INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI®

University of Alberta

Momentum, Organizational Change, and Time

by

Elden Mark Wiebe 

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in

Organizational Analysis

Faculty of Business

Edmonton, Alberta

Fall, 2005

To Joy, Lauren, and Nelson

from whom I have received so much love and support

and whose sacrifices have allowed me to achieve this dream

ABSTRACT

This qualitative exploratory study develops our understanding of the relationship of momentum, organizational change, and time. Two sources are used, namely, the organization studies literature and managers' own voices. First, I identify three ways in which the concept of momentum has been used in the literature, delineating and developing the three types in relation to several dimensions, including both organizational change and time, specifically the classic temporal dimensions of past, present, and future. Second, analysis of managers' narratives of change reveals five worlds of organizational change within the 'same' significant mandated organizational change in the 'same' organizational context. The analysis suggests managers exercise temporal agency as they make sense of their experiences of change. That is, they configure the relationship between the past, present, and future in different ways. Then, by drawing on their experiences of change and temporal agency, managers shape their understanding of both the change and momentum in that change. Finally, the data also show how the constructed stories of change shape managerial action and emotion in implementing organizational change.

Explicitly incorporating time in the analyses provides a new line of sight for understanding how organizational change is accomplished by sensitizing us to managers' ability to exercise temporal agency. It also points to the necessity of making more explicit the temporal dimension of the *present* in our theories of organizational change. As such this research contributes to a growing literature in organization studies on time and organizational change, as well as contributing to the growing literature on continuous change.

ACKNOWLEDGEMENT

I especially wish to acknowledge the ongoing support and encouragement of Karen Golden-Biddle throughout the process of developing and completing this dissertation. At every step Karen has been an inspiration and a mentor, both intellectually as a scholar and personally as a colleague. The quality of our conversations truly is the quality of our work, and, I would add, the quality of our workplace. Karen, I am greatly indebted to you and thank you for this lasting legacy with which I now embark on my own journey.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1: INTRODUCTION

Momentum is a central element in questions pertaining to organizational change. The predominant understanding of momentum and change is that momentum, understood as a tendency to evolve in the same direction (Miller and Friesen, 1980), invariably pushes organizational phenomena, and hence the organization itself, along the path of its initial direction. The presence of momentum in organizations, which is ubiquitous, therefore contributes to organizational inertia. Organizational inertia suggests that organizations will not change. Other than small incremental changes, change attempts will fail; the organization will persist as it is, assisted by its momentum.

Upon further investigation of momentum, however, I found that momentum is not so monolithic in conception. For example, I found through encounters with managers involved in implementing a significant mandated organizational change that they readily spoke about momentum. Yet the momentum they spoke of was a momentum that "dissipated" as they ran into various roadblocks. Momentum also produced affective effects. For example, gaining momentum for the change they were involved in brought these managers energy and enthusiasm for the task; on the other hand, the loss of momentum experienced by these managers brought them discouragement and doubt. Then, a close reading of articles in organization studies dealing with momentum in organizations also suggested there was more to momentum than indicated by the dominant understanding. Together, these two sources suggested that there might be other stories to be told concerning the relationship of momentum and organizational change.

To develop the notion of momentum and its relationship to organizational change, then, I drew on both the literature and managers' experiences of change and momentum,

thereby grounding the development of the notion of momentum in this study both theoretically and empirically. I explored the organization studies literature in an effort to discern how momentum is understood by organization researchers, and I also analyzed managers' experiences of change and momentum in the midst of implementing a significant organizational change. Managers' perspectives in particular have been largely lacking in the literature on momentum and change (e.g. Miller and Friesen, 1980, 1982; Kelly and Amburgey, 1991; Amburgey and Miner, 1992), and their inclusion provides a corrective to that deficiency, which has begun with others (Gersick, 1994; Jansen, 2004).

As well, I drew on a third critically important source, and that is the perspective of time. Time has long been recognized as a central component of change (Sorokin & Merton, 1937; Giddens, 1984). Yet in the organizational change literature time is a largely taken-for-granted notion, and, as such understudied and undertheorized (Pettigrew, Woodman, and Cameron, 2001; Lee & Liebenau, 1999; Whipp, 1994). Furthermore, scholars have recently boldly claimed that our theories of change are largely a-temporal (Tsoukas and Chia, 2002; see also Avital, 2000). They suggest that what we see in our theories and through our methods is 'change' rather than 'changing.' We know that something has changed but we do not know how. Burrell (1992) suggested that lack of attention to time in understanding the management of change is highly detrimental to our theories. "Given that the whole notion of 'change' relies heavily upon a conception of temporality, it is remarkable that the philosophy of time has been a neglected issue in [the management of change]" (Burrell, 1992: 165). This study seeks to remedy this deficiency by showing how a vantage point of time can contribute to understanding about momentum and organizational change. As Gersick (1994:13) notes,

"lack of attention to time...in organizational evolution may blind researchers to dynamics that are critical in some important situations."

In this study, I first examine the concept of momentum as used in the literature. This is followed by analysis of the empirical data. Finally I bring these two sources together to develop further our understanding of momentum. The following provides a brief overview of each chapter.

In Chapter 2, I present the idea that momentum is not a monolithic concept as used in the literature. Examining the central extant literature on momentum and organizational change in organizational studies, I discern three conceptions of momentum as differentiated along several dimensions: the extent of momentum, level of managerial agency, the metaphors that undergird the conceptualization, and the relationship to organizational change. I also examine the relationship of each type of momentum to the classic temporal dimensions: past, present, and future. I find that each type of momentum is dominantly related to one particular temporal dimension, which in turn shapes the relationship to the other two temporal dimensions. I then describe the subsequent implications for the accomplishment of organizational change, and close with a depiction of how momentum, organizational change, and time are related in the literature.

Chapter 3 describes the research design and methodology employed. First, I describe the research questions followed by explanation and justification of the use of narrative analysis to examine managers' stories of change. Next, I describe the research site and the data sources used, and detail the analysis of the data. Finally, I address the issue of validity for this study.

In Chapter 4, I detail the government story of change, which both stands in its own right as a story of change, and also provides something of a context for the managers' worlds of change in the next chapter.

Chapter 5 represents the heart of the study. Here I depict five worlds of organizational change discerned from managers' own stories of change, and how those worlds shape managers' actions in the midst of the change. In particular I seek to convey each world of change using the words of the managers themselves. I use extensive quotes to authentically depict those worlds (Golden-Biddle and Locke, 1993), thereby assisting the reader in entering and understanding what it is to be in those worlds.

Chapter 6 returns to examine the typology developed from the literature, now in light of the analysis of the managers' stories of change. First I use the data to inform the typology of momentum, organizational change and time discerned from the literature. Second I highlight the importance of temporality in shaping and understanding momentum and organizational change. In particular I find that managers exercise what I refer to as temporal agency. In exercising temporal agency managers differently configure the relationship of the past, present, and future. This has profound implications for the overall story of change that is told. I conclude that rather than beginning with the assumption of momentum, which in turn shapes organizational change and time, by explicitly incorporating temporality, we see managers draw on time and their experience of the process of change to shape and articulate their story of organizational change and momentum. Third, I conclude the chapter with a discussion informing the managerial agency associated with each type of momentum as discerned from the data.

Finally, in Chapter 7, I outline some of the implications of the research. These are delineated theoretically and methodologically. I conclude with some suggestions for future research both in terms of extending this research as well as expanding the research to other areas such as strategy and organizational behaviour.

CHAPTER 2: THEORETICAL FRAMEWORK: LITERATURE REVIEW

Momentum, as conceptualized and used in the organization studies literature, is less monolithic than a cursory examination would suggest. In a careful reading of articles in organizational studies that explicitly address momentum and its impact on organizations, I identified three conceptions of momentum used in understanding why organizations and their elements are stable and persist in their patterns at certain times and how at other times they change and adopt new ways: inherent momentum, malleable momentum, and created momentum. Briefly, inherent momentum is the tendency to evolve in the same direction (Miller and Friesen, 1980). Malleable momentum is the persistent pursuit of a particular time-linked goal (Gersick, 1994). Created momentum is a force for action developed from the commitment and energy of managers for resolving a particular issue (Dutton and Duncan, 1987).

It is important to note that of these three uses of momentum, only the third one captures what is connoted in common parlance when managers use the term 'momentum.' As more popularly defined, momentum in human systems is used in a figurative manner meaning "a driving force, an impetus" as well as "continuing vigor resulting from an initial effort of expenditure of energy" (Oxford English Dictionary, Online). Since my purpose in this chapter, however, is to explicate the uses of momentum as used in the literature by organization researchers, reference to common parlance is suspended.

In the following sections, then, I will delineate and develop the three types of momentum as used in the literature on several dimensions, but especially in terms of organizational change and time. While the literature is dominated by the use of inherent

momentum, the other two types broaden the conceptualization of momentum and provide different answers to why organizations persist along a course of action or change, whether incrementally or radically. In terms of the relationship of momentum and time, I find that each type of momentum is primarily associated with one of the three classic temporal dimensions, that is, the past, present, or future, which shapes its subsequent relationship to the other two dimensions. Understanding the dominant temporal dimension associated with each type of momentum provides further insight into how momentum and organizational change are related.

Momentum in the Organization Studies Literature

In this section, the three types of momentum are differentiated in the extent of momentum and its influence, in the constraint or freedom for managerial action associated with each type of momentum, in the metaphors undergirding each conceptualization, and in the relationship to organizational change. Table 1 summarizes the three types of momentum, which are explained in detail in the following paragraphs.

Before continuing, it is important to briefly discuss the terms 'incremental change' and 'radical change' since these are sometimes used in different ways in the organization studies literature. For our purposes, I use the definitions found in the momentum literature. Here, incremental change refers to minor adaptive developments or modifications within an organization's particular strategic orientation or the orientation of any organizational structure or process for that matter. Often it is understood as being convergent within the orientation. This corresponds to the modification of present work structures and processes or what some have called first-order change (Bartunek, 1984).

Table 1

Momentum in the Organization Studies Literature

	Inherent	Malleable	Created
Authors	Miller and Friesen, 1980; Miller and Friesen, 1982; Kelly and Amburgey, 1991; Amburgey and Miner, 1992	Gersick, 1994; Tyre and Orlikowski, 1994	Dutton and Duncan, 1987; Jansen, 2004; Ginsberg and Venkatraman, 1992, 1995; Orlikowski, 1996
Extent of momentum	Pervasive	Pervasive when existent	Unique when existent
Managerial Agency	Momentum is constraining: Managers have none or very little agency	Momentum is somewhat controllable: Managers have some agency	Momentum is created: Managers have high levels of agency.
Metaphor(s)	Biology, Physics, Punctuated Equilibrium (momentum perspective)	Punctuated Equilibrium (change perspective)	Newtonian Physics, Social Construction
Relationship to Org. Change	No change or incremental change; Sharply contrasted to radical change; May eventually lead to radical change; Radical change, if repeated, is reconceptualized as incremental change	Incremental change; Sharply contrasted to radical change	Low level of energy: Incremental change. High level of energy: Radical change.

Radical change, on the other hand, refers simply to a change in the direction of organizational structures and processes. It is a fundamental shift in the organization's

strategy and mission, structures and processes; that is, essentially a fundamental shift in the organization's paradigms, norms, and worldview, also referred to as second-order change (Bartunek, 1984).

Inherent Momentum

The most common type of momentum in the literature is inherent momentum. By 'inherent' I mean momentum conceptualized as an innate aspect of all organizational phenomena. Momentum seems to lie within organizational phenomena themselves. Significant developments have taken place in the organization studies literature that direct attention to the pervasiveness and strength of inherent momentum in organizations (e.g. Siggelkow, 2002; Baum, Li, and Usher, 2000; Fox-Wolfgramm, Boal, and Hunt, 1998; Dyck, 1997; Greenwood and Hinings, 1993). These developments are grounded in the foundational work of two groups of researchers who conceptualise momentum as inherent, but from different vantage points. We now turn to these foundational studies to explicate inherent momentum through their findings and their metaphorical bases for conceptualizing momentum.

Miller and Friesen (1980), using the perspectives of biology and evolution, conceptualized momentum as a tendency to evolve in the same direction, meaning that any organizational phenomenon, and for that matter the organization itself, would continue to follow and develop along the path of its initial direction. They recognized that momentum was not limited to certain organizations or phenomena, but that it was associated with many organizational designs and phenomena, and that further development in these designs and phenomena tended to follow their initial direction, whatever that direction might be. For example, momentum is not simply associated with

'mechanistic' organizations, often characterized as slow in responding to environmental changes, and hence bound by "natural resistance to change" (Miller and Friesen, 1980: 591), but also with 'organic' organizations, which were highly innovative (Miller and Friesen, 1982). Mechanistic organizations become more mechanistic over time, but organic organizations also become more organic over time. As Miller and Friesen (1980: 592) note, organizations "appear to be biased in their direction of evolution so that they generally extrapolate past trends." The same tendency exists at the level of organizational structure and processes: an organization's style of decision making, job design, level of product innovation, type of control and information gathering, etc. all display a tendency to continue evolving in the same direction.

Miller and Friesen (1980) found that momentum was a dominant tendency in all 24 variables they tested, and that the momentum of the organizational variables tended to occur together; that is, momentum tended to occur 'across the board.' By extension, they also found that changes in the direction of momentum (i.e. revolutionary change) occurred in many variables at the same time. These findings suggested that momentum among organizational elements is configurational in nature. That is, momentum in organizational elements is highly interdependent; momentum in one variable leads to momentum in others. Thus, even though all organizational phenomena display momentum, what keeps each tendency in concord with the others is the gestalt-like or configurational nature of the organization.

The second group of researchers to conceptualize momentum as inherent is the work of Amburgey and colleagues. Approaching momentum from the perspective of Newtonian physics, they sought to better explicate the notion of structural inertia in

organizations on the basis of insights from that perspective. Their central insight, that change processes can be the product of inertia rather than adaptation, is captured in the following statement: "Inertia can mean remaining static, but it can also mean staying in uniform motion" (Amburgey and Miner, 1992: 335). In an earlier paper foundational for this understanding, Kelly and Amburgey (1991) defined momentum as inertia by which they mean the repetition of actions taken by organizations in the past. On this basis Kelly and Amburgey drew into the notion of momentum what had until then been juxtaposed with momentum, namely, an organization's change processes. "When organizations repeat changes that they have experienced in the past, their change processes are said to have momentum" (Kelly and Amburgey, 1991: 596). Kelly and Amburgey found strong support for momentum in organizational change processes, even for those changes characterized as strategic reorientations. Their insight suggested that what might appear to be a discontinuous, radical change may in fact be the repetition of past radical changes undertaken by the organization.

In follow-up work, Amburgey and Miner (1992) extend the notion of momentum as inertia, or repeated action, suggesting that momentum is not only the maintenance of prior actions, but also the expansion of the emphasis and direction of those past actions. Testing this definition, they examined momentum in the context of strategic actions taken by organizations. Amburgey and Miner (1992) identified and tested three types of strategic momentum (i.e. momentum of strategic actions): repetitive, positional, and contextual. Repetitive momentum is the most basic type of momentum in which an organization simply repeats specific previous actions. Positional momentum occurs when an organization takes actions that sustain or extend its existing strategic position.

Contextual momentum is when the structure and culture of the organization shapes the actions that an organization takes. Amburgey and Miner (1992) found strong support for repetitive momentum; that is, they found that organizations will undertake a particular type of merger if they have done so in the past. They also found strong support for contextual momentum. Organizations tend to take actions that are supported by their particular context (i.e. structure and culture). For example, a decentralized structure would lead to diversifying activity. Only partial support, however, was found for positional momentum. Organizations with high levels of diversification tended to extend that position in terms of product-extension mergers, but not conglomerate mergers as predicted.

Miller and Friesen (1980) and Amburgey and colleagues explicitly draw on several metaphors to provide clarity and nuance to the conceptualization of momentum as inherent. For this reason I highlight the metaphors and their contribution here. As noted above, Miller and Friesen (1980) use the metaphors of biology and evolution. The tendency to evolve in the same direction is analogous to the life-cycle of an organism on the one hand, and to biological evolution on the other. On the basis of the life-cycle model, the organization will follow a prescribed series of stages through its 'life-time', always moving in the same basic direction. Change is "in the genes", incremental and inexorable in nature. From the evolutionary perspective, the individual organization, like the biological organism, will face a changing environment. That situation will force some entities to decline and disappear and will initiate the appearance of other new and novel entities. Miller and Friesen (1980) suggest that the radical change of the organization, in which a new direction is pursued after the incremental change of inherent

momentum has run its course to excess, is such an instance of the death of an old organizational form and the birth of a new one.

Amburgey and Miner (1992: 335), as noted earlier, draw on Newtonian physics to understand how a radical organizational change could in fact be an instance of inherent momentum. From that perspective inertia can be "remaining static, but it can also mean staying in uniform motion." Their particular application of the Newtonian physics metaphor, however, is limited to the conception of inertia (as opposed to Jansen's [2004] use of Newtonian physics explained later), which underscores the inherent unchangeableness of organizational phenomena. Organizational phenomena, and the organization itself, essentially remain the same. Amburgey and Miner's (1992) extension of the theory, focusing on the expansion of an organization's emphasis and direction, explicitly adds the notion of increased energy being applied to the organization's inertia. However, they understand energy added to directional emphasis as a development and strengthening of the inertial position, not a change in that position. The organization remains strongly inertial.

Inherent momentum, then, as used by these theorists, is linked to repetition, in which there is no change, or to incremental change. Inherent momentum is the foundation for the innate and inexorable development in the same direction of organizational phenomena. Development in the same direction largely occurs as a result of the strength, pervasiveness, and interrelatedness of momentum; organizational structures, processes, behaviours and, for that matter, entire organizations will continue to follow the same path, making either no change, or only small incremental changes. This notion has been variously referred to in the literature as convergent or first-order change

supporting an organization's particular configuration (Miller and Friesen, 1980), archetype (Greenwood and Hinings, 1996), or strategy (Amburgey and Miner, 1992).

Conversely, inherent momentum is related to radical change only as a dichotomous opposition. They are mutually exclusive. Radical change is defined in this literature as 'a change in direction'; that is, organizational phenomena are no longer developing in the direction dictated by their inherent momentum, but rather have broken from that direction and are now beginning to develop in a new direction. Development in a new direction signifies that the former direction undergirded by inherent momentum has terminated. The dichotomy of inherent momentum and radical change further suggests that inherent momentum and radical change occur sequentially. Since radical change signifies the termination of inherent momentum, these can only occur one after the other. An instance of one or the other precludes the concurrent existence of its opposite.

Miller and Friesen (1980) provide an example of these concepts in an organizational setting. The excesses and resulting imbalance produced by inherent momentum can lead to performance deteriorations and/or shifts in the power of political coalitions, creating significant pressures to reverse the momentum of the organization, or in other words, change its direction. Moreover, such a reversal will take place across many organizational variables within a relatively short period of time, given their interrelatedness, making the reversal of organizational direction large in scope and scale. Thus, incremental change in the same direction eventually leads to an impetus for change of that direction on a massive scale. The change of direction signifies that inherent momentum has terminated, a new direction has been initiated, and momentum in a new

direction established. Inherent momentum is followed by radical change, which is then followed by a new inherent momentum, and so on.

Summary. Inherent momentum—momentum conceptualized as an innate or natural aspect of organizational phenomena—has received considerable attention in the literature (e.g. Miller and Friesen, 1980, 1982; Kelly and Amburgey, 1991; Amburgey and Miner, 1992; Tushman and Romanelli, 1985; Finkelstein and Hambrick, 1990; Greve, 1996; Amburgey, Kelly, and Barnett, 1993; Miller and Chen, 1994; Dyck, 1997; Burgelman, 2002). Importantly, empirical work shows that inherent momentum is pervasive and is the dominant tendency of organizational phenomena; that is, phenomena display a tendency to continue developing in the same direction over successive periods of time. Furthermore, the inherent momentum of organizational phenomena appears to be interdependent, such that as momentum is observed in one organizational variable, it is observed in many others at the same time (Miller and Friesen, 1980). Inherent momentum is not only associated with organizational phenomena such as routines, but it has also been shown to apply to change processes, such that even what may appear to be radical organizational changes may in fact be repetitions of the organization's past change activities, and, hence, inherent momentum (Kelly and Amburgey, 1991). Further empirical work demonstrates that inherent momentum can develop through the extension of its emphasis and direction, which reinforces its strength (Amburgey and Miner, 1992).

The relationship of inherent momentum to organizational change is incremental. Organizational phenomena remain the same in repetition or continue to develop incrementally in the same direction. Inherent momentum is dichotomously related to radical change. As such momentum and radical change can only occur in serial

sequence. Finally, the inherent nature of momentum, and its pervasiveness and strength, severely restrict managers' discretion for action; they will tend to repeat the past or to extend the emphasis and direction of the past.

