The emergence of sensemaking through socio-material practices

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Structured Abstract

Purpose: The purpose of this study was to increase understanding of how sensemaking occurs as a holistic, processual phenomenon during an organisational change.

Design/methodology/approach: A longitudinal, qualitative case study was conducted by analysing video-recorded meetings among the staff of two recently-merged surgical departments in a university hospital. Sensemaking was approached through the lens of socio-material practices.

Findings: The analysis revealed that material-discursive practices produce sensemaking in various ways, creating a holistic process and a dynamic agency. Four sensemaking practices were identified through which personnel made sense of the development of ward inpatient rounding: facilitated meetings, a status board, video analysis, and humour.

Originality/value: This paper identifies diverse sensemaking practices, each of which increases understanding of sensemaking as a holistic, processual phenomenon that emerges through socio-material practices. The paper also enhances practical understanding of how sense is made of a working practice, as well as how a working practice is developed and improved during an organisational change.

Keywords: sensemaking, organisational change, practice, socio-material
Introduction

Organisational change is a collective effort and hence requires collective sensemaking. In sensemaking research, scholars often distinguish between sensegiving (how senior management pursues change) and sensemaking (how change recipients act as active participants in translating the change initiated by management) (Gioia and Thomas, 1996; Rouleau and Balogun, 2011; Sonenshein, 2010). While this approach is very useful in analysing sensemaking as a dialogue between different organisational actor groups, it suggests that sensemaking occurs sequentially rather than as a continuous process (Brown et al., 2015; Lüsher and Lewis, 2008; Maitlis and Christianson, 2014; Sonenshein, 2010). However, there is an emerging opposing viewpoint that adopts a relational ontology and approaches sensemaking as an ongoing process influenced by practices and materiality (Hultin and Mähring, 2017; Nicolini, 2012; Orlikowski and Scott, 2015).

This paper examines sensemaking as a simultaneous, holistic process. A practice lens is helpful for understanding and describing practices as socially constructed activities within specific contexts, including socio-materiality (Hultin and Mähring, 2017; Schatzki, 2001). Socio-materiality in this study means that sensemaking emerges not only through human actors but also through social and material practices (Hultin and Mähring, 2017; Scott and Orlikowski, 2014). The aim of this study was to understand the practices that generate sensemaking within a multiprofessional team during an organisational change. For this purpose, a case study of a planned organisational change involving a merger of two surgical departments in a university hospital was analysed. Particular emphasis was placed on identifying social and material practices that advance collective sensemaking (Nicolini, 2012). The analysis revealed multiple mechanisms that helped the team make sense of a working practice development. These mechanisms are termed ‘sensemaking practices’
because they foster the sensemaking process by creating opportunities for discourse, reflection, and meaning construction.

**Theoretical framework**

Organisational change is a complicated, dynamic, dialectical process that is influenced by its own progression (Castel and Friedberg, 2010; Jian, 2011; Schreyögg and Sydow, 2011). Sensemaking is widely understood as the process of building understanding of ambiguous or complicated phenomena such as organisational change (Brown *et al*., 2015; Mills *et al*., 2010). Research shows that there is a strong relationship between sensemaking, emotions, change commitment, efficacy and expectations (Helpap and Bekmeier-Feuerhahn, 2016; Steigenberger, 2015). Wider societal institutional logic helps organisational actors make sense of change initiatives, especially in cases with no clear local logic (Khan, 2017).

The principles of the sensemaking approach are largely based on Weick’s framework, which focuses on how meaning is created during organisational events (Weick, 1995). Numerous studies on sensemaking have been published since this framework’s introduction (e.g., Brown *et al*., 2015; Maitlis and Christianson, 2014; Mills *et al*., 2010; Nicolini, 2012; Rouleau and Balogun, 2011; Sonenshein, 2010).

Maitlis and Christianson (2014, p. 67) defined sensemaking as ‘a process, prompted by violated expectations, that involves attending to and bracketing cues in the environment, creating intersubjective meaning through cycles of interpretation and action, and thereby enacting a more ordered environment from which further cues can be drawn’. In short, employees engaged in sensemaking try to understand what is happening and how to respond.

Instead of treating sensemaking and sensegiving as separate or sequential activities (Gioia and Thomas, 1996; Rouleau and Balogun, 2011; Sonenshein, 2010; Weick, 1995), this work approaches sensemaking as a holistic process (Brown *et al*., 2015; Lüsher and Lewis, 2008; Maitlis and Christianson, 2014; Sonenshein, 2010). The actors involved were both
sensegivers and sensemakers during the organisational change process. Among organisational
actors, social meanings develop via the interplay of sensemaking and discourse (Fairclough,
1995). While sensemaking happens through discourse, it is also embedded in practices
(Weick, 1995). This means that actors do not randomly draw on the past and make it relevant
to the present; instead, their approach depends on the social and material-discursive practices
in which they are embedded (Hultin and Mähring, 2017; Langely et al., 2013).

