

**PERSUASIVE SPEECH IN MULTI-PROFESSIONAL CHANGE FACILITATION  
MEETINGS:**

*A Rhetorical Discourse Analysis*

## **Abstract**

**Purpose** *This article aims to describe persuasive speech and discourses in multi-professional organizational change facilitation meetings at a hospital through rhetorical discourse analysis. Previous research has often considered organizational change to be a managerial issue, with other employees given the rather passive role of implementors. This study takes an alternative approach in assuming that organizational change could benefit by involving those who are most familiar with the tasks to be changed.*

**Design/Approach/Methodology** *The study employed a qualitative, case study approach and focused on the construction of a hospitalist model within multi-professional change facilitation meetings. Eight videos of these multi-professional change facilitation meetings – which occurred between January and September 2017 - were observed and the material was analyzed by rhetorical discourse analysis. An average of 10-20 actors from different professional groups participated in the meetings. The change actors comprised physicians, nursing staff, and nursing managers, along with a secretary and hospitalist. The meetings were conducted by a change facilitator.*

**Findings** *The persuasive speech in the analyzed organizational change meetings occurred within five distinct discourses: Constructing the change together, Positive feedback, Strategic change in speech, Patient perspective and Driving change. The content of these discourses revealed topics that are relevant to persuading members of healthcare organizations to adopt a planned change.*

**Originality/Value** *The presented research provides new knowledge about how persuasive speech is used in organizational change and describes the discourses in which persuasive speech is used in a healthcare context.*

**Keywords** *Persuasive speech, Organizational Change, Healthcare, Hospitalist, Rhetorical discourse analysis*

## 1. Introduction

The healthcare sector has witnessed an increased number of changes during recent years. For this reason, it is important that professionals in this field understand the factors that prevent and promote changes (Chreim et al., 2012, Sergi et al., 2016), as well as actively re-evaluate the way they manage these changes (Varney, 2017). In the traditional sense, organizational change is a process that begins with the present state and ends with the future state. It reveals what will be transformed (strategy, values, purpose) and the change process specifies how each component will change (Burke, 2008). In contrast, the social constructivism viewpoint establishes that members of the organization construct the change through mutual interactions; furthermore, the change is maintained, interpreted, transmitted, and understood by means of language, conversation and metaphors that occur in an ambiguous and polyphonic setting (Thurlow & Helms Mills, 2009). In this article, the change process is considered according to the latter viewpoint. The most common reasons for changes in healthcare include increasing efficiency, reducing costs, developing the quality of care, improving access to care (Salmela et al., 2013), technological development and changes in the number and quality of patients (Kokkinen, 2013).

The literature concerning planned organizational change typically views change in a top-down manner in which leaders initiate - and lead - the change and employees implement the change into practice. Some researchers have argued that this is one of the reasons why changes failure (Erlingsdottir et al., 2018). Organizational change requires a common new reality as well as a meaning for this reality that is shared by all members. Language plays a major role in this process (Dunford & Jones, 2000; Jansson, 2014; Jaynes, 2015). By applying rhetorical discourse analysis, this article analyzes the ambiguity of the persuasive discourse used to bring about change in a healthcare organization. This approach enabled us to identify how multi-professional members use linguistic constructions to promote organizational transformation (Nikander, 2008), which brings knowledge to this field by offering a fresh perspective that does not only focus on the activities of managers (Alvesson & Karreman, 2000).

The discursive approach is important to organizational research because discourses are important to defining social reality yet receive limited attention in organization-related research (Laine & Vaara, 2007). It reveals the underlying meaning systems of change and change management bringing valuable information to the success of changes. The discursive study of organizational change has potential implications for both change management scholars focusing on discourse and practitioners who are interested in how to use communication to manage the uncertainties associated with organizational change. (McClellan, 2014). Discourse-focused change research draws attention to the quality of communication and emphasizes how it will impact organizational activities (Hardy et al., 2000). They emphasize that every change actor is the potential author of discourse and texts that can alter the organization's interpretive frame and these discourses and texts cannot turn into action unless they modify current discourses or produce new concepts, targets and subject positions. The dominant discourses in healthcare research are those related to the study and construing of systems (McMillan, 2016).