Malleable Momentum

The second conceptualization I have discerned in the literature is malleable momentum. By 'malleable' I mean momentum conceptualized as somewhat shapeable by managerial actions. Malleable momentum is both related to, yet distinct from, inherent momentum. Like inherent momentum, malleable momentum is understood as innate, pervasive and powerful. Malleable momentum remains seen as a powerful force for inertia. In contrast to inherent momentum, however, malleable momentum suggests that momentum can be shaped to some degree and even terminated through distinct actions taken by managers. Though innate, pervasive, and powerful, malleable momentum is not necessarily inexorable; managers are able to exercise some agency over momentum.

The central study supporting this conceptualization of momentum is Gersick (1994), who defines momentum as the persistence, perseverance, and pursuit of a particular goal. Gersick found that, as with groups, organizations bound to deadlines (such as venture capital start-ups) reassessed their progress at the halfway point, or at a temporal milestone, at which time they reoriented their strategies if their progress was not sufficient for successful completion by the deadline. In other words, organizations will display an alternation between momentum—the persistence, perseverance and pursuit of a particular goal—and strategic (i.e. radical) change on the basis of progress achieved by

certain deadlines and temporal milestones established for the accomplishment of specific tasks.

The fundamental addition provided by Gersick's (1994) work is the influence of teleology on momentum. By this I mean that momentum is conceptualized as being in the service of the particular clock time linked task or end state toward which it is directed. It is this linkage to a firm timeframe that encourages persistence, perseverance and pursuit of a particular goal, and that allows momentum to be shaped and even terminated by managerial intervention. In this respect, then, Gersick (1994) offers a more proactive orientation on managers' ability to effect change. Momentum becomes controllable to a certain extent. Even as momentum remains pervasive and constraining in the organization, managers have the ability through deadlines to shape periods of momentum, both the duration of the period and the intensity of the behaviour in the period.

Momentum is not amenable to managerial action at all times, however. Gersick (1994) points out that in project work, momentum is shapeable at the halfway point between the beginning and end of a project or time-linked goal. Implicitly, the beginning of the project and reaching a deadline also allows some shaping to take place.

Limited periods of managerial influence are also supported by the work of Tyre and Orlikowski (1994). Examining technological adaptation in organizations, they point to 'windows of opportunity' during which adaptation can take place. The greatest adaptive activity occurs in the initial installation of technology, which sets the patterns of usage over the longer term. Following this initial period (on average 2.5 months), patterns and practices congeal as routines are established and performed. However, Tyre

and Orlikowski (1994) also found that subsequent periods of adaptation may occur, especially as the result of disruptions in the form of problems or unexpected events. Staudenmayer, Tyre and Perlow (2002), using some of the same data, subsequently found that disruptions which caused a break in the normal temporal work rhythms triggered adaptive activity. Disruptions that did not affect worker's normal temporal rhythms did not bring about change activity.

Gersick (1994) draws on the metaphor of punctuated equilibrium to reconceptualize and provide additional nuances for malleable momentum and organizational change. The basic metaphor, outlined in an earlier paper by Gersick (1991), suggests that long periods of stability are punctuated by short periods of metamorphic change. The foundation of these alternations of stability and change is the concept of a deep structure, which is highly durable and in which the parts are highly integrated into the whole. Deep structure is the basis of persistent, incremental change in a particular direction during periods of stability, and it is the heart of what is demolished and reconstructed during the short periods of upheaval, which then establishes another period of stability. Punctuated equilibrium highlights the sharp contrast between momentum and change as well as the power of the deep structure to drive incremental change in the same direction, protecting it from both internal and external perturbations. It also points to the rapid change in the deep structure during a period of revolution, which counters a 'gradualist' thesis of a series of slow incremental changes that eventually result in a new configuration.

The metaphor of punctuated equilibrium is typically conceived within an evolutionary framework in which momentum continues indefinitely until the mismatch

between the organization and the environment is too great and creates a crisis (Tushman and Romanelli, 1985; Miller and Friesen, 1980). In Gersick's (1994) work, however, the model of punctuated equilibrium is elaborated from the perspective of a constructed goal rather than an evolutionary development. The change in direction (i.e. radical change) is established by the setting of a new goal, strategy, or orientation, linked to a specific time, which is then followed by a series of incremental changes in the service of achieving the new goal, strategy, or orientation by its particular deadline. This time linked goal-directedness in Gersick's (1994) work then defines the content, duration, and intensity of the following period of momentum. In this way, momentum becomes somewhat controllable and is drawn into the service of the organization's end goals.

Malleable momentum remains firmly linked to incremental change and sharply contrasted to radical change (Gersick, 1994; see also Tushman and Romanelli, 1985). As with inherent momentum, they are conceptualized as mutually exclusive constructs. Only one or the other is present at any one time. As such, the sequence of momentum/radical change/momentum/radical change and so on is maintained. The important difference vis-à-vis inherent momentum is that managers are able to influence momentum via the presence of tasks/goals linked to specific deadlines. The influence extends beyond the content of the momentum period to the duration, intensity, and even sanctity of the momentum period. Momentum becomes somewhat malleable under constructed, time-linked goals.

Summary. Malleable momentum—momentum conceptualized as somewhat shapeable by managerial action—represents a significant development in the understanding of momentum in organizations. Momentum remains pervasive and

constraining, but that constraint can be broken through time-based pacing (Gersick, 1994). Time-based pacing also establishes the duration and intensity of momentum periods. In this way managers are able to use future goals and deadlines to shape momentum and draw it into the service of the organization's strategic goals, though it appears that there are only certain occasions when this is possible. Malleable momentum remains linked exclusively to incremental change (directed toward a future goal) and sharply dichotomized with radical change. As such, it also remains sequential, alternating between momentum and radical change.

Created Momentum

The third type of momentum I discern in use in the literature is what I call created momentum. By 'created' I mean that momentum is conceptualized as the product of interactions of managers with other managers as well as with animate and inanimate things, and the subsequent actions taken by those managers. In this conceptualization, momentum is not inherent; that is, it is not an innate aspect of all organizational phenomena. Rather, it is something that may or may not exist in conjunction with organizational phenomena. Nor is it malleable; that is, it is not an inherent momentum that becomes partially shapeable by managers. Rather, created momentum is the effortful accomplishment of managerial action. Created momentum must be brought into being by managers' actions, and is subject to development or attrition. To describe what created momentum is, I turn now to two key authors in the literature.

The first work to explicate created momentum is Dutton and Duncan (1987). While most of the work on momentum in the 1980's and early 1990's focused on inherent momentum, this work provided a conceptual basis for understanding momentum

as the product of managerial actions. Dutton and Duncan (1987: 286) defined momentum as a force created by energy for action, by which they mean, "the level of effort and commitment top-level decision-makers are willing to devote to action designed to resolve an issue." The authors theorize that organizations respond differently to environmental changes because managers are differentially alerted to and interpret those changes. Gaining energy for a particular course of action (momentum) involves numerous interpretive activities in a process the authors refer to as strategic issue diagnosis (SID): activation thresholds which must be attained for issues to capture the attention of managers; managerial assessments of urgency which refer to the importance of taking action on those issues; managerial assessments of feasibility which refer to the understandability of the issue and the perceived capability for dealing with it; contextual influences such as the organization's belief structure, which shapes the breadth of the organization's ability to identify and understand issues; and the organization's resources, which shape the potential urgency and capability of dealing with an issue. They suggested the energy (low or high) that develops from these issue assessments and contextual influences then determines whether managers will favor and pursue incremental (low energy) or radical (high energy) change in the organization's strategy.

Subsequent empirical work by Ginsberg and Venkatraman (1992, 1995) tested Dutton and Duncan's (1987) theoretical work. Ginsberg and Venkatraman (1992) tested the effects of managerial strategic issue diagnosis as well as the organization's competitive posture, meaning the rules and routines built up over time which provide legitimacy for certain organizational actions, on the adoption of technology. They found that both SID and competitive posture influenced the investment in new technology (an

organizational change). Moreover, they found that the organization's competitive posture influenced technology adoption both directly as well as indirectly through SID, meaning that competitive posture has significant influence on organizational outcomes through both avenues of adoption influence. Ginsberg and Venkatraman (1992) conclude that competitive posture, which they term institutional momentum, was stronger than SID, which they term behavioural momentum, on the outcome of technology adoption. They speculate that managerial interpretations may play a more important role for initiating change in organizations while competitive posture may play a more important role in the implementation of change. These conclusions provide substance for Dutton and Duncan's (1987) theorizing that SID can lead to organizational change.

In additional empirical work, Ginsberg and Venkatraman (1995) found support for Dutton and Duncan's (1987) assertion that assessments of urgency and feasibility shape the level of effort and commitment by managers toward the resolution of a strategic issue. Assessments of high urgency together with a high level of issue understandability and manageability lead to significant contributions toward response momentum (referred to by Dutton and Duncan (1987) as momentum for change). However, Ginsberg and Venkatraman (1995) also extend the work of Dutton and Duncan (1987) by suggesting that not only are cognitive components important for the development of response momentum, but also affective components, which can provide for 'hot' interpretations that may then trigger even stronger and more immediate responses to strategic issues. They also found that while issue urgency significantly contributes to both technology and administrative enhancements in an organization, issue feasibility, especially the

dimension of manageability, only contributed significantly to administrative enhancements.

The results of these empirical studies support the creation of momentum for change through strategic issue diagnosis, but they also support the significant co-occurrence and influence of inherent momentum on managerially created momentum, and, ultimately, organizational outcomes (Ginsberg and Venkatraman, 1992). In other words, the direction exhibited in an organization's structures and processes, including strategic orientation, appears to be more powerful than, as well as influences, the interpretations by managers and the subsequent actions taken. In this way the authors have shown created momentum and inherent momentum to be cotemporaneous

The results also point to the dynamic character of created momentum. While Dutton and Duncan (1987) acknowledge the influence of contextual features on the creation of momentum for change, they implicitly assume a constant level of managerial effort and commitment once created. Ginsberg and Venkatraman's (1992) results suggest that managerially created momentum for change can be buffeted or enhanced by inherent momentum, especially as significant organizational change is implemented (see Snell and Dean, 1994). Further results (Ginsberg and Venkatraman, 1995) suggest additional influences on created momentum, such as affective components, which may increase the strength of created momentum.

A second study that directly addresses the notion of created momentum is Jansen (2004). Like Amburgey and Miner (1992), Jansen explicitly appeals to the metaphor of Newtonian physics to develop conceptual clarity. Unlike Amburgey and Miner (1992), however, Jansen does not confine the metaphor to the explication of inertia; rather she

employs the broader range of Newton's theory of momentum. The key elements of momentum, then, are inertia (based on the notion of mass), movement, and finally velocity, which incorporates speed and direction (velocity is a vector quantity). Applied to the organization, organizational inertia (no energy or movement) must be overcome by forces (which have various levels of energy and various directions) acting upon the organization, both to get the organization moving and to move it in a particular direction. Low-energy forces result in incremental changes (low energy applied in the same direction) while high-energy forces result in radical changes (high energy applied in new directions).

On the basis of this metaphor, Jansen (2004: 277) defines momentum as "the force of motion, or alternatively, the force or energy associated with a moving body," which is in contrast to inertia in which there is no movement. In addition, momentum is a 'vector quantity, having the same direction as the velocity vector.' From this foundation, Jansen highlights three key distinctions: 1. Inertia is linked to mass and hence resistance to change and little or no movement; 2. Momentum is movement that is achieved by overcoming the resistance of inertia (momentum for Jansen is not the same as inertia; cf. Kelly and Amburgey, 1991; Amburgey and Miner, 1992); and 3. The simultaneous existence of many forces with particular quantities of speed or force and having particular directions, draws attention to the particular trajectory or path of the momentum of interest as a very important consideration. Then, drawing out the implications for momentum in organizations, Jansen discerns three types of momentum: inertia (the equivalent of inertial momentum with no movement previously identified by other authors), stasis-based momentum which corresponds to momentum as inertia in

terms of constant movement (e.g. Kelly and Amburgey, 1991) but contains the added idea of imputing energy to not only maintain but expand activity along an existing trajectory (see also Amburgey and Miner, 1992), and change-based momentum which is the application of significant energy to affect and sustain activity in a new direction.

Jansen's (2004) empirical study centers on change-based momentum made visible by her application of the Newtonian physics metaphor. Change-based momentum is the momentum associated with initiating and implementing radical organizational change. Key features are the high level of energy associated with achieving significant movement along a new trajectory (i.e. radical change) and its dynamic as that movement is sustained until the completion of the radical change. Given the existence of multiple forces acting on an organization, change-based momentum experiences fluctuations in the course of implementing radical change.

This study also shows that change-based momentum fluctuated over time, being impacted positively or negatively by social information conveyed by (change) leaders, events/actions that shift attention away from the accomplishment of radical change, the initial positions of stakeholders vis-à-vis the change initiative, interaction (i.e. talk) about the change initiative, early wins which created progress toward the final goal, and commitment to the change initiative. In addition, the study's longitudinal design demonstrated that some variables were more important at certain times than others (see also Montealegre, 1999 who also observed this at the national level). For example, the initial positions of stakeholders were more important at the beginning of the initiative than later on. On the other hand, talk about the change initiative became very important later in the process while it had relatively little impact early in the initiative.

Significantly, while Jansen's (2004) work focuses on the early stages of radical change, and does not address the impact of change-based momentum on the completion of the radical change initiative, it substantiates the existence of a dynamic momentum during the process of radical change that actually serves to move that change toward its accomplishment. It also supports the co-occurrence and influence of inherent momentum on managerially created momentum. Furthermore, Jansen's (2004) work interestingly raises issues of timing, talk (both in terms of content and speaker), the influence of other actions (in this case within the organization, though it is quite possible to think of cases where actions outside the organization could also be influential), and psychological states as having an impact on the momentum of radical change. These elements broaden the scope of influences that impinge on created momentum.

Evident in both exemplars (i.e. Dutton and Duncan, 1987; Jansen, 2004) is the broader role for managers to initiate and shape changes in their organizations. Momentum conceptualized as created allows for managers to actively contribute to the adaptation of their organizations (see also Dutton, Ashford, O'Neill, & Lawrence, 2001; Orlikowski, 1996). At the level of incremental change, created momentum significantly opens up the possibility of 'static' phenomena such as routines to be seen as variable and actually assisting the creation of change in organizations. For example, a low level of energy on the part of managers which results in incremental changes that preserve the organization's previous overall direction may not seem much different than the incremental changes resulting from inherent momentum which constrains managers' activities. However, created momentum applied to incremental change allows us to see how managers may shape repetitious, mundane practices in more dynamic ways rather

than being constricted to follow a particular path. Thus, routines, often thought of as stable and a source of inherent momentum, now may be construed as being dynamic (Feldman, 2000; Feldman and Pentland, 2003).

Moreover, routines can become the raw data for implementing further changes previously unforeseen and unplanned (Orlikowski, 1996; Tyre and Orlikowski, 1994). Under created momentum, routines become sources and means of innovation, a phenomenon not easily accounted for by momentum conceptualized as either inherent or malleable. Moreover, with overall dedicated support and attention to emergent opportunities and unintended consequences, managers are able to affect slow, subtle, smooth, and yet highly significant change (Orlikowski, 1996; Orlikowski and Hofman, 1997).

At the level of radical change, created momentum allows for managers to substantially reshape the organization. Managers are not simply bound to repeat the past, but are able to significantly shape the direction of the organization through more discontinuous means. Timing considerations noted by Jansen (2004) suggests that certain actions managers undertake in creating radical change will be more effective at certain times than others, but this literature gives no indication that managers are limited as to when they may affect radical change (cf. Gersick, 1994).

The metaphors undergirding created momentum and organizational change are twofold. One of these, Newtonian physics, has been well described above and only needs to be recapped. Change is accomplished by the exchange of energy from forces (often more than one, and not necessarily opposite to each other) acting on entities. Entities are assumed to be inertial; that is, without motion. Change only occurs when a force is

applied to the entity that causes it to move, increasing its velocity and setting it on a particular trajectory. Forces acting on an entity cause change by either giving up energy to the entity, thereby speeding it up, or absorbing energy from the entity, thereby slowing it down. Forces can also cause the entity to change direction or to maintain its direction.

The second, utilized by Dutton and Duncan (1987), is social construction. Social construction highlights the meaning making that takes place through interaction. "Alternative judgements of the meaning of an event are imposed, created and legitimated in a social context" (Dutton and Duncan, 1987: 280). Strategic issues, for example, do not appear to managers labelled as such; rather the significance of events is ascribed to those events through interpretive processes in the context of interaction between people, animate and inanimate things. In this way events become issues that managers must resolve in some way. Reality is socially constructed rather than given as is (Berger and Luckmann, 1967). Created momentum, then, is constructed through interpretive processes in social contexts. It is the product of meanings that organizational members, through interaction, attach to issues, concepts, and relationships. Dutton and Duncan (1987: 280) suggest, "the meanings formed in SID create the momentum for change through which forces for further adaptation are set into place." If top managers' effort and commitment for action generated in the interpretive process is low, incremental change will result. Conversely, if their effort and commitment generated is high, then radical change will be the result.

Significantly, created momentum is linked to both incremental and radical change. The work of both Dutton and Duncan (1987) and Jansen (2004) suggest that momentum created by a low level of energy is linked with incremental changes, while

momentum created by a high level of energy is linked with radical change. Momentum conceptualized in this way is in stark contrast to inherent and malleable momentum, which are both exclusively linked to incremental change and sharply dichotomized with radical change. As such the sequence of momentum/radical change/momentum/radical change and so on, central to the previous two conceptions of momentum, does not characterize created momentum.

Summary. Created momentum—conceptualized as the product of sense-making and subsequent commitment and actions taken by managers—represents a significant departure from the prevailing work on momentum in the organization studies literature. Created momentum is not an integral part of structures, processes, and behaviours; nor is it only partially shapeable. Rather created momentum is the product of dedicated managerial action. It allows for managers to be fully engaged in shaping their organizations in both incremental and radically novel ways. Thus, organizational change need no longer be conceptualized as an alternating sequence of momentum and radical change. Finally, theoretical and empirical work suggests that created momentum is cotemporaneous with and influenced by inherent momentum, as well as a number of other elements, which can cause created momentum to wax and wane.

Momentum and Time

The question of momentum's relationship to organizational change is also a question of time. Implicit in the discussion thus far are the temporalities—that is, for our purposes, the classic dimensions of past, present, and future—of the various types of momentum discerned in the literature. For example, inherent momentum suggests the persistence of the past. Malleable momentum is malleable by virtue of its service to a

future time-linked goal. Created momentum is an ongoing accomplishment, suggesting a link to the present while also being influenced by the past and the future.

Unfortunately, the temporalities associated with the three types of momentum have remained largely implicit in the literature. Perhaps the most attention has been given to the past, for example, in studies of path dependency (e.g. Boeker, 1989) and the life-cycle model (e.g. Kimberly and Bouchikhi, 1995; Amburgey, Kelly, and Barnett, 1993). The future has become a focus for attention in areas such as scenario planning and imaging the future (e.g. Anthony, Bennett, Maddox, Wheatley, 1993), but only recently has the future been examined on its own merits in terms of a dynamic flow that may be apprehended directly apart from sensemaking processes (e.g. Purser and Petranker, 2005). In contrast to the past and the future, however, the present has been virtually neglected altogether.

The lack of explicit attention to the present in particular has been detrimental on both a theoretical and practical level. Theoretically, it has contributed to the under-theorization and lack of empirical study of created momentum, which is linked to the present. Yet it is here in the present that the activity of change—that is, 'changing'—actually takes place. On a practical level, organizational change is frequently depicted as setting aside/leaving the past and moving to a future that is qualitatively different. In juxtaposing the past and future, however, the present becomes neglected, even negated; furthermore, the movement from the past to the future becomes nebulous. I have observed one manager, in describing the process of organizational change, masterfully depict this negation. In a presentation to other high level managers on how to accomplish change in the organization, this manager drew two cliffs, one labelled the past and the

other labelled the future, separated by a wide, bottomless chasm. While not labelled as such, it became obvious that the chasm represented the present in the continuum of time. Other managers were dismayed at this groundless present, and nervously joked about falling into the chasm if the change initiative was not achieved.

As well, the interrelationship among the three classic dimensions of time has also been largely ignored. Kimberly and Bouchikhi (1995) make the issue of the past and its relationship to the present and future more explicit in a study of organizational change and development by asking "how the past shapes the present and constrains the future." But the same attention has not been paid to the future and the present. In light of Gersick's (1994) work, we may extend Kimberly and Bouchikhi's (1995) inquiry to the future by paraphrasing the question as follows: how does the future negate the past and constrain the present? Applied to the present, on the basis of our delineation of created momentum, we can further paraphrase the question in this way: how is the present not determined, yet influenced, by the past and the future?

Making explicit the predominant temporal dimension of each type of momentum and its relationship to the other two classic dimensions of time further illuminates the relationship of momentum and organizational change. To do so I will explore the past, present, and future in relation to each type of momentum. I will also explore the impact of each temporal dimension on organizational change. In particular I highlight the key question each temporal dimension raises with regard to radical change. I also make explicit the impact on the temporal continuum with regard to radical change (see Table 2).