In this study, sensemaking was analysed through the lens of practice, with particular
emphasis on social and material practices (Hultin and Mähring, 2017; Nicolini, 2012;
Orlikowski and Scott, 2015). While sensemaking can be seen as an intersubjective activity,
subjects (individuals, practices, and materials) can also serve as the objects of sensemaking,
creating a ‘flow of agency’ (Hultin and Mähring, 2017, p. 3). This study shows that
sensemaking is enhanced by and emerges from so-called ‘sensemaking practices’.
Consequently, it is proposed that the nexus of sensemaking practices lies at the junction of
social practices, material practices and sensemaking (see Figure 1).

*Please insert Figure 1 approximately here.*

**Research context and methodology**

Social and discursive practices influence and are influenced by the institutional context and
pressures in which they occur (Bertels and Lawrence, 2016). The research context of this
study was healthcare, a field that has been shaped by strong traditions but faces strong
pressure to renew. Factors such as digitalisation, changing work environments, the economic
recession, and shortages of physicians and nurses pose significant challenges to healthcare
organisations (Aiken et al., 2014; Alameddine et al., 2012; Lu, 2015). Moreover, healthcare
organisations are generally harder to manage than organisations operating in other fields,
making organisational change management in healthcare particularly complex (Dyck, 2006; Ramanujanam and Rousseau, 2006; Swensen et al., 2016).

The study was conducted in a surgical department in a university hospital (UH) that provides specialised care. Hospitals have been described as environments in which the different worlds of physicians, nurses, managers and trustees collide (Glouberman and Mintzberg, 2001). Hospitals operate largely through work-based multiprofessional teams in which professionals such as surgeons, anaesthesiologists, nurses, specialised nurses, administrative staff, and medical students work together, pooling their expertise to benefit patients (Bender et al., 2013; Swensen et al., 2016). Previous research has shown that the needs and input of different professional groups must be considered when directing change in such environments (Liff and Andersson, 2012; Weber and Glynn, 2006).

**Method**

Case studies are useful for understanding organisational situations and occurrences, and a single case study method is suitable for analysing change (Eisenhardt, 1989; Yin, 2003). The case study discussed in this paper was qualitative and longitudinal, focusing on video-recorded meetings held on a regular basis. Qualitative methods are especially useful for studying phenomena where context matters (Gubrium and Holstein, 2009) – in this case, the development of working practices in a hospital environment undergoing organisational change.

The practice lens was used to analyse a team’s sensemaking of a development in working practice over 12 months in the UH following the merger of two surgical departments. The authors received a research permit from the UH and the informed consent of all participants in the facilitated development meetings. With the participants’ prior agreement, all organisational change-related team meetings were video-recorded for research purposes. Because of its suitability for careful examination of speech, the video recordings
were analysed using discourse analysis (Balogun et al., 2014; Brown et al., 2015; Grant and Marshak, 2011; Jones et al., 2017; Kärreman and Alvesson, 2001). The analysis was based on nine video-recorded meetings.

**Starting point for the merger: December 2016**

In 2016, the management of the UH encouraged synergistic mergers between departments that could increase the hospital’s overall operational efficiency. As a result, surgical wards 8 and 9 were selected for merging. For over 30 years, these wards had been adjacent but separate, with little interaction between them. Both wards treated patients recovering from surgery and requiring specialised care. Patients were assigned to the wards based on their diagnoses: ward 8 cared for those suffering from lower digestive track diseases, while Ward 9 cared for those with upper digestive track diseases. Although the two wards had always been situated next to each other, separated only by a hall and having shared access to elevators and stairs, they had mostly operated separately, with their own staff, budgets, facilities and patients.

At the end of 2016, each ward was staffed by approximately 35 nurses (led by a ward nurse) and roughly 10 surgeons (led by a chief doctor). The surgeons were divided between the two wards based on their specialisation. One chief doctor was technically in charge of both wards, but they remained separate entities in practice. As preparation for the change, in March 2016, the ward personnel organised a brainstorming session. In addition, the management team organised a couple of information sessions for ward personnel towards the end of 2016.

