ACTA

Nina Lunkka

MAKING SENSE OF HOSPITAL CHANGE PROJECT ACTUALITY

UNIVERSITY OF OULU GRADUATE SCHOOL;
UNIVERSITY OF OULU,
FACULTY OF MEDICINE;
MEDICAL RESEARCH CENTER

NINA LUNKKA

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University of Oulu, P.O. Box 8000, FI-90014 University of Oulu, Finland

Abstract

The purpose of this dissertation is to describe and increase understanding of hospital change project actuality. Project actuality means various level social processes that go on in hospital change projects and through which people in project perceive reality. A way to capture hospital change project actuality is to focus on little-studied project participants' lived experiences, i.e., reflexive actors' situational thinking. Approaching hospital change project participants' lived experiences through a Weickian sensemaking perspective, this dissertation investigates hospital change project actuality in one university hospital in Finland. Sensemaking means a process through which people generate meanings for their experiences and it provides a well-grounded perspective to focus on lived experiences in hospital change projects.

The study is a qualitative case study consisting of three sub-studies, which consist of four interrelated articles. The first sub-study explores hospital change projects as a context for sensemaking from mid-level nurse managers' viewpoint. The second sub-study investigates the role of emotions in the process of nurse managers' sensemaking of change in a hospital project. The third sub-study examines different project participants' discursive sensemaking of their lived project work experiences in hospital and introduces a discursive sensemaking perspective as a conceptual framework to study lived experiences through discourses. The primary data consist of 37 interviews, which were analyzed deploying different qualitative analysis methods, so deductive content analysis, discourse analysis and narrative analysis.

The first sub-study shows that hospital projects provide a reasonable context for sensemaking of change, however, hierarchy between different professions may obscure it. The second sub-study indicates that poorly experienced change facilitation maintains negative emotions influencing also plausibility of the organizational change in hospital project. The third sub-study suggests that high expectations regarding project-based work seem not to realize in practice in hospital. All in all, the study shows that hospital change projects actualize as paradoxal processes that are characterized by tensions between collaboration, competition and control.

Keywords: discourse analysis, hospital change project, narrative analysis, organizational change, sensemaking

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Oulun yliopisto, PL 8000, 90014 Oulun yliopisto

Tiivistelmä

Väitöskirjan tarkoituksena on kuvailla ja lisätä ymmärrystä sairaalan muutosprojektien aktuaalisuudesta. Aktuaalisuudella tarkoitetaan eritasoisia sosiaalisia prosesseja, joiden kautta sairaalan muutosprojektien toimijat hahmottavat todellisuutta ympärillään. Sitä voidaan tarkastella projektiin osallistuvien ihmisten kokemuksellisuuden eli refleksiivisten toimijoiden tilanteisen ajattelun kautta. Väitöskirjassa tutkitaan sairaalan muutosprojektien aktuaalisuutta Weickiläisen merkityksellistämisen näkökulman kautta yhden yliopistosairaalan kontekstissa Suomessa. Merkityksellistäminen tarkoittaa prosessia, jonka kautta toimijat kehittävät merkityksiä kokemuksilleen voidakseen toimia mielekkäästi. Se tarjoaa perustellun näkökulman sairaalan muutosprojektien aktuaalisuuden tarkasteluun.

Tutkimus on laadullinen tapaustutkimus koostuen kolmesta osatutkimuksesta, jotka puolestaan koostuvat neljästä artikkelista. Ensimmäinen osatutkimus tarkastelee sairaalan projekteja merkityksellistämisen kontekstina ylihoitajien näkökulmasta. Toinen osatutkimus tutkii osastonhoitajien tunteiden roolia muutoksen merkityksellistämisen prosessissa sairaalan projektissa. Kolmas osatutkimus tarkastelee sairaalan muutosprojektiin osallistuvien eri toimijoiden projektityön kokemuksellisuutta esitellen diskursiivisen merkityksellistämisen konseptuaalisena viitekehyksenä, jonka avulla voidaan tarkastella kokemuksellisuuden merkityksellistämistä diskursseihin yhdistettynä. Väitöskirjan pääaineisto koostuu 37 haastattelusta, joita on analysoitu kvalitatiivisilla analyysimenetelmillä, kuten teorialähtöistä sisällönanalyysiä, diskurssianalyysiä sekä narratiivista analyysiä, hyödyntäen.

Väitöskirjan ensimmäinen osatutkimus osoittaa, että sairaalan projektit tarjoavat mielekkään kontekstin muutoksen merkityksellistämiselle, joskin eri ammattikuntien hierarkkisuus saattaa haitata sitä. Toinen osatutkimus viittaa siihen, että heikkona koettu muutosprosessin tukeminen ylläpitää negatiivisia tunteita vaikuttaen myös negatiivisesti organisaatiomuutoksen uskottavuuteen sairaalan projektin kontekstissa. Kolmas osatutkimus viittaa siihen, että korkeat odotukset projektityötä kohtaan eivät usein todennu käytännössä. Kaiken kaikkiaan väitöskirja osoittaa, että sairaalan muutosprojektit aktualisoituvat paradoksaalisina prosesseina, joita luonnehtii jännitteisyys yhteistyön, kilpailun ja kontrollin välillä.

Asiasanat: diskurssianalyysi, merkityksellistäminen, narratiivinen analyysi, organisaatiomuutos, sairaalan muutosprojekti

Acknowledgements

Even though this may be a cliché, my navigation in the 'ocean of research' has been a learning process – however, not only as of becoming a novice researcher but also growing as a human because the currents I sailed on made me see life differently and more broadly. This learning process did not occur in a vacuum and thus was a result of contribution, encounters and help of so many people that it is impossible here to mention them all. First, I wish to express my sincere gratitude to my supervisor, Adjunct Professor Marjo Suhonen. You are in many ways responsible for the completion of this thesis. Without your faith and encouragement, I would never had started to cross the ocean in the first place. I have always been able to trust you, your presence and help whenever it was needed. You have also been very patient, calm neverd and supportive supervisor that I ever could have thinked of. In your firm but tolerable hands it has been safe to mature towards PhD. Thank you for everything! Professor Leena Turkki, my other supervisor during the first half of my PhD-journey, your creativeness and boldness encouraged me to steer my boat to counter current. Thank you for the sparkling moments and stimulating discussions that I was entitled to share with you.

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List of original articles

I   Lunkka N, Suhonen M & Turkki L (2015) Merkitysten materialisoituminen sairaalan projekteissa – ylihoitajien kokemuksia muutosprosesseista. Hallinnon Tutkimus 34(3), 233–248.

II   Lunkka N & Suhonen M (2015) Ambiguous meanings of projects as facilitators of sensegiving. Journal of Nursing Management. 23(7), 842–850.

III Lunkka N*, Pätsi J* & Suhonen M (2017) Kerrottu tyytyväisyys, pettymys ja ärtymys sairaalan organisaatiomuutoksen kontekstissa – Osastonhoitajat tunnekokemuksiaan merkityksellistämässä. Hallinnon Tutkimus 36(3), 170–185.

IV   Lunkka N, Pietiläinen, V. & Suhonen M. A discursive sensemaking perspective on project-based work in public healthcare. Manuscript.

Authors' contribution in the articles:

*Equal contribution

Contents

1   Introduction

"No man ever steps in the same river twice, for it's not the same river and he's not the same man."

–Heraclitus

1.1   Why study hospital change project actuality?

Change in life, also in organizations, is continuous (Weick & Quinn 1999, see Tsoukas & Chia 2002). Hence, it can be argued that all hospital projects involve some degree of organizational change, even though the degree of this change can be expected to be greater in projects, which are purposefully aiming at organizational change (Crawford *et al.* 2014). It is these planned organizational change projects in a public hospital context that are in the focus of this dissertation. However, instead of viewing hospital change projects as 'top-down', linear and phased processes, I acknowledge their ongoing processual nature (e.g., Weick & Quinn 1999, Tsoukas & Chia 2002, see van de Ven & Poole 2005) and focus on what actually happens in the arrangements labelled 'hospital change project' (Cicmil *et al.* 2006). This project actuality perspective recognizes the need to study the projects from 'inside' (e.g., Sampaio *et al.* 2014, Sivaraman & Smits 2016) meaning the reality of project-based work and management itself (Sampaio *et al.* 2014). Project actuality refers to those 'complex social processes that go on at various levels of project working' (Cicmil *et al.* 2006, 675). Consequently, in this dissertation, I focus on the 'messy' reality (Alvesson & Deetz 2000) and the dynamics of the organizing (e.g., Syväjärvi *et al.* 2007) of hospital change projects in order to gain practical, not technical, knowledge of them (Habermas 1976). In doing so, this dissertation enhances our understanding of hospital change projects by reaching beyond the universal, positivistic scientific research. This understanding can be utilized for improving both project management practices as well as the practices involved to project-based work in health care in general and in hospital organizations in particular.

In this dissertation, I investigate hospital change project actuality through a qualitative case study in one Finnish university hospital. Due to factors such as an aging population, shortage of competent workers and rapidly developing medicine, public hospitals face constant demands on productivity, effectiveness, quality improvement and efficiency, which in turn require organizational transformations

(Rantala & Sulkunen 2006, Paasivaara *et al.* 2011, Hantula *et al.* 2012, Battilana & Casciaro 2012). The university hospital under study aims for transformation by re-orienting its structures, organization and functions. In other words, instead of merely reacting to external events, it actively establishes organizational change initiatives that are both environmentally driven and anticipatory of future demands[1]. Although re-orientations have the luxury of time to shape change, empower individuals and modify core values in structures or processes, leading them is challenging. Besides demanding skills to ensure that people actually act in a manner consistent with new goals, re-orientations require generating energy, creating commitment and directing people towards new objectives, aspirations or values. (Nadler & Tushman 1990.) It is crucial here to recognize that Finland is on the verge of a major social and health care reform that most likely will increase re-orientations in social and health care organizations. Hence, this dissertation is topical, providing data for understanding the process of re-orienting in the hospital context generally.

The organizational change initiations in hospitals are increasingly put into practice with projects (e.g., Kitzmiller *et al.* 2010, Pohjola *et al.* 2016, Tiirinki *et al.* 2016). However, there is an ongoing debate regarding the challenges of project delivery, as well as the prevalence of project failure (e.g., Winter *et al.* 2006, Thomas 2012, Sa Couto 2008, Geraldi *et al.* 2011, van der Hoorn 2015). Despite of the rigorous and sound project management knowledge, projects in organizations and in hospitals seem not to achieve their goals, nor to stay on schedule or within budget (e.g., Zwikael & Bar-Yoseph 2004, Pollack 2007, Sa Cauto 2008, Devine *et al.* 2010, Geraldi *et al.* 2011). The ever-growing body of literature implies that the orthodox use of project management tools and techniques does not ensure the success of the projects (e.g., Pollack 2007, Geraldi *et al.* 2011, McLeod *et al.* 2012). Evaluations show that even 70% of projects are not achieving their goals (see Cicmil & Hodgson 2006).

As a result, the traditional project management literature has been criticized for its shortcomings in practice (e.g., Lalonde *et al.* 2010, van der Hoorn & Whitty

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[1] It should be noted that organizational changes vary considerably in regard to their scope, nature and intensity. According to Nadler and Tushman's (1990) famous typology, organizational change can vary in *strategic* versus *incremental* as well as in *reactive* versus *antipicatory* dimensions. Strategic changes typically change organizations' basic framework, such as processes, people and values, whereas incremental changes aim to enhance the effectiveness of the organization within the general mode of organizing and values. Reactive changes, in turn, are made in response to external events, whereas anticipatory changes are initiated when upper management believes that changes need to be made for the sake of an organization's success.

2015) and project researchers have begun to re-think and re-conceptualize projects and their management (e.g., Cicmil & Hodgson 2006, Lalonde *et al.* 2010, Hodgson & Cicmil 2016). Quite justly, scholars argue that complex reality of projects and their management cannot be captured through universal, instrumental and model-based approaches (e.g., Cicmil *et al.* 2006, Lalonde *et al.* 2010, van der Hoorn & Whitty 2015). Due to turn from normative and functionalist agenda towards practice- and process-based approaches in a wider field of organizations and management (e.g., Tsoukas & Chia 2002, Feldman & Orlikowski 2011, Nicolini 2013) also project researchers have begun to utilize these approaches to understand more profoundly the 'phenomena of project' (e.g., Cicmil & Hodgson 2006, Thomas 2012, see Svejvig & Andersen 2015).

In line with these contemporary scholars, also I problematize in this dissertation the normative and instrumental understanding of hospital change projects. Hence, I view hospital change projects merely as emergent processes (Tsoukas & Chia 2002) that are comprised within the social relations and interaction in a local context (see Weick 1995). Consequently, this dissertation offers an alternative account not only in relation to project literature but also in relation to organizational change literature. Rather than viewing organizational change from objective and realistic perspective and therefore as linear and phased process, it is understood as emergent process that is contingent upon human meaning making (Iveroth & Hallencreutz 2016)[2]. However, essential is 'not just about the human construction of meaning as if it were independent of phenomena in the world', but it 'is human interaction *with* the world and how human then make sense of that interaction' (Bettis & Gregson 2001, 10, italics added). Approaching hospital change projects through project actuality allows me to focus on this interrelationship between humans and the world because turning to a project actuality approach means that hospital change projects do not exist as ready-made,

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[2] Distinction to planned vs. emergent change is today common in organizational change literature, altough it is to be noted that they are not exclusive. Planned change is intentional, infrequent and discontinuous whereas emergent change is continuous and cumulative (Iveroth & Hallencreutz 2016, see also Weick & Quinn 1999). There are also other categorizations for organizational change. Juuti & Virtanen (2009), for example, note the following approaches in organizational change literature: 1) planned change, 2) change as organic process that bases on systemic theory, 3) change as cultural phenomenon, 4) change as transformation, 5) process consultation, 6) change as activity (e.g. Lewin) and 7) change as social construction. Generally, organizational change has been explored through realistic worldview, however, also interpretive as well as sociocultural and post-structural approaches are increasingly utlized (see e.g. Juuti & Virtanen 2009).

neutral and given, but they are constituted by the actors involved in the local context (Cicmil *et al.* 2006).

Cicmil *et al.* (2006, 676) state that project actuality 'encompasses the understanding of the lived experience of organizational members with work and life in their local project environment'. Therefore, project actuality research has a great interest towards lived experiences (van der Hoorn & Whitty 2015) meaning project practitioners' possibilities and options while they are confronting a particular situation (Lalonde *et al.* 2012); in other words, project practitioners' situational thinking in action (Cicmil *et al.* 2006, Sampaio *et al.* 2014). This approach goes beyond the common-sense understanding regarding experiences, which typically views experiences as modelled ones. Instead, project actuality approach embraces the dynamic interrelationship between actor (agency) and the world in which she is embedded (structure) (Cicmil *et al.* 2006).

Consequently, project actuality approach provides a route towards a praxis-based research (Lalonde *et al.* 2010) i.e., research on empirical reality of projects, which takes into account different contexts in which project work or management is enacted (Cicmil *et al.* 2006). This approach addresses things such as values, complexity, non-linearity, social processes and multiple perspectives in project environments and makes it possible to theorize practice in a way that connects action to structure, culture, or patterns of intersubjective relating. Since project actuality approach provides me a way to investigate the practice of hospital change projects through project practitioners lived experiences, it is possible to focus on, for example, project actor's sensemaking processes or the experience of emotions that influence action in complex project environments. (Cicmil *et al.* 2006.)

Both public health care as well as hospital organizations constitute unique and complex context for organizational change projects. Public hospitals are politico-administratively regulated (Löfgren & Poulsen 2013) as well as bureaucratic organizations with hierarchic professions, each with their own social and cultural norms (Bate 2000). The earlier literature has shown us that multiprofessional collaboration between these professions is challenging (e.g., San Martin-Rodriguez *et al.* 2005, Bender *et al.* 2013). In addition, public hospitals tend to organize specialities into distinct silos – another characteristic which makes collaboration challenging (cf. San Martin-Rodriguez *et al.* 2005, Jordan *et al.* 2009, Bender *et al.* 2013). Yet in the literature, projects are often presented as solutions to enhance collaboration in this complex context (see Tiirinki *et al.* 2016). In this dissertation, I acknowledge this contradiction and hospital change projects are understood to be complex social settings characterized by tensions between control and

collaborative interaction amongst diverse project participants and stakeholders (Cicmil *et al.* 2006).

Even though research regarding projects in health care in general, and in hospitals in particular, has been scare, the existing literature has enhanced our understanding of, for example, the 'soft' factors, such as leadership and culture (e.g., Suhonen & Paasivaara 2011a, Suhonen & Paasivaara 2011b) through project practitioner's experiences. However, these studies tend to adhere to realistic worldview and thus see experience in a modelled, common sense way. In other words, these studies tend to emphasize the practice at the expense of its theorizing (see Lalonde *et al.* 2010). Therefore, I agrue that it is justifiable and relevant to engage with the pragmatic philosophy that is inherent to project actuality approach and that abandons the Cartesian subject-object devide[3] appreciating the dialictic and reciprocal nature between the project practitioners and the project environment in which project partitioners are embedded (Parmar *et al.* 2016, Cicmil *et al.* 2006).

In order to capture hospital change project actuality in the above outlined way, I draw in this dissertation on Weickian sensemaking (1995) perspective. Sensemaking literally means the process through which active agents construct sensible events (Weick 1995, 5). Therefore, the process how people construct their own realities is central in sensemaking. Theoretically, sensemaking perspective draws from both social constructionism as well as phenomenology, amongst others (Weick 1995), providing a particularly appropriate lens to study different project participants lived experiences on hospital change projects (Cicmil *et al.* 2006, see also Mailtis *et al.* 2013, Brown *et al.* 2015). Sensemaking also provides a perspective that is particularly useful for understanding 'the micro processes that underlie macro processes' (Zilber 2007, 1049). In other words, it provides a way to study lived experiences of organizing in a manner that acknowledges the context and the situation in which it occurs.

Sensemaking is in this dissertation understood as a communicative activity of individuals as well as a discursively consisted interpretation that define purposes, agents and organizations. This means that with sensemaking perspective I take into account both the language and the meaning. Consequently, by focusing on sensemaking processes as well as the interrelation between sensemaking and the discursive environment in which the process of sensemaking embodies and from which it draws from, I focus both on the processes of organizing as a result of

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[3] According to Cartesian legacy the subject is divorced from the world meaning that the world is put out 'there' as separate from the subject (Çüçen, n.d.).

sensemaking as well as the micro activities of making sense through discourses in the context of hospital change projects.

In sum, with this dissertation, I turn towards the hospital change project practitioners' lived experiences that are so frequently neglected in mainstream project management literature (Cicmil *et al.* 2006). By deploying a socio constructionist approach to explore the actuality of hospital change projects, I problematize the monolithic and individualized explanations considering the projects and project-based work in hospital. Viewing hospital change projects through sensemaking perspective, it is possible to understand more profoundly the complex reality of hospital change projects and provide more satisfactory solutions for the challenges relating to project-based work in hospital – on the basis what actually is going on in them.

1.2   Purpose and research questions

The purpose of this dissertation is to describe and increase understanding of hospital change project actuality. Drawing theoretically on sensemaking perspective this dissertation investigates different project practitioners lived experiences on hospital change projects. The study is guided by the following combinative research question: How do hospital change projects actualize themselves through sensemaking perspective?

The study consists of three sub-studies, each of which allows me to elaborate from different viewpoints how hospital change projects realize themselves through different project participants' lived experiences. The sub-studies, in turn, consist of four separate articles. In the following, I explain the role of the four articles in relation to the three sub-studies and their research questions.