Table 2
The Temporal Foundations of Momentum

	Inherent	Malleable	Created
Temporal Focus	Past	Future	Present
Past	Constraining to the point of confining	Constraining, but breakable; past reinforced only until temporal milestone is reached	Constraining but not confining
Present	Constrained by past	Shaped by the future through deadlines and temporal milestones	The place where the influence of the past and the anticipation of the future come together with the interactions of people and objects in the present.
Future	Constrained by past, but future also emergent; emergent events are drawn into the past framework or are so great that they lead to radical change	Conditioned and emergent; emergent events may or may not be drawn into the past framework	Conditioned and emergent; emergent events are assessed through interpretive processes.
Key question in relation to radical change	How can momentum be broken? (assumes that once broken, it remains broken)		How can momentum be maintained and strengthened?
Temporality and the accomplishment of radical change	Temporality is broken. The past is strongly juxtaposed with the future.		Temporality is preserved, but from the foundation of the present.

Inherent Momentum and the Past

The past is the dominant temporal focus for the conceptualisation of momentum as inherent. Here, the past dominates the present and the future. By this I mean that the past emphasis or direction of organizational phenomena is replicated in the present and on into the future. The past is maintained, or at best, the orientation of the past is extended in ways that are incremental in nature (e.g. Amburgey and Miner, 1992). Miller and Friesen (1980) further broaden our understanding of the relationship of the past to the present and future. Not only does the past constrain the present actions taken by managers, but the past orientation also "feeds on itself" in the present, reinforcing that past orientation and direction as time passes. While the past dictates what to do in the present, consent to those dictates reinforces the maintenance of the past in the present and on into the future. In this way the past has a cumulative effect, which makes the influence of the past orientation and action of the organization very powerful. The result is that managers have little or no leeway for anything other than repeated action. From the perspective of inherent momentum, Kimberly and Bouchikhi's (1995) central and important question of how the past shapes the present and constrains the future is answered this way: the present and the future will look much like the past; the past is determinate of all that follows.

Given the strength and dominance of the past over the present and future, the central question of how radical organizational change is accomplished is 'how can momentum be broken?' From a temporal perspective this suggests that that the accomplishment of radical change involves breaking the temporal continuum by breaking from the past. On a practical level, Miller and Friesen (1980) suggest that this requires

managers to 'unlearn yesterday' and 'invent tomorrow.' There is a sharp break from the past as a new gestalt and associated momentum begins.

Malleable Momentum and the Future

The future is the dominant temporal focus for malleable momentum. Here the future dominates the past and the present. By this I mean that in focusing on the future, the past is negated and the present is brought into the service of the future. Malleable momentum conceptualizes the past as constraining, but, importantly, that the constraint of the past can also be broken, thus releasing managers to choose and follow new paths, strategies, or orientations. The tool that allows the break from the past is clock time, which establishes temporal pacing via the use of deadlines. The future goal pegged to a temporal milestone drives the action of the present, which becomes a reinforcement of the past only until the next temporal milestone, with its evaluation and potential for change, is reached. The momentum period between temporal milestones is, therefore, largely sustained by those temporal milestones; its duration is set, the intensity of the work is established, and its continued vigour is protected. The future itself is 'invented' or 'conditioned' (Purser and Petranker, 2005) in an attempt to make it predictable. However, emerging events—the unconditioned future—may cause the organization to change course in spite of future goals. Gersick (1994) suggests that this will be more likely if the event occurs near the time of a temporal milestone, since managers will be more susceptible to influence when a period of momentum comes to a close. From the perspective of malleable momentum, the answer to Kimberly and Bouchikhi's (1995) question of how the past shapes the present and constrains the future is this: the focus on

the future is able to break the power of the past and to utilize the present momentum of the organization for the service of the future goal.

From the above account, it becomes apparent that the accomplishment of radical organizational change is the same for malleable momentum as it is for inherent momentum: momentum must be broken. Again, temporally, breaking momentum means breaking from the past and establishing a new direction for the organization. The question of breaking momentum means dichotomizing the past and future in numerous ways (which sometimes includes even moral dichotomization—the past is bad while the future is good).

Created Momentum and the Present

The present is the dominant temporal focus of created momentum. Here the present is dominant over the past and the future. By this I mean that the present becomes the critical dimension for organizational activity and creativity; while influenced by the past and the future, it is not dominated nor determined by them.

Like the other characterizations of momentum, created momentum conceptualizes the past as constraining, but only to some extent. Dutton and Duncan's (1987) theoretical work provides some understanding of how this might occur. For example, the past constrains what managers perceive to be important strategic issues for the organization. Past successes, especially if they have been reinforced by subsequent success over time, exert significant pressure on managers to continue following the same path in spite of signals to the contrary from the environment. As managers engage in assessing the feasibility and urgency of a strategic issue, they seek to understand the issue by clothing it in familiar garb—that is, comparing the issue to past issues dealt with previously.

Furthermore, the belief structures and the culture of the organization, established over time, shape how managers think about new issues that they are facing, constraining them to see and to deal with them in particular ways. The past, then, produces some constraint over what is done in the present.

The future can also provide managers with impetus to act on issues in certain ways. Again using Dutton and Duncan (1987), they theorize that future looking scenario analyses can provide managers with a sense of what an issue may entail for the organization, giving them confidence that an issue can be dealt with. Deadlines associated with an issue can also shape a manager's perception: an immanent deadline increases the sense of urgency associated with an issue providing impetus for a manager to act quickly. Finally, the anticipated duration of the issue can again increase the sense of urgency of a strategic issue. If a particular event in the environment is expected to remain for a considerable time, managers will feel compelled to act.

The present then is somewhat constrained by the past, and partially shaped by the future, which is both knowable via invention through scenario analysis and goals, and unknowable in terms of indeterminate durations and emergent events. The present is also where managers interact with stakeholders within and outside the organization who can further shape their perceptions. Ultimately, the present is where emergent issues appear and must be contended with, utilizing the past for sensemaking, the future for possibilities as far as one is able to determine, and the present where all these aspects and others, such as negotiating individual perceptions, come together and the determination of the issue is accomplished. From the perspective of created momentum, the answer to Kimberly and Bouchikhi's (1995) question of how the past shapes the present and

constrains the future is this: the past and the future impact the interactions of people in the present, shaping but not determining their thinking, negotiating, decision-making, etc. such that innovation can be created and sustained even while being influenced in varying degrees by the past and future.

The literature suggests that for organizational change to take place attention must be given to both initiating and sustaining momentum for change in the present. It is evident, then, that the accomplishment of organizational change, both incremental and radical, from the perspective of the present raises a very different question than that raised by the past and the future. In fact it is quite the opposite: How can momentum be initiated and sustained? This process is highly contextual, multilevel, and dependent on the meanings given to emergent events, established structures and processes, and future goals and plans through an interpretive process involving cognition, emotion, negotiation, legitimation (Dutton and Duncan, 1987), and timing (Jansen, 2004). Temporally, the question of initiating and sustaining momentum is an activity located in the present that preserves the connection of the three dimensions of temporality, linking the past and future to the present where the process of meaning-making takes place.

Summary

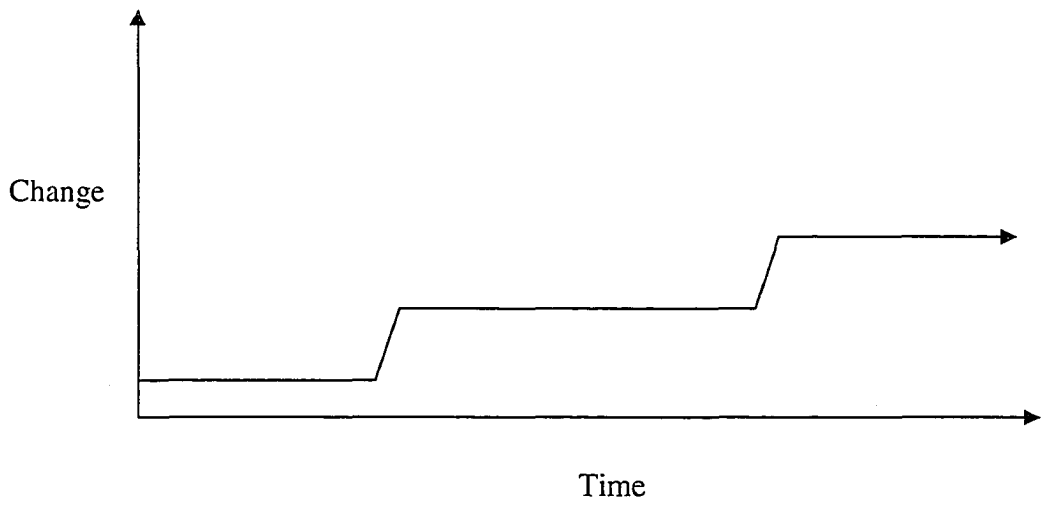
The three types of momentum I have discerned in the literature are grounded in three different temporal dimensions. Inherent momentum is grounded in the past, which powerfully shapes, even determines, all that follows; present and future are largely eschewed as important in their own right, being largely dominated by the past. Malleable momentum is grounded in the future through which the influence of the past is broken; here the future breaks the influence of the past and drives the activity of the present in the

service of the future goal. Created momentum is grounded in the present and maintains the links between the past, present, and future. In the present, the past and the future continue to exert influence on the present, but they do not do so deterministically. In the present, innovative change, both incremental and radical, can be achieved.

The Relationship of Momentum, Organizational Change, and Time

In the literature, since momentum in organizational phenomena is largely assumed for inherent and malleable momentum, it dictates the shape of organizational change and the temporality involved. For example, under inherent momentum, momentum leads to either no change or small incremental change (usually understood to be convergent within a particular orientation) in the organization. The organization experiences long periods of equilibrium until the disparity between the organization and its environment is so great that it forces the organization to change direction (radical

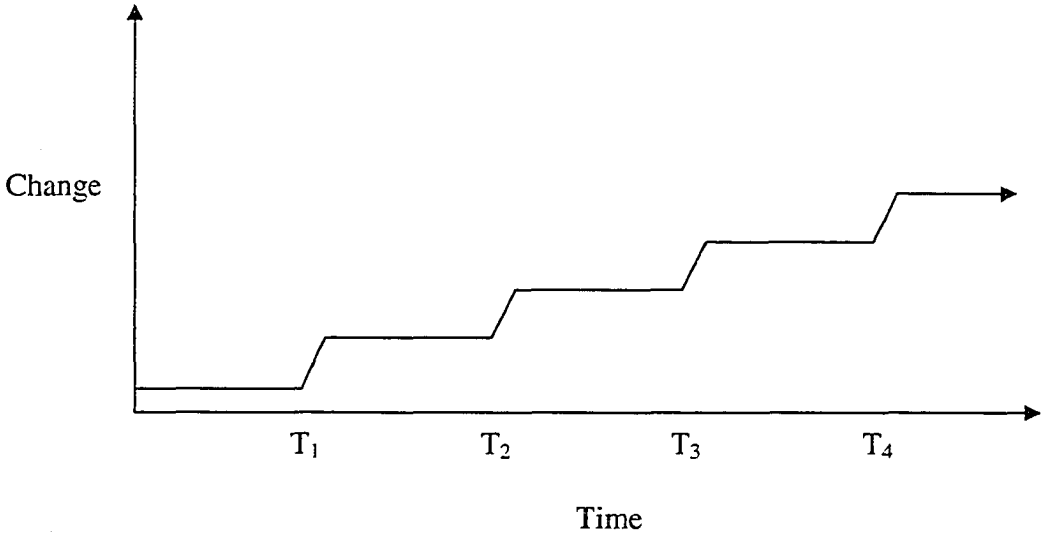
Figure 1
Inherent Momentum, Organizational Change, and Time



change). This is then followed by another long period of equilibrium until again the disparity is too great. The time periods between changes in direction are indeterminate, dependent on events that catalyze a radical change (see Figure 1). In this way, inherent momentum perpetuates the past into the present and future, until momentum is broken and radical change takes place. Because of the dominance of the past, history becomes important in terms of designating what is happening in the organization. A change thought to be a radical change by an outside observer may in fact be an incremental change if it is a repetition of a past change in the organization. When a radical change does take place, time is epochal in the sense that with each radical change the clock is reset with a new beginning (Amburgey, et al., 1993).

Under malleable momentum, momentum in organizational phenomena is again assumed, but now can be controlled to a degree through a time-linked goal that breaks the

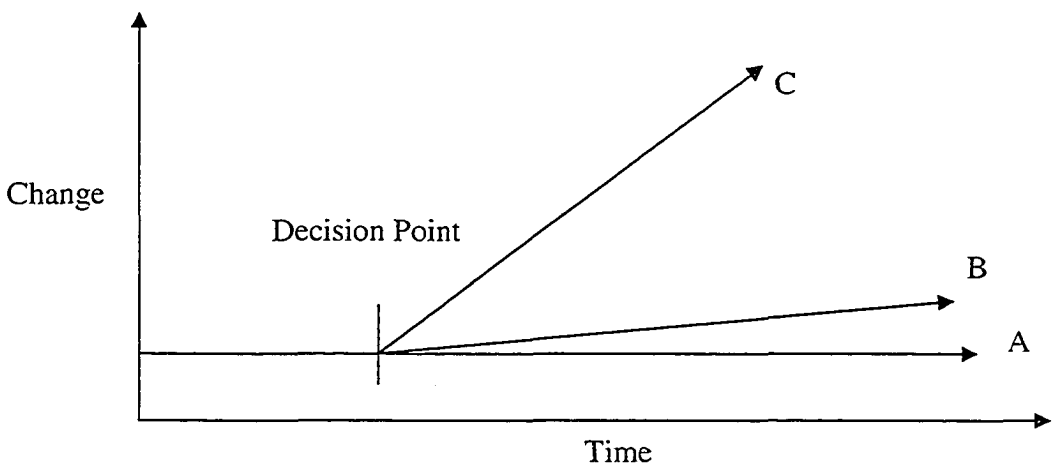
Figure 2
Malleable Momentum, Organizational Change, and Time



repetition of the past. This leads to the possibility of evenly spaced temporal intervals of momentum (equilibrium) and radical change (see Figure 2). However, here, unlike under inherent momentum, time is used as the catalyst for creating radical change (change in direction) and that this can happen in regular intervals (temporal milestones). That is, a particular point in time acts as a marker for the end of one 'era' and the beginning of another. In this sense we begin to see that time can have an effect on momentum, especially in limiting its periodicity.

Under created momentum, momentum is not assumed but rather brought into existence by the actions of managers. Momentum is always linked to change, whether incremental or radical; it is not linked to stasis. Organizational stasis is assumed until a

Figure 3
Created Momentum, Organizational Change, and Time



A = No change; B = Incremental change; C = Radical change

strategic issue is noticed and diagnosed, at which time one of three choices is made: no change when the issue is unimportant, incremental change when the issue is of some importance, and radical change when the issue is of great importance (see Figure 3). Once created, momentum shapes the kind of change that is undertaken, as well as the time linked with it. A low level of energy and commitment leads to an incremental change evolutionary in nature. A high level of energy and commitment leads to a radical change revolutionary in nature.

Summary

Through the examination of momentum in the organization studies literature I have discerned three types of momentum that can be differentiated on the basis of their conception of the extent of their existence and influence, the degree of managerial agency, and their relationship to organizational change. In addition, the three types of momentum are differentially related to the past, present, and future.

Of the three types of momentum, inherent momentum is the dominant form in the literature. The influence of the past is well acknowledged in the organization studies literature. Less well developed is the conceptualization of momentum as malleable. Researchers have begun to notice malleable momentum, as evidenced in Gersick's (1988, 1989, 1994) work for example. Others have also begun to note the impact of time on organizational adaptation (e.g. Tyre and Orlikowski, 1994; Staudenmayer, Tyre and Perlow, 2002). Previous work on deadlines, which recognizes the power of deadlines to focus attention and action, may be included here as well (e.g. McGrath and Rotchford, 1983; Waller, Conte, Gibson, and Carpenter, 2001). Largely missing in the literature, however, is work on created momentum. Dutton and Duncan (1987) begin to theorize

created momentum, and it has been tested in some preliminary ways by Ginsberg and Venkatraman (1992, 1995) and Jansen (2004). In addition, Brown and Eisenhardt (1997), who highlight a 'third way' of organizational change based on the present with links to the future, may be yet another study supporting this area. But beyond this, very little attention has been directed to created momentum. This may be the result of attention being paid to the more apparent influence of the past and the future, rather than the taken-for-granted present, with respect to how organizations change. Finally with regard to the relationship among momentum, organizational change and time, momentum is assumed and as such is the starting point that then determines the nature of the change in the organization and subsequently the temporality associated with that change.

CHAPTER 3: FRAMEWORK AND METHODOLOGY FOR EMPIRICAL INVESTIGATION

In addition to the preliminary typology relating momentum, organizational change, and time developed from the literature, this study draws on the experiences and perspectives of managers involved in implementing a significant organizational change. To date much of the research on momentum has been done using large quantitative data sets that miss the actual managerial experiences of momentum in change, though there have been important exceptions (e.g. Gersick, 1994; Brown and Eisenhardt, 1997). The design and method for giving voice to managers' experiences are described below. First I will enumerate the research questions for the study. Then I will outline the research design. This is followed by elaboration of the site for research, the data sources used for the study, the analysis of the data, and finally the issue of the trustworthiness of the study.

Research Questions

This study will seek to address the following research questions. First, on a broad level, what do managers say about their experiences of implementing a significant organizational change and how do they convey that? In other words:

> How do managers involved in implementing a significant organizational change narrate their experiences of that change?

I begin with this question, using the term 'significant' to characterize the change in order not to prejudge the change that managers are experiencing as incremental or radical, but rather to allow managers to characterize the change as they see appropriate. I also deliberately keep the question general so as to gain an overall sense of how managers are

experiencing and understanding the organizational change situation with which they are involved.

Second, because time is implicated in momentum and organizational change, it is important to understand how managers experience time in this change. Thus:

How do managers involved in implementing a significant organizational change narrate their experiences of time in that change?

Finally, I also want to know how managers experience momentum in this change. Initially I sought to learn how managers narrated their experiences of momentum in that change. Preliminary results demonstrated that managers readily used the common parlance of 'momentum', but only rarely used a conceptualization of momentum outside that common usage. This appears to be an artefact of the questions I used in the interview (see Appendix B). In order to move beyond the common parlance to the theoretical definitions used in the literature, I drew on the characteristics of each conceptualization of momentum found in the literature, which I could then apply to managers' articulated experiences of change and thereby discern the type of momentum they were experiencing in that change. Thus, the third question is:

What conceptualization of momentum best fits managers' narrated experiences of organizational change?

Research Design and Method

This study utilizes a qualitative research design for two critical reasons. First I am seeking to understand the experiences of managers involved in implementing a significant organizational change as described by them. Such experiences are not available through quantitative investigation. Second, the nature of this study is

exploratory. My goal is to generate insights concerning the relationship among momentum (as the term is variously used in the literature), organizational change, and time in order to inform and potentially reshape the typology discerned from the extant literature, and thus contribute to further theory development.

The specific research approach I used for the study is narrative analysis. The unit of analysis is the manager's story of change. I approached the task from a constructivist perspective (Boje, 2001). That is, ontologically, reality is understood as being both individually and socially constructed. Epistemologically, narratives are subjective accounts created by individuals and then reified as objective knowledge—narratives are acts of sensemaking, which in turn are acted upon (Weick, 1995). The method, broadly, then is to explore relative differences in narrative social construction (Boje, 2001)

Given the social constructionist approach, in analyzing personal narratives of organizational change, I did not seek to get at the 'real' story of change. I did not attempt to reconstruct the 'actual' events from the narrative interviews and archival data I have collected. Rather, I sought to disclose how people themselves experience the change process in which they are involved and the meanings they ascribe in that change process. The subjectivity of narratives is the reason they are valuable—they are rooted in time and place, express one's understanding of events, and form the basis on which further action is performed and negotiated (Riessman, 1993: 5; see Kimberly and Bouchikhi, 1995).

Narrative analysis is uniquely suited for this study for several reasons. First, because created momentum in particular is highly contextual, its examination requires access to managers' experiences and interactions in their everyday circumstances and activities as they go about implementing change. Narrative analysis does just this; it

allows the researcher to get close to the action of managers' everyday life. As Czarniawska (1998: 29) notes, narratives come very near to providing an everyday account of the phenomenon in question. Narratives by organization members provide the direct observation of organizational events and place them into the context of everyday enacted existence within the organization itself.

Furthermore, narratives provide access to crucial events that are invariably missed by researchers. As John Law (1994; cited in Czarniawska, 1998: 29) points out, "nothing ever happens right where and when the researcher is observing. All important events happen at some other time, other place. Although in the beginning the researchers tend to be taken by panic and try to chase 'the action', in time they learn that important events are made into such in accounts." Isabella (1990) supports this assertion when she points out that what is salient in an organization is that which the members consider salient. And what is salient often appears in members' narratives.