The presented research focused on the role of rhetoric in discourse; more specifically, the rhetorical means through which various professionals persuade others to understand change during change facilitation meetings. In this way, the research includes features of both classical and new rhetoric. The emphasis was not on examining the audience, which is a feature of new rhetoric, but rather the rhetorical means through which change is promoted. By focusing on the role of rhetoric, we hoped to identify persuasive discourses that influence the success of change (Perelman, 1996; Nikander, 2008). Change can be constructed as persuasive with different kinds of rhetoric ways even though the context is the same. Change actors can produce conflicting arguments or even conflicting conversation when it is possible for open discussion about what future prospects of a change process they have. Conversation can help to avoid the development of an unwanted vision (Näsänen & Vanharanta, 2017).

In this article, organizational change is studied through a new hospitalist work model in the healthcare context. Some of the targets of a multi-professional change facilitation meeting for the merging of hospital surgical departments include planning the model, targeting activities and evaluation. The presented research aimed to use rhetorical discourse analysis to identify and describe persuasive discourses in the context of organizational change. As such, the research was guided by the following question: How

the organizational change is constructed as persuasive in multi-professional change facilitation meetings? The research aimed to provide new information about the rhetorical means that are used to promote change and the discourses within which these rhetorical means are most prevalent.

## **2. Background**

### *2.1 Persuasive speech*

Exploring the rhetoric of change management has become a popular topic over the last few years. This trend may be explained by the fact that managers spend a large amount of their time talking with other people in a variety of contexts (Flory & Iglesias, 2010). Understanding rhetoric is not only important for managers, as all change actors should ponder how rhetoric underlies the ways they think, reflect, make judgments, interpret situations, create meaning, construct their identity and undertake actions (Bonet, 2014).

Persuasive speech is one of view of the rhetoric (Billig, 2001) and it has been mostly studied through politics (Nelson & Garst 2005; McCabe, 2012; Shteynberg et al., 2016), advertising (Preston, 2005), public speeches (Jader, 1993; Tillery, 2006) and biblical texts (Michael, 2015; Joosten, 2016). In this article, persuasive speech is considered as communication with a purpose, in other words, a way to cause a person or group to adopt something that they would otherwise not support. Words convey intentions, emotions, and feelings, with some more convincing than others. (Preston, 2005.) One of the best ways to persuade members of an organization that they can do something new is active participation, during which individuals build confidence and develop new skills. Additional means of persuasion include examples of past success, the positive evaluation of skills, an appeal to commitment, demonstration of confidence and allusion to how the change was decided upon. (Armenakis & Harris, 2002.) To the best of our knowledge, the role of persuasive speech in change management has not yet been studied in the healthcare context.

### *2.2 Hospitalist as a new working model in Finland*

One of the objectives of the meetings scrutinized in this study was to build a new hospitalist work model from scratch as part of a wider change project. This study examines organizational change through this new hospitalist work model. The hospitalist model was developed in the United States in the mid-1990s to enhance patient care

without jeopardizing quality of care (Robert et al., 2016). In this model, the hospitalist is a physician whose primary professional focus is to act as a general practitioner at the hospital (Freed, 2004). The model helps to reduce the cost of treatment and shorten hospital stays while maintaining - or even improving - both the quality of care and customer satisfaction (Robert et al., 2016; Miller et al., 2017; Lee, 2017). The hospitalist's most important tasks include the provision of comprehensive patient care, effective utilization of resources, improvement of quality of care and participation in medical training (Miller et al., 2017). As hospitalists have more time for the patient, they are able to make treatment-related decisions that are evidence-based (Sloan et al., 2010). Although previous research has studied the effectiveness, quality of care and image of work associated with hospitalists, there is no shared "blueprint" for the model (Palmer et al., 2001; Freed, 2004; Peterson, 2009; Robert et al., 2016). In Finland, the background for implementing this model has been the increasing demand for a customer-oriented healthcare sector, better resource planning and variability management, healthcare integration and decisions that geared towards efficiency. In today's world, patients stay at the hospital for a shorter time even though many of them have several diseases. In this way, as the traditional medical rounds model is becoming obsolete, there is a need for multi-skilled workers that can provide comprehensive patient care in specialized healthcare units (THL, 2018).