**Implementing the change: January 2017 – December 2017**

The following concrete changes were implemented immediately at the beginning of January 2017: (1) a shared name was chosen, (2) a shared budget was established, (3) a shared ward
nurse was selected, and her office was transferred to a room in the hall between the two corridors (to emphasise fairness and unity), and (4) patient room numbers were changed to run across both corridors consecutively (previously, Wards 8 and 9). Some features were left intact: (1) the physical premises, as the personnel and patients remained in their original premises in the two former wards, and (2) the assignment of patients to beds based on their diagnoses. Consequently, the surgeons also generally remained in their former wards.

The organisational change officially occurred at the beginning of 2017 as a result of decisions and planning initiated by the hospital’s management. The research for this study started simultaneously as, in practice, this change marked the beginning of the sensemaking process for all personnel, which lasted for an entire year. Regular multiprofessional team meetings were planned and organised during 2017 so that staff could share their concerns, discuss, and agree upon new working practices. Management (surgeons, other doctors, and ward nurses) attended the team meetings as participants with equal standing to other employees (nurses and administrative staff).

Data collection

Videos are useful for analysing social interaction because they reveal how people communicate with each other and how groups think and react in real time (Brown et al., 2015; Kärreman and Alvesson, 2001). Accordingly, the key sources of data for this study were videos of facilitated team meetings between diverse, hierarchical participants all making sense of the same organisational change. Videos of authentic organisational change meetings and sensemaking processes, especially with a longitudinal approach, are currently rare, and thus represent a novel form of empirical data (Meyer et al., 2013; Vaara et al., 2016).

The team meetings took place throughout 2017, in January, February, March, April, May, June, September and December. All nine meetings were video-recorded (over 18 hours in total) and transcribed (122,605 words in 403 pages). Video recording was planned
beforehand in collaboration with the team-meeting facilitator, who routinely recorded
meetings so that team members could learn from their own discussions and behaviours.
Permission to use the videos for research purposes was obtained from the participants. In
addition, three of the authors acted as participant observers in some of the meetings, and one
author actively participated in two of the meetings and in leading the change.

Data analysis
The data were analysed in three main phases, each of which included iteration. First, the
meeting videos were organised and watched, and transcribed in a timely manner. During this
phase, meeting participants (facilitators, doctors/surgeons, head nurses, nurse managers,
nurses, secretaries and researchers) were counted and listed, and the key topics discussed in
the meetings were summarised. This resulted in the emergence of an overall picture of the
organisational change and associated events as a processual narrative.

Second, to determine how participants attempt to influence each other, individual
fragments of discussion were extracted and analysed in their situational context (Balogun et
al., 2014). To maintain a sustained analytical focus, one contextually bound discursive
trajectory was chosen for more detailed analysis: ward inpatient rounding. This trajectory was
chosen because the data revealed it to be a central practice under development during the
change process, and because it involved all meeting participants and patients. During this
stage, topical extracts of conversations related to ward inpatient rounding were compared in
terms of their differences and/or similarities.

Third, following Grant and Marshak (2011, p. 221), ‘questions such as how, precisely,
do discourses construct social reality, especially regarding organisational change’ were
considered. During this stage, material-discursive practices were sought as a complementary
approach to the more traditional view, which considers sensemaking as a purely cognitive or
socially constructed process that occurs among interacting people (Hultin and Mähring, 2017;
Nicolini, 2012). As a result, three practices were identified, each of which prompted sensemaking among the personnel: facilitated meetings, a status board, and video analysis. Discussions of daily matters also serve as means by which people can make sense of topics not directly mentioned (Brown et al., 2015; Kärreman and Alvesson, 2001). Therefore, ‘underlying structures beneath and between the basic text and speech’ (Jones et al., 2017, p. 487) were also sought. By focusing on the atmosphere and body language of the meeting participants, it was possible to identify a fourth practice that was central in making sense of the hospital rounding practice: humour (joking and sarcasm about challenges). The following section discusses these sensemaking practices in more detail.

**Results: Sensemaking practices**

The analysis revealed four sensemaking practices through which the personnel made sense of the development of ward inpatient rounding during the organisational change: facilitated meetings, a status board, video analysis and humour (see Figure 2). These practices can be seen as sites of engagement in which discourse and practice intertwine (Jones et al., 2017; Nicolini, 2012; Scollon, 2001).