Second, narratives capture manager's sensemaking. Narratives are used ubiquitously to make sense of the world. "It is the primary scheme by means of which human existence is rendered meaningful" (Polkinghorne, 1988:11). Narratives get close to the action of managers' everyday life, but they do so in managers' own terms. In their narratives, managers convey not only what has been going on in their everyday circumstances, but they highlight what in those circumstances is important, why it is important, and how the pieces relate to one another. Through narratives, managers convey the meanings they attach to everyday events and to the actions and attitudes of the people they work with, how they relate to each other, and what all of this means for their future actions. Pentland's (1999: 717) comments are worth quoting at length:

> The significance of narrative data lies not just in their richness and near universal availability, but in the fact that they are the same kind of data that organizational members use to plan, enact, interpret, and evaluate their own actions and those of others. As Weick argues, 'Most organizational realities are based on narrative' (1995: 127). Thus, when we analyze narrative, we are starting with raw material that is central to the cognitive and cultural world of our subjects.

Narratives, however, do not only capture this data in terms of their content; the form of the narrative also conveys significant information. In narratives individuals use both the content and the form to convey their experiences. The content of the narrative is conveyed using various events available to an individual from their experience to construct the narrative—it is the 'what' that is included in the narrative. Attention to the form seeks to know the 'how'—how those events are used, how they are placed in relation to one another, and how are they viewed relative to others who use the same event(s). Riessman (1993: 2) makes the pertinent point that "[h]uman agency and imagination determine what gets included and excluded in narrativization, how events are plotted, and what they are supposed to mean." Thus, both form and content must be attended to since they work together hand in hand. Just as a set of footsteps in sand can demonstrate the gait of the person who made the footsteps, the footsteps as they appear and their gait are not separate. That is, the gait did not make the footsteps nor the footsteps the gait; rather the two together provided the result which we are then able to analyse into component parts (Ingold, 2000).

Finally, narratives uniquely capture time, since in their barest form they are both "pure event sequences" (Pentland, 1999: 713) and "talk organized around consequential events" (Riessman, 1993:3). This is important for this study since momentum and organizational change are temporal phenomena. As pure event sequences, narratives often capture time in the form of a linear sequential chronology flowing from the past

through the present and into the future. Chronologies as narrated by managers capture how their experiences relate to one another over time. As talk organized around consequential events, narratives can capture time in terms of highlighting those events that demarcate a new era or that call for decisive action and have far-reaching consequences. Significant events are those chosen by managers, and which form the basis for the shape of the narrative and the connections between the elements (its plot). Thus, as managers convey the consequential events of their experiences of change, they shape the chronology itself—what was important in the past for what is happening in the present and why, and then how all of this relates to an imagined, hoped for, planned or unknown future.

Narrative analysis also poses some limitations, as does any research method. First, it is not amenable to large data sets since analysis is meticulous and slow as researchers attempt to discern patterns from the high level of detail produced in narratives and from the particularistic responses and nuances of the language constituting narrative. Typically, then, using narrative analysis limits the researcher to single case studies in which close attention is paid to narrative content and form. This limits generalizability, an important ultimate goal for research. In this research, however, I am seeking to develop conceptual generalizability based on a more grounded typology of momentum, organizational change, and time.

Another limitation develops from the phenomenological links to narrative analysis, namely, that while narrative provides windows into actors' experiences and articulated meanings, it does not provide access beyond their experience or awareness. Even comparison across several narratives, while useful for identifying what is missing in

any single account, may not reveal other important issues that do not appear in any single narrative. Thus, while managers' narratives are highly specific and contextual, and are useful for that reason, they do not provide access to information outside the scope of specific managers' experience that may still be important for shaping the situation. While some of this limitation may be ameliorated by utilizing a larger sample, narrative analysis does not lend itself well to large data sets, as noted in the first limitation. Better may be the combination of narrative analysis with ethnography. In this research, I stop short of ethnography, but do bring in alternative data sources to partially address this limitation..

Third, since narratives provide holistic and multilevel accounts of phenomena, it may be more difficult to discern the links between various elements of interest. That is, concepts may become conflated and relationships among various elements muddled, and at times these may not be amenable to further clarity within narrative analysis. It is possible that additional clarity may be gained only with additional studies utilizing different methods (e.g. Gersick, 1988, 1989, where the initial field study was followed with a controlled laboratory study to clarify and further substantiate what was observed in the field). To the extent that this study as it stands is a single study, some issues that arise may not be amenable to full clarification until a follow-up study is undertaken.

Research Site

My study is part of a larger research program investigating organizational change in the Alberta health care system. The general site for my research is the delivery of continuing care in one Regional Health Authority in Alberta. This site is appropriate for my study since it provides a case of managers engaged in implementing a significant

organizational change. At the provincial level, the overall delivery of health care in Alberta has been undergoing considerable turmoil. In 1994 the government of Alberta implemented a change in the delivery of health care that saw the dissolution of approximately 200 hospital and health boards and in its place the creation of 17 regional health authorities. These regional health authorities (RHAs) were charged with overseeing the delivery of all health care within their borders. In creating this structure, the government sought to realize administrative savings, but more importantly they also sought to develop a more integrated seamless delivery of health care (see Table 3 for how the government's actions at that time were understood by ZRHA).

Table 3
Paradigm Shift in Health Care Articulated by ZRHA Board, 1994

Moving From	Moving Towards
System which is institutional-focused	System which is community focused
Activity/process focused	Focused on outcomes/results
Fragmented approach to services and programs and sectors	Integrated, services and programs and sectors work together and cooperate
Professional/scope of practice approach to delivering services	Trained, competent least cost provider approach to delivering services
Unilateral system decisions	Community participation in decisions
Advocacy – basis to priority setting	Information, evidence basis to decisions, priority setting
Expert has information and decides	Individual has information for informed decisions and accountability for choice

Source: ZRHA 1994 Business Plan, p. 7.

The administrative integration of all health care delivery within the regions provided a beginning point for service integration. This was especially important for the delivery of what was once known as long-term care. Facility-based long-term care had been the norm for seniors for many years, but with growing costs, an aging population, and the coming advent of the baby boomers, a new approach was proposed. Long-term care was to become continuing care. The shift in wording was important because it signalled a shift from largely facility-based care to the integration of care for seniors while they still resided in their homes through to the constant care they might require at a long-term care facility. Thus continuing care represents a 'continuum of care' that seeks to integrate home care, local community supports, community health, supportive housing, and facility-based care. The nature of these changes provides an excellent context in which to observe the relationship between momentum, organizational change, and time as experienced by managers.

The specific site for my study is ZRHA, a rural health region and originally one of a total of 17 in the province of Alberta created when health care delivery was restructured. This particular health authority is a partner with the larger research project on studying organizational change in health care alluded to above. Access to managers at all levels in this region was available through the partnership established in 2000.

At the time of this research in 2002, ZRHA served approximately 104,000 residents spread over an area of 38,000 km^2. Demographically, the region consists of 2 small cities, and approximately 34 towns and villages and 34 hamlets. Overall, ZRHA has a population over 65 years of age that is 14.4% of the total population, which is higher than the provincial average of about 9.8%. Of those, 50% are over 75 years of

age. The population of elderly in the major city of the region of 15,000 is 16%, and this is expected to grow as the city promotes itself as a retirement community. However, in the smaller communities and hamlets, the elderly comprise 25%, 45% and even 65% of the population. This too is expected to grow as elderly farm families retire and move to nearby larger, yet rural, communities.

Thus, ZRHA has identified the demographics of the region as an important impetus for implementing the change in continuing care. ZRHA has aggressively pursued change in continuing care built on the recommendations in Healthy Aging: New Directions for Care (Alberta Health and Wellness, 1999; also known as the Broda Report), the government report that provided the impetus for the model of changing long term care to continuing care. The Region's leadership in this area and the strength of their commitment to implement changes in continuing care further contributes to the value of ZRHA as the specific site for studying the relationship of momentum, organizational change, and time since the change is a highly salient issue for them and central to their ongoing agenda.

Data Sources

Several data sources were used for this study, including semi-structured interviews, observational data, and archival documents (see Table 4). Primary data include 21 narrative interviews and archival material in the form of government documents and ZRHA documents associated with meeting observation data. I conducted narrative interviews of 21 managers directly involved in the implementation of continuing care; all managers interviewed work within the one health region, ZRHA, described above. Seventeen of the managers interviewed are directly employed by the

Table 4
Data Sources

Type of Data	Description
Semi-structured Interviews	• 21 narrative interviews at all levels of the organization and in all 3 streams of continuing care (collected in Summer, 2002) • 3 interviews of Strategic Team members; each member was a team leader responsible for a different aspect of the implementation of change in continuing care: culture change in LTC facilities, communication of the new vision, and housing (new supportive housing and renovations of existing facilities to support the new vision) (collected in Spring, 2001) • Additional joint interview with CEO and COO (collected in Spring 2004)
Observational	• Meeting Observations: a. Three consecutive meetings of the Strategic Team responsible for implementing continuing care change in the RHA. (Phase 1), Feb – Mar, 2001 b. Community meeting delineating the vision of continuing care for community leaders, March 2001 c. Eden Alternative meeting—presentation of the EA philosophy to RHA Board and mgmt, Feb 2001 • Tour of new continuing care facility in Small City, June 2004 • Continuing Care Best Practices Conference, June 2004
Archival	• Govt Reports of the change in continuing care: a. Long Term Care Review: Fact Sheet (1999) b. Healthy Aging: New Directions for Care (1999; also known as the Broda Report, a core government document for mandating change in continuing care) c. Long Term Care Policy Advisory Committee Final Report: Questionnaire on Final Report (1999) d. Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta (2000) e. Alberta For All Ages: Directions for the Future (2000) f. Strategic Directions in Healthy Aging and Continuing Care in Alberta: Alzheimer Disease and Other Dementias (2002) g. Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002-2012 (2002) h. Tracking Progress: a Progress Report on Continuing Care Reform in Alberta (2002) • Govt press releases on continuing care 1995-2002 • RHA Business Plans and Annual Reports, 1994-2002 • RHA Plan to Plan, and Plan for Implementation of Broda Report

Table 5
Administrative Positions of Managers Interviewed

	Position	Type of Care
1.	Continuing Care Coordinator – Health Centre in a small town	Facility-based
2.	Director, Health Services – Voluntary Organization	Facility-based and Supportive housing
3.	Health Services Director for an Integrated Area and Coordinated Access Team Leader	Primarily Home Care and supportive housing across the region, but also all three streams of care in the Integrated Area
4.	(Acting) Placement Coordinator	Home care
5.	Community Health Coordinator	Home care and Supportive housing
6.	Director, Housing & Community Services – Voluntary Organization	Supportive housing and Facility- based care
7.	Home Care Nurse – Community Health Services in a small town Home Care Nurse for Supportive Housing in another small town	Home care and supportive housing
8.	Community Health Coordinator in a small town and Coordinated Access Team Member	Home care and supportive housing
9.	Manager of Supportive Housing in a small town; Foundation Member of a non-profit Foundation partnering with ZRHA	Supportive housing
10.	Administrator – Private for-profit company partnering with ZRHA	Facility-based
11.	Health Centre Coordinator – Health Centre in a small town	Facility-based
12.	Health Centre Coordinator – Health Centre in a small town	Facility-based and supportive housing
13.	Director of Development	Responsible for integrating the three care streams across the region
14.	Chief Corporate Services Officer	Responsible for developing supportive housing across the region
15.	President and CEO	Oversight of implementation of continuing care in the Region
16.	Vice President Health Services	Responsible for the delivery of care in all three care streams across the region

17.	Team Leader – Small City	Home care and supportive housing
18.	Community Health Coordinator in a small town	Home care and supportive housing
19.	Community Health Coordinator serving two small towns	Home care and supportive housing
20.	Community Care Leader	Responsible for Home care across the region
21.	Health Services Director for an Integrated Area and Continuing Care Culture Team Leader	Responsible for facility-based care across the region, and involved in supportive housing across the region as well as all three streams in Integrated Area

regional health authority. The other four managers represent three types of organizations that are partnering with the regional health authority in providing the delivery of continuing care to the people of the region: a not-for-profit voluntary organization (2 managers), a non-profit foundation (1 manager), and a for-profit private organization (1 manager). Together, the twenty-one managers represent all three streams of care that constitute continuing care; that is, home-living, supportive living, and facility-based. The home living and supportive living streams collectively fall within the community care stream, in which 18 managers are involved; the facility-based stream involves 9 managers (some managers are involved in more than one care stream; see Table 5 for further details of managers' titles and areas of involvement).

The archival data I used are important for portraying the change in continuing care from the perspective of the Government of Alberta, as well as providing the context of managers' experiences of implementing change. Narratives are not autonomous of the larger social context in which they are produced (Riessman, 1993; O'Connor, 2000). The dominant themes and assumptions held in the larger context within which managers

experience change shape managers' experiences of change, and will be conveyed in their narratives in various ways, including omission. Thus the larger context is important for interpretation of managers' experiences of change.

The archival data pertain to the Government of Alberta and to ZRHA. ZRHA's archival documents provide additional contextual information for the narrative interviews as well as concrete examples of actions described in some of the stories of change. ZRHA's archival documents consist of documents from various meetings I observed, annual reports, and business plans. These last two data sources are available every year beginning in 1994, the year in which the government of Alberta began to implement regionalization of health care delivery, thus creating ZRHA.

For the purposes of this study, I conceptualized the Government of Alberta as a public actor who also communicated its experiences of change concerning continuing care, albeit in an official, public manner. The government's story of change may be discerned in their own words from their archival data. Two sources of data are important for my purposes. First, government documents concerning the change in continuing care are available. These include Healthy Aging: New Directions for Care (1999; also known as the Broda Report), which is the central document on which the mandated change in continuing care is based; Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta (2000) which outlines the nine recommendations from the Broda Report to be implemented by the Regions; Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002-2012 (2002); and Tracking Progress: a Progress Report on Continuing Care Reform in Alberta (2002). Second, official government press releases also provide the public face of the government concerning the changes in

continuing care. I collected all government press releases pertaining to continuing care from 1995 – 2002.

Supporting data for this study include meeting observations and attendant archival documents, additional interviews, a tour of a new continuing care facility in the health region, and finally attendance at the Continuing Care Best Practices Conference (June, 2004). Meeting observations include three consecutive meetings of the Strategic Team responsible for implementing continuing care change in the RHA. The period of these meetings (February – April, 2001) is described in my narrative interviews as part of the dysfunctional phase of this implementation team. These data broaden the insight into the stories of several managers I interviewed and expand their voices. They also provide examples of both joint and individual sensemaking of the change to be implemented.

Another meeting I observed was a community meeting delineating the vision of continuing care for community leaders by members of the ZRHA executive. These data contextualize, and provide examples of, several issues that appear in a number of my primary interviews. Finally I also observed an Eden Alternative meeting. This was a presentation of the Eden Alternative philosophy—that is, a social model of care for the elderly—to the ZRHA Board and management. This presentation was a key part of supporting culture change in continuing care, and it continues to be referenced in meetings up to the present. Here I gained insight into board members voices, staff voices, the core of the philosophy and how to implement it. These data point to issues that assist in moving the initiative along and what hinders it. They also highlight the direction of ZRHA toward the social model of care.

In addition to the 21 primary interviews, I interviewed three Strategic Team members, from March to April 2001, who were also sub-team leaders responsible for implementing the changes in continuing care. Their respective responsibilities were (1) culture change in long term care facilities, (2) communication of the new vision, and (3) housing (new supportive housing as well as renovations of existing facilities to support the new vision). These interviews provided confirmation of the analysis of the 21 narrative interviews in that they captured managers' sensemaking of the change in continuing care at an earlier period. They also provide additional context for the stories of change described in my primary data. I also participated in a recent (June, 2004) interview with the CEO and the COO focused on the old and new ways of delivering continuing care. These data fill out further my own interviews with both of these key managers.

Third, I participated in a tour of a new continuing care facility in ZRHA. This provided observational data on the physical environment of the new conception of continuing care as well as on the interactions between residents and staff. These data supply an additional perspective on claims made by various interviewees.

Finally, I attended in June, 2004 the Continuing Care Best Practices Conference in Edmonton, Alberta. This conference places the interview data in the broader context of changes in continuing care around the province. I was also able to hold informal discussions with three people who are included in my primary interviews as well as Mr. Dave Broda, the MLA responsible for the Broda Report. These data, which follow my primary data by two years, provide further insight into the development of the implementation of change since the original interviews took place.

Sample for the Narrative Interviews

A number of criteria were important for gathering the narrative interviews. First, I sought narrative interviews from managers who are directly involved in some way with the implementation of the changes in continuing care. Involvement was deemed important for gathering first-hand knowledge of the changes in continuing care. Second, since continuing care is a 'continuum of care' from the home, through supportive housing, and finally to facility based care, it was important to interview managers involved in each of these streams of care. The change from long-term care to continuing care requires the integration of a number of health disciplines, so it was deemed important to gather perspectives in each of the streams of care comprising continuing care. Third, the delivery of continuing care in ZRHA consists not only of ZRHA employees, but also employees of voluntary organizations and for-profit organizations which partner with ZRHA in the provision of continuing care. Thus it was important to also interview employees from partner organizations. In the 21 narrative interviews collected these three criteria were met (see Table 5 above for the list of managers' titles and involvement in continuing care; those belonging to partner organizations are indicated as such with their title).

The people I interviewed were identified by a key manager who was also involved in the implementation of change in continuing care. I was referred to this manager through our research liaison in ZRHA. I met with this manager for approximately 2.5 hours during which time I described the research project and the kind of people I was looking for (at all levels of the organization, involved first-hand in the changes, and people in all three streams of continuing care, i.e. home living, supportive

living, and facility-based). After some discussion and deliberation, she supplied me with 21 names, all of whom I contacted by telephone following a cover email from corporate office which let them know I would contact them, and all agreed to participate in an interview. I prepared a research information sheet for each one, briefly outlining the study and the procedure for the interview, as well as their rights and my responsibilities in collecting the data (see Appendix A for the research information sheet and the individual consent form). The interviews were conducted from August 8 – September 6, 2002 in each person's place of work during their normal working hours (approved by the top management team). In particular I sought to create an atmosphere and interaction that validated them and encouraged them to tell their story of implementing change, following the guidance provided by Riessman (1993) regarding the collection of narratives (see Data Analysis, below, for details). I used the interview guide described in Appendix B.

Data Analysis

Gathering the primary interview data.

Riessman (1993: 8-15) makes the pertinent observation that at every step in the research process using narrative analysis decisions are made which affect the representation of the data and hence the conclusions that are reached. She highlights at least five levels where representational issues are important: attending to primary experience, then telling that experience, transcribing what is told, analyzing the transcript, and finally the act of writing the final text which includes taking into consideration its readers (e.g. reviewers, audience). As a researcher, I became actively involved at the second stage through to the fifth. Each of these stages, then, demands

decisions of how I gather and represent the data. Two areas particularly important for the collection of narrative data are telling about experience and transcribing experience.

I made a number of decisions to elicit the stories of change from managers. Narratives are produced in relation to a setting and to the person eliciting the narrative. Different settings, different people, and different developments of the relationship between researcher and respondent all contribute to producing differing narrative accounts. Thus I chose to meet with each respondent individually in the context of his or her own workplaces. Through the use of a research information sheet I underscored the voluntary nature and confidentiality of the interview, so that the respondent could feel free to discuss or not, and to share what he/she really thought about the changes going on in continuing care. When meeting with the respondent, I also encouraged them to tell me their story of the implementation of change in continuing care and to frame those stories as they understood them. They were encouraged to frame the story in whatever way seemed appropriate to them, rather than attempting to conform to some conception of the 'official' story of change. Finally, I also sought to convey a sense of valuing who they were and the story they had to tell which I hoped would help them to share their stories freely. I felt a sense of guarded conversation on only one occasion. The questions were open ended, thereby encouraging narrativization, and in the course of the interview, I sought, as much as possible, to 'get out of the way' of the person telling the story so that the resulting story would reflect their own construction of the narrative rather than be a response to my continual shaping of what was being told.

In gathering stories of change, I tape recorded each one where I was given permission. When permission was not given, I manually recorded the interview, taking

detailed notes, and then typed my notes as soon as possible in order to capture as much of the interview as could be retrieved from notes and memory. Taped interviews were transcribed verbatim, but the level of detail needed required additional reworking of the transcript. Given that narratives are constructed in interaction, I sought to capture on paper how people told their stories, revealing how the narrative was constructed in relation to my presence and my questions/probings. Wanting to have a full sense of respondents' telling, including emotions surrounding the process of change, I included the following in the transcripts: pauses, differentiated as short (< 2 seconds; 'p') and long (2 seconds and greater; 'P'); the emphasis the teller placed on words (underline); unfinished sentences (...); um's and ah's and other such verbal fillers; emotions expressed (e.g. laughter, sighing); repetitions of words; and any interruptions. These features of speech can carry additional meaning that would otherwise be lost. While this makes the transcripts somewhat more difficult to read, it better reflects the interaction creating the interview data that is captured on tape. It also better captures the reality that the narratives are verbal, on the spot constructions, and thus better represents them as oral creations rather than polished written communications. The transcribed interviews yielded approximately 300 single-spaced pages of text for analysis.