The first sub-study consists the first and the second article. It answers to the research question: How do hospital change projects facilitate sensemaking as experienced by mid-level nurse managers? The aim of this sub-study is not to explore the sensemaking process itself but the focus on those dimensions and meanings of hospital change projects that mid-level nurse managers experience meaningful considering sensemaking of change. Situating in the middle of the strategic and operative management, the role of a mid-level (nurse) managers are presented to be important during the organizational change (Kuyvenhoven & Buss 2011). Particularly the role of sensegiver, i.e., purposeful influencer of other peoples' sensemaking (Maitlis & Christianson 2014), is presented to be essential during organizational change for middle managers (Maitlis & Lawrence 2007,

Kuyvenhoven & Buss 2011). The first sub-study enriches our understanding about the hospital change project actuality by investigating hospital change projects as a context for sensemaking and sensegiving. In other words, it gains knowledge how mid-level nurse managers perceive hospital projects as arenas of the ongoing meaning-making of the organizational change. It is also to be noted, that due to results of the first sub-study—together with the research gaps in the previous literature—the second and the third sub-study focus explicitly on emotions as well as lived experiences on project-based work.

The second sub-study consists of the third article and it explores nurse managers' sensemaking of organizational change in a hospital project from emotions point of view. The nurse managers' role during the organizational change is essential, as they are responsible for the daily management and operations of their ward (Skytt *et al.* 2008, Lawrence *et al.* 2014). They live through the organizational change through their own experiences in the middle of the demands of their superiors as well as employees (see Vakkala & Syväjärvi 2012). The article answers to the research question: How do emotions influence the trajectory of sensemaking of change in a hospital project experienced by nurse managers? The article expands our knowledge of hospital change project actuality by exploring the role of emotions in the context of hospital change project and, in particular, how emotions influence to the trajectory of the organizational change.

The fourth article investigates little-studied project participants lived experiences on project-based work (see Cicmil *et al.* 2006) in a hospital change project. Since the first sub-study with previous literature suggest that multiprofessional collaboration is challenging in hospital change projects, this sub-study focuses particularly on different health care professional's lived experiences considering project-based work. It answers to the research question: How do different project participants make discursively sense of their lived experiences on project-based work in hospital and what consequences these discursive sensemaking practices have? The aim of this article is to identify the polyphony of lived experiences of project-based work in a hospital change project. The article increases our knowledge of project actuality by investigating how individual sensemaking of lived experiences is involved to continuous change considering project-based work in hospital. In doing so, the article aims to understand the reality of project-based work for organizational change by investigating interrelationship between project participant and project environment in the middle of continuous change.

To conclude, each sub-study explores different practitioners' lived experiences on hospital change projects and, thus, this dissertation provides multiple perspectives regarding the actuality of hospital change projects (see Cicmil *et al.* 2006). The following Figure 1 illustrates the relationship between the three sub-studies and the four articles in relation to the overall dissertation. It shows that the first sub-study focuses on to identify the dimensions and meanings considering the unique context of hospital change projects from sensemaking perspective as experienced by mid-level nurse managers. The second sub-study, in turn, focuses on the role of nurse managers' emotions during the organizational change in a hospital project and investigates how these emotions influence the organizing of a hospital change project. The third sub-study then focuses on the polyphony of different project practitioners' lived work experiences regarding hospital change projects exploring the micro-activities of the sensemaking of these lived experiences.
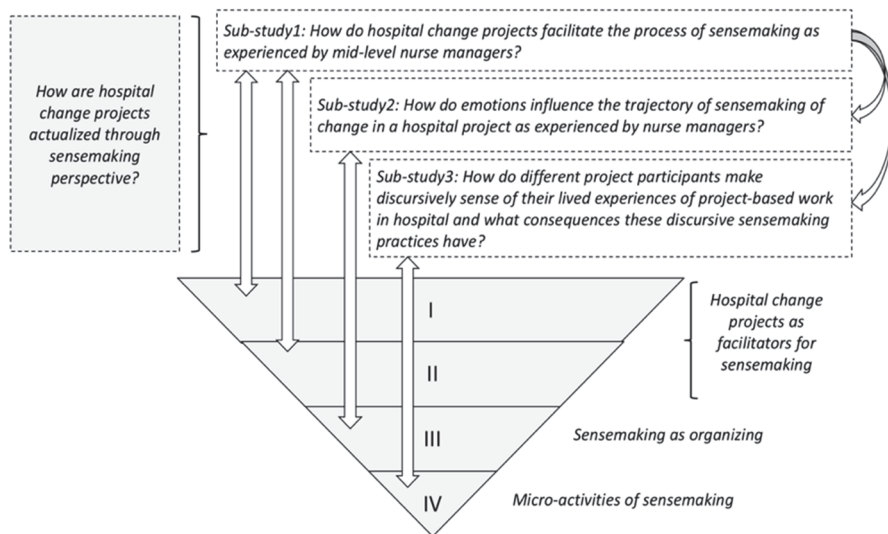
Fig. 1. The articles and the sub-studies in relation to the overall dissertation.

1.3   Main concepts of the dissertation

Discourse

The term discourse refers to 'patterns of meaning which organize the various symbolic systems human beings inhabit, and which are necessary for us to make sense of each other' (Parker 1999, 3). Discourses are here seen as a resource from which the project participants draw from (although not knowingly and artfully) in order to make sense of their experiences (Potter *et al.* 2002). This means that discourses are social processes through which meanings are produced and understood. In this way, discourse refers to the meaning system that is broader than the specific situation in which the language is used. However, discourse in this dissertation also refers to language use, i.e., text and talk. Discourses are constructed in the sense that they are put together from different elements, such as words, categories, and other elements as well as in the sense that versions of the world are put together and stabilized in the talk (Potter & Hepburn 2007). In this way, they are abstracts from practices in context (Potter *et al.* 2002).

Emotions

Emotion is here understood as 'a transient feeling state with an identified cause or target that can be expressed verbally' (Mailtis *et al.* 2013, referring Russell & Barrett 1999, Grandey 2008). Emotions are regarded as socially consisted, which means that the local community in which people take part in builds up in their mind how and when it is appropriate to feel or show some particular emotion or is it perhaps needed to be covered (Varila 2004).

Hospital change projects

Hospital change projects are in this dissertation understood as complex social settings characterized by tensions between control and collaborative interaction between diverse project participants and stakeholders (Cicmil *et al.* 2006). The 'change' refers that hospital change projects are purposefully set to aim for organizational change from the upper management.

Lived experience

In this dissertation, lived experience refers to reflexive practitioners' situational thinking (Cicmil *et al.* 2006). Hence, it refers not only to people's experiences, but also how people live through and respond to those experiences (Boylorn 2008) and their possibilities and options while they are confronting a particular situation (Lalonde *et al.* 2012). The prefix 'lived' draws from phenomenologists referring to the matter that in order to capture the reality, project participants can only know what they are doing after they have done it (Weick 1995). Through narration project participants tell about their own world, their 'being-in-the world' (Heidegger 1962) and, in this way, they become aware of their participation in this world (Lindseth & Nordberg 2004). Lived experience is thus a 'understanding of a research subject's human experiences, choices, and options and how those factors influence one's perception of knowledge' (Boylorn 2008, 489-490).

Organizational change

Organizational change in this dissertation is considered as continuous. This means that it is ongoing, evolving, cumulative and emergent, not an on-off phenomenon. Change is described as situated and grounded in continuing updates of social practices and work processes. The trajectory of change is open-ended or spiral, rather than linear. Thus, its effectiveness is not contingent on the degree to which it is planned. (Weick & Quinn 1999.) Even though the change is planned and thus purposeful—such as in hospital change projects—the bottom-up trajectory of its emergence is emphasized.

With continuous change, 'stability and change are explained in the same terms: stability is due to processes that maintain the organization so that it can be reified as the same thing by some observer(s), while change occurs when the processes operate in a manner that is reified by observer(s) as changing the organization' (van de Ven & Poole 2005, referring Rescher 1996). As a result, continuous change emphasizes the role of language. Change is consisted in interaction as well as maintained, interpreted and understood through talk (Grant *et al.* 2005, Thurlow & Helms Mills 2009).

Project actuality

Project actuality refers to those 'complex social processes that go on at various levels of project working' (Cicmil *et al.* 2006, 675). Researching project actuality means 'focusing on *social process* and how practitioners *think in action*, in a local situation in a living present' (Cicmil *et al.* 2006, 676). In other words, project actuality focuses on the practice in projects through project practitioners' lived experiences. The project actuality approach emphasizes the strong theorization for practice in order to avoid slipping into the common sense understanding on it. In other words, project actuality requires engaging practical philosophy while theorizing practice in project work or its management.

Sensemaking

Sensemaking serves up a way to study the lived experiences of organizing of hospital change projects (Maitlis *et al.* 2013). In this dissertation, sensemaking refers turning 'prevailing circumstances into a situation that is comprehended explicitly in words and serves as a springboard for action' (Taylor & Van Every 2000, 40). In other words, sensemaking is a communicative process through which people make sense of their experiences in order to act in a situation (Weick 1995). In this way, sensemaking offers a particularly appropriate perspective to study different project practitioners' lived experiences, i.e., their practical reasoning and situational thinking (Cicmil *et al.* 2006). Helms Mills (2003, 35) propose that 'sensemaking is central because it is the primary site where meanings materialize that inform and constrain identity and action'.

1.4   Positioning the dissertation

This dissertation is conducted in the field of health administration science, which theoretically draws mainly on administration sciences, organization studies or health sciences to understand (social and) health care and its unique organizations in terms of questions that are relevant to health care, so not only relevant to administration science, organization studies or health sciences (Vuori 2005). This dissertation draws on organizations studies and utilizes the theories from this field to study intra-organizational hospital change projects. Within health administration science, I localize this dissertation to the area that studies organizations and their

management, change and development in the context of health care (Sinkkonen & Kinnunen 1999, Niiranen & Lammintakanen 2011).

I position the dissertation to the project studies in general, and actuality oriented project research in the context of health care in particular. For this, I apply Weickian sensemaking perspective (1995) to investigate lived experiences in hospital change projects. Viewing hospital change projects as social constructions and investigating the interrelationship between project actor and the project environment she is embedded, this dissertation can, to some extend, also be localized into the critical project studies. I also investigate, for example, the interrelationship between language and lived experience in the process of sensemaking and elaborate what consequences the enacted senses have considering the social reality of hospital change projects. Therefore, I position this dissertation also to the 'Communicative Constitution of Organization' stream of research (CCO), which highlights how language shapes the stabilization and repetition of organizational reality (Gond *et al.* 2016). For CCO scholars, organizations are literally "talked into existence" (Weick *et al.* 2005, 409) and the focus of this dissertation is on how the conceptual and material world is made meaningful through talk (see Jokinen *et al*. 2004). The following Figure 2 illustrates how this dissertation is positioned into the research field.
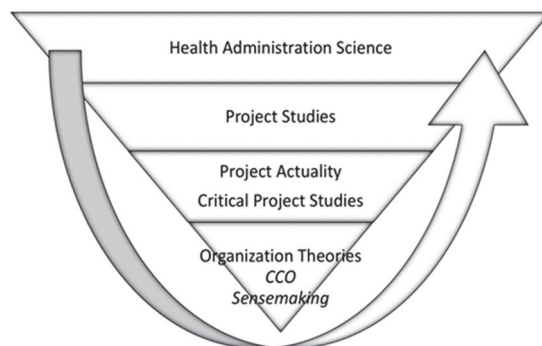
Fig. 2. Positioning the dissertation into the research field.

1.5   Outline of the dissertation

The dissertation is comprised of two main sections. The first section is the compilation part and the second section consists of four articles. It is to be noted, that rather than being a precise summary of the original articles, the compilation part is guided by the research purpose and research questions of its own.

In the following chapter (chapter 2), I address theoretical underpinnings of the study. I first introduce in a more detailed manner the project actuality perspective and the relevant literature related to it. After that I elaborate the change projects in public hospital setting as well as the nature of change as understood in this dissertation. I then present the pertinent sensemaking literature relevant to this dissertation, addressing the literature that has connected sensemaking to emotions as well as discourses. At this point, I also introduce a conceptual framework of discursive sensemaking that I have theorized to study lived experiences from a social constructivist perspective.

I then proceed by addressing the research process (chapter 3), in which I first present the philosophical and methodological foundations of the study and then proceed presenting the research design, research context, data and processes of analyses. In this section, I also present how I have dealt with ethical aspects regarding the study. I then continue by addressing findings of this dissertation (chapter 4), which is followed by the discussion (chapter 5) with the interpretation of the findings as well as practical and theoretical implications. Finally, I outline the limitations of the study.

2 Understanding hospital change project actuality through sensemaking perspective

This chapter addresses the theoretical underpinnings of this dissertation and is divided into four sections, including the summary of the chapter. First, I introduce the project literature, to which this dissertation contributes, so project actuality perspective with its background. In the second section, I elaborate on the dimensions of hospital change projects as well as the nature of change as understood in organization studies in general and in this dissertation in particular. In the third section, I introduce the sensemaking perspective with its dimensions that I consider relevant regarding this dissertation. I also introduce a conceptual framework of discursive sensemaking that I have theorized to investigate lived-experiences of project-based work in hospital. Finally, I sum up the theoretical underpinnings.

2.1 Making sense of project actuality approach

Even though the importance of projects in contemporary society has increased in recent decades (Chiapello & Fairclough 2002), the conceptual basis to understand projects and their management has remained rather static (e.g., Svejvig & Andersen 2015). This understanding has long been dominated by an instrumental, technocratic and rationalistic viewpoint (Packendorff 1995, Morris *et al.* 2011, Svejvig & Andersen 2015), which, in most simplistic manner, views and conceptualizes projects as linear phases of 'planning-implementation-evaluation' (Cicmil & Hodgson 2006). However, due to a turn to the process- and practice-based approaches in the wider field of organization and management (e.g., Tsoukas & Chia 2002, Feldman & Orlikowski 2011, Nicolini 2013), the foundations of project research have evolved towards plurality. In the following, I first elaborate the trajectory of project studies towards what is called Rethinking Project Management network, after which I explain the project actuality approach in more detail in general and as understood in this dissertation.

2.1.1 Rethinking project management: Towards project actuality

Project management has evolved from, and is still largely dominated by, a positivist foundation (Bredillet 2004, Symth & Morris 2007, Pollack 2007, Bredillet 2010, van der Hoorn & Whitty 2015). This traditional project management research

typically focuses on the 'iron triangle' of project management meaning time, cost and quality (Cicmil & Hodgson 2006). It is also interested in 'best practices' and 'success factors' in delivering the projects (see McLeod *et al.* 2012, Ika & Hodgson 2014) and emphasizes tools and methods in project management (Bredillet 2004). All in all, traditional project management research strives for universal and normative knowledge to improve project management (Cicmil & Hodgson 2015).

Although traditional project management research is sound, it has largely been criticized for its shortcomings in practice (e.g., Sahlin-Andersson & Söderholm 2002, Lalonde *et al.* 2010, van der Hoorn 2015). Bredillet (2004, 1–2) even argues that the positivist foundation of project management may be *leading* to the problems and challenges that have been noticed in practice as it is a 'barrier to effective understanding and communication of the true nature of project management'. As a result, scholars have started to contend that attention was to be focused from the efficiency measurements as appropriate measures for project success towards the nature of projects as complex organizational arrangements (Cicmil & Hodgson 2006).

Clarke (1999) problematizes project management as a means for organizational change as he identifies project just another control mechanism, a 'corporate mechanism' tool. He identifies, for example, individual resistance towards project management practices as well as lack of motivation and confidence concerning project work (see Cicmil & Hodgson 2006). Also, Bresnen (2006) has shown us that the traditional project management and change management literature differ from each other, which causes challenges for projects aiming for organizational change.

The 'Scandinavian School' of project management (e.g., Lundin & Söderholm 1995, Södelund 2004) questions the universality of project management and calls for more empirical studies as well as alternative representations of projects. These alternative assumptions differentiate from the common assumption of project emphasizing middle-ranged theories compared to general theories as well as descriptive theories compared to prescriptive theories. They also view projects as contemporary organizations instead of only tools for achieving high-level ends (Packendorff 1995).

Pollack (2007) introduces the 'soft' and 'hard' paradigm for project research. The soft approach emphasizes the social processes and human behaviour in the projects, whereas the hard project approach emphasizes rationality, planning, targeting and measuring. Pollack calls for more interpretive research to the field of

project studies to understand project management beyond its technical orientation (see also van der Hoorn & Whitty 2015).

Cicmil & Hodgson (2006) notice the turn in project research towards the more critical stance, but call for more critical work on projects. The critical project studies problematize the 'belief system underpinning the definition and reification of the 'project', project organizing and project work in contemporary organizations' which is 'reproduced and sustained in the most of the mainstream literature through the set of assumptions which emphasize certain problems and voices and silence others' (Cicmil & Hodgson 2006, 11–12). For example, Cicmil *et al.* (2016) argue that projectification of our society exposes people to unsustainable working conditions, causing overload and deadline stress. They further propose that explicit recognition of the finiteness of temporal, human and social resources in project work is needed. As a result, the human resource management in projects is gradually paid more attention to (e.g., Turner *et al.* 2007). The shift from studying project management mainly from project managers' point of view into the study of project work and how it is experienced by project workers is thus important.

These re-thinkers and re-conceptualizers of projects and their management (e.g., Winter *et al.* 2006, Cicmil & Hodgson 2006, Hodgson & Cicmil 2016) form so called 'Rethinking Project Management' network (from now on RPM) (Winter *et al.* 2006), what is considered as 'a milestone in redirecting our thinking about projects and their management' (van der Hoorn 2015, 721). As noticed earlier, this network draws on a variety of research foundations, which are brought together by the feature that they differentiate from normative, traditional and universalist project management studies. Nevertheless, it is important to note that RPM network argues for the need to enrich, extend and develop the traditional project management field beyond its current intellectual foundations, not for the abandon of the conventional project management theory (Winter *et al.* 2006).

Conducting a structured literature review on RPM literature, Svejvig & Andersen (2015) suggest six categories that emerged from RPM research: 1) contextualization, 2) social and political aspects, 3) rethinking practice, 4) complexity and uncertainty, 5) actuality of projects, and 6) broader conceptualization. They further propose, that amongst these categorizations project actuality has received least attention and therefore it needs more focus. With this dissertation, I contribute to this limited stream of research, and next, I explain this approach in more detail.

2.1.2 Introducing project actuality approach

Van der Hoorn & Whitty (2015) propose that the term 'project actuality' has been vastly used to refer to the research drawing from other that positivist foundation[4]. Thus, the project actuality stream of literature is not a homogeneous research field and it has many similarities compared to RPM network. Sampaio *et al.* (2014) provide a review on project actuality research, in which they present that project actuality studies have in most commonly focused on exploring: 1) social processes, 2) context, 3) human action, 4) situations, and 5) relations. Hence, the project actuality approach and RPM have many resemblances concerning their interest.

However, what is common for project actuality research is, that it focuses on what actually is going on in projects, i.e., the practice. Moreover, as Lalonde *et al.* (2010) propose, the project actually research can be localized into the research field that embraces strong theories of practice as opposed to weak theories of practice. They further present four theoretical types regarding the relationship between theory and practice in project studies. They argue that the fourth one – the most recent one – has strong enough theorizing regarding the matter and it is this type in which project actuality research can be positioned. In the following, I elaborate the differences of the theory-practice relationship as understood in Lalonde *et al*'s. (2010) different types in order to pinpoint the difference of the project actuality approach from the other approaches.

Practice-theory relationship in project studies

In Lalonde's *et al.* (2010, 25) typology, the first type understands the relationship between practice and theory merely as a tactic knowledge, which is learned through doing, 'as an art form'. The problem with research that draws from this practice-theory relationship is that while the research draws on concrete management experiences, and even though the outcomes of these studies enrich the tactic know-how of project management practitioners, the research stays overly descriptive so does not theorize the practice at all. In other words, there is no theory, but only common-sense practice.