### **3. Study Design**

#### *3.1 A Rhetorical discourse analysis*

Previous management research has often studied rhetoric through managers' or employees' speech (Flory & Inglesias, 2010; Näsänen & Vanharanta, 2017; Roos, 2013). Rhetorical analysis is well suited to studies that analyze discourse, but there are some differences between the approaches, i.e. rhetorical analysis pays attention to the speaker-audience relationship (Perelman, 1996; Nikander, 2008) whereas discourse analysis takes into account the production of cultural meanings and the interaction between interpretations (Billig, 1991). The main point of rhetoric is to build discourses that affect people's beliefs and activities. Discourses can strengthen people's beliefs and then influence activities that are based on these beliefs (Fahnestock, 2009). The aforementioned factors affect the formation of a new reality during the change process (Jaynes, 2015). A rhetorical analysis can isolate the features of persuasive elements that are used in texts and discourses within the healthcare context, and then seeks to explain

how they influence actions in both professional and public settings (Segal, 2009). Rhetorical means (Annex 1) can be roughly divided into those which are focused on an opponent and those which are related to the presented argument. Analyzing rhetorical means is not intentional in itself but can be used to explain what purposes the various means serve in arguments and discussions (Potter, 1996). Furthermore, rhetorical means can be used to outline which issues should be discussed (Billig, 1991).

Discourse analysis deals with language in its social and cognitive context (Potter & Wetherell, 1987). In this article, discourse means the shared understanding of organizational change in the context of healthcare. Moreover, it is considered an essential part of persuading organizational members to participate and endorse change. This is because discourses produce context, reality and meaning, which influence processes that enable new activities and processes to emerge (Jørgensen & Phillips, 2002).

### *3.2 Informants and settings*

The planned hospitalist model is part of a “Special Health Care” change project in which two departments were functionally integrated into one entity even though the locations remained separate. During the change process, a change facilitator (consultant) guided the working group. Surgeons (about 25) are divided among these wards based on competence. Furthermore, about 70 nurses – managed by one nurse manager and two assistant head nurses - work in the department. This fusion was a significant change – especially for the nursing staff - that involved not only modifications to practical activities but also emotional change.

The entire change project included nine meetings. The research material was obtained by observing video-screened multi-professional change facilitation meetings (n=8) that had taken place between January 2017 and September 2017. The change facilitator brought her own expertise on co-ordination and change to the change facilitation meetings. Whenever possible, the multi-professional change facilitation meetings involved the medical director, nursing director, nurse managers of department, nursing staff from both sides of the department, secretaries, a hospitalist and surgeons. The purpose of this working group was to create new common practices and location solutions, reform the patient treatment process, and draft work planning and resource management tools, while the dialogue used during the meetings aimed to find a productive way through which

people could feel connected and want to participate in the change project. A concrete goal was the creation of a new hospitalist work model. Participation creates responsibility for those involved. The use of dialogue gives rise to organizational change when several ways to look at a situation are presented, i.e. the goal of the change process can be imagined and several alternative ways of achieving the change can be proposed (Camargo-Borges & Rasera, 2013). **It is also important to note that, in this research, rhetoric covered the input of all meeting participants that was aimed at expanding thinking rather than only the managers' input regarding the planned change.** An average of 10-20 change actors from various professions (listed above) participated in the change facilitation meetings, which lasted between 1.5 to 3 hours. The hospitalist work model was discussed at each meeting. As such, the construction of a work model is a central theme throughout this article.

### *3.3 Data analysis*

**In this article, we were interested in understanding how discourse is used in multi-professional change facilitation meetings to promote a planned change. For this reason, we aimed to identify the discourses linked to change that produce and maintain persuasive speech (Jørgensen & Phillips, 2002), as well as present which rhetorical means were used in the persuasive speech. Rhetorical means are also a strategy through which change actors strive to strengthen their own argumentation and credibility (Potter, 1996).**

The first two authors conducted the analysis. The analysis began by the researchers watching the provided videos, after which the video material was transcribed between August and October 2017. A total of 354 pages of transcribed material were collected from videos of the meetings. Based on the objective of the presented research, the researchers identified material and speech pertaining to the hospitalist work model and describing the hospitalist work model as part of larger change. Examples of either of these themes were marked and color-coded in the transcribed material. This part of the analysis reduced the material to 135 transcribed pages. The researchers read through the material several times (Potter & Wetherell, 1987). The next part of the analysis was initiated by identifying the rhetorical means (Appendix 1) used in persuasive speech related to the change and/or hospitalist work model. These remarks were recorded to material as comments. Then was studied what topics the identified argumentation alluded to so rhetorical means could be classified and targeted according to these themes. Table 1



illustrates an example of the formulation of discourses from the original material. The discourses emerged as a result of the analytical phases, i.e. descriptions of the meaningful topics in which rhetorical means were used. The use of rhetorical means was also examined by professional groups to verify multi-professional interaction (Appendix 2). The researchers returned to the original material when writing the results to ensure that the presented results were consistent with the original material.