Analyzing and interpreting the narrative interviews.

The analysis of the interviews included two key foci: the form and the content of the narrative. In approaching the narrative data I followed Riessman's (1993) suggestion to practice "analytic induction." This requires, first, considerable time scrutinizing the rough data across a number of interviews to allow a focus for analysis to emerge. I began with the narrative's structure in order to "start from the inside" and attend to the

meanings "encoded in the form of talk" (Riessman, 1993: 61). Listening to the tapes also reinforced the tone and emotion associated with each interview—the how of what was said as well as the what. This became so ingrained that I could hear their voices as I later read and re-read the transcripts, giving additional strength to the interpretations of what I was seeing in each one. Through this process I became very familiar with each interview and was able to identify salient themes.

It is important to note that I became quite impatient with the progress of analysis. Re-transcription had proven to take longer than I had anticipated. This impatience created an impetus to jump to conclusions about what I was seeing in the data. Here conversations with experienced researchers assisted me in holding that impulse at bay, and to remain patient in the analytic process (this occurred more than just at this point).

Having become immersed in the data, I initially assumed that demographics would be important. It was also an easy way to begin analysis. I created a spreadsheet of demographic data. I also created a table outlining the basic story of change in each interview, and organized these in the order of when they were interviewed, by care stream, and by functional area. Then I began to look for what was surprising and/or interesting in each narrative interview. I taped these to the office wall according to level in the organization and in terms of who reported to whom. In doing this, I noticed that members of the same functional areas (for example, managers of facilities) did not have the same concerns, though certainly there was some overlap. For example, while all facility managers were faced with the same pressure from ZRHA to meet the budget, for one it was a nuisance, for another it was a large distraction, and for yet another it was not an issue because it had been superseded by other more important concerns. Also,

managers within the same functional area did not tell the same story in every case. For example, facility managers told a story of no change, another of potential change, and a third of difficult but definite progress. Thus, the stories of implementing the government mandated organizational change differed even within the functions.

Attempting to understand these observations led me to the work of Gee (1999) who takes an oral approach to the analysis of interview data as constructed in interaction with the interviewer. I used his poetic method of line, stanza, and strophe to undertake an indepth structural analysis of two interviews that seemed especially salient from the earlier immersion into the data. Gee's method allows a researcher to begin with the smallest spurt of oral speech, or lines, which is one core idea typically contained in a clause. Often these will be slightly shorter—phrases or even single words broken up by pauses when a speaker is beginning or ending a set of ideas. These spurts or lines tend to be grouped into a larger unit that conveys a single larger block of communication. This structure Gee calls stanzas. Then further, stanzas may group together to convey an even larger single block of communication, called strophes. Occasionally I also came across even more macro structures similar to Labov's features of narrative (described in Riessman, 1993). Using this schema, I was able to make visible the structure of the interviews, which assisted me in understanding the 'how' of the telling (see Appendix C for an extended example of one interview).

I then returned to the content to better understand what was being said in light of the way it was being said. Initially I brainstormed a 'wild and woolly array of categories' to try to see if the content across the interviews coalesced at all. What seemed most satisfying in the end was each managers' characterization of the change process. To

develop a fuller understanding of what was being said in the interviews, I again drew on Gee (1999), in particular his notion of "social world". This analytic tool enabled me to discern how people in this study built different worlds of change in their experience of that change.

Gee approaches oral text from a discourse analysis perspective. He suggests that in telling stories, including narrative interviews (or for that matter, whenever someone speaks or writes), the teller engages in building six areas of 'reality' (1999:12, 86):

- semiotics building (what and how different symbol systems and different forms of knowledge 'count')
- the material world building (the meaning and value of aspects of the material world)
- activities building (what activities are being engaged in and of what specific actions are they composed)
- sociocultural-situated identity and relationship building (what identities and relationships are relevant along with associated attitudes, values, emotions, etc)
- political building (distribution of social goods)
- connection building (between things and across time)

Together the six building tasks delineate the social world in which the teller lives; that is, through his/her speech, the teller delineates his/her social world, making certain aspects relevant while making others irrelevant. What we see, then, in the interviews is not their world 'as it is' but the world of the teller as it has meaning for the teller at the time of the interview. It is an exercise in sensemaking—revealing their understanding of the world around them and how they view their place within that world.

This analytic turn was critically important for me in developing my understanding of the data. The literature I used as a guide for narrative analysis often focused narrowly on personal identity. That narrow focus almost inexorably drew me to the issue of personal identity as I worked the narrative interviews, and early in the analysis I assumed that the final conclusions would heavily involve personal identity. Yet that did not seem to adequately capture what was going on. There was more than personal identity going on in the data. Not wanting that to eventually dominate the data, I had to find some way to move to a larger social world of understanding. Gee's approach did just this. Without negating the personal level, his 'world-building' tasks elevated the analysis to broader level, allowing me to see not only a bunch of individual managers but managers cohering in their experiencing of change in their health region. Moreover I was able to develop a more sophisticated rendering of the way managers characterized the change process.

Having completed lengthy and detailed analysis of two interviews, I proceeded to analyze the remainder in a less detailed fashion. Because the two detailed analyses had honed my attention, I was able to work through the remaining interviews more quickly while still identifying salient features of both form and content. On the basis of this work I then sought to discern whether any patterns of narrativizing existed among the interviews. Rather than using theoretical categories, I decided to honour the voices of the managers themselves in their tellings of their stories of change. As I re-examined the stories, I developed a tentative list of possible 'worlds of organizational change'. Two categories were immediately evident and reaffirmed earlier categories that seemed appropriate: stories of massive change and stories of no change. A large number of other interviews, however, seemed to fall in between. Initially I listed these under several

headings, but this tact seemed to dissect the data too fine, leading to non-substantial differences and threatening a return to individual identity. After further analysis and reflection, I eventually grouped the in-between interviews into one category I labelled 'unstable change' in which change seemed to be happening in fits and starts.

Still, the stories within each of the three categories did not fully coalesce. To make sense of this, I began to force theoretical concepts onto the data. While easy, it did not honor the respondents' own sensemaking and what they were trying to achieve in the interview. Recognizing this, I returned to Riessman (1993) for inspiration. Initially I began with what Riessman calls the 'teller's problem.' That is, tellers try to persuade the listener that they were justified in the actions they have taken (Riessman, 1990: 116-119). Thus with my data, it meant informants were trying to persuade me that how they saw the change was truly justified. I saw from this approach that each informant talked about the change process with reference either to themselves or to the government. This, together with the type of change experienced, created six 'worlds of change.' Analyzing the data within and across categories further confirmed a useful demarcation of the interviews.

At this point I began to think about incorporating how managers narrated their experience of time. I realized that not only does narrative capture time in terms of how the story is plotted, but also that the teller's problem was linked with how narrators plotted their stories. Thus, I turned my attention to the plotline as a way of solidifying my analytic categories. In doing so, I realized that two of the original six worlds actually reflected much of the same plotline (with some variation). I collapsed these two together, creating 5 worlds of organizational change. Thus, the additional dimension of plotline together with the stories of change allowed me to create the typology of 'managers'

worlds of organizational change.' The three stories of change and the plotlines that emerged created five distinct 'worlds.' I created composite portraits of each world from its members, thereby identifying the general story of change for each world and the contours of that story.

Analyzing and interpreting archival data

Government of Alberta Press Releases (1995-2004) and Alberta Health and Wellness reports on long term care (various reports from 1999-2002), comprising approximately 590 pages of data, were analyzed to identify the government's 'story' of the implementation of continuing care, with particular focus on their story of change. I first gathered those documents that the government itself had identified as key to its position on the changes in continuing care. Second, I used their words wherever possible as well as their introductions and summaries to get a sense of what the government felt was important to portray and how to portray it. I worked through the data in a chronological manner, getting a sense of the development of the changes in continuing care while highlighting in particular what the government identified as important developments in the process of initiating and implementing change in continuing care. The archival government data was used to tell the government story of change, which was the primary objective of using this data. As an additional benefit, however, the government story also provides further understanding of the context of implementing change in continuing care by managers in ZRHA, and allows for comparison between ZRHA's managers' stories and the government's story of change.

I analyzed the archival data following the analysis and interpretive work of the narrative interviews. I did not know what to expect of the archival data with regard to the

five worlds of organizational change discerned in the narrative data, and had no preconceived notion of what the data might suggest (e.g. would the data fit one of the five worlds or would it reveal yet another world of change). As I systematically worked through the government data, I found that its story mirrored one of the five worlds I uncovered in the narrative data, which gave me greater confidence in the results from the narrative data analysis.

Trustworthiness

In approaching this research from a constructionist perspective, the issues of validation are not the same as those under realist assumptions. Rather it is important to ensure "trustworthiness" (Riessman, 1993: 65). Similarly for Golden-Biddle and Locke (1993), the issue in interpretive analytic work is to ensure that the account and conclusions are authentic and plausible. Authenticity concerns the extent to which the researcher understands and depicts the vitality of the members' world. Plausibility concerns whether the researcher's depiction makes sense to others – both those in the field and those in the researcher's own community.

For my study, Golden-Biddle and Locke's (1993) criterion of authenticity is partially addressed in that I conducted my narrative interviews in each respondent's place of work. On a number of occasions I was also given a tour of the facility in which their offices were located. I also witnessed interactions between the respondent and their colleagues and, in some cases their clients. Being on site for each interview provided me with a better sense of the context of each manager's work of implementing change. Furthermore, I had previously attended several meetings involving key respondents in my study, giving me a better sense of their organizational milieu. This personal experience

in the field assisted me in contextualizing managers' narrative interviews and depicting their worlds.

Authenticity is also partially addressed in this study via disciplined collection and analysis of the data. In addition to the sample, detailed above, I began data analysis in concert with data collection. This helped me to hone the prompts following the central questions, and made me more attentive to the content of each interview as it was being produced. This also provided a further check that I had arrived at a sample that provided an adequately broad range of responses to the change being undertaken in continuing care. I also began to generate possible theoretical conceptions of change for the data I was gathering. This helped me to think beyond the usual theoretical concepts of change since they did not readily delineate what I was seeing in the data. Thinking theoretically means moving iteratively between theory and data. While initially experiencing difficulty moving between them, as the early intense engagement with the data drew to a close (described above), I was able to move with greater ease between the theory and the data. This allowed me to work the theory and data in such a way as to inform each other rather than either dominating the other. Another strategy for developing authenticity was prolonged engagement. I entered the general research of change in health care in the summer of 2000. I entered the specific site of the research reported here in Spring, 2001. My last direct contact with key informants was June, 2004. In addition, I also had the benefit of continued contact of the research team with key informants in my research. Altogether, contact with the field covered over three years.

There are other aspects of disciplined collection and analysis of the data that enhance authenticity for this research. Above I provided pertinent information

concerning data collection, including the decisions made for gathering the data. In analyzing the data, authenticity is gained by being highly attentive to the data, and by describing in detail the process of analysis as I have done above. Furthermore, authenticity through transparency is augmented with the inclusion in the appendices of materials used to gather data, as well as a specific example of detailed analysis. Finally, the data is displayed in such a way as to invite others to engage in close analysis (Riessman, 1990: 230). The lengthy quotes make more, rather than less, visible the decisions taken to arrive at the conclusions reached, which allows others to examine the data and the interpretations, and to make judgements as to their authenticity.

Golden-Biddle and Locke's (1993) criterion of plausibility is substantiated in part by the team of researchers participating in the larger research program of which I am a part. The situation of being part of a research team that has been deeply involved in examining change in health care delivery in Alberta for at least 5 years has provided a source for challenging and substantiating the interpretations and conclusions reached as described earlier. I was able to engage in peer review, or what Patton (2002) refers to as triangulation of multiple analysts. This came primarily in the form of frequent and in-depth discussions with my supervisor, during which time I shared data displays, present ongoing theoretical development, frustrations when the data did not seem to make sense, possible roads forward in getting 'unstuck', and tentative analyses developed from what appeared to be cohering of the data. The quality of these encounters immensely improved this research. Though less extensive, I also shared insights and tentative conclusions with other researchers in the team. The plausibility of this study has also

been tested by scrutiny of the larger research community, especially in sharing preliminary results at several Canadian universities.

Summary

To summarize, this study is a qualitative, exploratory study utilizing narrative analysis to understand the relationship of momentum, organizational change, and time from managers' own experiences of implementing a significant organizational change. The purpose is to generate insights into the relationship of momentum, organizational change, and time in order to further inform and potentially reshape the typology discerned from the extant literature.

The research site is one regional health authority in Alberta that has been mandated by the government to implement a significant organizational change in continuing care. The data for the study includes interviews, observational data, and archival data. In addition to the primary data of 21 managers' stories of change, I use archival data to discern the government story of change in continuing care. In this way I conceptualized the government as an actor involved in the change process. Analysis of the interviews focused on an iterative movement between content and form. I eventually drew on the content (i.e. the overall story of change) and the plotline (how the story was told) to create a typology of managers' worlds of organizational change. It is important to note, in conclusion, that I did not seek to get at the 'real' story of change. Rather, I sought to uncover how people themselves experience and understand momentum, organizational change, and time in the change process in which they are involved.

CHAPTER 4: THE GOVERNMENT STORY OF CHANGE IN CONTINUING CARE

In this chapter, I delineate the government story of change. To do so, I conceptualize the government as a public actor, and tell its story from the documents it identified as pertinent, as well as additional supporting documents. As such, the government is an additional 'voice' among the managers' voices describing the experience of change in continuing care. The government story is then followed in the next chapter by managers' stories of organizational change. Together the government story and the managers' stories coalesce into five worlds of organizational change.

The Government Story of Change in Continuing Care

The mandate for change in continuing care began informally with an announcement in 1995 by then Minister of Health, Shirley McClellan, that the province would be participating in a multi-level Federal, Provincial, and local initiative supporting six continuing care demonstration projects on 12 sites. In this news release dated August 31, just 5 months after the creation of the health regions, central words in the subsequent report, Healthy Aging: New Directions for Care (also know as the Broda Report), already appear: "provid[ing] clients with increased choice, independence, and decision-making", "enhanc[ing] the ability of Albertans to live independently in the community", "avoid or delay institutionalization." The Minister is quoted as saying:

> Traditional approaches to continuing care tended to limit individual autonomy and independence, and in some cases even created dependence....Seniors, persons with disabilities and care-givers alike told us they were dissatisfied traditional approaches to providing long-term care. Institutionalization was the only option, for many clients, in many communities, once they became too frail or ill to stay in their homes. Now there are alternatives. (Alberta Health News Release, August 31, 1995)

While subsequently maintaining the lowest costs for long term care accommodation rates and increasing funding for home care (Alberta Health News Release, Feb 22, 1996), the next major development in continuing care, and the official beginning of the government story of change in continuing care, was announced by Health Minister Halvar Jonson in 1997, namely, the implementation of a long term care services review. The purpose of the review was, initially, to ensure that "the needs of seniors can be better met and to ensure that long term care services are available to seniors close to their own homes and communities" (Alberta Health News Release, Apr. 21, 1997). Moreso, however, the study was motivated by the need to deal effectively with the impact of an aging population on the health care system (Alberta Health News Release, Jan. 21 1999). As reported in the introduction of the final report by the Long Term Care Policy Advisory Committee, the Minister suggested the following as the purpose for the review:

> Simply put, our long-term care system needs to be ready to accommodate the baby boomers when they enter the system. We need to be able to provide more accessible and equitable long-term care services to Albertans who need them. We need to ensure consistency of long-term care services throughout the regional health authorities. We need to work to ensure that the choice of services that will be demanded by clients will be available. In short, we need to ensure that our long-term care system is able to meet the future needs of Albertans in the new millenium. (Healthy Aging: New Directions for Care, Part One: Overview, p. 4)

The Committee, chaired by MLA Mr. Dave Broda, sought to address the mandate to identify immediate concerns in the long term care system, as well as to develop strategies for the long term to address the impact of an aging population. The Committee began with consultation and review of where long term care services were at that time. This was followed by phase two in which extensive consultation with seniors, interested

Albertans, health care professionals, experts in the field, and members of various organizations and government departments took place.

The work of the Committee came to fruition in 1999 with the publication of Healthy Aging: New Directions for Care (Nov. 1999; henceforth referred to as the Broda Report). The Committee developed a vision for a new direction "for aging in the 21st century": Albertans

- are treated with respect and dignity,
- have access to information which allows them to make responsible choices regarding their health and well-being,
- can achieve quality living, supported by relatives, friends, and community networks, and by responsive services and settings
(Healthy Aging: New Directions for Care, Part One: Overview, p. 13)

The Committee recognized that providing more of the same, that is, simply expanding the status quo, would not be adequate for meeting future needs.

> Meeting the future needs of an aging population requires more than just expanding services. It requires a new focus on healthy aging. It demands that people have choices in the care they receive and where they receive it. (Overview, p. 13)

Throughout the document, the Committee almost pleaded for assent to the new vision they were proposing, making appeals in a number of ways including visions of an aging Alberta, declarations of strong belief, and moral appeals.

> Think about what Alberta will be like when there are more grandparents than grandchildren! Clearly, there are implications not only for the future of our health system and continuing care in particular, but also for families, communities and our society as a whole. (Overview, p. 3)

> The primary focus of the Committee's report and recommendations is on describing a fundamentally new and different approach to continuing care in the future. We strongly believe that the status quo is not an option for a number of different reasons – most importantly, because it will not meet the needs of a new generation of aging Albertans. (Overview, p.12)

> We believe it is the right direction for Alberta – a direction that reflects the changing expectations and needs of a new generation of aging Albertans, and a direction that will result in better care – better coordinated care – for an aging population. (Overview, p. 21)

The Committee suggested six guiding principles, built upon and consistent with their vision, by which to respond to an aging population (see Table 6). Perhaps in recognition of the very different approach the Committee was advocating, in a sidebar next to the guiding principles they boldly declared that

> The direction will be very different from today. It will reflect a fundamental shift, putting the needs of the individual first and giving people choices in where and how their assessed needs are met." (Overview, p. 15)

To better illustrate the new direction for continuing care in the future, the Committee outlined the contrast between the present situation and what continuing care would look like under the new direction, again underscoring what they referred to as a "paradigm shift" (Overview, p. 1) in what the report was advocating (see Table 7). Then, on the basis of the vision and the guiding principles, the Committee made 50 recommendations that included addressing immediate issues in the care of seniors and new future directions to meet the needs of a growing aging population.

The government responded immediately to the pressing short-term issues identified by the Committee. The same day that the report was released, the Minister of Health and Wellness, Halvar Jonson (the department's name was changed from 'Alberta Health' in Summer, 1999, reflecting a shift from treating illness to encouraging wellness), announced an additional $15M annually to meet the immediate needs in long term care, and three days later announced an additional $265.8M for new long term care beds and replacement or renovation of existing facilities. By these actions, as well as earlier announcements of a new drug program for palliative patients (for this see Alberta

Table 6
Guiding Principles For A New Direction In Continuing Care

Guiding Principles	Elaboration
Wellness and prevention	• Support healthy aging for all Albertans • Emphasize promotion of health and prevention of illness, injury and disease • Help Albertans to cope effectively with chronic conditions and function to the best to their abilities
Client centered	• Endeavour to understand and meet client and family needs, work in partnership with clients, and ensure client choice where possible • Acknowledge the client's right to dignity and self-determination • Have reasonable access to a variety of affordable services and have their needs met in a flexible, timely and responsive manner • Respect the clients right to privacy of space and person • Recognize and respond to the physical, psychological, spiritual, and social aspects of health
Information	• Provide clients with access to information required to make informed choices and decisions regarding care and services • Ensure confidentiality of personal information, however, allow appropriate sharing of information to support the highest quality of services and best possible outcomes
Individual and shared responsibility	• Encourage independence by assisting Albertans to reach their greatest potential, recognizing that clients and families have the primary responsibility for their own health • Recognize the concept of interdependence and facilitate collaboration between Albertans, community and government
Effectiveness and efficiency	• Make decisions based, as much as possible, on the values of the consumer, on evidence provided through research, evaluation and technology assessment, and available resources
Intersectoral approach	• Recognize that, by working together, Albertans, government, regional and provincial authorities, non-government organizations, and the voluntary and private sectors all have an active role in contributing to the health of Albertans

Source: Taken from Alberta Health and Wellness, Healthy Aging: New Directions for Care, Pt One: Overview, Nov. 1999, pp 13-15.