The second type arises from the dissatisfaction of the first type to gain standardized or diffused knowledge of project management. This project research

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[4] However, Van der Hoorn & Whitty (2015) do not agree this definition by themselves but argue that project actuality approach should be considered as an approach that embraces processual worldview.

is what I have earlier stated as traditional project management research and can be seen as 'application of knowledge, skills, tools and techniques to project activities to meet project requirements' (Cicmil & Hodgson 2006, 2). Hence, this type of theory-practice relationship has instrumental approach to practice. However, due to its positivist philosophy, this type has it shortcomings. The main concern consists of 'the use of deductive logic as a paradigm to account the practical application of a universal theoretical proposal to a project situated within a particular socio-historical context' (Lalonde *et al.* 2010, 27). In other words, human reasoning cannot be reduced to a formal logic, and therefore, project managers do not act automatically, logically nor formally. Consequently, this stream of research has been vastly criticized on its shortcomings in practice.

As a result of the critics towards traditional—or applied—project management research, the third type embraces interpretive framework in order to understand project management. This type has enriched the mechanist view on projects and project management by presenting projects and their management from the new perspective, such as political, social, and communicational perspectives. By building on descriptive frameworks with which practitioners could interpret project context they, however, fail to conduct epistemological inquiry to link the theory with project management practice. It is the forth type, that Lalonde *et al.* (2010) propose to fill this lack. This fourth type questions the scientific research that is 'out of touch with practice' and 'practice that has no theoretical basis' (Lalonde *et al.* 2010, 29 referring Hoffman 2004). Therefore, the fourth type argues for stronger theorization of practice compared to third type. In this way, it aims to build 'a dialectic between the poles of theory and practice, which could be represented by the terms *reflective practice* or *situated theorization*' (Lalonde *et al.* 2010, 30). As a result, the fourth type requires engaging practical philosophy while theorizing practice in project work or its management. Next, I elaborate on this matter in more detail from the viewpoint of this dissertation.

Project actuality approach in this dissertation

In my reading of project actuality, I draw on Cicimil's *et al.* (2006) notion, according to which project actuality approach focuses on project participants' actions, behaviours and decisions that are understood to 'be embedded in and continuously reshaped by communicative inter-subjective interaction in real time' in a local context (Cicmil *et al.* 2006, 677). The project actuality approach thus resonates with the practice-turn in organization and project studies, in which the

focus is on practice, i.e., on 'the actors and their activities rather than on models and their application theorizing' (Blomqvist *et al.* 2010, 7)[5]. In other words, practice view aims to go beyond the problematic dualism (agency/structure, mind/body) to see reason as a practice phenomenon, not as an innate mental faculty. In this way, practice research questions the individual action and its status as a bulding block for social (Gherardi 2012). This means that hospital change projects are viewed as social conducts, defined by individual values, context, and wider structural frameworks (Cicmil *et al.* 2006).

However, project actuality research slightly differs from the practice oriented research. Instead of focusing on identifying the practices, such as practice research, project actuality research investigates practices through project practitioners' *lived experiences*[6] to give an alternative account of what project actors do in concrete situations and to investigate knowledge and skills that constitute the social action in projects (Cicmil *et al.* 2006). Lived experience approach focuses on project practitioners' possibilities and options while they are confronting a particular situation (Lalonde *et al.* 2012), in other words, project practitioners' thinking in action (Cicmil *et al.* 2006, Sampaio *et al.* 2014). Hence, in this dissertation, experiences are not approached in a common sense, modelled way, but to understand how people live through and respond to their experiences (see Boylorn 2008). The prefix 'lived' draws from phenomenologists referring to the matter that in order to capture the reality, project participants can only know what they are doing after they have done it. In order to make their experience meaningful, project participants' need to turn the attention into their lived experience, and, as a result, they are no more simply living with the flow (Weick 1995). In this way, the outer world reveals itself to the project participants (Lindseth & Norberg 2004), whos' exictence is always 'being-in-the-world'[7] (Heidegger 1962). Through narration

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[5] Practice-oriented turn is a widely accepted approach in organization studies (Nicolini 2013). Corradi *et al.* (2010) identify different perspectives to study practices in organization studies, such as communities of practice, practice-as-methodology or strategy-as-practice. In project studies, for example, Blomqvist *et al.* (2010) draw from communities of practice literature and introduces project-as-practice perspective. In their view, project-as-practice comes close project actuality approach.

[6] Project actuality research is often grounded in literature that consider the relationship between agency and structure; for example, Heidegger's early work on Dasein, or becoming ontology (Cicmil *et al.* 2006).

[7] Heidegger's thinking was influenced by Husserl, who developed so-called descriptive phenomenology, 'where everyday conscious experiences were described while preconceived opinions were set aside or bracketed' (Reiners 2012, 1). Heidegger, instead, is known as a founder of fundamental ontology, 'a neo-Aristotelian search for what it is that unites and makes possible our varied and diverse senses of what it is to be' (Wheeler 2017).

project participants tell about their own world, their 'being-in-the-world' and become aware of their participantion in this world (Lindseth & Norberg 2004).

In order to take lived experience seriously in an above outlined way, it is essential to highlight that phenomena are socially constructed (Parmar *et al.* 2016). Within this view, reality is contingent upon human meaning making and particularly 'human interaction *with* the world and how human then make sense of that interaction' (Bettis & Gregson 2001, 10, italics added). As such, project actuality approach allows to approach this reciprocal meaning making of the interaction between 'human and the world'. The context is not a 'container' of activities but merely an active context, which helps project participants, for example, to remember, or allows them to do some things and not others (Gherardi 2012). In this way, it is possible to turn the focus on situational ethics, context-depended judgement, and on reflexivity of practitioners in hospital change projects (Cicmil *et al.* 2006). At the same time, project actuality approach aims to enhance the intellectual foundations of project studies in terms of its practical relevance by engaging to pragmatic philosophy in a following way:

> *In addition to redescribing phenomena as contingent and created, pragmatism encourages organizational scholars to pay attention to the effects of different social constructions. Each way of construing a situation or problem has benefits and costs that are differentially distributed across stakeholder groups. Therefore, we must not stop at describing a process of social construction or at claiming that something is socially constructed, but also examine the effects of those constructions, how those effects themselves are created and maintained, and how they shape the ability of others to live better. (Parmar et al. 2016, 459.)*

In other words, pragmatism allows me to focus on the dialectic relationship between project practitioner and the project environment. At the same time, it provides an intellectual foundation, in which theory is based on experience and practice and in which language use and framing are central to understand the world. It is pivotal to acknowledge that rather than a way to understand how human beings create value or organize effectively, pragmatism has been developed as a way to understand a set of traditional philosophical problems. Therefore, pragmatic research aims merely for hope and freedom, rather than 'truth'. (Parmar 2016.)

Even though the research of project actuality in increasing, it has mainly concentrated on investigating project managers' lived experiences (e.g., Hodgson *et al.* 2011, van der Hoorn 2015). Less study has been done on project participants

lived experiences in intra-organizational projects in general (see Cicmil *et al.* 2006), and in hospital projects in particular. Hence, in its part, this dissertation enhances our understanding of this matter.

2.2 Making sense of hospital change projects

This subheading is about hospital change projects as well as the nature of change regarding hospital projects. I first review the literature concerning projects both in public and in health care organizations in order to open up in more detailed manner the uniqueness that is related to hospital change projects. After that, I concentrate explicitly on organizational change and elaborate the nature of organizational change as understood in this dissertation.

2.2.1 Change projects in the context of public hospitals

Hospital change projects are embedded in hierarchic and bureaucratic organizations in the midst of public health care (Bate 2000, see Bender *et al.* 2013). The aim of public health care is to provide universal access to health services and reduce the health inequalities between different population groups. The decision making in public hospitals is typically organized in a democratic way, as in Finland, in which hospitals are owned and funded by the joint authority comprised by its member municipalities[8] (Ministry of Social Affairs and Health 2010).

Public hospitals are characteristically politico-administratively regulated organizations (Löfgren & Poulsen 2013) that are 'framed by a complex web of norms, rules, strategies and governance principles' (Godenhjelm 2016, 17). Public hospitals tend to absorb formal and bureaucratic structures for organizing (Salminen 2008) as well as organize their functions into distinct silos (see San Martin-Rodriguez *et al.* 2005, Jordan *et al.* 2009, Bender *et al.* 2013). Based on rational interpretation, projects in public organizations, such as in hospitals, are expected to provide more flexible and efficient alternatives to these traditional bureaucratic forms of organizing (see Sjöblom *et al.* 2013). In public organizations, projects are proposed to represent symbols for streamlining processes, decisiveness and entrepreneurship (Jensen *et al.* 2013, Sjöblom *et al.* 2013). There are also

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[8] It is to be noted that Finland is at the verge of a major social and health care reform, which will change the situation. The ownership of the hospitals is planned to be removed from the joint authorities to regional governments at the beginning of the year 2020. (Valtioneuvosto n.d.)

associations that considerable added value can be obtained through these 'knowledge organizations' (Lindner & Wald 2011) that are claimed to increase innovativeness (Sbareca & Martins 2003), collaboration (Edmondson 2001) as well as learning (see Bresnen 2006). In addition, in the context of public health care, projects have been addressed to offer solutions for the challenges caused by ageing population, exponentially improving medicine and thus, increasing expenses (Paasivaara *et al.* 2008). It has been proposed, that with the help of projects, it is possible to find answers for the demands of efficiency, effectiveness or quality improvement (see Rantala & Sulkunen 2006, Paasivaara *et al.* 2011, Hantula *et al.* 2012). In health care setting, projects are also presented to offer an inspiring way to diversify the otherwise routines work, for example, for nurses (Paasivaara *et al.* 2008).

Organizational change initiations in public hospitals typically include improvement of care processes or enhancement of the quality of care (Hantula *et al.* 2012, Tiirinki *et al.* 2016). Therefore, it is characteristics that hospital change projects involve, and are managed by, various health care professionals (see Pohjola *et al.* 2016). As a result, collaboration between different professions and stakeholders are emphasized in them (Paasivaara *et al.* 2008, Paasivaara *et al.* 2011, Suhonen & Paasivaara 2015). Thus, it is consequential to enhance different stakeholders' as well as different project participants' involvement and participation for multiprofessional collaboration in hospital change projects (Paasivaara *et al.* 2011, Bender *et al.* 2013, Suhonen & Paasivaara 2015). Multiprofessional collaboration means that different professionals work together for the best of the patients (Bender *et al.* 2013). Projects are often seen as vehicles to assemble together people with different experience, know-how and skills (Pinto 1993). Intra-organizational projects are proposed to enhance problem solving (Edmondson 1999), increase competence and build up new connections between different parts of the organization (Anderson *et al.* 2003).

Yet earlier literature presents that multiprofessionality in hospitals is not an easy task to accomplish (e.g., Bender *et al.* 2013). Due to different values and norms amongst different professionals, various perspectives engender challenges for multiprofessional collaboration (Bate 2000, San Martin-Rodriguez *et al.* 2005). Different professionals often have diverse understanding concerning valid knowledge (Vuori 2005) and there also occurs power-relations between different professions. For example, physicians' authority is often a self-evident matter (Bender *et al.* 2013) that is known to cause challenges for project work in hospitals (Suhonen & Paasivaara 2015). From this perspective, hospital change projects can

be seen as contested terrains, in which conflicting views compete for dominance (Bresnen 2006) and in which different stakeholders, parties or professions aim to advance their own interest (Suhonen & Paasivaara 2015).

Due to nature of this complex context, it has been presented that project management in hospitals needs to emphasize the human side in projects instead of project management tools or methods (e.g., Tiirinki *et al.* 2016). As a result, one strand of health care project research has started to pay particular attention to 'soft' factors—such as leadership or culture—in health care projects settings (e.g., Suhonen & Paasivaara 2011a, Suhonen & Paasivaara 2011b, Suhonen & Paasivaara 2015) as opposite to 'hard' project management meaning project management tools and techniques (see Pollack 2007). However, this existing literature concerning the 'soft' paradigm (see Pollack 2007) in the context of health care tend to be instrumental in nature, meaning that it often individualizes the challenges involving health care projects and their management. By this I mean, that they often find the solution for the challenges from project managers or sometimes project participants skills or competences (e.g., Suhonen & Paasivaara, 2011a, Suhonen & Paasivaara 2011b, Suhonen & Paasivaara, 2015) emphasizing mainly tactic-knowledge of project actors. In other words, their theory-practice relationship emphasizes practice but theorizes it weakly. With this dissertation, I contribute to this gap in the literature.

2.2.2 *Understanding change: From entities to processes*

Crawford *et al.* (2014) propose that 'current project management standards focus on change control but largely ignore the complex and emergent characteristics associated with implementation of change that is necessary to deliver value'. Bresnen (2006) provides a pertinent elaboration in which he collates project management processes and change management processes. By showing the differences and contradiction between project management discourse and organizational change discourse he argues that treating these two perspectives as syllogistic is problematic. Since this dissertation is about hospital *change* projects, it is necessary to ponder what I mean about change. Only then it is possible to discuss how—or if at all—organizational change can be seen to be managed in hospital projects.

The literature concerning organizational change is diverse and scholars have different understandings regarding the matter. The most fundamental issue that influences how scholars look at change is whether organizations are viewed as

consisting of *things* or *processes* (Tsoukas & Chia 2002, van de Ven & Poole 2005). This issue is ontological and offers two contrasting versions of the social world (van de Ven & Poole 2005)[9]. When understanding that organizations are consisted of things, *processes represent change in things*, whereas while organizations are understood to be consisted of processes, *things are reifications of processes* (Tsoukas 2005). Van de Ven & Poole (2005, 1379) further propose:

> [T]his is a critical ontological distinction about the essential nature of organizations, and challenges us to move past the traditional view that regards organizations as a noun, consisting of social entities and things, and to consider an alternative representation of organizing as a verb in a world of ongoing change and flux.

While van de Ven and Poole (2005) introduce these two opposite approaches[10] to understand change in organizations as complementary to each other's, other scholars emphasize the need to embrace the change more openly and consistently than just opposite to stability, thus accentuating processual worldview (see Tsoukas & Chia 2002). Tsoukas and Chia (2002) provide three main reasons for this. First, it makes it possible for researchers to study and understand more profoundly the micro-processes of change at work and hence, serves up a way to explore the

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[9] Van de Ven & Poole (2005, 1378, referring Rescher 1996) point out that this distinction can be traced back in antiquity to the differing philosophies of Democritus and Heraclitus. While Democritus viewed the nature as composed of stable things or material substance 'that changed only in their positioning in space and time', Heraclitus pictured reality 'not as a constellation of things, but, one of processes'. In Democritus view, 'the identity or substance of things does not change, only their development and adaptation in relation to other dimensions and properties' whereas Heraclitus argued that 'substantializing nature into enduring things (substances) is a fallacy because they are produced by varied and fluctuating activities' (van de Ven & Poole 2005, 1378). Thus, for Heraclitus process is fundamental: 'The river is not an object but an ever-changing flow; the sun is not a thing, but a flaming fire. Everything in nature is a matter of process, of activity, of change' (van de Ven & Poole 2005, 1378 quoting Rescher 1996, 10).

[10] Building on these ontological version of organizations, van de Ven & Poole (2005, 1380) provide four typologies to study organizational change by including two different definitions of change that are often used in organization studies: change as 'an observed difference over time in an organizational entity on selected dimension' and change as 'a narrative describing a sequence of events on how development and change unfold'. With the first definition, change is typically studied with variance methods, 'where change is represented as a dependent variable, which is explained with a set of independent variables that statistically explain variations in the dependent variable of change' (van de Ven & Poole 2005, 1380). With the latter definition, on the other hand, change is understood as an event-driven 'that is often associated with a 'process theory' explanation of the temporal order and sequence, in which change events occur based on a story or historical narrative' (van de Ven & Poole 2005, 1381).

dynamics of change. Second, the process perspective allows researchers to investigate how change is actually accomplished:

> *If organizational change is viewed as a fait accompli, its dynamic, unfolding, emergent qualities (in short: its potential) are devalued, even lost from view. If change is viewed in juxtaposition to stability, we tend to lose sight of the subtle micro-changes that sustain and, at the same time, potentially corrode stability. If change is viewed as the exception, the occasional episode in organizational life, we underestimate how pervasive change already is. (Tsoukas & Chia 2002, 568.)*

Third, unless we have an image of change as an ongoing process as opposed to a set of episodic events, it becomes difficult to overcome the implementation problems of change programs that are reported vastly in the literature.

Weick and Quinn's (1999) notion of 'episodic' and 'continuous' change comes close to the abovementioned understanding of change as an episodic event versus an ongoing process. According to Weick and Quinn (1999), episodic change is infrequent, discontinuous and intentional, as well as linear, goal seeking and progressive. Episodic change is motivated by disequilibrium and it requires outsider intervention. The perspective of episodic change is on macro level from which the flow of events that constitute organizing can be observed. The idea of episodic change can be found, for example, on Lewin's (1951) 3-phased change process model, according to which organizational change moves on from *unfreeze* phase through *transition* phase to *refreeze* phase. Weick and Quinn (1999, 365) propose:

> *The presumption is that episodic change occurs during periods of divergence when organizations are moving away from their equilibrium conditions. Divergence is the result of a growing misalignment between an inertial deep structure and perceived environmental demands. This form of change is labelled 'episodic' because it tends to occur in distinct periods during which shifts are precipitated by external events such as technology change or internal events such as change in key personnel.*

However, while viewing from closer (micro level), change is suggested as an ongoing adaptation and adjustment. This 'continuous change' is ongoing, evolving, cumulative and emergent, not an on-off phenomenon. Within this perspective, change is described as situated and grounded in continuing updates of social

practices and work processes. The trajectory of change is more typically open-ended or spiral than linear as well as more 'bottom-up' than 'top-down'. Thus, its effectiveness is not contingent on the degree to which it is planned (Weick & Quinn 1999).

In relation to van de Ven's and Poole's two approaches to understand the nature of organizations, continuous change can be placed to process ontology while episodic change can be placed to ontology that views organizations as entities. In this dissertation, the understanding of the nature of organizations emphasizes the processual view. Consequently, change is understood as continuous and organizations are understood to be composed of organizing processes in a following manner:

> *An organization is simply a reification of a set of processes which maintain the organization by continuously structuring it and maintaining its boundaries in a field of other processes that are continuously breaking down the organization and its boundaries. In this view stability and change are explained in the same terms: stability is due to processes that maintain the organization so that it can be reified as the same thing by some observer(s), while change occurs when the processes operate in a manner that is reified by observer(s) as changing the organization. In both instances, stability and change are judgments, not real things, because the organization is a process that is continuously being constituted and reconstituted. (van de Ven & Poole 2005, referring Rescher 1996.)*

Since this process occurs in language, change is consisted in interaction—it is maintained, interpreted and understood through talk using discussions, negotiations and metaphors (Grant *et al.* 2005, Thurlow & Helms Mills 2009). Compared to Lewin's episodic change, continuous change is merely about freezing and rebalancing in order to create stability out of flux. Through dialogue people are able to create a shared set of meanings and a common thinking process (Schein 1996, Weick & Quinn 1999). The idea that change could be managed, in a 'top-down' manner, is thus abandoned. Organizational change may be steered and facilitated in and through language. As such, during the planned change initiations—such as in the planned change projects in hospitals—the role of the change facilitator becomes one of managing language and dialogue; a sensemaker who redirects change (Weick & Quinn 1999). Accordingly, in order to redirect continuous change, one needs to be sensitive to discourse.

2.3　Making sense of sensemaking perspective

In this subheading, I explain the sensemaking perspective that I have applied to study hospital change project actuality [11] . I first introduce the sensemaking perspective in general and explain why it serves a relevant perspective to study hospital change project actuality. After that I address the literature regarding sensemaking and emotions. Finally, I discuss about sensemaking through discourse and introduce the conceptual framework of discursive sensemaking perspective that I have theorized in the third sub-study.

2.3.1 On sensemaking

Karl Weick's sensemaking is an immensely influential perspective (some define it as a concept, an approach, a lens or a theory) in organization studies. It is heavily associated with research that is interpretive, social constructionist, phenomenological and processual. (Brown *et al*. 2015.) Sensemaking[12] generally refers to those processes by which people seek plausibly to understand equivocal, ambiguous or confusing issues or events (Brown *et al.* 2015, Colville *et al.* 2012, Maitlis 2005, Weick 1995) such as organizational change (see Mailtis & Christianson 2014).