### **Table 1. An example of the discourse formulation**

#### *3.4 Validity*

Rhetorical discourse analysis was chosen as the analytical method due to how it considers persuasive speech. The application of other methods would not have provided as deep an understanding of the use of rhetorical means as was gained with rhetorical discourse analysis. Nevertheless, if participants had been interviewed in addition to analyzing video recordings it may have been gained further insight into the success of persuasive speech and the overall change process.

In discourse analysis, reliability is described by the persuasion of the interpretation, coherence, and fruitfulness of the analysis. From the point of view of persuasion, readers are given direct quotations that reflect the opinions, experiences, or beliefs of those participating in the research. **Bias are also reduced by the collaboration of first two of authors. Discussions and understanding about code-units meanings, formulations of discourses and use of rhetorical means increase reliability by uniformity of interpretation.**

The analysis is consistent with the entire research material and the discourses have been described analytically to ensure coherence throughout the study. The presentation of discourses is supported by the performed analyses and with direct quotes from the study material. Table 1 provides an example for how the discourse categories are formed. The ability of the identified discourses to provide new knowledge has been demonstrated by comparing these discourses with what has been written in previous research. Furthermore, the researchers returned to the original material several times during the analytical process to ensure that the results of the research represent the material rather than, for example, the researchers' subjective biases. All the identified rhetorical means (Appendix 1) are presented along with direct quotations to increase the reliability of the interpretation. The compilation of the analytical framework was challenging because there is no single

correct method for performing discourse analysis. The study has many interpretative features, which is typical for the discursive approach; for example, the researchers were tasked with analyzing rhetorical means and their purpose from participants' speech (Jørgensen & Phillips, 2002). In the videos, overlapping talking, background noise and the inadequacy of the microphone team made it difficult for researchers to randomly separate individual comments. Additionally, translating direct quotes into another language may have weakened their authenticity. Nevertheless, we strived to provide comprehensible translations of the spoken language, i.e. translations of the direct quotes that kept the main idea intact.

The participants in this study were sufficiently comprehensive, as each meetings involved members of various occupational groups; from this point of view, the research material showed a sufficient degree of versatility. The fact that all the participants were aware that the meetings were being filmed may have affected the authenticity of interactions within the working groups, which, in turn, may have influenced the results (Tappen, 2011). For example, one participant commented that luckily someone voiced their opinion aloud when others did not dare to.

Some of the researchers work in the organization that was being studied, but in other departments than what was being studied. Nevertheless, all the researchers have experience in the healthcare sector through different professional fields or prior research. The interpretation of the material showed researchers' knowledge of the target organization and the healthcare context and their own experiences of changes in the organization. In any qualitative research, it is important to consider how positioning affects the reality that is being reflected in the presented results (Jørgensen & Phillips, 2002). For this reason, the researchers sought to distance their own experiences in change processes from the study materials by recognizing their own experiences and understanding that the results can only reflect the study material.

This research represents a case study; as such, it is not applicable to other organizations since persuasive speech has only been studied in a limited amount of papers, all of which focus on a specific context (Holloway & Wheeler, 1996). However, the use of rhetorical means in persuasion and discourse discussed here can be applied to other studies of changes in healthcare organizations.

### *3.5 Ethical considerations*

The research is part of a wider change project involving two departments of a Finnish healthcare organization. Appropriate research permits were obtained from the management of the hospital district concerned. The ethicality of research also includes taking into account the status of the informants (Polit & Beck, 2006). In the presented research, the researcher could in no way influence the choices of the participants as the presented analysis was based on video material which came from change project meetings and was completely authentic. The informants voluntarily agreed to participate in the study and consent was based on knowledge of the research scope and objectives. The participants were aware of their role as informants and that they had the opportunity to suspend the study if they wanted. The research process ensures participant anonymity; as such, no individual participant can be identified based on the results presented in this article (Holloway & Wheeler, 1996). The video material used in the presented study remains with the research team for further research and will be properly disposed of when they finish their research.

## **4. Findings**

The rhetorical means used to persuade members during the change facilitation meetings, along with the identified discourses, are listed in Appendix 2. The results show that the identified rhetorical means were used fairly evenly throughout the different discourses, with the exception of the patient's perspective discourse. The rhetorical means most commonly used in persuasive speech related to the change process were facts, distancing oneself from own interests, with entitlements of category of actors, and using “we” rhetoric. The rhetorical means that were used least often were three-part list, qualification and preparation for assumed disagreement.