Table 7
Changes in Long-Term Care Articulated by the Alberta Government, 1999

Continuing Care Today	Continuing Care in the Future
Few Choices—stay home if help is available, otherwise move to long term care facility	More Choices, within prescribed sequence of home care, supportive housing, and finally facility care, moving from one to the other as level of care required increases
Some Home Services	Extensive Home Services
Supportive Housing is beginning	Major Expansion of Supportive Housing
Long-term Care is common option	Continuing Care for "complex and chronic" health needs only
Focus on treating illness	Focus on prevention ("stay healthy and well")
People go to medical services; services are attached to place; services not well co-ordinated	Services come to people; they are mobile and unbundled (only what is needed); services fully co-ordinated by case managers
Lack of coordination of services for older people; difficult to navigate the system	Provide Coordinated Access to the full range of continuing care services through initial assessment and case coordination
Old facilities; too many people to a room	New care centers to be developed and services expanded (e.g. palliative and respite care); 4 person rooms to be phased out
Lack of training in geriatric medicine and not enough trained health care providers meeting needs of seniors	More and mandatory training programs for health care professionals co-ordinated with the needs of care providers; also focus on attracting health care workers for continuing care
Family and Friends carry much responsibility with increasing stress	Informal caregivers added to the team providing care, as well as day programs and respite programs
"This new direction for continuing care represents a fundamental departure from today's situation. We believe it is the right direction for Alberta—a direction that reflects the changing expectations and needs of a new generation of aging Albertans, and a direction that will result in better care—better coordinated care—for an aging population." (p. 20)	

Source: Adapted from Alberta Health and Wellness, Healthy Aging: New Directions for Care. Part One: Overview, Nov. 1999.

Health News Release, Jan 28, 1999), the government was strongly signalling that they were taking seriously the recommendations of the report. The Minister suggested that "[t]he capital funding for 650 additional continuing care beds and the Healthy Aging Partnerships Initiative responds directly to the recommendations of that report" (Alberta Health and Wellness News Release, Nov. 18, 1999).

With the release of the report, however, the Minister also immediately made a general call for input and discussion into the 50 recommendations of the report and the best way to implement those recommendations from a wide group of stakeholders.

> Government will give serious consideration to each of the 50 recommendations. As we do so, we are asking health authorities, government departments, health stakeholders and Albertans for their comments, priorities and suggestions on how best to implement the recommendations. The recommendations and the subsequent feedback will serve as the basis for planning continuing care strategies, expectations and in the next three-year health business plan and budget....Recommendations from the Long Term Care Review will join those from the Health System Funding Review and the Health Summit to provide a solid foundation for future health policies and services delivered to Albertans. (Alberta Health and Wellness News Release, Nov. 15, 1999)

In addition, Minister Jonson also struck the Committee on Cost Recovery and Subsidization Policies for Continuing Care Services to be chaired by Mr. Dave Broda with the mandate to examine specific recommendations dealing with cost recovery and subsidies, to consult with stakeholders on those specific recommendations, and report within 4 months.

Within a few months, after receiving feedback from stakeholders from the web-based survey on the Broda Report's 50 recommendations, the government developed a document entitled, Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta (April, 2000), which represented the government's not piecemeal but "comprehensive response" to the Broda Report. It affirmed "[t]here is

strong support for the new vision and recommendations of the report from the following respondents: health authorities, provincial professional organizations, consumer organizations, government departments, and the public" (Strategic Directions and Future Actions, p. 1). Based on this result from stakeholder feedback and further departmental analysis, the government confirmed both the vision and guiding principles of the Broda Report. They now strongly upheld the notion advocated there that continuing care requires a new philosophy that is more holistic in its approach.

> This vision for aging is one in which individuals are in control of their life and people have choices in the care they receive and where they receive it. People will 'age in place' and age in their own community. Communities and services will be designed in a way to make this vision a reality.
>
> Meeting the future needs of an aging population requires more than just expanding services. It is a holistic approach that looks at all the supports that are needed to assist Albertans to stay in the community as they age. As a new focus on healthy aging, it requires a change in philosophy of the delivery of services so that services are delivered in the sites where individuals live. The nurturing of a caring society and a caring community is also necessary, so that individuals can get the social supports they need from friends, social networks and community agencies. (Strategic Directions and Future Actions, pp 1-2).

For the government, their support of the new direction in continuing care represented the action of "following through on our commitment to provide more accessible and comprehensive long term care and home care services to Albertans who need them" (Summary: Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta, May, 2000, p. 1). The government also claimed pride of leadership in Canada for provision of long term care:

> The new strategic plan for healthy aging is a prime example of how Alberta leads the nation in developing and implementing innovative approaches to meet the long term care needs of Albertans... (Summary: Strategic Directions and Future Actions, p. 1)

On the basis of the overall feedback from stakeholders, including the public, to Broda's final report and 50 recommendations, the government established nine strategic directions and future actions (see Table 8) to achieve the vision. These represented the "guiding statements" for the health ministry and the health authorities, a "reference point as they develop their business plans, service plans, and future policies" (Strategic Directions and Future Actions, p. 3). Furthermore, with each strategic direction, the

Table 8
Strategic Directions for Healthy Aging

Strategic Directions	General Elaboration
Healthy Aging	Promote 'healthy aging' as a priority goal for Alberta to ensure that Albertans are healthy and independent as they age
Continuing Care Services	Modify and enhance continuing care services to respond to the aging population with the goal of supporting Albertans to 'age in place' in the community
Coordinated Access	Implement 'coordinated access province-wide to ensure that there is no barrier to Albertans in receiving continuing care services
Supportive Housing	Expand care services in supportive housing to meet the needs of the new aging population
Home Care and Community Care	Expand home care and community care services to meet the increased needs of Albertans in the community
Regeneration of Long Term Care Centers	Regenerate long term care centers to meet the needs of residents with high and complex health needs
Needs of Persons with Alzheimer's Disease, Dementia, and Other Special Needs	Develop provincial and regional plans to meet the special needs of clients with Alzheimer's disease and dementia
Comprehensive Care for the Elderly and Primary Health Care	Develop comprehensive care for the elderly to address the special needs of older adults with multiple and complex health problems
Human Resources	Enhance the skills and increase the supply of health care workers in the delivery of health services for an aging population

Source: Taken from Alberta Health and Wellness, Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta, Apr 2000

government established action plans for itself and the health authorities. Central to these were the commitments to work together across departments within the government, with the health authorities and other stakeholders including voluntary, private, community, and public agencies, professional associations, and the public, and to begin working the strategic directions into business plans for implementation. The explicit references to the role of the regional health authorities for each strategic direction are listed in Table 9. In addition to developing plans for healthy aging (an emphasis on health promotion and preventive care), addressing care and support of Alzheimer's and other dementia patients and their families, and developing comprehensive care plans for the elderly, Regions were required to develop a 10-year service plan for providing continuing care services. The 10-year plan was to cover the three streams of care in the continuum of care, for example, developing partnerships with various sectors to implement the creation of supportive housing spaces supported by the HAPI funds ($10M) provided by government, limiting admittance to facility care to those with higher care needs, and increasing home and community care. Existing continuing care services were to be adjusted and modified to meet future needs through the new continuum of care. Then, in conjunction with these requirements, the government affirmed its partnership with other stakeholders and committed itself to provide the necessary supports to implement the vision outlined in the nine strategic directions as follows:

- The...strategic directions cannot be implemented without the necessary supports. Concurrent to the above directions and actions, Alberta Health and Wellness will review and implement the changes necessary in areas such as information systems, standard setting and accountability measures to facilitate the implementation of the above directions.

Table 9
Strategic Directions for Healthy Aging—Action Plans

Strategic Directions	Action Plans Referencing the Regional Health Authorities
Healthy Aging	Alberta Health and Wellness will work with the health authorities and stakeholder groups to develop a healthy aging strategy where health promotion and preventive care becomes an integrated part of the health system. It will be incorporated into the Alberta Health and Wellness and Health Authorities 2001/2002 Business Plans for implementation. Expectations and reporting mechanisms will be developed to monitor the progress of this strategy.
Continuing Care Services	Regional health authorities will prepare ten-year service plans for continuing care services which will cover a broad range of continuing care services including a home living stream, supportive housing stream and facility based stream. The plan will adjust and modify existing continuing care services to respond to the future needs of an aging population. Guiding principles for this plan development are • Unbundled services able to be delivered at a variety of sites • Providing leadership for coordinating and providing linkages to services in the region and across the region • Provide the necessary supports so that people can remain in their homes for as long as possible based on 'assessed needs' • Expanding home care and community based services • Continuing care centers to serve those with high and complex needs • Modify delivery models to be more flexible and responsive to needs of communities • Service to clients will be based on assessed need and in a way appropriate to meeting their needs • Client choice will be respected wherever possible
Coordinated Access	Coordinated access is the expanded and re-named 'single point of entry' system which is an enhanced model of information, assessment, and referral process. This will be operated by the regional health authorities and will be accessible at all times. A new provincial standardized tool for assessing the need for continuing care services will be adopted after demonstration and validation, and will be used consistently across the province. (Note: ZRHA was a demonstration site for this tool.)
Supportive Housing	Regional health authorities will implement the Healthy Aging Partnership Initiative (HAPI Fund) by partnering with housing, the voluntary and/or private sectors to increase supportive housing spaces. Rural health authorities were provided with $10M to support this initiative.

Home Care and Community Care	In expanding home and community care, Alberta Health and Wellness will work with the health authorities to amend the current home care policies to enable them to meet the changing needs of the population. Service limits to clients, exemptions and the delivery of self-managed care will also be reviewed. AH&W will also work with the health authorities to implement a Short Term Intravenous Therapy Program for clients in the community with parenteral anti-infectives as the first priority for implementation
Regeneration of Long Term Care Centers	Three and four bed wards will be phased out and physical conditions will be improved to provide a better living environment for residents. Priority will be determined by the provincial criteria for prioritizing capital investment. Regional health authorities and care centers will work together to re-focus care delivery towards providing care for residents with more complex medical conditions and higher levels of care needs.
Needs of Persons with Alzheimer's Disease, Dementia, and Other Special Needs	A multi-faceted province-wide plan and regional plans will be developed to address the future needs for care and support for people with Alzheimer's disease and other dementias. The plan will include the following components: education and training, support for care givers, development of supportive housing models and residential centers designed for dementia clients, and supports for long term care centers to meet the needs of residents with severe Alzheimer's disease and dementia. The regions will also work with the Mental Health Board to develop a plan for addressing the mental health needs of older adults.
Comprehensive Care for the Elderly and Primary Health Care	Regional health authorities will develop comprehensive care for the elderly including enhanced geriatric assessment, improved discharge planning protocols, quick response teams and surveillance services linking acute care hospitals to community-based services within and across regions. The objective is to provide integrated services to the elderly, particularly those with multiple and complex health problems. Expectations and reporting requirements for these strategies will be incorporated into the 2002-2003 Business Planning Process.
Human Resources	Alberta Health and Wellness will work with the health authorities to project health workforce needs and develop strategies to ensure that there is sufficient and an appropriate mix of health care providers with the appropriate skills and knowledge to respond to the needs of an aging population in Alberta.

Source: Adapted from Alberta Health and Wellness, Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta, Apr. 2000.

- Alberta Health and Wellness will also assess and develop the regulation and legislative changes required to implement the above directions.
- Alberta Health and Wellness will develop a three-year implementation plan to achieve the above strategic directions on 'healthy aging and continuing care.' Multi-stakeholder project groups will be formed for the various initiatives. The public and stakeholders will be consulted as the plan evolves.
- Alberta Health and Wellness will issue 'progress reports' as the plan proceeds for implementation. The progress reports will be widely circulated as well as posted on Web sites.
(Strategic Directions and Future Actions, p. 11).

Three months later, in order to address the issue of waiting lists, the government announced that it had earmarked $172 M for long term care facilities in the province. This amount was much greater than monies provided to acute care hospitals and community centers announced at the same time ($74.2M), indicating further commitment to the new direction in long term care. The monies were made available in conjunction with the Ministry of Infrastructure demonstrating interdepartmental cooperation. Also, of the total monies earmarked for continuing care, $28 M were allocated to the Healthy Aging Partnership Initiatives (HAPI Fund), in addition to the earlier $10M commitment, to "support partnerships with private and voluntary sector organizations to stimulate the expansion of supportive housing models and strategies for continuing care service delivery" (Alberta Health and Wellness News Release, July 26, 2000).

Then, further, in November 2000, the government formed an Alzheimer's Disease and Other Dementias Working Task Group to develop a reference document of information and advice to be used by the regional health authorities in assisting development of their Ten-Year Continuing Care Strategic Service Plans. The formation of the task group was in response to one of the nine strategic directions announced by the government (see Table 8). The report of the task group, entitled, Strategic Directions in Healthy Aging and Continuing Care in Alberta: Alzheimer Disease and Other Dementias

(July 2002), was guided by the vision of the Broda Report (noted earlier; see above). On the basis of the vision, the principles of the report

> address the concepts of wellness, person-centered care, accountability, personal responsibility, appropriateness, choice, collaboration, continuity of care, equitable access, independence, quality, responsiveness and affordability. They also reflect the values and beliefs Albertans place on quality dementia care. (p. 8)

These concepts reflect and extend the values of the Broda Report. On this basis, the report provided six key priority areas to be taken into account in RHA planning in meeting the needs of Alzheimer's and other dementia clients: public awareness, development of guidelines for the care of clients, support for informal caregivers, linked and accessible service delivery across the continuum of care, development of supportive environments, and education and training for health professionals, non-health professionals, and dementia service providers.

In the same month as the publication of Alzheimer and Other Dementias (July, 2002) the government departments of Alberta Health and Wellness and Alberta Seniors co-published the document, Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002 – 2012 (July 2002). The joint publication, the result of "several government actions" (Strategic Framework, p. 9), was the product of the Seniors' Health Working Group, one of five working groups in the Seniors Policy Initiative, a cross ministry program formed in 2001/2002 involving 18 departments and government entities "working together to ensure programs and services remain responsive to the needs of current and future seniors" (p. 11). With the adoption of this report and its framework, the government again publicly affirmed its commitment and continued responsive action for dealing with a growing senior population (expected to rise to 13 - 14.5% of the population by 2016 from the present 10%):

> The government, in collaboration with its partners, is actively planning to enable "seniors to be healthier to a more advanced age." The Government of Alberta wants to promote and support an aging society where Albertans have a sense of pride in healthy aging and are provided opportunities to live independently in a safe and supportive environment. (Strategic Framework, p. 8)

The Strategic Framework report, like previous reports mentioned above, built on the Broda Report. It also built on the document, Alberta For All Ages: Directions for the Future (June, 2000), which examined on a government-wide basis the impact of an aging population. The overall thrust of the Strategic Framework report, which the government has since honoured as a major achievement in health care renewal actions taken by the government from 2000 – 2004 (Alberta Health and Wellness website, March 2005), builds upon a population health promotion approach to encourage healthy aging in those 35 years and older. The 'healthy aging' mandate for the working group was the government's response to the first of the strategic directions outlined in the Strategic Directions and Future Actions (Apr 2000) blueprint for implementing continuing care reform.

The four central components and the underpinning values of the model continue to reflect the values of the Broda Report: promoting health and preventing disease and injury, optimizing mental and physical function, managing chronic conditions, and engaging with life, each underpinned by the core values of dignity, choice and independence, participation, fairness, and security. The government adopted this framework with specific priorities for implementation (see Table 10), which they began to carry out soon after. The government also specified the responsibilities of the regions with regard to the report. The expectation, stated in numerous places throughout the report, was for the regions to use the framework as a tool for planning health promotion

Table 10
Government Implementation Priorities from the Senior's Wellness Strategic Framework

Healthy Aging and Seniors Wellness Goals	Priorities for Implementation
To promote health and prevent disease and injury	• Vaccination of the elderly for influenza • Prevention of falls • Smoking cessation • Nutrition and eating habits
To optimize mental and physical functioning	• Active living • Depression
To facilitate engagement with life	• Social interactions • Community involvement • Additions
To effectively manage chronic conditions	• Medication use • Diabetes • Heart disease

Source: Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002 – 2012, p. 30.

and continuing care programs in particular with their development of the ten-year continuing care strategic service plans.

> Specifically, regional health authorities are required to submit ten-year continuing care strategic service plans in which healthy aging is addressed. This framework can be used to support the development of those plans. (Strategic Framework, p. 31)

The government went on to promise both assistance and flexibility in the implementation of healthy aging strategies.

> Alberta Health and Wellness will work with all regional health authorities in the implementation of healthy aging and seniors wellness strategies. Regional health authorities are asked to develop the ten-year strategic plans based on priorities established by Alberta Health and Wellness. However, it is recognized that specific needs may vary across regions, requiring other priorities to be addressed. Regional health authorities should conduct needs assessments prior to the development of their business plans. The results of these needs assessments

> should be considered in establishing the final priorities for each region. (Strategic Framework, p. 31)

Finally, as a follow-up to the commitment to track the progress of the implementation of the nine strategic directions, the government published Tracking Progress: A Progress Report on Continuing Care Reform in Alberta (2002). Here both the initial vision and the guiding principles in the Broda Report (see Table 6) are affirmed as the ongoing basis for continuing care reform. The development of continuing care reform is detailed as being grounded in the Broda Report and the subsequent government endorsement contained in Strategic Directions and Future Actions (2000). It also makes reference to the report, A Framework For Reform, also known as the Mazankowski Report, making explicit linkages between it and the Broda Report.

> The foundations of these two reform initiatives are remarkably similar. Both emphasize wellness and prevention, the need for a client focus, individual and shared responsibilities, partnerships, service quality and sustainability. (Tracking Progress, p. 4)

The report, Tracking Progress (2002), examines the progress in each of the nine strategic directions, but these are now incorporated under five primary "themes and strategic directions," namely, healthy living, coordinated access to appropriate services, community-based supports to independence, targeting services to meet special needs, and ensuring the sustainability of continuing care reform. Progress in each area is highlighted (see Table 11). In light of the progress achieved, the future priorities are identified as: "[to] expand supportive living to respond to the growing demands for this alternative, develop appropriate incentives to support continuing care reform, and implement key features of an improved and streamlined process to ensure Albertans get the services they need in the most appropriate place" (Tracking Progress, p. 4).

Table 11
Progress in Continuing Care Reform to September, 2002

Primary Themes	Directions for Action	Progress to Date
Healthy Living	Encourage healthy living	• Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002-2012 was released in July, 2002 for use in planning services to encourage healthy aging. • Province-wide health promotion campaign on active living and healthy eating to be launched in Fall 2002. • RHAs are implementing new or enhanced programs on influenza vaccination, injury prevention, management of chronic conditions and other preventative programs.
Coordinated Access to Appropriate Services	Improve province-side coordinated access to services and care	• Some regions have already made it easier for clients to receive services by providing access to referral services seven days a week. • Alberta Health and Wellness, together with RHAs, carried out a demonstration project to support a more standardized approach to collecting information and assessing client needs.
Community -based Supports to Indepen-dence	Expand supportive living as an alternative to long-term care centers	• $50.5 million one-time funding provided to two new programs, Healthy Aging Partnership Initiative (HAPI) and Seniors Supportive Housing Incentive Program (SSHIP), to facilitate supportive living spaces. • 1,636 new supportive spaces approved for construction. To date, 413 spaces have been developed • Alberta Health and Wellness, Alberta Seniors and Alberta Infrastructure are working collaboratively • Some regions, in particular rural regions, are responding to this growing demand for supportive living spaces by modifying and enhancing the facilities they already have.
	Improving access to home care and community care	• $37.5 million to enhance home care services. Additional funding allocated to all 17 RHAs. • Home care expenditures by RHAs increased

		from $199.8 million in 1999/2000 to $242.4 million in 2000/2001, and 8.2% increase.
Targeting Services to Meet Special Needs	Regenerating our long term care centers	• 1,320 additional long-term care spaces and 1,375 replacement spaces approved for construction since 1999. • 231 four-bed rooms replaced with private and semi-private rooms since 1999 (represents 31.6% of existing stock of four-bed wards). • 436 additional new spaces and 208 replacement spaces on stream in 2000/2002 • Additional 306 four-bed rooms will be replaced over the next three years. In total, 73.4% of four-bed rooms will be replaced.
	Alzheimer's and Dementia Initiative	• $3.4 million annually approved for Alzheimer's drugs • A number of regions have opened special care centers for dementia clients, e.g. Signal Pointe and Harvest Hills in Calgary, and McConnell Place in Edmonton. • Alzheimer Disease and Other Dementias was released in July 2002 to guide RHAs to take actions in this area. • $625,000 approved to implement enhanced service priorities, including supports for informal caregivers, education and training, public awareness
	Comprehensive care for the elderly	• Integrated services (e.g. day hospital/day care, multi-disciplinary primary health care services, enhanced supports in the home) are increasingly available for seniors who would otherwise be admitted to long-term care centers, or who are frequent users of acute care • Some regions are providing enhanced geriatric assessment services.
Ensuring Sustain-ability of Continuing Care Reform	Develop appropriate incentives to support reforms	• LTC care accommodation rates increased January 1, 2002, to offset the impact of inflation since the last increase in 1994. • Half of Alberta's 14,423 long-term care facility residents receive cash benefits through the Alberta Senior's Benefit • Incentives, charges and subsidies in different continuing care settings (home, supportive living and long-term care) are under review

		to ensure: • the removal of disincentives for staying in the community • additional revenue generated to meet increasing demands • low-income Albertans are protected from any negative effects caused by these changes.
	Develop and implement 10-year regional continuing care service plans to follow through on strategic direction	• Government has set expectations for plans and provided support by developing a computer model to estimate future needs, and is completing benchmarking studies of continuing care services in other provinces • 10-year plans prepared by regional authorities and under review
	Enhance the skills and increase the supply of health care workers who deliver care to seniors	• Funding for 216 additional support worker seats in post-secondary institutions annually. • Core competencies for continuing care support workers developed through consultation with employers • Curriculum for health care professionals working with persons with Alzheimer's to be available Fall 2002 • Geriatric in-service mentoring program under development • Prototype provincial curriculum for support workers completed in Fall 2002 • Strategy to increase the number of appropriately trained Clinical Nurse Specialists and Nurse Practitioners will be completed in Fall 2002 • Implementation of province-wide, in-service training for Alzheimer's and dementia support workers targeted for 2003

Source: Taken from Tracking Progress: A Progress Report on Continuing Care Reform in Alberta, pp 6-16.

