 30(4), 613–629. doi:10.1108/JHOM-02-2015-0040
- Mabey, C. (2013). Leadership development in organizations: Multiple discourses and diverse practice. *International Journal of Management Reviews*, 15(4), 359–380.
- Manuti, A., & Mininni, G. (2013). Narrating organizational change: An applied psycholinguistic perspective on organizational identity. *Text and Talk*, 33(2), 213–232.

- Marshak, R. J., & Grant, D. (2008). Organizational discourse and new organization development practices. *British Journal of Management*, *18*, 7–19.
- Matarese, M. (2012). Getting placed in time: Responsibility talk in caseworker–client interaction. *Journal of Applied Linguistics and Professional Practice*, *9*(3), 341–359.
- McClellan, J. G. (2011). Reconsidering communication and the discursive politics of organizational change. *Journal of Change Management*, *11*(4), 465–480.
- McClellan, J. G. (2014). Announcing change: Discourse, uncertainty, and organizational control. *Journal of Change Management*, *14*(2), 192–209.
- McMillan, K., & Perron, A. (2013). Nurses amidst change. *Policy, Politics, and Nursing Practice*, *14*(1), 26–32.
- Minvielle, E. (1997). Beyond quality management methods: Meeting the challenges of health care reform. *International Journal for Quality of Health Care*, *9*(3), 189–192.
- Morgan, P. I., & Ogbonna, E. (2008). Subcultural dynamics in transformation: A multi-perspective study of health care professionals. *Human Relations*, *61*(1), 39–65.
- Nyberg, D., & Mueller, F. (2009). Strategic cultural change and local discourses: The importance of being different. *Scandinavian Journal of Management*, *25*(2), 146–156.
- Oswick, C., Grant, D., Marshak, R. J., & Cox, J. W. (2010). Organizational discourse and change: Positions, perspectives, progress, and prospects. *Journal of Applied Behavioral Science*, *46*(1), 8–15.
- Pitsakis, K., Biniari, M. G., & Kuin, T. (2012). Resisting change: Organizational decoupling through an identity construction perspective. *Journal of Organizational Change Management*, *25*(6), 835–852.

- Poole, M. S., & Van de Ven, A. H. (2004). Introduction. In M. S. Poole & A. H. Van de Ven (Eds.), *Handbook of organizational change and innovation* (pp. xi–xvi). Oxford: Oxford University Press.
- Rhodes, C., Clegg, S. R., & Anandakumar, A. (2008). Ethical vitality: Identity, responsibility, and change in Australian hospital. *International Journal of Public Administration*, 31(9), 1037–1057.
- Rodrigues, A., Miguez, J., & Lourenço, P. (2013). The ‘we’ and the ‘others’ in an interprofessional surgical context: Findings from a Portuguese study. *Journal of Interprofessional Care*, 27(1), 91–92.
- Rouleau, L., & Balogun, J. (2011). Middle managers, strategic sensemaking and discursive competence. *Journal of Management Studies*, 48(5), 953–983.
- Saltman, R. B., & Duran, A. (2016). Governance, government, and the search for new provider models. *International Journal of Health Policy and Management*, 5(1), 33–42.
- Smollan, R. K. (2014). The emotional dimensions of metaphors of change. *Journal of Managerial Psychology*, 29(7), 794–807.
- Suddaby, R., & Foster, W. M. (2016). History and organizational change. *Journal of Management*, 43(1), 19–38.
- Sullivan, P., & McCarthy, J. (2008). Managing the polyphonic sounds of organizational truths. *Organization Studies*, 29(4), 525–542.
- Thurlow, A., & Mills, J. H. (2009). Change, talk, and sensemaking. *Journal of Organizational Change Management*, 22(5), 459–479.
- Toelken, K. (2012). Organizational discourses during planned change: A resiliency team case study. *American Communication Journal*, 14(2), 58–79.

- Tracy, S. J. (2010). Qualitative quality: Eight “Big-Tent” criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837–851.
- Tynkkynen, L. K., Keskimäki, I., & Lehto, J. (2013). Purchaser-provider splits in health care—The case of Finland. *Health Policy*, *111*(3), 221–225.
- Waldorff, S. B. (2013). What is the meaning of public sector health? Translating discourse into new organizational practices. *Journal of Change Management*, *13*(3), 283–307.
- Whittle, A., Suhomlinova, O., & Mueller, F. (2010). Funnel of interests: The discursive translation of organizational change. *Journal of Applied Behavioral Science*, *46*(1), 16–37.
- Zorn, T. E., Christensen, L. T., & Cheney, G. (1999). *Constant change and flexibility: Do we really want constant change?* San Francisco: Berrett-Koehler-Publishers.

Figure 1. Formation of change talk.



Change discourse	Change as possibility (1a)	Concealed change (2a)	Enforced change (3a)
<p>Meaning of change</p> <p>Coded meanings</p>	<p>Change is positive, rationalized and well planned; it is actualized through collaborative actions.</p> <p>Positive prospects, accurate planning, co-operation, openness</p>	<p>Change is negative and much uncertainty exists, because the plans are concealed and planning is poor. Change comes close, but remains unrationalized.</p> <p>Negative expectations, concealed planning, covert information, uncertainty, complexity, dubiousness, incorrect timing, unpredictability, uncontrollability</p>	<p>Change is forced and incoherent. There are few or no opportunities to have a say in the change.</p> <p>Enforcement, confrontation, disengagement, incoherence, powerlessness</p>
<p>Data example</p>	<p>'Exactly in light of that perspective that if we could get common personnel to think that we are one until then in the new hospital. Our band should already start thinking that using this machine can be done in the future through collaboration.' (Describing future collaboration possibilities in a positive tone)</p>	<p>'There might occur a sudden situation in which that unit also needs some space there. But that's OPEN [emphasises by slowing down her speech]. And at the same time, plans for the new hospital are starting. Well, if that process begins, it will be hard to stop.' (Expresses a problem with the tone of her voice).</p>	<p>'This employee who is practically a part of our unit ... There was a difficult conversation about the topic because somehow, the employment was found as an extra cost. And we tried to explain that it was not and that we used the employment previously, as well. Now, the employee would just get his payment from our budget. For us, it doesn't matter from which budget he gets his payment. But then, I understood the problem wasn't the placement but where the money would come from. Again, the same problem.' (Refers to a spurious change that will decrease the possibilities of planning OU's budget)</p>

Table 1. Meanings in change discourses

Table 2. Constructing positions.

Position	Expert position (1b)	Power/Powerlessness position (2b)	Cohesion/Opposition position (3b)
<i>Positioning acts</i>	Providing expertise Confirming expertise	Providing/presuming expertise Denying expertise	Providing/presuming expertise Challenging expertise Maintaining expertise with cohesion or conflict
<i>Positioning statement</i>	I/we have expertise, which is justified.	My/our expertise is denied.	I/We are experts. They/others are trying to deny it.