　　Although sensemaking has gained a firm ground in organization and management literature, it is a far from homogeneous stream of research (Brown *et al.* 2015). Various scholars using the sensemaking perspective emphasize either cognitivist, interactive or discursive (Maitlis & Christianson 2014, Brown *et al.* 2015) dimensions in sensemaking. Some see sensemaking as occurring only in crises (Weick *et al.* 2005), whereas others see sensemaking as occurring more on a daily basis (e.g. Patriotta & Brown 2011). Also, although Weick (1995)—amongst a majority of scholars—emphasizes the retrospective nature of sensemaking, the literature includes theories arguing that sensemaking may be prospective (e.g. Gioia 2006). Finally, many studies imply that people in teams or organizations

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[11] For further reading considering sensemaking see the following thorough reviews: Sandberg & Tsoukas (2015) and Maitlis & Christianson (2014).

[12] Finnish translations for sensemaking are diverse. Sensemaking has been translated as 'merkityksellistäminen', 'tolkun tekeminen', 'mielekkyyden tekeminen' or 'ymmärryksen luominen' (see Tökkäri 2012). What is common in these translations is that they emphasize the active role of sensemaking process which I see as essential matter—sensemaking literally is active *making* of sense (Weick 1995). I also regard that in many cases, in addition to what resonates researcher's affinity, it is the context of a sentence or the text that defines which translation is the most suitable.

share similar understandings (Brown & Duguid 1998), whereas other studies aver that sensemaking amongst members in various organizational groups is as often discrepant as it is shared (Weick *et al.* 2005). In this dissertation, I concede that sensemaking can be mundane, but I argue that planned organizational change will trigger more active sensemaking amongst project participants. I also highlight the retrospective nature of sensemaking and consider that coordinated action does not require a completely shared understanding amongst project participants.

From sensemaking point of view, hospital change projects emerge from an ongoing process in which people organize to make sense of equivocal inputs and enact this sense back into the world in order to make it more orderly (Weick *et al.* 2005, 410). Hence, organizing is achieved to the extent that sensemaking is accomplished (Brown *et al.* 2015, Sandberg & Tsoukas 2015) and accordingly, organization emerges from the intertwined processes of organizing and sensemaking (Sandberg & Tsoukas 2015, Tsoukas & Chia 2002). Resulting, the focus is shifted from the project organization (what) to the process of organizing (how)[13]. Sensemaking thus provides a perspective to understand emergent process of organizing of hospital change projects.

Weick (1995) draws heavily on the theories of language and social constructionism proposing sensemaking as a communicative and social process. In this dissertation, I understand sensemaking primarily as a constructive practice (Sandberg & Tsoukas 2015), meaning that 'sensemaking involves turning circumstances into a situation that is comprehended explicitly in words' (Taylor & van Every 2000, 40). Being a constructive practice, sensemaking serves up a way to investigate how change projects in hospital are talked into existence (Weick 1995, Weick 2009) and how project participants construct their 'realities' through the process of sensemaking (Brown *et al.* 2015). In other words, sensemaking offers a perspective for explaining how the ongoing hospital change project reality is understood and constructed by project participants. It offers a particularly appropriate lens to study hospital change project actuality (see also Cicmil *et al.* 2006) because it provides a perspective on investigating reflexive practitioners situational thinking in hospital change projects without slipping into the common sense understanding of the matter (see subheading 2.1.2). It offers a lens to study what project practitioners do in practice (Brown *et al.* 2015) and in this way, it is

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[13] Weick proposes (1995) that it would even be reasonable to talk about sensemaking as organizing, sensemaking through organizing or sensemaking for organizing.

possible to focus on how people use resources available to them to accomplish actions and how they give those actions sense and meaning (see Gherardi 2012).

Weick's sensemaking perspective has also drawn criticism. By and large, this criticism focuses on Weick's writing style, which has been condemned as being too poetic and abstract—even cryptic—to be scientifically valuable (e.g. Gioia 2006). In addition, some propose that Weick draws from different research fields and then appropriates ideas from those fields for the benefit of his own conceptualization on sensemaking. Understandably, he is not regarded as a rigorous scientific empiricist 'who poses hypotheses or draws inferences from carefully gathered samples of behaviour' (Starbuck 2015, 1296). At the same time, however, Weick is acknowledged to have shown for a greater audience that organizations are not stable systems but are endlessly organizing and reorganizing as participants develop new perceptions and influence each other; he shows that people in organizations live in a complex, fluid world that requires sensemaking (Starbuck 2015). As Weick (1995) points out, he aims to provide a perspective that simply offers a guideline to understanding what sensemaking is, how it works and where it can fail. Thus, he does not consider sensemaking as a theory in a rigorous, scientific sense.

2.3.2 Sensemaking properties

Weick (1995) presents seven interrelating sensemaking properties that provide a 'recipe' to understand the process of organizing as an outcome of the sensemaking in the following manner:

> *People concerned with (1) identity in the (2) social context of other actors engage (3) ongoing events from which they (4) extract cues and make (5) plausible sense (6) retrospectively while (7) enacting more or less order into those ongoing events (Weick 2005, 409, numbers added).*

People are constantly engaging in making sense of their experiences in the given context through the influence of these abovementioned seven interrelated sensemaking properties (Helms Mills *et al.* 2010). As I apply sensemaking more or less methodologically in this dissertation, these properties are important to understand.

Weick (1995, 18) proposes that 'sensemaking begins with a sensemaker' and thus, sensemaking is grounded into the sensemaker's *identity*. Within a sensemaking perspective, 'individual' is a discursive construction—the sensemaker has many identities, not only one, and these identities are constantly redefined,

shaped and stabilized in the process of interaction. By presenting one self of many selves to others, the sensemaker aims to find out which self is appropriate (Weick 1995). Through this ongoing refining process, the sensemaker aims to maintain a positive and consistent self-image and self-identity (Hilde 2013).

Sensemaking is *social* process meaning that it is affected by the actual, implied or imagined presence of others. It includes sharing labels and ideas with others as well as influencing how others make sense of events. This means that sensemaking is also about how people have been socialized to see certain labelling as acceptable. What are considered as sensible meanings are typically socially supported (Weick 1995, Hilde 2013).

The process of making sense is also *ongoing* that never actually starts or ends (Weick 1995). In other words, sensemaker interprets a constant stream of experience that has neither a starting nor an end point. Sensemaking is modified by the speed with which interpretations become out of date as well as by the need for a current, refreshed sense of the situations (Hilde 2013). Hence, if the situation is ambiguous or surprising, the shock—as Weick puts it—forces the sensemaker to update the process of sensemaking (Helms Mills *et al.* 2013).

Through sensemaking, people elaborate traces into the full stories. In other words, while making sense of the situation people *extract the cues* from the given social context in which they are embedded in order to make the situation meaningful (Weick 1995). However, people focus on certain elements, while completely ignoring others, in order to support the interpretation of an event. This means that sensemaking process allows people to interpret cues in ways that support their beliefs (Helms Mills *et al.* 2010).

Weick (1995) contends that sensemaking is about *plausibility*, not accuracy. Through sensemaking people create meanings that are good enough for them to proceed with current projects. Hence, sensemaking is not about producing a completely accurate account of the experience. People impose plausible labels on interdependent events to stabilize the 'ongoing, unknown, and unpredictable streaming of experience' (Weick 2005, 411), and by doing so they generate a common ground on which to base plausible actions (Hilde 2013).

Sensemaking is a *retrospective* process (Weick 1995) meaning that it is 'influenced by what people notice in past events, how far back they look and how well they remember the past and its associated experiences' (Hilde 2013, 48). The idea of retrospective sensemaking draws on the pragmatist philosophers such as

Mead as well as phenomenologist such as Schutz[14] and his analysis of lived experiences (Weick 1995, see Sandberg & Tsoukas 2015). Weick (1995) contends that the phrase 'lived'—as in past tense—refers to the matter that in order to capture the reality, people can only know what they are doing after they have done it. While making sense of the experience, people need to turn the attention into their lived experience and, hence, they are no more simply living with the flow (Weick 1995). Through the process of sensemaking 'meaning is not 'attached to' the experience that is singled out', but instead, 'the meaning is in the kind of attention that is directed to this experience' (Weick 1995, 26). Weick (1995, 15) continues:

> *People make sense of things by seeing a world on which they already imposed what they believe. People discover their own inventions, which is why sensemaking understood as inventions, and interpretation understood as discovery, can be complementary ideas.*

The above-mentioned statement also includes the idea of *enactment* in sensemaking. The property of enactment means that sensemaking is about making sense of an experience within our environment. Sensemaking is about thinking in action, thinking while acting, and acting in order to think. While acting, people think about their action and, in the process, make sense of it (Hilde 2013). Helms Mills *et al.* (2010, 187) propose that 'sensemaking can be either constrained or created by the very environment that it has created. Similar to a self-fulfilling prophecy, this property maintains that the environment that has been created by the sensemaker reinforces his or her sense of credibility.' Sandberg and Tsoukas (2015, S9) say it in other words:

> *By undertaking action, which is necessarily grounded hitherto taken-for-granted beliefs, individuals enact their reality, which they, then, retrospectively seek to make sense of and, on the basis of the provisional sense made, individuals act on again, retrospectively making sense of their new action, and so on. It is this unending dialogue between partly opaque action outcomes and deliberate probing that is at the heart of sensemaking.*

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[14] More than any other phenomenologist, Vienna-born Alfred Schutz aimed to integrate Husserl's thinking to social sciences. Schutz created a 'social phenomenology' with which he immigrated to United States in 1932. It is to be noted that social constructionism by large grounds on Schutz's social phenomenology. (Barber 2018).

As Weick (1979) contends, sensemaking is thus not about people's negotiations what is out there, but merely people's negotiations about their perceiving about the things that they have actively put out there.

2.3.3 Sensemaking and change

Sensemaking offers a perspective on understanding change as emergent and continuous process (Weick & Quinn 1999). In sensemaking perspective, even during the planned organizational change initiations, individuals strive to stabilize the ongoing flow of emergent organizing in which they take part in with the process of sensemaking in order to understand what is going on and to construct a meaningful narrative from it (Weick & Quinn 1999, Weick 2009). From the viewpoint of sensemaking, (planned) change is dispersal meaning that it occurs and happens merely in distributed team processes, so not 'top-down'. It is this reduction of the central hierarchical control in organizations that has resulted a growing emphasis on projects as means to achieve greater horizontal co-ordination across organizational divisions, units, and work processes (Caldwell 2006).

Accordingly, from the sensemaking perspective, the 'success' of the organizational change does not depend on certain change model or program nor careful planning or implementation. Instead, important is that people involving organizational change can make sense of the situation and that the process of sensemaking is facilitated and supported. It is essential that change facilitators support dialog between different stakeholders in the change projects. (Weick 2009.)

Earlier literature has shown that leaders do have a great influence on people's ability to make sense of experiences, events, information and the common understanding of an organization (e.g. Gioia & Chittipeddi 1991, Maitlis & Lawrence 2007, Rouleau 2005, Rouleau & Balogun 2011). Hence, leading people's sensemaking (i.e., sensegiving of change) is essential to effective organizational change (Iveroth & Hallencreutz 2016). For example, the role of nurse managers is to make sense of change at a personal level and then give a plausible sense of the change to their employees (Weick & Quinn 1999). The role of mid-level nurse managers, in turn, is to give a sense of the change to nurse managers (Rouleau 2005). This includes the ability to 'perform a conversation' and to 'set the scene', as Rouleau and Balogun (2011) propose in their study of middle managers' sensemaking. Performing a conversation refers to managers' ability to create interest in change through daily conversations with various stakeholders, while setting the scene refers to managers' ability to construct a context for this ongoing

conversation with various stakeholders in order to make it effective. These sensegiving activities are context bound and, as a result, the sensegiver is required to know the organization and its history in order to 'read' the culture as well as the current 'feelings' of various stakeholders (Iveroth & Hallencreutz 2016). In other words, effective sensegiving demands an ability to resonate with various stakeholders.

Lüscher and Lewis (2008) propose that leaders acting as change facilitators have an important role in helping people escape from ingrained ways of thinking. For this, the leaders need to alter the frames and knowledge structures that people draw upon in their sensemaking processes (Iveroth & Hallencreutz 2016). In this way, they can make people reflect, question and ultimately change their underlying assumptions and principles about a given issue. Lüscher and Lewis's (2008) study notably shows that leaders' roles as change facilitators are most effective when they are performed in intensive social interaction. This requires that leaders must clearly and truthfully acknowledge a given situation, discuss and seek a new solution and minimize compliance during the ongoing conversations.

2.3.4 Sensemaking and emotions

Initially, the literature of sensemaking ignored that emotions influence sensemaking (see Maitlis & Christianson 2014). Today, sensemaking is acknowledged to be an emotional process (Weick *et al.* 2005) and studies of emotions and sensemaking are increasing (Sandberg & Tsoukas 2015). It is known, for example, that emotions fuel and give energy for sensemaking process (Walsh & Bartunek 2011) as well as that emotions give sign for the individual to engage in the process of sensemaking (Maitlis & Shonenshein 2010). In addition, emotions direct attention towards certain cues (Öhman *et al.* 2001) and alert individuals to possibly dangerous or unexpected events (e.g., Weick 1990, see Mailtis *et al.* 2013). Maitlis *et al.* (2013) present that emotion has been showed as important in explaining variation in key social and cognitive processes and in this way, they influence how people revise their beliefs (Hodgkinson & Healey 2011, Lieberman 2000) interpret events (Schwarz & Clore 2007), make decisions (Forgas 1995) or implement strategy (Huy 2011). Emotion are thus important factors in shaping what kind of sensemaking process follows a triggering event (Maitlis *et al.* 2013). However, both Maitlis *et al.* (2013) as well as Steigenberger (2015) contend that although sensemaking literature imply the importance of emotions, only few studies focuses explicitly on them or systematically theorize their contribution to

46

sensemaking processes. Also, Sandberg & Tsoukas (2015), in their extensive literature review, notice that only small fraction of the literature (5%) explicitly focuses on exploring how emotions affect to the sensemaking efforts.

Earlier literature has shown us that organizational change brings forth different emotions, such as joy (Giæver & Smollan 2015) and hope which both predict willingness to participate to organizational change (Steigenberger 2015). However, during the organizational change, people often feel negative emotions, such as uncertaincy, worry, fear, disappointment, anger (Lawrence *et al.* 2014, Giæver & Smollan 2015, Steigenberger 2015) or stress (Sonenshein & Dholakia 2012). Considering hospital change projects, the role of the main change facilitators, including the upper management of the hospital, is to influence employees' positive emotions. In this way, it is possible to build mutual trust as well as stable interaction (Shin *et al.* 2012), enhance employees' active roles, co-operation (Steigenberger 2015) and positive behaviour during the organizational change (Shin ym. 2012, Sonenshein & Dholakia 2012), as well as to create new solutions for organizational challenges (Maitlis *et al*. 2013).

Emotions are shown to affect how the organizational change is made sense of (Maitlis *et al.* 2013). For example, Bartunek *et al.* (2006) have shown us that during the organizational change, an individual employee's emotions affect how she engages in the process of the sensemaking of change. However, it is surprisingly little-studied, how emotions are involved in the process of sensemaking in the context of organizational change. Hence, even though this dissertation does not contribute primarily to sensemaking literature, it does take part into the discussion of the role of emotion in sensemaking of change in the context of hospital change project.

Maitlis *et al.* (2013) provide a process model to study emotional sensemaking. According to this model, events that produce negative emotions, such as anxiety or sadness, are more likely to trigger sensemaking process, whereas positive emotions, such as joy or satisfaction, gives a signal that active sensemaking is not required. Highly intensive emotions, such as panic or rage, however, may inhibit the process of sensemaking because they tend to steer the attention from the triggering event towards the emotion itself (Maitlis *et al*. 2013).

During the organizational change, negative emotions are presented to disturb sensemaking process because they hinder the extraction of cues, whereas the positive emotions support sensemaking efforts (Maitlis & Sonenshein 2010). According to Maitlis *et al.* (2013), sensemaking is generative when a person feels positive emotions and integrative when person feels negative emotions while

engaging the process of sensemaking. Where positive emotions engender creative and flexible information processing, the negative emotions lead systematic and critical processing of the cues of the environment.

In order for the individual to conclude the sensemaking process, person has to be able to create a plausible interpretation of the situation she is experiencing. Emotions has an important role in here. If the interpretation of the situation is in contradiction with the emotions, a person cannot accept the interpretation. On the other hand, the emotions may lead to the interpretation that she cannot integrate to the needed action. To finish off the process of sensemaking, person needs to achieve a coherence between her emotions, the interpretation of the situation as well as the orientation of the action. (Maitlis *et al.* 2013.)

2.3.5 Sensemaking through discourse

Although Weickian sensemaking has its origins in cognitive psychology (Weick 1979), it has gradually moved explicitly towards social constructivist perspective (Sandberg & Tsoukas 2015). Sensemaking is thus nowadays mainly about *making* something sensible, and as a result, scholars has been increasingly focused on how language, in various ways, influences and is involved in sensemaking efforts (Sandberg & Tsoukas 2015). For example, Kärreman and Alvesson (2001) focus on the discourse through which employees' author their 'realities' during work meeting. Zilber (2007, 1036), in turn, argues that 'discourses constitute institutions' and that institutions and their sensemaking are a textual affair, in which institutional entrepreneurship is constituted discursively. Brown *et al.* (2015, 4) point out that these studies are important because they both resonate with and have instigated further studies, which accentuate 'the importance of discourse more generally in acts of interpretation and meaning production'. With discursive sensemaking perspective, this dissertation takes part in this discussion.

Sensemaking properties that I have presented earlier in sub-heading 2.3.2 provide a route to theorize sensemaking in and through discourse. In the following, I first present discourse analysis, and then I introduce a conceptual framework of a discursive sensemaking perspective that I have theorized in order to investigate sensemaking of lived experiences on project-based work in and through discourses.

Making sense of discourse and discourse analysis

Discourse analysis is both a theory and a method to study language and meanings in its context. Hence, it is important to understand that discourse analysis is not just a method of analysis (even though the term analysis may implicate that), but merely a loose theoretical framework that allows many different focuses as well as methodological applications (Jokinen *et al.* 1993). Nevertheless, what is common in all approaches under discourse analysis is that they draw from social constructionism and thus take language and its functions as a starting point. In this way, the focus is on *how* the knowledge of the social reality is constituted, not *what* the reality is as is inherent in the realistic worldview (Jokinen *et al.* 1993).

Jokinen *et al.* (1993) present five starting points that they see to include discourse analysis. First, language is not reflecting the reality, but it constitutes it (Starting point 1). This means that the reality and the language are intertwined: people see both the material as well as conceptual issues through different meaning systems. Even though reality does not consist of only meanings, it is impossible to understand the reality without making sense of it, i.e., making some meaning of it. However, these meaning systems do not situate in people's heads but are constructed and maintained in social practices (Starting point 2). Also, these meaning systems are diverse, which means that social reality is shaped for the individuals in a pluralistic way. In other words, it is possible to make sense of, for example, the same event through different meaning systems—the same event is possible to make meaningful very differently through different meaning systems.

Because the meaning systems are produced and maintained in social practices, the context is embraced in discourse analysis; context is not something that should be eliminated in order to gain 'pure' knowledge. Therefore, the focus is not on individuals but on social practices (Starting point 3). The aim is not to understand, for example, the inner 'self' of the individual, but to investigate the processes through which the self is created. In other words, people's identities (or subject positions) are seen to be constructed in social practices in the given context (Starting point 4). This indicates that every individual has many identities—the same actor may move between different functional positions. In this way, discourse analysis embraces dynamics of the social reality and differs heavily from the approaches that emphasizes the static understanding of the social world or individuals. Finally, discourse analysis sees that language use has consequences (Starting point 5). This functionality of language use is analytically essential. It

means that in the analysis, the focus is on those functions the language user produces or maintains with utterances.