All the occupations included in the working group participated in discussions at the meetings. The change facilitator role could be distinguished based on the analysis of which rhetorical means were used. The change facilitator most often used “we” rhetoric, distancing oneself from own interests, agency and evidence, as well as persuasiveness. On the other hand, nursing managers used the least diverse set of rhetorical means. The analysis of rhetorical means identified five separate discourses: constructing change together, positive feedback, patient perspective, strategic change speech, and driving change.

*Discourse of constructing the change together*

Constructing the change together was the most prevalent type of discourse identified from the facilitation meetings discussions and was most noticeable when the construction of a new work model was discussed. This discourse also included the staff members who did not participate in the working group.

” I'm gonna get everything here we've been talking about= then we can comment on the whole”

"this hospitalist is like that (.) it is like a working model (.) now built with the staff from this department "

The discourse-related arguments referred to the need for a new work model, its development and evaluation, and aimed to motivate the working group to develop a model after the end of the project. In addition, this discourse included issues of team spirit and sustainability. During the discussions, change actors were encouraged to experiment with the model, and it was later specified that the model could be modified based on practical experience. Another goal for constructing a new model was to determine whether the implementation of the hospitalist model would improve patient treatment at the organization. When constructing the model, the aim was to find out what the hospitalist's contact surface was in the patient's treatment path and included evaluation of the activity.

"That's where I can still comment(.) from that hospitalist(.) Last week I had a wonderful(1) experience that left behind that(1) there are some kinds of general medical issues(1) for which a lot of surgeons don't have the answer because a surgeon is a surgeon(.)"

” Then there is (.) quite a lot this documentation of the material (.) collection of material plan for evaluation (.) just for the one where this is probably needed(1) good data about how this was done and what was being planned(.) hospitalist's diary (1) < five days for five minutes to spot> ”

Several rhetorical means for persuading the audience about the hospitalist model were used within the constructing the change together discourse. The arguments emphasized planning along with agency and evidence, often referring to the lack of a ready-made work model.

" that this is a new thing <as a whole> that (2) there is, for example, now a general practitioner doing ward rounds? (.) and then(1) treating the patients so it is a new thing (.) that means there is no ready-made model (.) or hospitalist work model that can just be brought here for us to see whether it is useful or not useful."

"There is no (1) ready care (1) or working model (1) which can be directly introduced and tested (.) but we should now create (1) a model we think could be functional"

The discussions within this type of discourse aimed to strengthen the idea of working together towards the planned change in a way that each participant is necessary. This discourse portrayed creating a new work model as active work.

#### *Discourse of positive feedback*

A type of discourse categorized as positive feedback was also prevalent in discussions about the creation of a new work model. This type of discourse was noticeable when the multidisciplinary team received feedback on the development of the model, when their work on the model was discussed or the developed hospital model was praised. All the participants were congratulated because the development of the work model showed that the work had been taken seriously. The positive feedback highlighted the correct use of the model and the participants' own positive experiences of working with the hospitalist model.

" I think this is a great achievement for this group.\*"

"...was a significant (5) actor and the patient was cured"

" overall this seems(.) to have started well(.) All the patients who were on the hospitalist's list the day before yesterday were appropriate"

The rhetorical means used in persuasive speech aimed to highlight positive developments in the early stages of the working model and create a positive atmosphere. The arguments focused on persuading the participants that the work model is important and meaningful.

” Care is somehow much deeper(.) and at least after that the care-giver has a more peaceful feeling (.) knowing that the issue has been dealt with. (1) properly (.) that it is not a light scratch”

”... the hospitalist is always extra however (.) to what we are (.) and clearly a place for them needs to be found ”

Positive feedback was given to the work group throughout the change process and things were constantly improving. The work model was not portrayed as negative in any of the discussions.

#### *Discourse of Strategic Change in speech*

The type of discourse categorized as strategic change in speech was prevalent when talk focused on how the hospitalist work model was part of a larger organizational change. The arguments within this discourse sought to convince the participants of the need for large-scale development of healthcare. The discussions that fell under this category of discourse highlighted the economic, patient and quality aspects that are important in the development of a new work model. The cost aspect of the reforms was particularly stressed in the discussions, as reforms aim to improve efficiency. The studied material showed that major changes in the hospital's operation were expected soon and well anticipated.