In framing the accomplishments to date, the report highlights the integrated roles of the government, the regional health authorities, and front-line care providers:

> The reform process acknowledges the role that Alberta Health and Wellness, in collaboration with Alberta Seniors, plays in creating the framework, policies, and legislation that will drive reform. It also acknowledges the primary role of the province's Regional Health Authorities (RHAs) in implementing change and reporting on their progress, as well as the skill and dedication of the province's long-term care providers. (Tracking Progress, p. 6)

The report also explicitly highlights the need for continued cooperation over time between the numerous stakeholders involved in order to achieve the goals of continuing care reform.

> The success of continuing care reform will depend on the cooperation of many partners. It will be an ongoing process over the next 10 years and will include changes in policy, programs, service delivery, training and development of skilled staff. The rejuvenation of long-term care centers, expansion of supportive living options and increased access to home and community care services are key elements of this reform. It will require the coordination of market responses and social policy to encourage living options for seniors in their communities. (Tracking Progress, p. 4)

The conclusion drawn from the evidence presented in the Progress Report suggests that the government is "moving forward on an agenda for fundamental change that will impact the lives of Albertans over the next decade" (Tracking Progress, p. 2).

Story of Change, Momentum, and Time

Using the narrative analysis dimensions of content and form (plot), the government story of change can be characterized as making progress in the midst of ongoing extensive and intensive interaction within and across government departments, as well as with numerous stakeholders outside of the government. As noted in the report, Tracking Progress (2002; above), the government sees itself as having achieved significant accomplishments in the implementation of continuing care, which has taken place over a relatively short two year period (April, 2000 – Sept, 2002). The government realizes its continued role in "creating the framework, policies, and legislation that will

drive reform" (Tracking Progress, p. 6) as well as the necessity of continued partnership with RHAs and other stakeholders in implementing the change. In other words, involvement in the change process remains ongoing in terms of both commitment and involvement, even as it has up to this point in time.

The government story of change is an example of created momentum much as that described by Dutton and Duncan (1987), which begins with sensemaking followed by action on the strategic issue of (in this case) a growing aging population. Hints of the need for change already appear in 1995, but it is not until the advent of the Broda Report in 1999, based on extensive consultation, that the need for change and what that change might actually look like takes shape. The government immediately tested the Broda Report's 'sensemaking' further with a broad call to stakeholders to provide feedback on the report. When the Broda Report was subsequently affirmed, the government then fully endorsed it and took immediate steps to begin implementing the new vision of continuing care. For example, the government began working on addressing Alzheimer's and other dementias in November 2000. The development of a continuing care services plan and a plan for comprehensive care for the elderly was delegated, with support, to the RHAs, mainly in the form of creating a 10-year plan. A tool for coordinated access was developed and tested in a number of demonstration sites. Significant money was made available for expanding home and community care, as well as supportive housing. A number of existing long term care facilities underwent regeneration. Finally, the government also addressed the need to develop human resources for serving the elderly by providing both pre-service and in-service training. All developments in continuing care have remained based on the original vision and principles of the Broda Report and

the strategic directions identified (Strategic Directions and Future Actions, 2000). Moreover, the developments have been accomplished in interaction with several stakeholders, including the RHAs, several other government departments, seniors groups, and health care professionals.

Temporally, the government story of change is one of discontinuity with the past in terms of the goal to be reached, but full engagement in the present in order to accomplish it. Given the strong discontinuity with the past, the type of change being undertaken is being characterized by the government as a fundamental change (i.e. radical change). Both the primary document undergirding the change, the Broda Report, and the government's robust endorsement and response to that report in Strategic Directions and Future Actions (2000) strongly juxtaposes the future direction for continuing care with the past direction of long term care. It is a "fundamental departure" and a "fundamentally new and different approach to continuing care in the future" that means the "status quo is not an option." The approach for implementation, however, is located in the present through this ongoing, intensive engagement. The energy and commitment needed to bring about the change is both ongoing and intensive. The government documents frequently identify the necessary role of the government to be involved and point to promises of full engagement through involvement, support, supervision, flexibility, and interaction with stakeholders. From the government perspective, only in this way will the change in continuing care be realized.

Conclusion

The government story of change outlined above, depicting change as continued progress achieved through ongoing commitment and engagement, is within (and

foreshadows) a world of organizational change I refer to as 'A Rocky Road' (World 4), one of five worlds of organizational change discerned from managers' stories of change. In comparison to the managers' stories of change in 'A Rocky Road', which I will describe in the next chapter, the government story of change appears to have fewer perturbations. This is perhaps to be expected since the government story was discerned from official documents in which a more formal and informational tone is taken. Nevertheless, the government story coalesces well with the contours of this world. I now turn in the following chapter to the depiction of all five worlds of organizational change.

CHAPTER 5: MANAGERS' WORLDS OF ORGANIZATIONAL CHANGE

As with the government story of change, managers' worlds of organizational change were discerned from analyzing their stories in terms of content and form. Beginning with the content of managers' stories, three stories of change emerged. Some managers, as anticipated, viewed the change as massive in scale and scope. Others viewed the change as rather unstable, sometimes off and sometimes on and then off again. Then, surprisingly, still others saw the change as no change at all.

Further analyzing the plotlines (form) of the stories of change—the way managers told the three stories of massive change, unstable change, and no change disclosed five different stories, or 'worlds' of organizational change. These five worlds are 'Now = Then, with little hope for meaningful change' (World 1); 'We'll See: Practical assessment at the local level' (World 2); 'Hitting a Wall' (World 3); 'A Rocky Road' (World 4); and 'It Never Stops: Massive and unrelenting change (World 5). The titles of the worlds come from managers' own words as they described their experiences of organizational change.

The differences in these five stories of organizational change are important since each story is authored by managers involved in implementing the 'same' change (i.e. the government mandated change of continuing care) within the 'same' organizational context (i.e. the same rural regional health authority). The differences in the stories are also significant because their distinctions do not fall along functional, role, or demographic lines. For example, senior managers (those of ZRHA and partner organizations) are found in Worlds 1, 3, and 4 (see below for the worlds). Facility

managers are found in Worlds 1, 2, 3, and 4. The top management team of ZRHA is found in both Worlds 3 and 4. Home care managers are found in Worlds 1, 3, 4, and 5. Managers with years of experience are in all five worlds; managers with relatively less experience (i.e. < 5 years) are in Worlds 3 and 4. This suggests another dimension(s) is important for how managers experience and understand organizational change.

It is to these worlds of organizational change that we now turn. While the worlds represented below are inevitably my telling of managers' stories, which in some cases are aggregations of several stories, I sought to privilege the teller's experience by beginning with their story's form and content. From that analysis, I looked for similarities, which then formed the content of the aggregate stories. Moreover, because tellers draw their listeners into their stories when using narratives, and thereby provide a convincing account of their world and what has occurred in that world (Riessman, 1990:118), I sought to provide extensive quotes from tellers in each world, preserving as much as possible their story in their words and thus providing an invitation to readers to enter those worlds even as I did.

The remainder of the chapter is the explication of each of the worlds of change. I begin with an introduction to each world's story of change, followed by identifying the world's key elements, and then how that world shapes managers actions, as articulated by the managers themselves (see Table 12). I conclude each world with a summary of the world's story, and an assessment of the experience of momentum and time in that world.

Table 12
Central Characteristics of Managers' Worlds of Organizational Change

World	Central Story	Central Issue	Key Elements in Story	Managers' Responses/Actions
Now = Then	No change	What is real change	Real Change: ▪ Relevance to manager ▪ Fundamental difference from the past ▪ Known through comparison of states Hindrances to real change ▪ Instability ▪ Shutting out front line staff	Raw Emotions: ▪ Cynicism ▪ Anger ▪ Despair Managers feel shut down and shut out
We'll See	Might be a change	What is real change	Real Change: ▪ Different goals than those already being pursued ▪ Fundamental difference from the past ▪ Takes considerable time to accomplish ▪ Planning must meet practice	Making it possible to involve front line staff ▪ Provide time (deliberately slow down the change initiative) ▪ Share ideas ▪ Provide training and education ▪ Listen to their ideas and feedback
Hitting a Wall	Real change but hit a wall	Helplessness in the face of an insurmountable barrier	▪ Broda Report defined a new (good) world which was fully supported by ZRHA ▪ Real accomplishments already achieved ▪ Now facing insurmountable barriers (institutional players) that threaten all that has been accomplished o Fiscal constraint and instability o Lack of supportive legislation	With framing of new world: ▪ Positive emotions, energy, and accomplishments, even if stressful at times In the face of barriers: ▪ Negative emotions: cynicism, fear frustration ▪ Loss of motivation: tinkering around the edges or inaction ▪ Searching for alternatives

World	Central Story	Central Issue	Key Elements in Story	Managers' Responses/Actions
A Rocky Road	Moving ahead in spite of difficulties	Making it work	▪ Pragmatic approach to implementing change ("doing what makes sense here") ▪ Engaging the context day-to-day while keeping eye on future goal ▪ Metaphors of contextually engaging change ▪ Sense of continuous change in the world around them	Numerous actions conveyed: ▪ Taking control of the change ▪ Creativity in the face of barriers ▪ Translation of change initiative to 'front line' ▪ Feedback to higher levels ▪ Real achievements ▪ Lots of emotion, positive and negative; at times intense
It Never Stops	Massive and unrelenting change	Seeking stability	'Downloading' from Alberta Health and Wellness ▪ Early discharges to home care which greatly expanded the program ▪ Fiscal restraints placed on managers that minimized provision of service	▪ Downloading onto staff ▪ Insufficient time for training, learning new ways of doing things ▪ Burnout pending for both manager and staff

World 1: Now = Then, with little hope for meaningful change

World 1 is a story of non-change in the midst of all the activity of implementing the Broda Report in ZRHA. Even more, it is a story of little to no hope for real change in the future, given the experience of the government's present activities and the history of change in the organization and delivery of health care. Three managers share this world's characteristics.

> I don't know what that's going to mean. I don't know if it's going to mean anything at the end of the day about change. I just don't—it's not clear to me yet the significance of calling things different. I don't want to be facetious here. We are heavily involved in activities and discussions and in fact implementation around what people think might be a change. It's just not clear whether it really is a change yet. So from our point of view, we are getting beautiful brand new private spaces for old people to live in with their own bathroom, and they are going to be wonderful compared to the old dives we operate now. So that's a wonderful reason for us to partner. But I don't know that once we move in if there's anything revolutionary has happened in the delivery of continuing care other than we're in a new house. I'm not sure of that yet.

Evident in this excerpt from Susan is a tremendous amount of activity: new buildings are being constructed, discussions are taking place, new labels (e.g. 'supportive living') are being applied to a number of new continuing care beds, and implementation of decisions is happening. Yet she expresses repeated reservation about whether all this activity constitutes real change. Even though Susan is "heavily involved" in activities supporting what might be a change, doubts remain: "It's just not clear whether it really is a change yet."

Through this last statement we are directed toward the central issue in this world's story, and that is, what constitutes real change. The myriad of activities both described and alluded to in the excerpt above suggest change is taking place, and yet, in the end it might not "really" be change. Activities, new structures, and new terminology in and of

themselves do not constitute real change for managers telling this story of change. So what constitutes real change for this world? And what are the main hindrances to real change?

Key Elements

First, what is not salient for a manager is not included within the scope of what might be a real change. The following excerpt from another manager, Debbie, demonstrates how real change is demarcated by what is important to her.

> You know, quite frankly, they talk about change. We've been talking about change probably for the last eight or nine years, and it's been going on and on and on, and I haven't seen a lot of change, quite honestly. I mean, there was change to begin with. I guess the big change that happened was the regionalization from the health units to the regions, and I'm sure, in the structure, in the managerial part of it, there's been huge changes there. In the services to the clients, I haven't seen a lot of change. And I guess that's -- you know, we were providing basic services then. We're still providing basic services now.

In this excerpt, Debbie concedes that there was "big change" in the management structure of the health care system when regionalization took place. However, in that aspect which is particularly salient to her—the service to clients—that has not changed. Thus her judgement of the situation is that no change—no 'real' change—has occurred.

The issue of relevance was also evident in a discussion at the Strategic Team level. One manager, Laura, noted how a particular presentation on issues in organizational change was not relevant to her. The presentation involved playing cards, and since she has no interest in cards, the presentation became irrelevant to her, and she was not able to enter into the exercise even though other managers around her were very involved. While this is a rather minor illustration, it points, together with Debbie's overall regard for regionalization as not very important, to the critical issue of the

relevance of what is being changed. If not relevant, it is of little concern. Moreover, together it challenges the common assumption that all who go through a particular change (as defined by upper managers) will be equally impacted by it. From Debbie's account, as well as accounts by other managers gathered through informal discussion, this is clearly not the case.

Second, analysis of members' stories in this world disclosed that for them real change occurs when fundamental difference has taken place in that aspect of one's work which is especially salient. For example, the link is made explicit in the continuation of Debbie's earlier quote about no change in service.

> In the services to the clients, I haven't seen a lot of change. And I guess that's -- you know, we were providing basic services then. We're still providing basic services now. The process of the assessments for facility placement has changed minimally way, way back then, but it hasn't really changed a lot, I don't think. People still need home care services. We're still supposed to be looking at what we can do to maintain them in their home. That's where people still want to be. And it still remains that they all can't be maintained in their homes. So those basic concepts haven't changed.

In repeating the word 'still', Debbie reinforces the notion that the underlying philosophies have not changed in those areas that are salient to her. In her experience, the basic concepts of the work she is involved in have not changed, and so for her no real change has occurred.

The point is reinforced in the following quote from Marvin. Even with different language and different labels, for him the underlying drivers (i.e. philosophies) of action and attitudes remain the same, with the result that he sees no real change having taken place.

> And that's sometimes why I see these differences of these attitudes have not really changed a lot. We call them new spaces. We can give them different labels, but when you actually get in there we still have some of the old drivers....

> We have charting, okay. We don't have a nursing station but we're still going to chart. Well, what do you mean by 'charting' – it's this very medical thing, you know, so we try and fluff it up sometimes but sometimes you've got to get down and it's even down to the basics of staff. How do we really change staff and some of the ways that they're doing things and the way that they treat people, you know.

For Marvin, the philosophies driving the 'new' delivery of continuing care remain the same as previous. The attitudes and actions of staff remain the same in spite of the fact that different words are being used. What might seem like a change when considering the talk ("we call them new spaces") does not in fact translate to change in philosophy and behaviour at the front lines of care delivery. Rather the same old drivers continue to operate.

Third, knowing whether fundamental change has taken place—that is, knowing whether the underlying philosophies have changed—is based on the comparison of states of affairs at two or more points in time. States of affairs can be compared with either a future time (a pending comparison) or with a past time (a historical comparison). In using the future, the comparison point is yet to be determined, and so the attitude in the present is to wait and see until a meaningful comparison can be made. In using the past, any point along the time continuum that provides meaningful comparison may be used. It is important to note that the 'what' being compared is as important as the act of comparison itself. In the case of this world, what is being compared is the essence of organizational phenomena, particularly the work done in delivering health care. The next three excerpts show how the future, distant past, and near past are used, respectively, to determine whether real change has or is taking place.

> It's just not clear that at the end of the day because we've called things different things, if there really is a difference... I don't know what that's going mean. I don't know if it's going to mean anything at the end of the day about change.

Susan's repeated phrase, "end of the day," places the final assessment of real change in the future. It is at "the end of the day" that all the activity that presently purports to be change will be seen for what it really is, whether real change or just a lot of activity. It is in the future that the real meaning of what is happening now will become evident. At that yet to be determined point in time the situation can then be meaningfully compared to the status quo of the present and judgements made accordingly.

Conversely, meaningful comparison can also be made historically. As we have already seen in this quote, Debbie utilizes a clear comparison to the past.

> In the services to the clients, I haven't seen a lot of change. And I guess that's -- you know, we were providing basic services then. We're still providing basic services now.

"Then...now" signals the historical comparison. The services provided now are really no different than those provided in the past. The talk of change, which has been going on for several years, has not resulted in any real change. Services then and now remain the same. Hence, there is no real change.

Historical comparison in the short term can also be useful in assessing whether real change has occurred, as in the following quote.

> I mean one year when things are good, we're told that we have to integrate the health care system. Get away from the stovepipes. The next year we're back into the stovepipes. I mean, because those are no longer issues.... So we've reformed nothing. Other than we've talked a lot.

Here Susan utilizes a year-to-year comparison, which provides meaningful assessment of whether real change is taking place. Activities in one year compared with the next demonstrate that the initial direction and activity undertaken have either been ignored or reversed in the following year, negating any potential gains made. But the comparison

can be even more fine-grained, utilizing even day-to-day comparisons. In denying the 'reality' of constant change, one manager during a Strategic Team meeting suggested that change is not always happening (i.e. continuous) because "some people do the same thing day after day after day." Historical comparison, utilized in different ways, can be used to substantiate claims that no change is taking place, as in the case of this world.

Fourth, in discerning hindrances to real change, the analysis of managers in this world suggests two reasons: perceived lack of stability in the direction of change, and their lack of involvement in shaping the change. The first reason is well represented by this next excerpt from Susan.

> There's no direction. It's a hodgepodge of knee-jerk reactions to dollars.... If we have money we spend it. If we don't, we don't. So when it's cutback time, because of the price of oil, then we, we create a series of words, of reform words, around health care which tell us that we're going to have better health care with less. And we do that to justify the fact that oil is low and our budget is down. We're really not doing anything with the health care system.... I don't think we're doing much in health care around reform and creating a stabilized health care system in the province other than how it's affected by money.... But really what's going on in the health care system in terms of some new drive, some renaissance around health care, it's not there. It's simply not there. (emphasis in the original)

For Susan in particular, but also the other members of this world, the change initiative in health care at the moment lacks long-term stable direction. It might be argued that the Broda Report, mandated for implementation by the government, represents good health reform policy as the basis for change. In this world, however, while the Broda Report is acknowledged as offering good ideas, the real impetus for change lies elsewhere and, hence, Broda's good ideas remain just that—ideas. Rather than being centered on health care policy, for managers in this world the motivation for change is perceived to be the provincial budget, which is largely based on the fluctuating price of oil, a key provincial

natural resource. Thus, as the prices fluctuate, so do the actions toward the health care system.

Later in her interview Susan also links the instability to political motivation, that is, the desire to remain in office. Following a lengthy discussion about the political nature of health care, especially in the rural areas, Susan concludes with this comment:

> But the motivation to do that right now in this province is, is not there. It's not the right motivation. It's dollar motivation or political motivation, not well thought out health policy planning.

For these managers, the political and/or monetary motivation, based as they are on fluctuating realities, together create instability in the system and for the direction of the change in continuing care. The instability is especially evident in the reversals of initiatives that take place, alluded to in the excerpts above but vividly portrayed in an earlier quote from Susan, which I repeat here.

> I mean one year when things are good, we're told that we have to integrate the health care system. Get away from the stovepipes. The next year we're back into the stovepipes. I mean, because, because those are no longer issues.... We closed acute care hospital beds in the cities and then re-opened them. We closed long term care beds in the city and now re-opened them. We have more now than then. So we've reformed nothing. Other than we've talked a lot.

Activity in one direction is simply negated by activity in the opposite direction later on, and does not constitute change for managers telling this story of change. For them, no reform has actually been achieved, in spite of all the talk.

An additional source of instability has been the changeover in CEOs since the inception of the region. Following her interview Susan mentioned that the different CEOs all brought a different emphasis with them, which in practice meant that initiatives begun with one CEO would subsequently be abandoned. A Board member participating in the Eden Alternative presentation to ZRHA managers had framed the turnover of

CEOs as a progression in what needed to be done; that is, the first CEO implemented some very difficult things that needed to occur as regionalization took place (e.g. closing of beds), who was then followed by another CEO who was more conciliatory and a 'peacemaker', who was then followed by the current CEO who has a business orientation and thereby able to take the region to the next level. Yet Susan did not see it this way; for her in practice it meant a lack of consistency in the direction of the Region, which contributes to the overall sense of 'no-change.'

The second reason for lack of achieving real change concerns managers' exclusion in shaping change in continuing care. These managers indicate that even though they are familiar with the application of programs and processes on the ground, and are able to offer important insights, their insights are not really taken into consideration.