Meaning system is a parallel term for discourse or interpretive repertoire, although nowadays the term discourse is fairly established[15]. The term discourse is a versatile term that leads easily to confusion. Discourse is not easy to define and it depends on the approach as well as the research problem how it can be understood. Here, I briefly present two most influential, but different, ways to understand discourse. Potter and Wetherell (1987) see discourse—or interpretive repertoires as they often name it—as text and talk in a social practice. In their view, language is a medium for interaction and the focus is on what people do with their language in a particular social setting (Potter 1996). For Foucault, in turn, discourses can be seen as a set of statements that constitute both subjects and objects. Therefore, language arranges and naturalizes the social world 'in a specific way and thus informs social practice' (Alvesson & Kärreman 2000, 1127).

Alvesson and Kärreman (2000) present a pertinent way to understand the various perspectives involving discourse and discourse analysis through two key dimensions. The first dimension involves the connection between discourse and meanings—meaning here referring 'a relatively stable way of relating to and making sense of something, a meaning being interrelated to an attitude, value, belief or idea' (1128). In other words, discourse can be seen to incorporate and precede subjectivity and cultural meaning or it can be understood to be referring to the level of talk and in this way only loosely coupled to the level of meaning, so the meaning is transient. Foucault's way of understanding discourse involves the former and Potter and Wetherell's understanding the latter concerning this dimension. The second dimension concerns the formative range of discourse. This involves a question, is discourse to be understood as local, context-dependent phenomenon that needs to be studied in detail, or does it mean 'an interest in understanding broader, more generalized vocabularies/ways of structuring the social world' (1129). Within this dimension, Potter and Wetherell's view for discourse is involved to the former and Foucault's understanding the latter outlook.

However, these two outlooks for discourse are not exclusive, but they have different focuses. As Alvesson and Kärreman (2000, 1128) propose, sometimes

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[15] Jokinen *et al.* (1993) propose that the term discourse may be suitable to use in studies in which the focus is on exploring phenomena in its historical context or analysing power-relations or instutionalized social practices. The term interpretive repertoire, which originally comes from Potter & Wetherell (1987), on the other hand, may be used in studies that are interested in language use in every-day situations.

researchers do not want to choose between the meaning and language focus because they may want 'to avoid the problems of assuming or investigating a set of stable and connected meanings', and at the same time, they have 'a desire to withhold an interest in substantive social phenomena beyond the level of language'. This is a case in this dissertation. Alvesson and Kärremann (2000) continue that this motive is perfectly acceptable, but it requires researchers to clearly elaborate how langue use is related to other issues, to meanings and practices. In the earlier presented Jokinen's *et al.* (1999) starting points for discourse analysis this relation is not clearly explicated. Therefore, along with introducing a discursive sensemaking perspective, I next elaborate this issue in more detail.

Discursive sensemaking perspective

In the third sub-study (the fourth article), I introduce a discursive sensemaking perspective, with which I aim to understand how the discursive environment influences the sensemaking processes of lived experiences as well as what consequences the enacted meanings resulted of the sensemaking have considering this same discursive environment. In this way, it is possible to evaluate what kind of reality the enacted meanings produce or maintain in hospital change project reality. In the following, I present how the process of sensemaking is connected to discourses. For this, I draw on Helms Mills *et al.* (2010), who, in their critical sensemaking framework, utilize Weick's seven sensemaking properties to understand agency in Foucault's notion of discourse. At the same time, I also elaborate how the language use is related to meanings and practices as understood in discursive sensemaking perspective.

In discursive sensemaking perspective, the process of sensemaking is seen to be embedded in discourses, which influence and restrict the possibilities of thought (cf. Helms Mills *et al.* 2010). This means that discourses are seen as relatively stable meaning systems. At the same time, discourses are seen to be constructed through talk involving sensemaking. This, in turn, means that discourses are understood also as text and talk that are produced locally in the given context. However, with discursive sensemaking perspective, the aim is to understand the consequences of the language use relating the sensemaking of lived experiences beyond the level of language use as understood by Potter and Wetherell (1987), i.e., *only* in the given situation in which the language is used. Therefore, with discursive sensemaking perspective the understanding that discourses are relatively stable meaning systems is emphasized, however, not in Foucauldian way, which would

lead merely investigating how project practitioners' experiences embody a particular discourse. Instead, the focus is on the reciprocal interrelation of language use and discourses within the process on retrospective sensemaking. In other words, discursive sensemaking perspective concentrates on the polyphony of language use through which the lived experiences are authored meaningful in and through discourse. I next elaborate this process in more detail.

In discursive sensemaking, language is seen as the central medium for transmitting meanings, which provide 'a methodological orientation for a phenomenology of social life that is concerned with the relation between language use and the objects of experience' (Goulding 2003, 302). The language use related to sensemaking of lived experiences (with its enacted meanings), constructs and maintains beliefs and understandings related to hospital change projects. In this way, it maintains and institutionalizes social order or permits change (Bergen & Luckmann 1966, Potter & Wetherell 1987). This means that language use involving sensemaking is seen as performative i.e., it has consequences in relation to the social world (Potter & Wetherell 1987). As the given discursive environment in which the sensemaking embodies is comprised socially, the sensemaking process is always social, even when the individual is alone. In other words, sensemaker is always 'in the company' of others and their respective cultures (Billig 1999, Wetherell 2007) because words and dialogues from the surrounding environment infiltrate her thinking. Sensemaking thus draws from discursive environment in which the sensemaker is embodied (see Wetherell 2007). In each specific context, there exists only a limited amount of possible words and discourses through which people can construct their experience meaningful (Potter & Wetherell 1987). The ways project participants make sense of their lived experiences concerning hospital change projects draw from those socio-cultural discursive practices in which they are embedded (cf. Helms Mills *et al.* 2010, Jørgensen & Phillips 2002). In sum, in the discursive sensemaking perspective, the discursive environment both influences and restricts the process of sensemaking and, at the same time, the discursive environment is produced and maintained by the performative language use involving the process of sensemaking.

This reciprocal process between sensemaking of lived experiences with involved language use and the discursive environment in which the sensemaking occurs can be understood with the sensemaking properties in the following manner. As explained earlier in this dissertation, when making sense of the experience, people have to turn their attention into their lived experience (as in past tense) and, as a result, they are not anymore simply living 'with the flow' (Schutz 1967, Weick

52

1995). For this reason, sensemaking is always retrospective. Furthermore, Weick (1995, 26) proposes that 'meaning is not 'attached to' the experience that is singled out', but instead, 'the meaning is in the kind of attention that is directed to this experience'. To understand, why people choose to focus their attention to certain direction to author their lived experiences meaningful, the sensemaking property of 'plausibility' becomes important. Plausibility provides a way to understand why some experiences become meaningful for individuals, and others do not (Helms Mills *et al.* 2010). Plausibility 'refers to a sense that one particular meaning is more meaningful than others or that something feels right within the range of possible explanations available to sensemakers in a given situation' (Helms Mills *et al.* 2010, 189). That is to say, the plausible interpretation and explanation needs to resonate with discursive possibilities (Helms Mills *et al.* 2010). Consequently, it also influences and restricts the language the sensemakers use while making sense of their lived experiences.

Accordingly, people make sense of their experience within their environment. As Helms Mills *et al.* (2010, 187) present, 'sensemaking can be either constrained or created by the very environment that it has created'. This property of 'enactment' means that sensemaking is merely people's negotiations about their perceiving about the things that they have actively put out there, not about people's negotiations what is out there (Weick 1979). In this way, project participants also 'create' themselves into existence through the ongoing process of sensemaking by making sense of their lived project work experiences through identity after which the enacted meaning then positions them into certain type of subject position.

To sum all up, through retrospective sensemaking hospital project participants are able to focus on their lived experiences and the property of plausibility makes it possible to understand why some meanings for the lived experience become more meaningful than others. Plausible meanings need to resonate with the discursive environment, which offers a route to connect sensemaking with discourses. Also, project participants can only make their experiences meaningful within their environment which means that by enacting the meanings of their experiences they also author sense for their lived experiences. In other words, the meaningful experience is more about negotiation about the things that project participants have actively put out there, not about people's negotiations what is out there (Weick 1979). In this way, they also constantly create their identity in relation to project work. The language, in turn, is a medium through which the meanings are transmitted as well as a medium in which lived experiences are made sense of. The language needs to both resonate with the situation in which it is used but also it

needs to resonate with the discursive environment in order to be plausible. In this way, it is possible to investigate, how project participants lived experiences are constructed meaningful through language use within the discursive environment in which it occurs.

2.4 Summary

Hospital change projects are embedded in a complex context. They are embedded in the organizations that are part of public health care, involving politico-administrative steering and democratic decision making, and that are multiprofessional and bureaucratic in nature. Project actuality approach serves up a way to investigate what is really going on in hospital change projects in a way that takes into account this unique context. In addition, engaging into pragmatic philosophy, the project actuality research provides a way to conduct research that eschews slipping into Cartesian subject-object dichotomy acknowledging the interrelationship between the project practitioner and the project environment (Cicmil *et al.* 2006). Approaching project actuality through sensemaking perspective, it is possible to focus on the lived experience of organizing and to understand how people stabilize the ongoing flow of the continuous change in order to make situations meaningful.

Figure 3 illustrates the main concepts and their relationship regarding this dissertation. Number 1 illustrates that this dissertation investigates how hospital change projects are perceived as a context for sensemaking by mid-level nurse managers (sub-study 1). In addition, this dissertation helps us to understand how the emotions influence sensemaking of change in a hospital project from nurse managers' point of view, i.e., how emotions are involved in the stabilization of continuous flow of change as meaningful (sub-study 2). The horizontal arrow in the middle of the figure with the number 2 illustrates this aspect. Furthermore, investigating the lived experiences of project-based work in hospital with discursive sensemaking it is possible to understand the ongoing social construction of hospital change project reality (sub-study 3). The 'bow tie' in the figure with the number 3 illustrates this process.

The Organizing of Hospital Change Project

1.

Sensemaking Accounts

Enacted Meanings

Project Participant's Lived Experiences

Stabilizing   **Sensemaking**   3.   **Discourses**   Continuous change

Emotions   2.

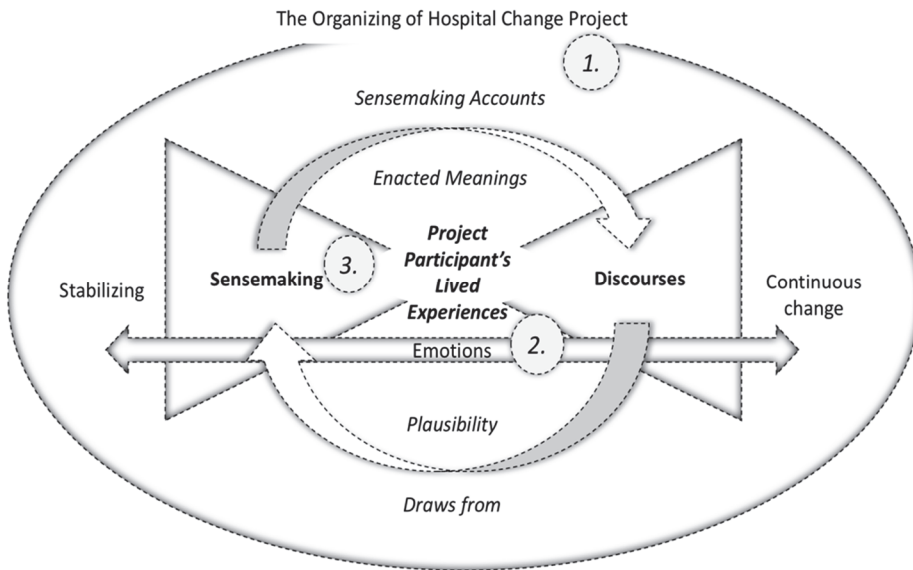Plausibility

Draws from

Fig. 3. The main concepts and their relations of this dissertation.

3   Research process

In this chapter, I first introduce the philosophical and methodological foundations of the study. I then proceed addressing research design, the data and the processes of the analyses of the different sub-studies. I also describe how the data has been collected, analyzed and interpreted. For that, I discuss my own role in constructing the overall findings of this dissertation.

3.1   Philosophical and methodological foundations

In their seminal work, Burrell and Morgan (1979, 1) present that 'all theories of organization are based upon a philosophy of science and a theory of society'. They continue by proposing that it is reasonable to conceptualize social science in terms of 'four sets of assumptions related to *ontology, epistemology, human nature and methodology*' (1979, 1), which further constitute four different paradigms, i.e., different perspectives for the analysis of social phenomena: functionalist, interpretive, radical humanist and radical structuralist[16]. Building on Burrell and Morgan's four set of assumptions, Hassard and Wolfram Cox (2013) suggest that 'during the post-paradigmatic times'[17] sociological knowledge is possible to explain meta-theoretically. By this they mean that it is possible to explain organizational theorizing through three recent time's main philosophical approaches: structuralist, anti-structuralist and post-structuralist. The first approach understands organizations and organizing as stable and objective phenomena, the second approach as unstable and socially constructed and the third as destabilized and decentred (Hassard & Wolfram Cox 2013). Taking this up-dated metatheoretical conceptualization as a starting point, I explicate in the following the underlying assumptions of this dissertation in order to reveal how the world and the acts in it are understood here (Guba & Lincoln 1994).

The assumption of the ontological nature of social world concerns the essence of the phenomena under investigation (the theory of being) (Burrell & Morgan 1979). Since I emphasize the constructive nature of social world, the ontological

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[16] Burrell and Morgan's concept of four paradigms represents one of the most utilized work in organization studies (Hassad & Wolfram Cox 2013) and has 'gained almost hegemonic capacity to define alternatives to organizational analysis' (Deetz 1996, 191). According to Burrell & Morgan's concept, I position this dissertation mainly to interpretive paradigm and also to some extend to radical humanist paradigm.

[17] By a post-paradigmatic time I mean that there is no all-encompassing worldview, grand narrative or social structure that constitutes human behavior (Lee 2010).

assumptions of this dissertation can be placed to anti-structuralism (Hassard & Wolfram Cox 2013). This nominalist world view assumes that the social world is made up of names, concepts and labels that are used to structure the reality. These names and categories are thus artificial and their utility is based on their convenience of making sense, negotiating and describing the world. (Burrell & Morgan 1979.) However, I also emphasize the processual and relational nature of social world and see hospital change projects as being consisted of processes meaning that things are merely reifications of processes (Tsoukas 2005). As a result, this dissertation has also post-structuralist assumptions in it. However, I do not position this dissertation to so called strong process ontology, but merely I see that nominalist notions of the ontological nature of social reality takes place in this dissertation, which, however, displays elements of relativism (Hassard & Wolfram Cox 2013).

The epistemological assumptions ground on knowledge and discuss what kind of knowledge can be achieved, or what can be considered as 'true' or 'false' (Burrell & Morgan 1979). This dissertation can be localized to 'anti-positivist' epistemology meaning that it sees social world essentially relativistic that 'can only be understood from the points of view of the individuals who are directly involved into activities which are to be studied' (Burrell & Morgan 1979, 5). In other words, objective knowledge cannot be achieved, since knowledge is always subjective, an interpretation. This outlook is constructionist and for that matter, this dissertation can be positioned towards anti-structural metatheory. However, there is also post-structural metatheory involved because the actors' beliefs are seen as relational products of the context in which they are created (Hassard & Wolfram Cox 2013, 1711). In other words, knowledge is relational—it is impossible to gain 'absolute truth existing independently of the values and position of the subject and unrelated to the social context' (Hassard & Wolfram Cox 2013 quoting Mannheim 1936, 79).

The third philosophical assumption concerns the relationship between humans and their environment (Burrell & Morgan 1979). Human beings and their experiences can be regarded to localize between two extreme views: either as products of the environment or creators of the environment. The previous presents determinism and the latter voluntarism. The human subject is treated as either a psychological marionette (determinism) or an agent of cognitive choice (voluntarism). In this dissertation, 'rather than responding mechanistically to the external environment, as per determinism, or being at the centre stage of free will, as per voluntarism … the human subject is relationally 'decentred' as the locus of understanding' (Hassard & Wolfram Cox 2013, 1711). In other words, in this

58

dissertation, social structure and human agency work back and forth in a dialectic, dynamic and reciprocal relationship (Dougherty 2004). For that matter, I conclude that this dissertation emphasizes both anti-structural and post-structural assumptions regarding the human nature (Hassard & Wolfram Cox 2013).

The above outlined three sets of assumptions have direct implications for the methodological nature of this dissertation because they outline in which ways it is possible to obtain knowledge of the social world (Burrell & Morgan 1979). As a whole, this dissertation is founded to interpretivist methodology, which means that I take human interpretation as the starting point for developing knowledge about the social world (Prasad 2005, 13). It is particularly important to access and understand 'the actual meanings and interpretations actors subjectively ascribe to phenomena in order to describe and explain their behaviour through investigating how they experience, sustain, articulate and share with others these socially constructed everyday realities' (Duberley & Johnson 2016, 188). As a result, the methodological foundations of this dissertation lie by large on anti-structuralism (Hassard & Wolfram Cox 2013).

To elaborate this matter in more detail, I position this dissertation methodologically also to hermeneutical phenomenology, i.e., interpretive phenomenology, according to which meanings are linked directly into their context. As a result, there is no differentiation between subject and object, but 'the world and the individual are continually at one with on another; we are in the world before we think and reflect so we are both subject and object and at one with the world' (Howell 2013, 65). Therefore, the key principle underlying is that the meaning of a part can only be understood if it is related to the whole (Duberley & Johnson 2016, Alvesson & Sköldberg 2017). The meaning of a text needs to be continually interpreted with reference to its context (Howell 2013, Duberley & Johnson 2016). For this, the notion of hermeneutic circle becomes important. As Duberley & Johnson (2016, 190) state 'within the hermeneutic circle the link between pre-understanding and understanding is made… Hence the hermeneutic circle focuses upon the iteration of interpretation where pre-understanding informs understanding and so on, leading to a greater understanding of both'.

3.2   Research design

Both project actuality and sensemaking research draw on qualitative methodologies—particularly interpretive and constructive qualitative methodologies—because of their ability to emphasize the dynamics of the ongoing

organizing and because of their ability to embrace the relevance of context regarding the phenomenon under investigation (e.g., Cicmil *et al.* 2006, Weick 2012, Lalonde *et al.* 2010, van der Hoorn & Whitty 2015). In addition, these studies often utilize a case study approach because of its ability to increase the understanding of the organizational events in the given context (Gummesson 2000, Yin 2003). Therefore, qualitative case study approach was applied in this study, in which I have explored hospital change project actuality in one hospital organization with three different sub-studies.

I use a broad definition of case study research 'as the study of at least one case, a case being a bounded system' (Langley & Royer 2006, 81). In this study, the case is 'hospital change project', which is viewed from sensemaking perspective in order to focus on the actuality in it. Thus, I study hospital change project actuality in a given context for intrinsic[18] purposes (Stake 2000) aiming for interpretive understanding of multiple social realities in it (Guba & Lincoln 1994)[19]. The relationship between the context and the people involved in the case under study is understood to be cumulative and two-folding—the context influences the case but the case also influences the context (Pettigrew 1997). Consequently, the case study approach allows me to investigate the actually occurring phenomenon in a bounded context (Miles & Huberman 1994).

In the study, I have first investigated hospital change project actuality from sensemaking perspective in a general manner, which served pre-understanding of the hospital change project actuality (sub-study 1). This was followed by studies of two distinct cases of specific hospital change projects (sub-study 2 and 3). Thus, within the sub-study 2 and 3 single case study design was utilized. Since the results of the first sub-study influenced the choices that I made later in the research process, it evolved to some extent inductively (Figure 4). Also, the first sub-study served as pre-understanding of the hospital change project actuality and as such, the overall research process evolved within hermeneutic circle (Duberley & Johnson 2016).