”This is on the move, what I said in the info is that it is related to a change in the concept of larger hospital activity”

"Then there is something new that applies to both, for example, this Hospitalist working model came now <at the right time > "

"The purpose is what is being gained elsewhere, that when the time spent at the hospital is shortened we are saving money(.) and the quality of care remains unchanged or even improves, along with patient satisfaction (.)"

Persuasive speech within the strategic change in speech discourse category mostly relied on the rhetoric means of distancing oneself from own interests and details and narratives. The new work model was promoted by describing how it would benefit the organization. This type of discourse most clearly positioned the development of the work model as part of a larger organizational change. In this way, its development was in line with the organization's long-term needs and goals.

#### *Discourse of patient perspective*

Discourse concerning the patient perspective reflected the need to develop a work model that would facilitate more effective nursing and improve the quality of care. The discussions revealed that the intensity of specialized medical care and number of patients will increase in the future, both of which highlighted the need for a new work model. The discussions also stressed that the new model would have to make patient care more effective while maintaining, or even improving, the quality of care.

"(.) so the intensity of care is higher (.) we have to be able to handle patients more efficiently and in a shorter time(.) "

" here will stay the most challenging for you \* and the hardest.\* (1) and that is when patients change qualitatively (.) now it is still changing quantitatively--- so you have (.) the object of action is <completely different from the one before>(2) it's different than you either have been alone "

" the presence of the hospitalist has not impaired the quality of the care. and It was the starting point ie the quality of care was to be maintained addition, the patients have been satisfied"

Arguments within patient perspective discourse utilized the least rhetoric means for persuasion out of all five identified discourse categories. Persuasive speech in this

discourse category most commonly used the rhetorical means of distancing oneself from own interests and agency and evidence

### *Discourse of Driving Change*

Discourse categorized as dealing with driving change highlighted facts of the change process, the general features of the change process in the context of the project at hand, and the importance of the hospitalist's work from the point of view of multi-professional work. The discussions revealed participants' previous experiences of the change processes so that they could be applied to the specific change project and inspire belief in the planned change. Participants were encouraged to actively participate in the process of change. The change needed to be systematic and multidisciplinary if the participants were to learn and gain the desired benefits. According to the discussions, the change was mostly about changing the mindset.

" I'm a Development Expert and I have done a long time(.) --- development work (.) or let's say that I have assisted units and departments with their development work"

" This is all about changing the mindset (1) a so-called ↓learning process and that discussion (.) is often (.) what (1) opens (.) new ways of thinking  
= that the group generates ideas for new practices (2) and thinking in a new way= if you are not involved (1) you cannot learn"

"= whether this is so good or is there a good chance to take this in some direction (1) you know I do not have the answers about what is the right path of development.= the video material we look here together tunes that speech."

" this work will continue even after this project. = but this is where the project always gain speed and(.) it is kind a common >time and place to design it"

Within this category of discourse, the Change facilitator used qualification as a rhetoric means to demonstrate her expertise and build credibility. Nevertheless, she also emphasized that she does not have all the answers and successful change is built together. The change facilitation meetings revealed that certain members had to drive the change and constructing a change requires time to plan. Some staff resistance towards the change



could be noticed from the discussions, and this dynamic was taken into account and slowed down the overall pace of change. Almost all the rhetorical means were used when driving change, with entitlement of category of actors and agency and evidence being the most commonly applied means.

## **5. Discussion**

The purpose of this article was to study and describe persuasive speech within discourses linked to multi-professional organizational change through rhetoric discourse analysis. The analysis discerned five categories of discourse from the multi-professional organizational change facilitation meetings. These identified discourses are noteworthy in the context of healthcare, as an understanding of their subtleties and differences can help change actors create a new social reality for organizational changes.

A variety of rhetorical means were used within these five discourses to persuade other members about the organizational changes. The most commonly applied rhetorical technique was the close-up view, i.e. referring to experiences and distancing oneself from own interests. The working group created a new work model for its own activities, and the various actors had distinct experiences and visions of the department operations. By chronicling their experiences of practical activities, various change actors strived to persuade other members to accept their opinion or viewpoint. One of the aims of the close-up view is to create a true image and convince the audience to accept it. This is how the speaker commits to the argument (Potter, 1996). However, the change actors also commonly distanced themselves from their own interests. This suggests that the change actors felt that it was important to convey how the change would be beneficial to many stakeholders. This rhetorical technique was most often used by the change facilitator, who brought the theoretical know-how of change to the project and was tasked with communicating how the change was progressing. Distancing oneself from their own interests can help a speaker build creativity as the audience feels that they are working towards the common good rather than driving their own interests (Potter, 1996).