*Please insert Figure 2 approximately here.*

1) **Facilitated meetings**

Organisational actors make sense of current events through discourse and social construction, whereas meaning is negotiated (Hardy et al., 2005; Weick, 1995). Facilitated development meetings were an important mechanism for the personnel to discuss and negotiate ward rounding. The external facilitator had a strong role in these meetings, as she pre-determined the topics to be discussed, guided the discourse, and opened and concluded the meetings. The following conversation sample is from a meeting in September where the personnel discussed ward rounding practice development and the central role of the facilitated meetings:
Nurse: ‘What we have been whispering here at the back, the back row girls, is that looking back retrospectively this year, this past eight months, we have achieved an awful lot. In the spring it felt like this might not work at all and we weren’t sure what we might achieve, but now we can be pretty proud’.

Surgeon: ‘Yes’.

Nurse: ‘A (the facilitator) is a fine leader’.

Surgeon: ‘Exactly, we need that kind of an external…’

Nurse: ‘…to open things up’.

Surgeon: ‘Yes, an evaluator who professionally opens up issues and focuses on those things and…’

Facilitator: ‘Thank you’.

Surgeon: ‘And suggests solution models that have been used elsewhere and…’

Nurse: ‘…picks those things up from our babbling’.

All: Laughter

Surgeon: ‘That is professionalism. We have in this house many success stories in which you have been the catalyst, for example in care. Now it is a fantastic thing that on the operational side, we are the two wards to have merged so the others can then learn from us’.

The example shows that with the help of facilitated meetings, the facilitator was able to empower the personnel to create meaning and construct influence collectively and across hierarchies through discourse.

2) The status board

Sensemaking can also emerge from material-discursive practices in which human actors are decentred and the flow of agency becomes central (Hultin and Mähring, 2017). In this case study, a key challenge in ward rounding practice was that the surgeons did not know which nurses were available for the inpatient rounds, and vice versa. Additionally, nurses and other staff did not always know which patients had already been checked and by which surgeons.

To solve this problem, the personnel decided to test a status board system (which was already used in the emergency unit) that would visually list all the patient rooms. In this system, after a surgeon checked a patient room, he or she would circle the room number on the status board at the central office for others to see. The following comments illustrate the board’s role in developing the ward rounding practice:

Surgeon C: ‘The biggest change was that in the morning at the office, we would look (at the status board) to see which patients needed to be checked and then the surgeon could mark himself a room’.

Facilitator: ‘I will show you a picture’.

Surgeon C: ‘This surprisingly small thing helped us slowly develop a clearer understanding by letting us immediately see what’s happening. It lets us avoid a situation where someone goes around one room and checks a patient there but only makes a note of it for themselves, so we avoid duplicating work - no one else goes there. This is surely a good (thing). You can also notify that you only checked one patient in the room and had no time for anything else’.
Experimentation with this new practice caused a partial shift of agency from person-to-person communication to the status board, thereby merging the ‘sense’ and ‘action’ of inpatient rounding into one process. The board became the material that generated sense through collectively agreed-upon codes. In conclusion, the status board represented a socio-material practice through which collective sensemaking emerged.

3) Video analysis

‘Discursive practices need to be considered side by side with other forms of social and material activity (Nicolini, 2012, p. 6)’. With the permission of the personnel, the facilitator video-taped various real-life situations in the ward after the merger. In the facilitated meetings, the personnel watched their own normal daily operations on video, evaluated their working practices as a team, and shared their thoughts on what they saw and heard. The conversation quoted below, which is an excerpt from a team discussion of a video of ward rounding activity, illustrates the power of video analysis as a sensemaking practice.

Facilitator: ‘...Based on what principles were the patients chosen to be checked during the daily inpatient rounding practice?...’
Nurse manager: ‘That was really unclear’.
Nurses (2): ‘That is shocking’.
Doctor: ‘The answer is: there were no such principles’.
All: Laughter
Nurse: ‘Confusing’.
Nurse (imitating a surgeon): ‘I may have operated on a patient, I might visit him on my round, I might go...’

When the multiprofessional team could see that something did not work, it was easier for them to accept the need for change. Thus, video analysis became an important sensemaking practice for the personnel during the change process, representing a different kind of socio-material practice to, for example, the status board.

4) Humour

Organisational actors may use humour to highlight paradoxes and contradictions at work (Jarzabkowski and Le, 2016). Interestingly, during meetings, personnel commonly joked...
about issues they found challenging. It thus seems that humour may be used to deliver messages that would otherwise be difficult to articulate. The next example was taken from a meeting where the participants had divided into small groups and were preparing to watch a video of their daily operations from different viewpoints.