With the help of this deployed case study approach, I have aimed at producing thick enough description of the hospital change project actuality. I have also strived to bring forth the socially constructed meanings related to the hospital change projects. In other words, my aim was not to produce generalized knowledge from the hospital change projects and their management, but the main interest was to

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[18] According to Stake (2000) an *intrinsic* case study is designed to provide a better understanding of a particular case, whereas an *instrumental* case study aims merely to develop generalizations.
[19] The logic of case study research is idiographic (Langley & Royer, 82), meaning that it describes the effort to understand meaning of a subjective phenomenon.

investigate hospital change projects from the 'inside out' and in this way, understand them more profoundly (Duberley & Johnson 2016).
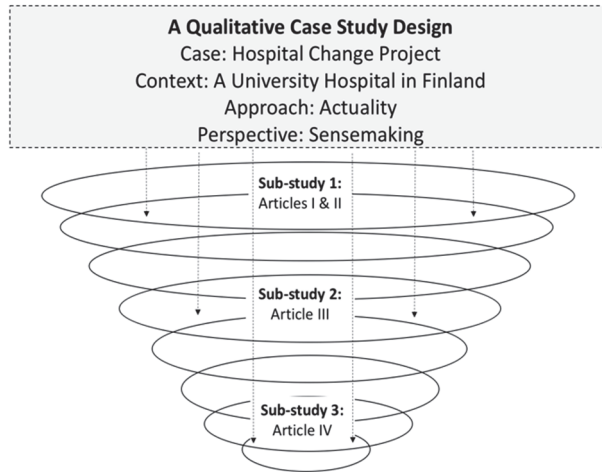

Fig. 4. The research design of the study.

3.3   Description of the research context

The research context was one Finnish university hospital. The university hospital being studied serves as the central hospital in its region and is responsible for the production of specialized medical services within it. The university hospital is owned and funded by the joint municipal authority and represented an average authority based on the populations of the 21 joint municipal authorities in Finland. Each municipal has their own decision-making bodies in the Council of the Hospital District and supreme decision-making power in the joint municipal authority is exercised by the Council of the Hospital District. In a typical manner, the case hospital also has a parallel line organization for physicians and nurses (which include other health care professionals).

For the second and the third sub-study distinct projects was chosen under investigation together with the management of the hospital. The case for the second sub-study was a nursing personnel staffing project, which was set by the top management of the nursing. The aim of the staffing project was to provide

information about the number of nursing staff although it was known that the number of nurses was not to increase, but, nurses were to be compensated between the wards. In addition, the project mapped if there were work tasks that nurses were doing but that were officially not meant for them to be done. The whole hospital – all wards – were involved in the project. The project team included a project manager and a project worker who were employees of the hospital. The staffing calculation was conducted using specific instrument developed for the staffing measurement. Nurse managers were included in the project because they were to collect the data, mainly key performance indicators and other needed statistics from their ward, as well as to implement the required changes in their ward.

Also, the third sub-study utilized a single case study design. The case project was about mapping and planning of a new hospital addition that was to unite two of the university hospital's clinics with the integration of several small hospital wards. In this case, the research focus was on planning of the functionality and operations of the new additional instead of planning the construction of the actual building. The aim of the hospital addition was to increase productivity by 10–15% by improving the practical spaces. Also, operations were to enable present-day medical care and to streamline functions. Spatial reduction and centralization were considered necessary for improving the quality of treatment and patient safety.

3.4   Research methods

3.4.1 Data

The data of this dissertation consists of interviews as a primary material and archival sources as a secondary material. In addition, I took field notes during the interviews and kept a running research diary during the research process.

The study participants consisted of mid-level nurse managers (the first sub-study), ward managers (the second sub-study) and hospital change project participants with the background of different health care professional (the third sub-study). The primary material of the study consists of 37 interviews[20] that were collected in three different occasions during: 1) 1–5/2013, 2) 11/2015–3/2016, and

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[20] Initially, I planned to video-record project meetings, however, this was explicitly resisted. I also heard rumours that some people involved to one project were discussing not to approve informed consent to my study, so, for the sake of the accomplishment of the study, I changed my study focus in a way that was suitable with interviews.

3) 5/2015–4/2017. These interviews were used in different sub-studies as shown in Table 1. Primary material, study participants, participation criteria, the time-period of data collection as well as secondary material related to different sub-studies of this dissertation are outlined in the following table (Table 1).

Table 1. The overview of the primary and the secondary material.

Description of the empirical material	Sub-study 1	Sub-study 2	Sub-study 3
Primary material	10 mid-level nurse managers' interviews (10 participants) From 46 minutes to 1 hour and 38 minutes in length	10 nurse managers' interviews (10 participants) From 31 minutes to 1 hour and 45 minutes in length	17 project participants' interviews (12 participants) From 23 minutes to 1 hour and 34 minutes in length
Criteria for participation	Mid-level nurse manager who had took part in a change project(s) in a current position	Nurse manager who had took part in the case project	Project participant who takes part in a case project
Time period of data collection	1–5/2013	11/2015–3/2016	5/2015–4/2017
Secondary material	No secondary material utilized	Project plan document, other documents involving the staffing project, discussions with the management of the hospital	Project plan documents, intranet pages, internet pages, informal conservations with program manager and different project participants as well as stakeholders, two consultants' Power Point presentations, observations of two information events, hospital district's council's proceedings and annual reports of the hospital between years 2010–2015

For each set of interviews, permission from the organization being studied was obtained. Because the study did not involve minors, nor did it intervene with personal integrity, permission from the ethical board was not needed, however, written and signed informed consent from each study participant was acquired. Information regarding the study was given both orally and literally. It included both my and my supervisor's contact information, the research topic, short description what the study was about, the method of collecting data and the estimated time required, the purpose for which data will be collected, and the voluntary nature of participation. The latter means that the study participants were entitled to discontinue participation at any time. Study participants were also informed that the data would be treated anonymously, confidentially and with care, it would be stored in a locked cabin during the research process, transcriptions were to be coded in a way that assured the anonymity and the data would be destroyed after the study (TENK 2009).

In each occasion, the study participants were selected using 'snowball technique' meaning that the first participant was selected on a discretionary basis who was then asked to give suggestions for further study participants (Denzin & Lincoln 2005). After that, the new participants were asked to give suggestions for suitable study participants. It is also to be noted that for the second sub-study I did not collect the data by myself, but with Ms. Pätsi, a co-author of the third article.

The interviews were conducted with semi-structural (the first sub-study) and open interviews (the second and the third sub-study). However, the semi-structured interviews were not conducted based on structured or pre-planned questions, but the interviews proceeded by discussing the themes that were selected beforehand by the researchers (Polit & Beck 2012). The themes in first sub-study were used merely to ensure the point of view of the discussion, as well as to limit it if necessary. The themes focused on mid-level nurse managers' experiences of hospital change projects and particualy two properties of sensemaking highlighted by earlier research in the context of change: plausibility and identity (Weick *et al.* 2005, Thurlow & Helms Mills 2009). However, the data was rich and plentiful resulting that the research task was changed to focus on sensemaking and sensegiving in general, so not to these two sensemaking properties.

I also asked focused questions during the interview (cf. Polit & Beck 2012). Therefore, all interviews can be considered more as conversations than traditional interviews because the interviewer was regarded as an active part in the conservation. The data collection, particularly from the second and the third sub-study can be considered merely as data construction (Alvesson & Sköldberg 2017).

This means that the language was regarded to be produced in a given situation in which the positions of the interviewer as well as the study participant inevitably influenced how the study participants choose to express and impress her-/himself. Thus, the data was constructed together with the interviewer and interviewee.

During the interviews, I aimed to keep the atmosphere as open and trustful as possible to ensure interviewees authentic expressions and to allow the space and time for them to reflect and express themselves (Denzin & Lincoln 2005). In order to facilitate more talk, I used particular phrases, such as 'That is interesting, could you tell me more about that issue?' and 'Can you open up that issue more?'. I felt that I succeeded in this well because often after the interview the interviewee thanked me and said that the discussion felt almost therapeutic or like professional guidance. The interviews were tape-recorded and transcribed afterwards for the analysis.

The secondary material was utilized during the second and third sub-study. For both sub-studies, the secondary material was utilized to form a description of the case, but it also served as a contextual background material that helped me to form an overall picture of the cases as well as the organization under study. The secondary material utilized in these sub-studies is described in previously presented Table 1.

3.4.2 Processes of analyses

Different qualitative analysis methods were used and applied in the study, so deductive content analysis, narrative analysis and discourse analysis (Table 2). In the first sub-study, the analysis was descriptive (article I) and to some extent interpretive (article II) in nature. Within the second and the third sub-study, I moved more firmly towards interpretivist research (see Duberley & Johnson 2016). I also acknowledge that in the first sub-study, I was still fairly attached to thinking that resonates with realistic worldview. This is perfectly appropriate with the deductive content analysis (article I), however, with discourse analysis (article II) this thinking somewhat disturbed the analysis. By this I mean that the analysis stayed mainly at the level of identifying the pattern of discourse and the investigation of the functionality of the language was absent in the analysis. Also, it can be seen in that article that it was not explicitly clear for me what the difference was between language and meaning in discourse analysis. However, from the viewpoint of this dissertation, I see these flaws not that significant. The knowledge I gained with the

second article nevertheless enhanced my understanding from the phenomena and served as a pre-understanding within hermeneutic circle (Duberley & Johnson 2016). The findings of this sub-study guided me to focus on emotions and the project-based work in hospital change projects with the following sub-studies. Also, I contend that engaging to sensemaking perspective allows me to justify the practical relevance of the findings of these articles.

Table 2. Method of analyses related to the sub-studies.

Sub-study I	Sub-study II	Sub-study III
Deductive content analysis (article I)	Narrative analysis (article III)	Discursive sensemaking analysis (article IV)
Discourse analysis (article II)		

It is to be noted that I was familiar with the case organization as I used to work there as a health care professional – and still did while collecting the data and analysing it. As an employee, I was not, however, involved with the cases at any level. Nevertheless, this situation has its advantages and disadvantages. The advantage is that it helped me to interpret the data more profoundly because I carry cultural knowledge considering the case hospital as well as health care in general within me. The disadvantage is that, at the same time, it might have 'blinded' my interpretation by inhibiting me to see things with fresh eyes (c.f. Eriksson & Kovalainen 2016). However, as Vuori (2005) has stated, health administrations research deviates from the general organizational and management research in a way that research is conducted in terms of health and health care, not in terms of, for example, organizations studies *per se*. For that matter, I argue that my background served well the interpretation of the data and the theoretical grounding gave me analytical means to 'dig in deeper' than I otherwise could have been able to do.

I have decided not to include authentic extractions while presenting the findings in this compilation part for two reasons. First, in doing so I wish to avoid unnecessary repetition. Second, since three of the included articles are already published in scientific journals, the coherence and strength of the findings are evaluated by independent referees. On the other hand, the fourth article is not yet published and therefore, I wish to avoid presenting the findings in a way that might jeopardize the evaluation process in the journal.

Deductive content analysis

The *first* article aimed at describing the dimensions of hospital change projects that were seen to facilitate sensemaking by mid-level nurse managers. Considering the dissertation as a whole, this article served pre-understanding of the phenomena, so hospital change project actuality. The data was analyzed using deductive content analysis in which the seven properties of sensemaking (explained in subheading 2.3.2) guided the analysis. Hence, in this article, I applied sensemaking methodologically. Using sensemaking as a framework for the analysis allowed me to focus on the actuality in mid-level nurse managers' experiences. In other words, it served me a way to capture mid-level nurse managers situated reflexivity and allowed me to capture the dimensions that mid-level nurse managers found important while viewing hospital change projects as socially constructed processes.

The unit of the analysis was whole unit of the thought, so not a word nor a sentence. The process of the analysis proceeded by identifying the authentic expressions that answered research questions. In this phase, the sensemaking perspective with the seven sensemaking properties were utilized. After that the authentic expressions were reduced and then the reduced expressions were grouped. The grouping of the reduced expressions was also guided by the seven sensemaking properties. Analysis proceeded by abstracting the reduced groups into sub-categories and then into the main categories (Elo & Kyngäs 2008). As a result of the analysis, hospital change projects were seen as facilitators of sensemaking in that they: 1) enable reflection, 2) reduce perfunctory routines, 3) sharpen one's identity, 4) bring forth cues, 5) legitimize change, 6) obligate making things explicit, and 7) enable multiprofessionalism.

The study findings were strengthened by adding the authentic extraction to the original article. The study findings were also strengthened by the fact that two researchers were included into the analysis process. Even though the study did not explicitly aim for transferability the research process was described in the original article in detail so that the readers may evaluate the value of the study findings outside its context (Lincoln & Guba 1985, Tynjälä 1991).

Discourse analysis

The data of the *second* article was analyzed using discourse analysis. Discourse analysis provided a way to identify and analyze the key organizational repertoires through which ideas in organizations were formulated (Grant *et al.* 2005). In this

article, discourse analysis was regarded as an interpretive method where repertoire was seen as being socially constructed and context-bound (Heracleous 2004). Repertoires were understood as lenses that provided a way to focus on the subtle aspects of organizing and to determine what was figure and what was ground in the processes of framing the meanings of mid-level nurse managers' experiences (Putnam & Fairhurst 2001). In the article, repertoires were seen to influence and shape everyday attitudes and behaviour of the individuals in the organizations as well as the perceptions of what the individuals in organizations believe to be reality (Potter & Wetherell 1987).

The aim of the analysis was to identify discursive structures and patterns from the text and then to explore how they influenced and shaped mid-level nurse managers' sensemaking. The identification of repertoires did not mean separation of different topics from the text, but the same issue could be interpreted through different repertoires (Potter & Wetherell 1987). The analysis was a process of discovery, going around the hermeneutic circle. The analysis went from the whole to the part and vice versa, enriching the interpretations further each time. The researcher was seen as part of the study (Heracleous 2004).

At first, through an iterative process, the text was reviewed by listening to the recordings of the interviews and reading the transcriptions at the same time. The text was read through several times. The unit of analysis was the part of the text that described the phenomenon studied. The repertoires were localized by asking through which or to what repertoire the mid-level nurse managers spoke. The important question was not what but how—how the repertoires were constructed and what the talk referred to (Burman & Parker 1993). At the same time variations of repertoires were searched for by analysing what kind of variations the repertoires were constructed from. The analysis of variations involved searching for differences and similarities in repertoires. With the aid of variations, the aim was to establish alternative ways to talk about the phenomenon studied (Potter & Wetherell 1987). After identifying the variations, the structure describing the internal dynamics of repertoires was found (i.e., the principle by which the repertoires constructed a whole). Based on the analysis, the repertoires 1) regenerative, 2) control, and 3) humane were constructed.

In this article, some typical evaluation criteria were used to validate the findings: coherence, fruitfulness, participants' orientation and readers' evaluation (Potter & Wetherell 1987). Coherence was ensured by formulating the repertoires so that they covered a broad pattern as well as accounting for many of the microsequences. Fruitfulness could be to some extent achieved because the

68

findings revealed novel meanings from hospital projects as they brought forth the humane dimension in it. In this way, this sub-study generated new viewpoints to be studied further. After the analysis, the interpretations of the quotes were assured by confirming the participants in question the accuracy of interpretation. Finally, to help readers evaluate the study, a detailed description of the research process as well as a number of direct quotations was included in the original article.

Narrative analysis

The *third* article conducted a narrative analysis to investigate the role of nurse managers' emotions in the process of sensemaking of change in the context of a staffing project. Two researchers were involved to the analysis process. Ms. Pätsi sorted through the data and conducted a preliminary analysis by forming the tales under my supervision, after which I conducted a more in-depth analysis with interpretation of the data. The aim of the analysis was to construct composition tales from the data (see Vaara *et al.* 2016) —i.e., new and unitary tales with the plot—with the help of nurse managers' fragmented narratives (Boje 2008). Through narrative analysis it was possible to investigate how nurse managers made sense of their experiences because narratives embody the meanings that people give to their experiences (see Vaara *et al.* 2016).

The analysis proceeded as follows. At first, narration that involved emotions from the data was searched. The unit of the analysis was whole meaning of thought, so the embodiment of the emotions did not require exact expression, such as 'I am irritated', but the emotions were interpreted from the text. Therefore, in addition to straight expressions of emotions, the emotions were interpreted through expressions that embodied emotions indirectly. To identify emotions, Russell's (1980) circumplex model was utilized, in which 28 basic emotions are sorted out. After this phase, the data was organized temporality (Heikkinen 2000)—the beginning, evolving and the end of the staffing project.

In the next phase, data was thematized according to the same kind of narration of emotions (see Eriksson & Kovalainen 2016). For this, circumplex model (Russell 1980) was again utilized. As a result of this thematization, the data was able to condense around three basic emotions: satisfaction, disappointment and irritation. After this, from the fragmented narratives of emotions that were involved in the same basic emotion, three temporal tales with the plot were constructed. Thus, one nurse manager's narration may include fragments that are utilized in different tales. Tales were constructed and analyzed with the help of seven sensemaking

properties (Weick 1995, see subheading 2.3.2). The aim was not to produce objective truth concerning the staffing project, but to bring forth the lived experience of the emergent organizational change from the nurse managers' emotions point of view (Maitlis *et al.* 2013). The constructed tales were: 1) the tale of the satisfied nurse manager, 2) the tale of the disappointed nurse manager, and 3) the tale of the irritated nurse manager.

The findings of this article are presented in condensed way that is typical for narrative analysis, so as tales with plot and the interpretation of these tales. The analysis strived for to realize the meaningful emotions during the change project and how they affected the process of change by providing innovatively constructed tales. How the tales were capable of realizing this is for the reader to evaluate. To ensure the sufficiency of the data, authentic extractions are widely used in the tales that are presented in the original article (Vuokila-Oikkonen *et al.* 2003).

Discursive sensemaking analysis

In the analysis of the *fourth* article, the polyphony of sensemaking of lived experiences of project-based work through discourse was in the focus on the interest. In order to investigate the equivocal ways lived experiences were able to talk into existence, discursive sensemaking perspective was theorized and utilized in the analysis.

The term discourse refers here to 'patterns of meaning which organize the various symbolic systems human beings inhabit, and which are necessary for us to make sense to each other' (Parker 1999, 3). According to discursive sensemaking perspective, discourses were seen as rather stable meaning systems that were maintained or created through language use in social settings. To emphasize the performative nature of language use, the notion of interpretive repertoire was drawn on. In a similar vein with the second sub-study, interpretive repertoires were understood as lenses that provided a way to focus on the subtle aspects of organizing and to determine what was figure and what was ground in the processes of framing the meanings of project participants' experiences (Putnam & Fairhurst 2001). In other words, repertoires were seen to influence and shape project participants' everyday attitudes and behaviour in hospital change projects. In addition, they influenced the perceptions of what they believe to be reality. (Potter & Wetherell 1987.) It needs to be emphasized that also in this article the analysis was an iterative process of discovery, going around the hermeneutic circle meaning

that it went from the whole to the part and vice versa, enriching the interpretations further each time.

The aim of the analysis was to identify discursive patterns from project participants' experiences, with which it was possible to explore how discourses were involved to project participants' sensemaking. The purpose was to gain insight, how project participants constructed their lived experiences of project work meaningful (Potter & Wetherell, 1987) —i.e., made sense of them—and investigate the dimensions that made the lived experience seem plausible. Finally, it was possible to contemplate what consequences and functions the discursive practices of sensemaking of lived experiences may have on hospital change project reality (Potter & Wetherell, 1987).

At first, the interviews were listened from the tape recorder while simultaneously reading the transcripts. Then the text was coded by identifying and marking parts that included reflexive talk about lived experiences (utterances) of project-based work (Potter & Wetherell 1987). At this point, the unit of analysis was neither a word nor a sentence, but rather one complete lived experience. After that, the sensemaking property of plausibility was utilized to understand how the sensemaking of lived experiences resonated within the discursive context. The following question was asked from the text: How are experiences established as solid, real and stable representations of the hospital change project world? (see Jørgensen & Phillips 2002). At the same time, the text was asked the questions: What positions are taken, where the audience is? (cf. Potter & Wetherell 1987, Parker 1999). In this way, it was possible to elaborate how the enacted meanings positioned the project participants (identity) within the project-based work.