“We” rhetoric was also commonly used. As the working group is collaborating to build a new work model and convince others of its value, it is important to have a good team spirit and common understanding of the model. According to Potter (1996), the objective

of “we” rhetoric is to create a common understanding and a generally accepted claim. The existence of one, generally accepted point reduces the amount of counter-arguments.

The change facilitator was an expert on change, meaning that she was supposed to know about the change process. Furthermore, it can be assumed that her knowledge serves as an appropriate and acceptable way to persuade other members of the facilitation group. Entitlements of category of actors describes a rhetorical technique that serves to justify certain types of information. When the audience categorizes a speaker into a particular category, for example, change process consultant, the message gains justification and the speech is more persuasive (Potter, 1996).

The change facilitation meetings discussions relied least on the three-part list, which aims to create an impression of a common feature or ordinary activity. The fact that this rhetoric technique was rarely used suggests that the working model has not yet stabilized; on the other hand, this provides further evidence that the hospitalist model is not something that can be copied and applied to every hospital in the same way. The power of the three-part list stems from how it provides ample evidence (through constructions such as “for example” and “so on”) yet shortens the conversation so that not all aspects can be raised (Potter, 1996). Qualification was also rarely used. This technique was not applied because the hospitalist model is not yet so well established that there would be a comprehensive source of statistics. When using qualification as a rhetoric means for persuasion, the speaker attempts to convince the audience with numbers, percentages or a describable quantity (Potter1996). Moreover, preparing for the assumed disagreement was not often used during the change facilitation meetings. The model was new to everyone, so actors were open to all proposals. It was generally accepted that the hospitalist model was needed, and all the members understood that the creation of the work model would begin from scratch. In this way, it can be assumed that none of the change actors expected disagreement about the creation of a hospitalist model.

The results show that the nursing managers used the least diverse set of rhetoric means to persuade change. The nurses, the development expert and the hospitalist were the most active in the construction of the model and persuading others. This result confirms previous findings regarding how interactive change does not just include managers’

voices but rather encompasses a multi-professional voice (Bonet, 2014) with the managers having moved to a more supportive and guiding role (Erlingsdottir et al., 2018).

The analysis showed that constructing the change together was the most prevalent discourse category. The planned hospitalist model was new, so it was understandable that this discourse became central. This article confirms that discussion and working together hold important roles in creating a common understanding of the operational transformation of an organization. Both the nursing staff and the physician considered the developed hospitalist model to be good and necessary. The prevalence of the constructing the change together discourse supports earlier research findings on the importance of inclusion (McMillan, 2016, Erlingsdottir et al., 2018). Moreover, research has shown that active participation is the best way to persuade the members of an organization to do something totally new (Armenakis & Harris, 2002).

The construction of the model was based on a real and urgent need, a factor that was particularly evident in the positive feedback discourse category. Positive feedback focused on collaboration among team members, convincing the working group that they were working towards something necessary and evaluating the development of the work model. The work model was considered necessary, and this necessity helped members adopt the change process. Previous studies identified positive feedback as a means of persuasion in the context of skill assessment. This form of persuasiveness was not earlier found to exist in the healthcare context, but has been revealed in general change project, with examples of past success, the positive assessment of skills, reminding members of their commitment, affirmation of trust and reference to group decisions all persuading members of the utility of the change process. (Armenakis and Harris, 2002.)

Our results show that any change which a product of a team effort is requires guidance and planning. The change facilitator played a pivotal role within the driving change discourse category. Her persuasive speech drew upon previous experiences of successful change and she brought a new perspective to the situation without marginalizing the importance of the work community's emerging views. Previous research on successful change has shown that management initiates the change process and takes an active role in recognizing problems at the start of the process, after which they shift to a more staff-supporting role (Erlingsdottir et al., 2018).

The strategic change speech discourse promoted the change process by creating an understanding of the general trends in healthcare as well as the organization. The need for change was justified with economic, patient and quality aspects. This finding agrees with previous studies in that change often includes resource and efficiency perspectives (Salmela et al., 2013). The trend that patients have become more challenging, both therapeutically and quantitatively, became evident during our analysis. This situation requires new work models that will be able to maintain the quality of care; for this reason, the hospitalist model was selected. The results agree with previous studies which have suggested that changes in patients require changes in activity (Kokkinen, 2013).