Facilitator (to one of the sub-teams): ‘Look for the principles the surgeons use when dividing patients between themselves for ward rounding, and also look for the principles the nurses use in sharing the patients…’
Surgeon: ‘To the latter one I have no answer…’
All: Laughter

The reason the personnel found the surgeon’s comment funny (as it was meant to be, based on his tone and body language) was that what he said was true. A real, daily difficulty on the ward was that personnel had no clear rules for deciding how to allocate patients between professions during ward rounding. Instead, doctors used one logic and nurses used another, and both these logics were unclear to many. Here, the problem was disguised as a joke. The participants continued by discussing whether surgeons always checked the patients on which they had operated, and whether they also completed those patients’ paperwork:

Secretary: ‘situations vary’.
Surgeon: ‘We try hard. And if the patient (’s situation) becomes more complicated, people usually become more interested in checking on him…’
All: Laughter

Again, a delicate issue was raised through humour. As the surgeons are usually needed in the operating theatres, they do not necessarily have time to check all their patients in the ward. Especially if a patient is recovering relatively well, his or her surgeon may postpone the checking procedure or delegate it to other personnel. This conflict of priorities between surgeons, nurses and recovering patients was discussed in the meetings, and humour was used to help make sense of it.

Conclusions

This research expands our understanding of organisational change and sensemaking, and addresses calls for a better understanding of sensemaking as an iterative process wherein
practices and materiality are central elements (Hultin and Mähring, 2017; Nicolini, 2012; Orlikowski and Scott, 2015).

The analysis presented here contributes to theory by showing that approaching sensemaking as a holistic process can be useful when analysing organisational change, and by demonstrating how sensemaking emerges through socio-material practices. In the holistic approach, actors are both sensegivers and sensemakers simultaneously, and are also dependent on and influenced by socio-materiality that develops throughout the process. These socio-material practices can be seen as sites of engagement, where discourse, materials and practices intertwine, forming a dynamic agency for change. Analysis of a case study on a healthcare environment in which two surgical departments had recently merged revealed four practices through which the personnel made sense of developments in ward inpatient rounding: facilitated meetings, a status board, video analysis, and humour. The identification of these specific sensemaking practices adds to existing theory, especially in the fields of practice and change. Moreover, it could be used to increase practitioners’ understanding of how organisational actors enhance their sensemaking while implementing a planned organisational change.

The first of the identified practices - regular facilitated development meetings - formed the core mechanism for sensemaking and offered an important opportunity to discuss changes amongst colleagues. The analysis suggests that in terms of leading change, sequential development meetings provide a useful way for management to maintain awareness of staff feelings and perceptions during the change process. Regular meetings also give the often ambiguous change process a clear rhythm, allowing participants to feel that they retain a degree of control and giving the process some predictability.

The second identified practice, video analysis, was a routine aspect of the development meetings that offered instant reflection points for the team (whose members
spanned many levels of the organisational hierarchy, ranging from secretaries to the head of department). The practice of collectively watching and analysing videos of an organisation’s daily processes seems to be a good way for practitioners to identify aspects of their operations that require development. Through video watching, bad news is delivered to the personnel by themselves rather than by management or an outsider. The opportunity to watch videos makes personnel more engaged and aware of their own actions, which is helpful in creating motivation for improvement.

The third practice, humour, was used when discussing delicate topics. The study indicates that practitioners driving change should create situations where actors can safely joke and laugh. Personnel can use these situations as safe zones in which to raise difficult issues or problems that might be otherwise be difficult to discuss publicly. Finally, while the piloting of a status board occurred outside the meetings, its implications were discussed and reflected on during the regular development meetings. The status board is an example of a shared material artefact that is at the centre of a practice development. Through this very simple material artefact, sensegiving and sensemaking intertwined into a holistic process of change, offering an opportunity for a practice to develop through discourse and learning. It might be generally useful for practitioners to seek such relatively simple socio-material tools that can facilitate the process of constructing solutions to complex problems.

The identification of diverse sensemaking practices increases understanding of sensemaking as both a multifaceted phenomenon and a practice that emerges in liaison with material. While the identification of the four sensemaking practices is relevant to the organisational change and sensemaking literature, it would be interesting to analyse these practices and their relation to sensemaking and each other in more detail, and to perhaps identify more sensemaking practices. Overall, more research that approaches sensemaking as a simultaneous, holistic process would be welcome. We need more understanding of how
sensemaking occurs collectively and across organisational boundaries. It would be particularly interesting to understand how socio-materiality is involved in practise development and organisational change in different contexts and fields.

References


Jarzabkowski, P.A. and Le, J.K. (2016), “‘We have to do this and that? You must be joking’: constructing and responding to paradox through humor”, *Organization Studies*, Vol. 38 No. 3-4, pp. 433-62.


Figure 1. The nexus of sensemaking practices.
Figure 2. The four sensemaking practices identified in the study.
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