Along this process, the language use was explored and in this way, the distinct utterances relating to each interpretive repertoire were identified. All in all, the pattern of enacted meanings could be discovered through interpretative repertoires that contained the distinct utterances, strategies (plausibility) and positions (identity) of sensemaking as well as their connection hospital change project reality. Six interpretive repertoires were identified: 1) repertoire of transformation, 2) repertoire of realism, 3) repertoire of politics, 4) repertoire of pragmatism, 5) repertoire of reflexivity and 6) repertoire of senselessness. Finally, the functionality of the language use was interpreted with the consequences of the sensemaking of lived experiences.

4   Findings

This chapter presents the main findings considering each sub-study. The sub-studies were guided by the following research questions:

I   How do hospital projects facilitate sensemaking of change as experienced by mid-level nurse managers? (articles I & II)
II   How do emotions influence the trajectory of sensemaking of change in a hospital project as experienced by nurse managers? (article III)
III How do project participants make discursively sense of their lived experiences of project-based work in hospital change project and what consequences these discursive sensemaking practices have? (article IV)

It is to be noted that findings with the authentic data extractions can be found from the latter phase of this dissertation, i.e., from the original articles. I encourage the reader to turn to these articles not only to evaluate the coherence of the analysis but also to get a more vivid understanding about the actuality in hospital change projects through them. The latter concerns especially the third and the fourth article.

4.1   Hospital change projects as context for sensemaking (articles I & II)[21]

As of being a communicative process, interaction belongs as an essential part to the process of sensemaking (Weick 1995). Mid-level nurse managers considered hospital change projects as arenas which enabled interaction between different actors and stakeholders. Projects brought together different actors, with whom mid-level nurse managers were able to discuss about change, also informally outside the formal meetings. In addition, in the context of projects, different professionals' and other stakeholders' point of views and opinions about the change initiative came clearer. Projects were considered to provide space and time, for example, to discuss, negotiate, agree, argument and propose opinions considering the change initiatives.

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[21] Although articles I and II are somewhat different in nature (as the former conducts a deductive content analysis and the latter applies discourse analysis), the results of these articles are presented together. I see this possible because the discourse analysis focused merely on identifying the pattern of meanings regarding sensegiving in hospital change projects and the analysis did not emphasize the construction of the social world itself. However, regarding the second article, I am not presenting the patterns of meanings, so the repertoires *per se,* but only findings that answer to the research question.

Projects were also regarded as a reasonable forum for sensegiving i.e. purposeful influencing of other actors sensemaking. However, the results showed that sometimes mid-level nurse managers were worried that change projects would turn out to 'discussion groups'. This embodies that there may be a contradiction between the change management discourse and the project management discourse in hospital change projects.

One important factor considering sensemaking in hospital change projects was that projects were structured to enable multiprofessional collaboration during the organizational change. Multiprofessional collaboration was regarded as a crucial element in hospital change projects but at the same time often challenging task to accomplish because of the hierarchies between different professions, particularly between nurses and physicians. However, mid-level nurse managers experienced that by consciously creating and emphasizing an open way of working together multiprofessional collaboration in hospital change projects was possible to enhance. In other words, projects were experienced to offer a means to create different kind of way of working together compared to main organization.

It was also experienced that working with different professionals required readiness for collaborative working for every project participant. Appreciative interaction was considered an important element to enhance collaborative working between different professions. However, sometimes it was difficult, for example, for nurse managers to lead a project (even though they were in a position of a project manager) because ordering tasks for physicians was experienced difficult or 'inappropriate'. Hence, the challenges for multiprofessional collaboration were also related 'beyond' the individual communication skills, i.e., on hierarchy and power relations between different professionals which characterizes hospital organizations.

Mid-level nurse managers considered projects in hospitals as arenas in which everyone was obligated to express their opinions or understandings. In other words, projects 'forced' different participants to explicate their know-how. For this, sufficient communication skills as well as courage to bring forth one's own point of views was required. If these were lacking, the change was in danger of evolving into an unwanted direction. In addition, conflicts were in a danger to emerge. The obligation to explication also often forced mid-level nurse managers to consciously evaluate and reflect on their own expectations of the change initiatives, and in this way, it triggered their active sensemaking process.

In a similar vein, mid-level nurse managers experienced that projects in hospitals provided a forum, in which employees were able to vent and reflect their

74

thoughts. Because sensemaking draws from past experiences (Weick 1995), different—often negative—experiences of previous organizational change initiatives were experienced to influence how employees made sense of the current change initiative. According to the mid-level nurse managers' experiences, the change initiatives typically caused concerns for the staff as they often pondered how the change would affect to their own work. However, mid-level nurse managers experienced, that in projects, it was possible to confront these emotions and worries and in this way, projects were experienced to provide a humane way of working the change. In other words, change projects in hospital were considered to enhance transparency and openness, both regarding the change initiative but also the staff's different worries concerning the change. This, however, required mid-level nurse managers to have the ability to face staff's different emotions.

4.2 The role of emotions in sensemaking of change in a hospital project (article III)

The third article investigated the emotions that were involved in nurse managers' sensemaking of change in a staffing project and, further, how the sensemaking processes related to different emotions proceeded. Due to narrative analysis, three tales were constructed: 1) tale of a satisfied nurse manager, 2) tale of a disappointed nurse manager and 3) tale of irritated nurse manager. In the following, I present shortly the constructed tales through which it is possible to understand how the emotions were interrelated to nurse managers' sensemaking process.

Tale of the satisfied nurse manager

This tale consisted of five nurse managers' narration. Within this tale, the sensemaking was triggered by the public presentation of the results of the staffing project, which provided nurse managers with a possibility to compare the results between their own ward and other wards. At the same time, it was to let known that a nurse position was to shift to a practical nurse position. This caused some concern amongst the nurse managers and they started to make sense what that would mean for their operations. They started to discuss about the situation, which embodied the social dimension of sensemaking (Weick 1995). Other nurse managers' good experiences of the practical nurses' work helped concerned nurse manager to accept the situation. In this tale, the staffing project was constructed as plausible which was increased the way the calculation in the staffing project was conducted—the

calculation was experienced as transparent and objective. The narration started to embody satisfaction, which emphasized the realization that in the future, nurse manager was to be able to use the staffing measurement tool for justifying the number of the staff. Sensemaking proceeded as generative that aimed to combine different cues, which is typical when people have rather positive than negative emotions (Maitlis *et al.* 2013).

In sum, in the tale of the satisfied nurse manager, the slight concern and confusions triggered the process of sensemaking. However, due to social sensemaking, the nurse manager was able to construct a plausible interpretation of the situation, which was not in contradiction with their emotions and as such, she was able to conclude the process of sensemaking.

Tale of the disappointed nurse manager

This tale also consisted of five nurse managers' narration. In this tale, the results of the staffing project did not resonate with the lived experience of the nurse manager. The nurse manager in this tale felt that there were too few nursing personnel in her ward, but the results indicated opposite. This caused disappointment and feelings of confusion which triggered the sensemaking because nurse manager aimed at finding answers for this contradiction. She started to question the calculation formula as well as the patient classification system that affected the calculation. As such, the plausibility of the staffing project was threatened. The new calculation was conducted, but the results were even worse, which caused even more contradiction between the experience and the result of the calculation. This was, however, essential regarding the sensemaking because it led to more in-depth processing of the situation. The nurse manager started to actively ponder why the result was in such a strong contradiction with her own experience, and started to search for concrete means for how to improve the operations in her ward in order to reduce the experienced rush. She also got discussion help from associate nurse manager and, as a result of the discussion with her, she turned to mid-level nurse managers. As a result of this support, the situation did not seem so hopeless anymore and the feelings of clarity and control started to emerge.

In this tale, sensemaking was triggered as a result of moderate negative emotions, but due to emergence of more positive feelings the sensemaking process proceeded as generative (Maitlis *et al.* 2013). The nurse manager was able to integrate the information about the situation with the organizational level official narrative regarding the staffing project.

Tale of the irritated nurse manager

This tale was constructed from four nurse managers' narration. In the beginning of this tale it came out that according to the calculation of the staffing project, more personnel was needed on the ward. This resonated with the nurse manager's own experiences. She felt that the ward has for a long time been heavy and strained for the personnel. However, the situation changed in the meeting where the results of the calculation were reviewed with the upper management. In the meeting, the upper management stated, that it was impossible to act on the basis of the calculation results because it would require more personnel. In the meeting, the upper management made a quick decision; let's do the calculation again on the basis that in the calculation formula the percentage of the work load system was to reduce to x percentage and the patient places were also to be reduced. The decision caused strong irritation and confusion amongst nurse managers, which triggered the sensemaking process. The irritated nurse manager started to question the new way of calculation, which was considered unfair. Also, the way the decision was announced was considered poor. Due to these matters, the plausibility of the staffing project was strongly questioned.

After the meeting, the new calculation was conducted in a speedy manner, after which the nurse manager was called to hear the result from the mid-level nurse manager. According to the new calculation, staff was to be cut as quickly as possible. This caused strong outrage. The timing, just before Christmas, was experienced especially poorly because the mid-level nurse manager was on holiday at the time. The nurse manager felt that she was left alone with the situation. She was forced to cut the personnel and the situation was experienced as being distressing. The narration embodies contradiction between the will of the upper management, the fluency of every-day working and the duties of the nurse manager. The organizational change was not experienced as plausible. This was also emphasized in the realization that in some wards the percentage of the load of the ward was optimal, whereas in some wards it was not. The narration embodies even more criticality towards the organizational change and the practices relating to it. The situation was experienced as unequal.

The tale of the irritated nurse manager focused strongly on the ways in which the new calculation was conducted, as well as the reasons and concequences of this decision. In this tale, the negative emotional arousal continued as negative emotion during the sensemaking process and, therefore, the sensemaking was integrative. This means that the constructing of the interpretation of the situation was more

specific and the analysis of the new information more critical. This led more systematic processing of the cues, and thus, more systematic sensemaking process (Maitlis *et al.* 2013).

In the tale of the irritated nurse manager, the nurse manager explicitly wished for more support from the upper management, explanation of the new staffing calculation instrument that they did not understand, as well as discussion about the staff cuts. The lack of support diminished the trust towards mid-level nurse managers as well as it diminished the engagement to the change (Shin *et al.* 2012). For example, the support received from colleagues did not change the process of sensemaking towards the generative sensemaking. On the contrary, it led to the 'bottom up' style of information processing that was evidence–based, and in this way integrated with broader information processing and was more open towards new information. In this tale, the coherence between the emotions and the interpretation of the situation did not succeed (Maitlis *et al.* 2013).

4.3 Discursive sensemaking of lived experiences on project-based work in hospital (article IV)

Discursive sensemaking on project-based work in hospital was also studied through a case study. The focus was explicitly on little-studied project workers lived experiences (see Cicmil *et al*. 2006) on project-based work. Instead of exploring the process of making sense of change in hospital project *per se*, the article investigated the micro-activities of sensemaking of lived experiences within the given discursive context. The article explicitly focused on the polyphony of the making sense of lived experiences on project-based work. The focus was also on the consequences the enacted meanings had.

As a result of the analysis, six repertoires were identified: 1) the repertoire of transformation, 2) the repertoire of realism, 3) the repertoire of politics, 4) the repertoire of pragmatism, 5) the repertoire of reflexivity, and 6) the repertoire of senselessness. Through these repertoires project participants were possible to author their lived experiences of project-based work meaningful. Drawing from the particular repertoire, their sensemaking accounts concerning lived experiences on project-based work positioned project workers in a particular way. In addition, these sensemaking accounts were performative meaning they had consequences. In this way, they took part in the construction and the reconstruction of the social world, in which the sensemaker was embedded.

Within the repertoire of *transformation*, project participants authored plausibility for their lived experiences through ideas that are typical of transformation. Within this repertoire, project work in hospital was experienced as respected, important and worth pursuing and project work was experienced to enable employees something else that normal, perfunctory work. In this way, project work provided opportunities for personal and professional growth. When authoring sense for their lived experiences through this repertoire, project participant was positioned as distinguished and noble project employee.

The repertoire of *realism* represented the dominant discourse amongst project participants. In many ways, this repertoire was the opposite to the repertoire of transformation. Project workers faced, for example, long working hours and a lot of stress and pressure. To make sense for these lived experiences, project participants regarded the reality of project-based work as something that belongs to health care projects, something that just needed to be endured. Project participants' identities were positioned to 'real life' project labourers. This repertoire maintained unsustainable practices in project-based work in hospital.

The repertoire of *politics* came close to the repertoire of realism, however, it had a different tone in it. Project-based work was experienced a form of survival, and different alliances and strategies were considered to be important. These lived experiences were made plausible by considering competition as a natural part of project-based work in hospital. Moreover, the project was considered an arena in which the strongest and most competitive individuals would be successful. Successful project worker identity was positioned as tough survivor, almost a warrior. Sensemaking of lived experiences through this repertoire highlighted the boundaries between different stakeholders and parties, for example, between different wards, between key people in the project and hospital management, between the key people and project participants as well as between different professions.

The repertoire of *pragmatism* was another dominant repertoire in the hospital setting. Making sense the lived experiences through this repertoire constructed project-based work as an individual-level accomplishment. A competent project worker was perceived as a sacrificing employee who is willing to give her best all the time. Within this repertoire, a sufficient project participant was positioned as resilient and 'hypermuscular' project workers. The sensemaking accounts through this repertoire individualized project-based work emphasizing project workers' skills and competence.

The repertoire of *reflexivity* represented an alternative discourse regarding project-based work in hospital. Project-based work was considered to take into account different ideas in a supportive way. The lived experiences of project-based work were constructed plausible through this repertoire by considering hospital change projects as a forum for polyphony which provides different stakeholders and members a possibility to critically evaluate current operations. Project worker was consisted as an idealist who could bring forth sustainable changes in a public hospital. The role of consultants was regarded as important here. This repertoire aimed at diversity and receptiveness in a public hospital change projects.

The repertoire of *senselessness* represented also alternative discourse. The project participants experienced project-based work in hospital to be in many ways 'senseless'. As a result, they were not able to author plausibility to it. In particular, consultants' roles were questioned in this repertoire. Project participants' identity was positioned as an expert who actively questioned the decisions of upper management. Consultants were regarded as outsiders who did not understand hospital processes and their management. In many ways, the change project was experienced as a 'pseudo project' which was actually set for to prepare the employees for organizational downsizing.

5   Discussion

The purpose of this dissertation was to describe and increase our understanding of hospital change project actuality from sensemaking perspective. The aim was to gain practical, not technical, knowledge (Habermas 1976) that can be utilized for improving both project management as well as project-based work in health care, particularly in hospitals. By engaging to project actuality research and thus drawing from pragmatism (see Cicmil *et al.* 2006), I have focused on redescribing hospital change projects as contingent and socially constructed through the lens of sensemaking but also on investigating the effects and consequences of the sensemaking accounts on lived experiences regarding project-based work in hospital (see Parmar *et al.* 2016).

In the following, I first interpret the findings of each sub-study. I then outline the theoretical implications this dissertation has, after which I discuss its practical relevance. Finally, I conclude this dissertation by opening up the limitations of the study.

5.1   Interpretation of findings

Sensemaking of change in hospital projects (The first and the second sub-study)

During the emergent organizational change, it is through talk that meanings are stabilized and materialized that can then be evaluated and re-evaluated, i.e., made sense of (Helms Mills 2003, Weick *et al.* 2005). The *first* sub-study suggests that hospital change projects offer an adequate arena for sensemaking. However, this requires creating an appreciative multiprofessional and interactive way of working together, which may function as a catalyst for sensemaking. This, in turn, requires the ability to engage in dialogue between different project participants. This is supported by the previous literature, which propose that candid interaction (Weick 2009, see Jordan *et al.* 2009) is essential factor for adequate sensemaking.

However, in line with Suhonen's & Paasivaara's (2015) study, this sub-study suggests that the hierarchy between different professions may engender challenges in hospital projects. Hence, reducing the success of adequate sensemaking to the individual level (i.e., communication skills) or to the level of arrangements and planning (e.g., offering sufficient space and time for interaction) may individualize

or overly simplify the challenges considering sensemaking in hospital change projects. From the viewpoint of sensemaking, it is necessary to take care of that everyone's voice is heard. This resonates with Jordan *et al.* (2009) study, in which they have presented that it is important to take care of that every participant has equal opportunity to take part into the discussion. However, this does not reduce the fact that there is imbalance between the professions in hospital, for example, between nurses and physicians, which, in turn, raises the question of whose voices are heard during the organizational change (Thurlow & Helms Mills 2009). Therefore, it is important for practitioners in hospital change projects to acknowledge that project participants consist of hierarchic professions, which may obscure the sensemaking because certain voices might be taken more seriously than others.

The first sub-study also indicates that projects are considered as appropriate means for mid-level nurse managers' sensegiving during organizational change. This, however, requires ability and willingness to use the language as a context for change, not just as an information medium. Concentrating on dialogue, visioning and talk in a way that reaches and resonates employees' world is a way to do this, as is using language that employees understand (see Thurlow & Helms Mills 2009). This, further, requires willingness, ability and encouragement to interpret and, if necessary, simplify the organizational change for the benefit of the employee (Kuyvenhoven & Buss, 2011, see also Colville *et al.* 2012).

According to first substudy, the value of the project management tools and methods was that they were considered to 'force' different project actors to concentrate on organizational change. This, in turn, facilitated mid-level nurse managers' own sensemaking of the situation. However, if mid-level nurse managers concentrated merely on project management tools and methods there was a danger that they focused merely on controlling, not facilitating, the change process. As Bresnen (2006) has pointed out, treating project management and change management as syllogium is problematic due to their different nature.

All in all, mid-level nurse managers' sensegiving and sensemaking in hospital change projects was facilitated the presence of mid-level nurse managers, which further required their ability to face and tolerate different emotions that arose amongst employees. The *second* sub-study concentrated explicitly on the role of emotions in the process of sensemaking of organizational change in the context of the hospital project. Based on the constructed tales, it can be stated that emotions implicitly informed nurse managers for the socially constructed 'limits' that constrained the acceptable ways of organizing change. The emotions thus implicitly

acted as cues (see Hodgkinson & Healy 2011, Mailtis *et al.* 2013) informing what is, for example, a 'successful' nurse manager, or 'sufficient' or 'unfit' change management in this given context. These emotions also acted as triggers for sensemaking and they further influenced how the situation was interpreted. Therefore, emotions also influenced whether the change project was regarded as plausible or not.

The constructed three tales embodied that sensemaking is grounded in the sensemaker's identity (Weick 1995). According to Weick (1995), identity is constantly constructed and 'calibrated' on the grounds of the feedback from other people. Identity also influences what kind of cues the sensemaker extracts from the environment. This can be seen in the constructed tales, in which the events were interpreted through the position of nurse manager, but through many identities associated with nurse manager. Nurse manager was often consisted through contradictory dimensions, such as 'securer of the human resources of their own ward in the context of the scarce resources', as 'ensurer of the fluent operations and their development', or 'executer of the project launched by the upper management'. From an emotions point of view, strong contradictions between these different identites engendered and maintained negative emotions. This further influenced the process of sensemaking. In the worst case, they maintained integrative sensemaking (Mailtlis *et al.* 2013) by maintaining the critical information processing and inhibiting the accomplishment of the coherent interpretation of the situation.

In a similar vein with the first sub-study, this sub-study also suggests that adequate presence, support as well as appreciative encountering with the tolerance of polyphony (Weick 2009, see Jordan *et al.* 2009), are important factors when considering sensemaking in the context of the hospital change project. It is essential that the process of sensemaking is supported and it is enabled so that people can form a coherent interpretation of the situation (Weick 2009). At the same time, it is possible to face the emotions organizational change may provoke amongst employees and give necessary support if needed (see Shin *et al.* 2012). Only this way is it possible to influence that the process of sensemaking evolves merely generative rather than integrative, which, further on, supports the conclusion of sensemaking (Mailtis *et al*. 2013) and, in this way, facilitates the sensemaking of the change.