This article did not attempt to evaluate how successful persuasive speech was at change facilitation meetings as the scrutinized research material would not have enabled this type of analysis. The transcript of the last facilitation meeting revealed that the work model had been put into practice after being adequately modified during the change process.

## **6. Conclusion, implications for practice and challenges for future research**

The purpose of this article was to study and describe persuasive speech in discourses within multi-professional organizational change facilitation meetings through rhetorical discourse analysis. As such, the objective of the presented research was to describe which rhetorical means are used by members of a working group to persuade others of change and in which types of discourse these rhetorical means occur. The rhetorical discourse analysis revealed that persuasive speech relating to organizational change occurs across five distinct discourses, namely, constructing the change together, positive feedback, strategic change in speech, patient perspective, and driving change.

The discourses that emerged during the research represent relevant themes in the healthcare context; as such, they can be constructed as meaningful when the appropriate rhetorical means are applied. Using the right rhetorical means in the right context can strongly influence the success of change. Some of the discourses, i.e. patient perspective, reflect central healthcare values and are a natural theme for persuading other members to adopt a planned change. The discourse of constructing the change together can be persuasive when staff participate together to construct a shared definition that will have clear effects on organizational functionality and permanence of the change. Positive

feedback helps to describe why the change is necessary and encourages members to commit to the change process. Discourse of strategic change in speech can persuade members to embrace a change by focusing on the perspectives of how organizations must prepare for major changes to healthcare in the near future. This type of discourse can also highlight additional themes that are relevant to the field of healthcare, such as cost-effectiveness. In addition, organizational members can be persuaded to adopt change through systematic guidance that aims to alter the current mindset of employees who are opposed to changes.

Multi-professional change facilitation meetings prove an opportunity for polyphonic discussion of a certain issue. In this way, presenting the design phase of the change process to these groups ensures that any modifications will consider how the proposed change will affect different professional groups. The creation of a common framework through persuasive speech can affect the readiness of the organization to commit to change. Precisely for this reason, it is important to understand how rhetoric is involved in creating change and amplifying thinking. This is relevant to healthcare as innovative change management approaches are necessary to handling the increasing rate of change in this sector. The presented research challenges healthcare managers to think about organizational change as a social process and understand how creating change together is an effective way to manage change.

Persuading members to adopt organizational change in the healthcare context requires further research. It would be interesting to study whether there is a discursive way of constructing change in this context and if nursing managers possess the necessary argumentative skills to drive change. By interviewing informants, it could be possible to evaluate how certain change actors persuade other members to adopt change, as well as study the long-term implementation of change. The current knowledge of persuasiveness could be expanded by investigating experiences of constructing change, understanding how change is presented and discussed within professional groups and evaluating the success of constructed change that is the result of a working group.

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**Rhetorical means (Billig 1991, Potter 1996)**

*Persuasion*

*Persuasiveness*

***Defensive rhetoric:*** To strengthen own position so that it cannot be harmed

***Offensive rhetoric:*** The arguments put forward challenge the counter argument to defend the original argument

***Distancing oneself from own interests:*** Aims at raising audience confidence with objectivity and honesty, rather than that the argument is in the speaker's own interest

***Appearance of neutrality:*** Relationship between the speaker and the presented argument, more specifically, whether the claim is "in its own name" or whether the speaker acts as an information broker

***Close-up view:*** referring to own experience

***Entitlements of category of actors:*** some speakers are entitled to certain information based on what occupational, or interest, category they belong to. For example, a change consultant will have relevant expertise based on their profession

***Consensus and corroboration:*** The claim is presented so that several entities/experts can endorse it, the argument does not appear as the speaker's personal opinion

***"We" rhetoric:*** The claim is presented so that a speaker does not stand behind the argument alone but rather presents the argument to the group

***Agency and Evidence:*** The claim is backed up by facts, it is not interpretative

***Details and Narratives:*** Details are intended to reinforce the real situation

***Three-part list:*** Describing several details of a more general feature using rhetoric devices such as "furthermore" and "and so on"

***Repetition, contrast:*** The claim is strengthened by comparing it with other arguments and/or repeating arguments that have already been discussed

***Preparing for the assumed disagreement*** The aim is to protect the argument from an expected counter argument

***Qualification (numerical and non-numeric)*** Promoting the argument either by using a numerical amount or words that describe the amount

**Discourses and the rhetorical means used to persuade them ( Potter 1996)**