On the basis of the findings of the second sub-study, it can be stated that central change facilitators as well as upper management in hospital needs to take employees' critical voices seriously because they may indicate that employees are

questioning the plausibility of the change and, hence, the need for sensemaking. Likewise, if the sensemaking fails because of the emotions that fuel integrative sensemaking, the plausibility of the change is in danger (see Maitlis *et al.* 2013). It can also be proposed that it is particularly relevant for the upper management to relate seriously to the situations, events or sudden changes of procedures concerning the change, which might threaten nurse managers' identities. The following figure 5 sums up the findings of the first and the second sub-study.
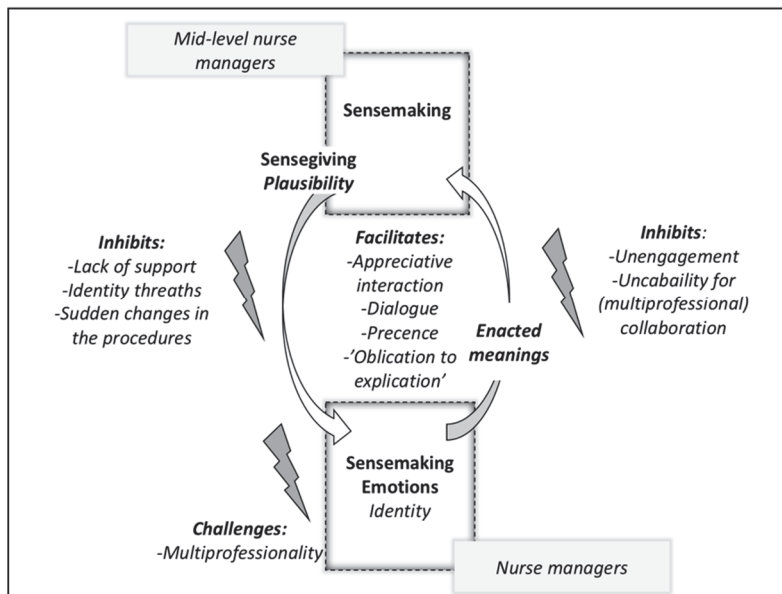

Fig. 5. Hospital change projects as a context for sensemaking as experienced by mid-level nurse managers and nurse managers in a case hospital.

Lived experiences of project-based work (The third sub-study)

The aim of the *third* sub-study was to explore the discursive sensemaking of different project participants' lived experiences on project-based work and, furthermore, to enlighten us of the effects the different enacted senses had in the context of a case hospital. This is important because each way of constructing meaning for lived experiences has its benefits and costs considering the project-based work in hospital. By understanding how the effects are created and

maintained it is possible to understand 'how they shape the ability of others to live better' (Parmar *et al.* 2016, 459). In other words, in order to improve the project-based work in hospitals, it is essential not only to examine the meanings of lived experiences, but also the effects of those enacted meanings have.

As in the first sub-study, also in this sub-study, collaboration was experienced as challenging in hospital change project. However, not only multiprofessionality, as in first sub-study, but also the competition between wards and clinics was experienced to engender challenges for collaboration. Project-based work was experienced as a confusing and messy process in which project participants needed alliances and politics to survive (repertoire of politics). The consultant role was experienced as meaningful when facilitating genuine multidisciplinarity, enabling diversity, or reducing competition.

Project-based work was also experienced to include suppressed and negative dimensions that was, however, considered as something unavoidable (repertoire of realism). This enacted sense was authored in a taken-for-granted manner as something that just needed to be borne (see Hodgson & Cicmil 2007, Lindgren *et al.* 2014). It is important to realize that naturalizing these meanings shifts the focus from the unsustainable working conditions towards the individuals and their capability. It leads towards the thinking that it is people, not the work conditions, that needs to change if things won't work. This may, furthermore, lead to unnecessary feelings of inferiority at the individual level. Moreover, by naturalizing stressful working conditions, project workers may push themselves too far considering the work load, which may threaten their wellbeing and should therefore be taken seriously.

This is an important matter to realize when organizing change projects in hospital. It is essential, for example, to ensure the adequate resources for sustainable project-based work (cf. Cicmil *et al.* 2011). It is also important particularly for the upper management to realize this matter, critically evaluate the practices being exercised in project-based work and strive to find the ways to diminish, for example, the competition between different parties and stakeholders. Otherwise there is a danger that the high expectations of project-based work in hospital turn into the frustration, which will not support or progress the project nor the organizational change. Borrowing from Lindgren's *et al.* (2014) pertinent expression, the project-based work may become 'thrilled by the discourse' but 'suffered through the experience'.

Opposite to the taken-for-granted negative experiences, project-based work was also experienced as something worth pursuing (repertoire of transformation).

The enacted sense of these experiences legitimized project-based work in hospital by presenting it in a favourable light. Regarding the successful project work, these experiences emphasized project participants' skills and competences, and in this way, they made adequate project workers seem almost 'hypermuscular' employees (repertoire of pragmatism). In other words, project workers were considered ones with special qualities as employees. In this way, enacted sense made project-based work greatly alluring and the project-based work in this repertoire had quite a strong positive tone.

The alternative way to author lived experiences meaningful was to consider hospital change projects as arenas for reflexivity that enable and support both polyphony and the critical evaluation of operations, also form the customer/patient point of view (repertoire of reflexivity). The enacted sense of these lived experiences enhanced the diversity of project-based work in hospital as well as the public health care receptiveness. Interesting, however, was that these experiences were in the margin although at the heart of the public health care lies the ideas of receptiveness and equality. Instead, as the repertoire of transformation shows, collaboration, rather than receptiveness, was considered to be a meaningful part of the hospital change project. Hence, the findings may suggest that intra-organizational change projects in hospital settings may be considered as means for streamlining intra-organizational processes (c.f. Jensen *et al.* 2013) rather than enablers of diversity and public receptiveness.

Another alternative way to make sense of the lived experiences was to author them senseless (repertoire of senselessness). Project-based work within this repertoire was experienced to include pointless control. These experiences explicitly resisted unsustainable practices related to project-based work as well as the impossibility to actualize the meanings that related to legitimizing project-based work. In this repertoire, consultants were considered as henchmen of the hospital's upper management. However, this role was not perceived as plausible. This may indicate that it might be reasonable to utilize consultants carefully as agents for top-down change. This sub-study found that in hospital change projects, consultants might be most suitable as enablers of diversity, reducers of competition, or facilitators of genuine multidisciplinarity.

Summary

At the beginning of this dissertation, I defined that hospital change projects are characterized by the tension between control and collaborative interaction between

diverse project participants and stakeholders (Cicmil *et al.* 2006). As a result of this study's findings, I suggest the third characteristic besides, competition. As such, the combinative finding of this dissertation is that actuality of hospital change projects is paradoxical, involving tensional dimensions of collaboration, control and competition (Figure 6). In other words, the presumption of collaboration was evident in hospital projects, but the dimensions of control and competition challenged it. The horizontal collaboration, i.e., the collaboration between, for example, different professions or wards was challenged by the hierarchy between the professions and organizing hospital into the distinct silos and specialities. The vertical collaboration, i.e., collaborative working between management of the hospital and the project, or between the managers and the employees, was challenged by the experiences of poor change management with lack of support.
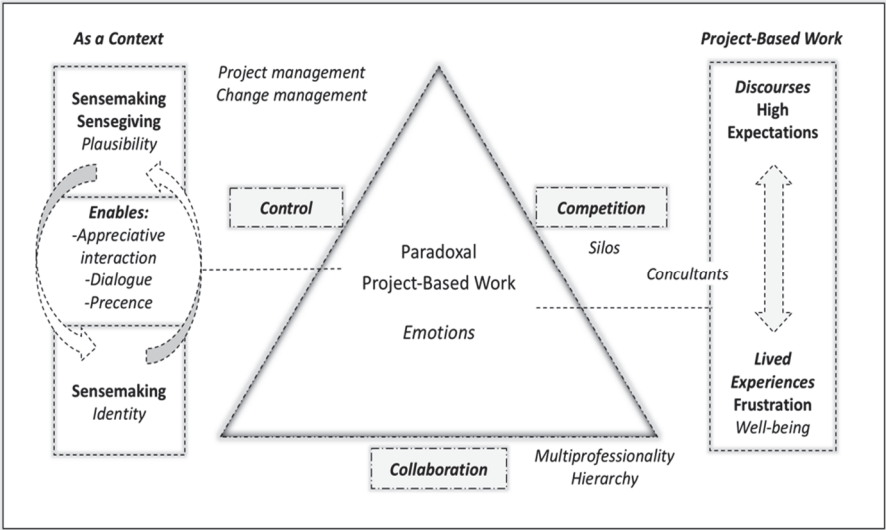

Fig. 6. The actuality of hospital change projects in a case hospital.

It is important to understand that in order to change an organization effectively, people in the organization ought to be able to make sense of the change. This process needs to be supported, and it must also be noted that this process can be led. Knowing the history of the organization as well as its organizational culture is an asset with which it is possible to effectively lead various project participants'

sensemaking (Iveroth & Hallencreutz 2016). At the same time, it must be understood that this contextual understanding is realized in language. However, this dissertation shows that leading sensemaking is a factor that may not be acknowledged in hospital change projects. Therefore, practitioners in hospital change projects ought to embrace a contextual and practical wisdom that goes beyond an understanding of the project work or management itself. In addition, they ought to recognize the power of language in hospital change projects and utilize it for sensegiving. This, in turn, requires time and space for diverse change facilitators to engage actively in sensegiving. This also implies that change facilitators and managers benefit from being able to take emotions into account when giving sense for change. In this way, it is possible to empower people and steer the organizational change into desired direction. Only then is it also possible to make these change projects sensible to diverse project participants in the paradoxical contexts in which they occur.

Although this dissertation supports the earlier literature with regard to the importance of appreciative interaction as a means through which people are enabled to make sense of a situation, it would be naïve to ignore that, in practice, this was evidently difficult to accomplish in hospital change projects. Therefore, change projects in hospitals benefit from practitioners who understand the unique and tense context in which hospital change projects are embedded, as this context evidently influences how change projects are made meaningful by various project participants. This implies that practitioners in hospital change projects ought to understand the demands and difficulties of multiprofessional collaboration and that each one needs to strive consciously to create a project culture that encourages polyphony. In addition, diverse change facilitators ought to be acquainted with the often conflicting expectations and values related to change in hospital projects. In this way is it possible to support the sensemaking of change in a way that resonates with various project participants' everyday reality.

5.2   Theoretical implications

This dissertation has the following two theoretical contributions. First, by abandoning the Cartesian subject-object devide, this dissertation introduces, despite a few previous exceptions (e.g., Hujala 2008), an alternative and less applied approach to study health care projects, organizations and their management in the field of health administration science. In this way, this dissertation enhances pluralism in health administration research. This includes the use of interpretive

and constructive analysis methods such as narrative analysis or discourse analysis. With the chosen approach, it is possible to focus on to understand the constitution of the social reality in hospital change projects instead of only describing what it is.

Second, this dissertation contributes to actuality-orientated project studies in the health care context by providing a conceptual framework of discursive sensemaking perspective, which provides a way to study lived experiences in and through discourses. I propose that discursive sensemaking perspective provides a reasonable and fruitful avenue for taking hold on and for revealing the actuality of projects (or any other organization) because it introduces a way to investigate practices relating project work through lived experiences in a way that eschews slipping into common sense understanding considering practices. Since the lived experiences do not occur in a vacuum, but are shaped by the discursive, socio-cultural context, discursive sensemaking perspective offers an adequate tool for studying and dismantling the layers that comprise the lived experiences. Furthermore, engaging into the socio constructivism with integration to pragmatic philosophy, discursive sensemaking perspective provides a medium to focus on the inseparability and reciprocal relation between individual lived experiences and the project environment in which they occur. In addition, it allows the consequences of the enacted meanings to be assessed and, in this way, it can be used to elaborate how sensemaking of lived experiences contributes to stability and change in the middle of continuous change. In this way, this dissertation also contributes to the sensemaking literature that is interested in the interrelationship between micro (agency) and macro (structure) level as well as is interested in the process of sensemaking through discourse (Brown *et al*. 2014). It is equally important to understand that the discursive sensemaking perspective does not offer an adequate tool for gaining universal or generalized knowledge about project-based work or project management.

Since the study showed that hospital projects embody hierarchy between different professions, which may obscure the process of sensemaking, it would be reasonable in the future to explicitly focus on this matter and include the notion of power within the research process. However, while engaging to project actuality approach, the power should be understood neither as an outcome of the application of force, nor a privilege of specific individuals or faction. As people are entangled to the social construction of everyday life through ongoing meaning making (i.e., sensemaking), power is simply too multidimensional for any person or faction to control (Iedema 2016). For example, Foucault's way of understanding power as a productive might serve a way to investigate the social construction of knowledge

within a hierarchic context such as hospital projects. Therefore, utilizing critical sensemaking framework, which integrates sensemaking properties to Foucauldian discourse in order to understand agency in it (Helms Mills *et al.* 2010), would provide a way to elaborate agency or identity work in hospital change projects.

In addition, it would be useful to draw on practice-based theories and focus explicitly on practices of project management as well as project-based work in hospital or health care (change) project instead of lived experiences regarding the matter. This would allow researchers to utilize observational methods during the research process (Lalonde *et al.* 2010) and, in this way, would make it possible to focus on actuality in hospital or health care (change) projects slightly differently than through lived experiences.

5.3   Practical implications

Approaching hospital change project reality as perceived by different project practitioners allows a way to understand the situational reflexivity and practical reasoning (Cicmil *et al.* 2006) related to hospital change projects. As a result of this dissertation, I outline three main practical contributions as follows.

First, communication should not be considered only as a mediator of information regarding organizational change between different project participants and stakeholders, but merely as a context for sensemaking through which the organizational change happens (see Thurlow & Helms Mills 2009). Therefore, language and talk itself should be valued and appreciated (see Weick 2009) because only then it is possible to make sense of as well as to give sense for the emergent change project (see Gioia & Chittipeddi 1991, Weick 2009). I therefore suggest that practitioners in hospital change projects ought to understand and embrace the power of the language. This, in turn, requires presence and time and might seem time consuming compared to more traditional way of managing change projects. However, if practitioners stop to think about the value of language as well as the sensemaking perspective, this dissertation may serve some new insight on how to steer the hospital change projects in a way that does not eschew to 'rationalist trap', which often embodies in more mainstream (change) project literature.

Second, recognizing and acknowledging the tensional context in which project participants strive to work for the organizational change may enhance practitioners and project managers understanding why it often is so difficult. Project participants are expected to collaborate for the sake of the organizational change, but, at the same time, they are expected to 'defend' their own wards or specialities while

90

competing from the scarce resources. If this tension is not recognized and acknowledged by the project management or the upper management in the hospital it may cause negative emotions and contradictions for different project participants. As a result, they may not be able to make these tensional lived experiences meaningful, which furthermore, influences their action and the course of the organizational change. Hence, it is vital to acknowledge that hospital change projects, as in any organizations, consist of experiencing and emotional human beings. Accepting lived experiences and emotions as a part of hospital change projects reality enhances the understanding of the human side of hospital change projects. Critical voices and negative emotions should be considered merely as a need for sensemaking, not as a failed management, and they should be faced with enough time and tolerance by the management or other change facilitators. Furthermore, the emotions are necessary to take into account in the context of hospital change projects, because they influence the process of sensemaking and provide managers and change facilitators valuable cues on how the organizational change is made sense of. In this way, emotions of different individuals may inform managers and change facilitators if there is a need for sensegiving. In addition, they may provide a way for more individual-level facilitating of organizational change.

Third, hospital change projects typically involve health care professionals who take part in the projects besides their own working tasks. The few whole-time project employees' workloads are often large. It might be reasonable for upper management to critically evaluate the resources that are allocated to project-based work in hospitals as well as in other health care organizations. It is important to provide enough resources and sustainable working conditions for project workers in health care sector because it not only affect the project in question but may also influence negatively the way project-based work in perceived amongst health care professionals.

For future studies, it would be reasonable to focus particularly on different project participants' collaborative working in hospitals as well as in other public health care change projects, also inter-organizational projects. This is particularly important because at the verge of the new social and health care reform both the planning as well as the implementation of the reforms and innovations are often conducted via projects. Also, this dissertation did not achieve the voice of the customers/patients within the change projects in hospital. As the customer/patient-centeredness is explicitly placed at the centre of social and health care, the receptiveness of public social and health care organizations provides an interesting avenue for further research regarding public health care projects.

5.4 Limitations of the study

Finally, I outline the limitations relating to the study. At first, I acknowledge that focusing on lived experiences through different project participants retrospective sensemaking accounts emphasizes the role of language while reducing my attention to the non-linguistic. As Burke (1965, 49) has stated, 'every way of seeing is a way of not seeing', reminding us that all perspectives are only partial. In other words, I acknowledge that 'Constitutive Communication in Organization' in which I have to a large extent positioned this dissertation, may narrow the domain of human activity at the expense of so much more else that occurs in and around hospital change projects (see Brown *et al.* 2015).

The second limitations concern the data. I acknowledge that the number of the study participants in each sub-study is fairly limited. Therefore, the findings that was formed through each sub-study's study participants' sensemaking accounts addresses only fragments considering the actuality in hospital change projects. In addition, it is important to acknowledge that the researcher's role in interpreting the findings is essential. However, these matters are not an issue in interpretive research methodologies, which aim to understand the research phenomena, not to form universal and technical knowledge of it nor to strive for generalization (see Alvesson & Sköldberg 2017). It is also to be noted that I did not collect the data for the second sub-study by myself, nor did I conduct the preliminary analysis. This may have implications for the interpretation of the findings regarding this sub-study.

Third, I acknowledge that chosen theoretical approach of this dissertation is not exhaustive considering hospital change project actuality. For example, integrating sensemaking with institutional theories, particularly institutional work perspective (e.g., Lawrence *et al.* 2013), would have been fruitful because in that way it would have been possible to understand different professions sensemaking in relation to a broader institutional and professional field. However, with this approach the focus of the research would have changed slightly and it would not have been possible to open up the different project practitioners lived experiences relating to hospital change projects.

Finally, I acknowledge that I have drawn heavily from organizational studies although this dissertation is positioned to health administration science. However, health administration science has no theoretical paradigm of its own but it draws on mainly administration science, organization and management studies or health sciences. Approaching hospital change project actuality through sensemaking perspective positioned me to organizational studies because sensemaking is

grounded into this research field. The research phenomena itself belongs in the field of health administration science and the theoretical basis is utilized in terms of health care and its unique and pluralistic social context. Therefore, I see this grounding to organizational studies justified.

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100

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I   Lunkka N, Suhonen M & Turkki L (2015) Merkitysten materialisoituminen sairaalan projekteissa – ylihoitajien kokemuksia muutosprosesseista. Hallinnon Tutkimus 34(3), 233–248.

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IV Lunkka N, Pietiläinen, V. & Suhonen M. A discursive sensemaking perspective on project-based work in public healthcare. Manuscript.

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1448. Härönen, Heli (2018) Collagen XIII as a neuromuscular synapse organizer : roles of collagen XIII and its transmembrane form, and effects of shedding and overexpression in the neuromuscular system in mouse models

1449. Kajula, Outi (2018) Periytyvän rintasyöpäalttiusmutaation (BRCA1/2) kantajamiesten hypoteettinen perinnöllisyysneuvontamalli

1450. Jurvelin, Heidi (2018) Transcranial bright light : the effect on human psychophysiology

1451. Järvimäki, Voitto (2018) Lumbar spine surgery, results and factors predicting outcome in working-aged patients

1452. Capra, Janne (2018) Differentiation and malignant transformation of epithelial cells : 3D cell culture models

1453. Panjan, Peter (2018) Innovative microbioreactors and microfluidic integrated biosensors for biopharmaceutical process control

1454. Saarela, Ulla (2018) Novel culture and organoid technologies to study mammalian kidney development

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1460. Klemola, Tero (2018) Flexible hallux valgus : Results of a new surgical technique

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