> there's a whole little project that I was a part of to review that assessment tool and to automate it and that sort of thing, and that project is called the 'CNDDI' project (Note: a more automated system of doing placement assessments), and that's been going on for a lot of years and it still is in a pilot or a demonstration project format. But I've sort of seen the change from the 'APPI' (the old procedure), the way it [CNDDI] was developed, and almost right from the beginning we could see that there was some changes that needed to be made, and then it's taken a long, long time – change seems to go very, very slowly [slight laugh]... (emphasis in the original)

Alluded to in this excerpt from Debbie is the ignoring of knowledge developed at the front lines by those at higher levels of management. Managers involved at the front lines know what additional changes need to be made through the insights developed through practice, but it does not happen because their concerns appear to be largely ignored. Change in this respect, then, takes a long, long time to achieve.

The exclusion of managers in the change process is made much more explicit in the following quote where the same manager, Debbie, delineates her perception of how change is made and what role she plays in the change.

> But as far as implementing the change, it all sort of is done way above and beyond me in my position.... It sort of comes down from them (upper management) to me, and they are the ones that I think will make the change happen. I mean, we can have a minimal amount of input, although, we're not really asked for a lot of input [slight laugh]. So what happens will be relayed to us, I'm sure, but we don't have a lot to do with making the change happen. (emphasis in the original)

Change is done "way above and beyond" her in her position. It "comes down from them" and "they ...make the change happen." Debbie's language exudes distance from the change initiative. Her comment about having "minimal" input is immediately negated by relaying her reality that she is "not really asked for a lot of input." What happens gets "relayed to us" rather than involving her.

Marvin echoes Debbie's sentiment but in a way that underscores active exclusion.

> If I have a criticism sometimes of health authorities, is that if they don't control, then they have difficulty with that. So if I don't control who comes into your lodge, your lodge is not relevant to me. And if you walk away from that, you walk away from this huge world which you should be part of and you should be getting as close to as possible because it's a component of what's going to happen in the continuing care side. So we built the amenities in the assisted living environment that I was told is was, it's a pointless building because we, in home care, don't have the keys to the door. We can't say who comes in there tomorrow, therefore it's not relevant to us

In Marvin's case, while lodges are a part of the continuum of care in the present system, they are being excluded from the changes that will now incorporate the new designation of supportive housing. He sees the lodges, which are already in existence, as being a large part of the system and therefore a necessary part of the discussions in implementing supportive housing. But upper management has deemed these irrelevant, even after

additional work has been done on some of them, and, as indicated in another part of the interview not included here, these 'enhanced' lodges have even been referred to as obstructionist. Thus a key aspect of the present system is being ignored in the efforts to change to the new system, and Marvin, who views the lodges as a resource rather than a liability, has been effectively shut out.

The exclusion of managers is also echoed by managers participating in the discussions at the Strategic Team meetings. There managers made reference to the strong perception of a "we/they" bifurcation between top management and the rest of the managers. Indeed, one manager noted explicitly that 'from senior leadership to middle management, there is a disconnect there.' This does not necessarily mean that middle managers are actively excluded, but the following observation suggests that this may be the situation in this world. The ZRHA offices are referred to by some managers and staff as 'the palace on the hill' and they ask 'what is coming out of there next.' Moreover, one manager on the team, in wondering how they might involve staff in the planning and implementation, noted that he has 'seen change simply announced by management' and suggested that this was a serious problem. These observations clearly speak to a sense of exclusion by some from planning and from participating in shaping the changes that are happening. The perception is that change is simply decreed from above.

How World Shapes Managers' Actions

The lack of fundamental change in the areas particularly salient to these managers, brought about by instability in direction, with its concomitant reversals, as well as the lack of these managers' involvement in the process of change, has led to deep anger and cynicism. As the promise of change disappears, even after significant steps

have been taken in some cases, and as managers are largely ignored, anger grows and cynicism sets in, becoming more and more entrenched with each instance lacking follow-through or inclusion. In this world of 'no-change' managers' intense emotions are right at the surface. As I opened his interview, Marvin responded this way:

> My perspective. I suppose it depends on which day and how jaundiced I am about this whole situation.

Another manager, Susan, did not even let me begin. She immediately launched into an extended animated monologue of how no change whatsoever was occurring. Another, Debbie, found each day a struggle and was motivated at this point by only her paycheque. Expressions of emotion took place throughout the interviews. Here Marvin and Susan, respectively, display raw emotion. I have retained the detailed transcription in this instance in order to assist the reader in feeling the emotion communicated by these managers.

> And you think this is—this is not good planning [slapping leg sound]—you're not looking at all the assets that are available in the community and saying (p) how [inaudible]—and if these people hate us, why do they hate us? Why do we go down there, how do we convince them that we're not the big bad (p) people—that we can actually work closely together?
> (Note: 'p' refers to pause < 2 seconds)

> Our, our—health care in the province is, since health care reform in '95, is a disaster. It's a disaster. [...] It's really all about money. (P) I don't think we're doing much in health care around reform and creating a stabilized health care system in the province other than how it's affected by money. The health reform words are meant to justify (p) cuts in one year and additions in the next. (P) [...] But really what's going on in the health care system in terms of some new drive, some renaissance around health care, it's not there. It's simply not there. (P)
> (Note: 'p' refers to pause <2 seconds; 'P' refers to pause >2 seconds. Emphasis in the original)

The words are strongly emotive ('hate') and they are said with intensity and even demonstration (slapping the leg). There is added emphasis on words and significant

pauses (P) at the end of sentences for effect. The emotion in this world is not trivial; it is intense, in some cases raw, and always right at the surface. These managers feel shut out and shut down. They want to make changes, but are not consulted. They hear words about implementing change, and take steps to do so, but eventually discover those words to be empty as directions are reversed.

Finally, drawing on her past experience, Debbie also captures the sense of despair in this world that little if any real change will take place.

> No, I don't [think the Broda Report will be accomplished in 10 years]. I think the ideals of the Broda Report and the recommendations are very idealistic, and they sound wonderful and it would be great if that all can happen. I guess, over my years of life in general and of dealing with health care changes and so on, to be realistic about it all, I don't have a lot of optimism. But maybe I'm too realistic or too grounded in reality... (emphasis in the original)

While there is still a desire to see the great ideas of reform in continuing care come about, given their perceptions of what has been happening and the history of not completing change, these managers hold little hope of it actually happening.

Summary of World

The story of change in continuing care articulated by managers in this world, then, is a story of no change. The managers of this world support the changes that are being proposed. The Broda report is looked upon favourably, and there is recognition that change needs to happen, not only in terms of reforming the health care system but also in confronting its increasing expense. Yet there is little hope for real change. Change directives are good but wrongfully motivated, leading to energy and effort expended in activities only to be reversed later. Change is initiated and implemented from the top down with little to no real input from those lower down. Managers in this

world have grown cynical and angry in the process of experiencing this change. The juxtaposition between the ideal and real in implementing change is sharp, and emotions are charged. There is a sense of despair that change will ever take place.

Story of Change, Momentum, and Time

The experience of change in this world is one of no change. This world of organizational change is, accordingly, characterized by inherent momentum. The past is dominant. There is 'sameness' between the present and the past in those things that are salient for these managers. Interestingly, at first glance, the inherent momentum in this world does not appear to be an inexorable dominance of the past. In these managers' immediate experience, inherent momentum is the product of being shut out of planning for change (either deliberately or by being ignored), and being shut down by what is perceived as instability of direction at the very heart of what is motivating the change. In other words, inherent momentum seems to be the product of the perceived failure of created momentum on the part of government and the RHA. Yet as Debbie further temporally contextualizes (the comparison of states of affairs at two or more points in time) this experience, she perceives this to be the pattern of behaviour of government and upper management (RHA). What is happening now is simply another example of what has been happening over the years. Moreover, there is then no hope for change in the future either. In other words, inherent momentum dominates this world as experienced by these managers.

World 2: We'll see: Practical assessment at the local level

> Well, the expectation certainly is that we make long-term care facilities a more home-like atmosphere where we provide a higher level of, certainly, choice, resident involvement, family involvement in the care of those people. In some ways, I don't see it as a huge change because that's always been the goal, but certainly provincially, we seem to think it's a huge change, so.... (emphasis in original)

This excerpt is the beginning of the story of change for the one manager, Mark, in World 2. He immediately juxtaposes the view of change at the local level with that at the provincial level. At the provincial level the expectations outlined seem to reflect a 'huge change' in continuing care, but at the local level they do not. The coming 'changes' in continuing care, then, may in fact not be changes at all.

Key Elements

Mark raises several issues in discerning whether the changes in continuing care will really be a change at the local level. First, the goals articulated in the expectations are not new. In the excerpt above, Mark notes that the present expectations have "always been the goal." This is borne out over the course of the interview where we find that at the local level many of the expectations have already been implemented in varying degrees: there is family involvement, residents decorate their own rooms and are given choices as far as they are able, animals—dogs, cats, birds and fish—have been introduced, children and teens visit the site regularly, and so on. Thus the mandated change in continuing care is not a major change. The goal is already being pursued even if it has not been driven by the Broda Report to this point in time. Moreover, what has been implemented strongly resembles the basic philosophies of the Eden Alternative, a program being utilized by the region to affect culture change in long-term care facilities.

> Well, certainly region-wide we looked at the concepts of the Eden Alternative. They had a presentation for leadership, and there are many—I think it would be consistent with it [the 'gentle care' model already implemented] pretty much. Most of the general philosophy would be consistent.

The similarities suggest that there is no need to adopt another program. The general philosophy is consistent, and the same goals are already being achieved, but under a different name.

This similarity between programs of care (the gentle model and the Eden Alternative) raises a second important issue in this world. As in World 1, talk does not equate to change; that is, calling something by another name does not make it different. So whether it is the gentle care model or the Eden Alternative that is being followed, if the end result is essentially the same, then there is no need to adopt the new program. That is, there is no need to implement 'change.' The issue of language change not being real change is made much more explicit in the following excerpts:

> My name's changed quite a few times so I can't remember them all. My title. My name stayed the same but my title changed. Somebody found a better name for me – I was the Director of Nursing, Director of Patient Care, Director of – I can't remember. It doesn't matter – it's all semantics. I think we foolishly think that words change reality.

> I find ten years goes very quickly in the health care business and sometimes you see a lot of change and sometimes you don't see – you see a lot of change in perhaps how we say things. The terminology all changes but fundamental change takes some time.

Third, and further evidenced in these excerpts is the notion that real change—fundamental change—takes considerable time to accomplish. It is not something that is achieved by changing the nomenclature, nor does real change happen all at once. Making change happen quickly is graphically depicted by Mark with the metaphor of a big stick:

> But I think change comes as we work slowly toward it. I think most people believe that the change is good. If we help people—if we don't say, 'well, we're

> changing it tomorrow' [inaudible]—well, we know that never works, never has, never will unless you have a really big stick and people are very afraid of you.

Rather than the antiphonal voices of force on the part of management and fear on the part of staff, Mark advocates working slowly toward change, and central to that notion of taking time is the involvement of front line staff and managers.

> Generally speaking, the people who do the work are best able to help change it, or I find anyway. They truly understand what they've been seeing and what people who they care for have been telling them or what would be better for them, and if we make it possible for them to do that, we will see choice and change and the Eden Alternative and all of those things. But we have to make it possible...
>
> Anyway, I think change has to come, a lot of it, from the bottom up, and so what we have to do is take the time to plant the seeds and then wait for those ideas to come from – because telling people how we're going to change – that may happen when I'm on the unit but that's not where we wish to be....

Rather than simply carrying a big stick, it is incumbent upon managers to involve staff—to make that a real possibility. Those at the front line, who actually make the changes a reality in the interface of service to clients, bring an understanding to the implementation of change from their day to day experience, which is missing from the planning that happens at higher levels. The implication is that front line knowledge and involvement is essential for change implementation that is real and is sustained. This is not to say that planning at the higher levels is not needed. Often it is planning that initiates the process of change. But change in this world occurs when planning is complemented by the involvement of those at the front line.

> S We are accountable to the operational plan, so therefore
> I That's what's driving the change.
> S That drives the – certainly that drives some of it but some of it is because people truly see it as a direction to go and so there is that piece too.
> (Note: S = Speaker; I = Interviewer; the same applies below)

In other words, and the fourth element, fundamental change is accomplished when planning meets practice. In this world, change requires both.

> I And the ten years [timeframe for implementing change in continuing care] might not be enough?
> S It may not be. It's hard to say, I think. We'll see how it works.
> I Can I ask you further, what would make you say that?
> S I think we have to look at – we have to do lots of work with people's attitudes, with their training, with their education, with how they see. We have to share that plan with the staff. The staff are who make change for you if you are the person we're caring for, not us in some office talking about how we'd like things done. Until we get – I've not shared the 10-year plan with the staff. We haven't had it down to that level. I mean, that's where we have to get to, and everybody knows that, but it takes time. It takes time to work with the staff, but that's where change really occurs. 'Cause when the people providing the direct care believe that that's the right thing to do and do it.
>
> That's the fault of a lot of planning, in my opinion. It's always up here and it takes a lot of time and energy to get it down to where the people who actually provide the care are, and sometimes we don't either have that time or we get kind of caught up a little ... [interruption, tape off] ...we talked about change. Anyway, I think change has to come, a lot of it, from the bottom up and so what we have to do is take the time to plant the seeds and then wait for those ideas to come from – because telling people how we're going to change is – that may happen when I'm on the unit but that's not where we wish to be....

As this excerpt depicts, the ideal of bringing together planning and practice is not always realistic. Sometimes there is not time to bring these together, and sometimes they get caught up in other things (not specified because of an interruption). Other times, in the midst of the work ("on the unit"), one will need to tell staff how they are going to change. But it remains the case that that is not the norm they strive for; it is "not where we wish to be." Rather, Mark believes in and works toward including staff in the implementation of change.

How World Shapes Managers' Actions

In rather sharp contrast to the previous world, and unlike the other worlds, this world displays less emotion, presenting rather a more matter of fact stance. What is

central to this manager's action is involving staff in implementation of change. This means taking the time needed to move a plan down to the level of the front lines. More concretely, this involves working with people's attitudes, their training and education, and simply with how they see things. The following excerpt fills out the details further.

> ...sharing with people, helping people to have the knowledge that's been learned in these other places about how, how it affects the residents, those sorts of things, so that we can make change, but you need the seeds, you also need the research, the proof that it happened somewhere else – this is how it worked for them, let's try it and see if that's how it works for us – those sorts of things. You need the actual – the people providing the care as a piece of the plan. So I think we do a lot better with change when the ideas come from the people doing the work, or at least a lot of how to implement the ideas. Because something that I think might be just wonderful, when you're the guy out there seven days a week, eight hours a day, it isn't necessarily that wonderful. It depends – it may be and it may not be.... It may be that they can see a way to make it work in a little different fashion and there's where I think we have to go with it – the people who provide – actually are there and, also, the people who live there – the people who are living in the – and receiving the types of care we're providing. I mean, where do they see it changing? Where do they see it going? Those are the things that I think would be interesting. Lots of people would like pets all over the place and just as many would like not. They grew up without pets in their house so I can show you, just for an example, what we think is the best alternative for all, is not. It is for some.

The work of involving the front line includes research, vicarious experience of change implementation gleaned from others in similar situations, education of employees, and practical knowledge gained from everyday interaction with clients. Even a concept as simple as having a pet in the facility becomes complicated when applied to an actual situation. Thus, listening to those who actually provide the services is critical. A good idea conceived at higher levels may in practice be good, but it may not be, and that is only known as those on the front line are brought into the implementation process.

Furthermore, as ideas are contemplated in the nexus of practice, not only does differentiation between ideas appear, but also new insights are arrived at. One good

example of this is the next excerpt where a discussion/contemplation of 'choice' in the context of long term care takes place. 'Choice' might look much different with dementia patients, for example. There it becomes 'interesting' and 'challenging', and it is expressed in ways that might not be immediately recognized as such. Then further, as Mark notes, while 'choice' is given philosophical ascent by most if not all nurses, 'choice' is also affected by the lack of dollars, which forces a higher level of efficient work practices from staff. To do the work well under fiscal constraint may require 'institutional' type behaviours such as routines, a behaviour that militates against allowing residents choice, for example, as to when to get up and when to eat. Finally, the additional insight developed at the nexus of practice is that 'choice' may be the penultimate goal rather than the ultimate goal in caring for residents. Even more fundamental is seeing each resident as an individual; it is on this basis of individuality that choice becomes grounded rather than merely conceptual.

> It certainly is a challenge though – choice in long-term care is a challenge in some ways because a large percentage of our population have dementia, therefore, staff have to learn that people are making choices when they just don't want to get up, when they shrug their shoulders, when they close their mouth 'cause they don't want to eat. Because mostly of the 23 people we have at any given time, there are probably only four or five or six who would be able to make verbal choices with a knowledge base that's sound – that are alert-orientated in all three spheres, so choice in continuing care facilities is interesting. And the other thing that makes it interesting – I don't think you would talk to a nursing person who wouldn't believe that philosophically a choice is the absolute best thing – that people shouldn't be allowed and the freedom, but the fact of the matter, the reality of it all, is that choice will always be, to some degree, affected by whether we have dollars or we don't. If you have lots of dollars, everyone can get up at a different time because you have lots of staff who can run around and do all of that. Any time you're working with a set amount of money and a set number of people, I'm sure you can see there has to be some amount of routine. Without some routine, there will be no care available to people because you can't be running back and forth, back and forth. But, certainly, we move toward increased choice for people, and not so much of the medical model. I think we need to work hard at getting a little more into just a rehab, social model of care. The place where

> choice works very well is in the assisted living housing unit. You know, the whole philosophy of people directing their lives. There are many, many examples of things we've done differently there...I think the trick is for us all to see the people who live here as individual people and once we see that, then choice comes much more naturally. Respecting their individuality is really the first challenge and if we can do that—some of the physical things that make you do that is if you let families and residents decorate their own room – that's one of the things we've found, and you definitely see them more as people and believe that it's their space as opposed to yours. And if you get some of those fundamental thoughts in your head that it's not your space, and then I think you see a lot more ways to advance choice and independence. (emphasis in original)

Strategic Team members also discussed extensively the necessity of working with staff and then how to do it. One meeting in particular devoted a substantial amount of time to this issue. Interestingly, while philosophical assent was given to the idea, the 'how' of putting it into practice remained nebulous for many. Those who did not understand the issue continued to use words like 'filtering down.' Those who did understand, however, substantiated Mark's observations and practices. They used words like 'engagement' and 'doing with rather than doing for.' They observed that 'vehicles for feedback' were critical, that attention must be paid to micro processes, and that change involving staff 'takes a lot of time.'

Summary of World

As we have seen, then, this world suggests that there may be a change coming, but on the other hand, it might not be a change at all. At this point in time Mark is reserving judgement. First, what the government is proposing is, in many ways, already being implemented, though under another name. The gentle care model has already been embraced and implemented by the staff in their interaction with clients. Second, what might be different in what the government is proposing will not be truly known until the

coming together of planning and practice in the implementation of change at the interface of staff and client, where real change takes place.

While this world shares a concern with Now = Then (World 1) around what is a real change, this world differs from World 1 in its absence of emotional intensity. This appears to result in part from the attitude of taking time, when possible, to work with staff ("planting seeds" and "wait[ing] for the ideas to come" from the bottom up). Another contributor seems to be the contemplation of, and reserved judgement on, what might be a change, which results in a more measured, thoughtful response as seen in the discussion of 'choice' above. Rather than simply going ahead and introducing what might be a change, it is first examined in light of the local situation.

Moreover, though prevalent, fiscal issues also are not central to this world of organizational change as they are in World 1. Where they do cause problems in terms of the change initiative is when they hamper or even suspend change efforts by requiring extra time and attention that would otherwise be applied to working with staff to make the changes. But in those situations this manager strives for balance between both meeting the budget and making effective change.

> I think a lot of our time and energy these days is spent on trying to balance the budget because rural – urban also – but rural regions face a lot of challenges around balancing the budget. It's a lot harder to move onto other change. At the end of the day we have to have dollars....we have to meet the basic things before we can get on with doing change and if we can't easily meet the basic care needs, then it becomes more of a challenge. So, I think the budget is a huge constraint on making change. Any budget that's difficult to meet, you spend a lot of time and energy on that piece of what you do as opposed to on making change that's effective for people you care for. So we try to balance both.

Mark, then, is a manager who seeks to involve his staff in the change to the extent that their input is valued as much as the planning aspect. For change to be real it must go

beyond changing names of things and beyond planning; it must incorporate the ideas and insights of the front line staff who actually provide the day-to-day care. In this way change is rendered practical and local, and hence becomes effective for the populations being served. In the end, for managers in World 2, taking the time to work with front line staff, while slower, will provide the desired results with a higher level of sustainability.

> Generally speaking, the people who do the work are best able to help change it, or I find anyway. They truly understand what they've been seeing and what people who they care for have been telling them or what would be better for them, and if we make it possible for them to do that, we will see choice and change and the Eden Alternative and all of those things. But we have to make it possible...

Story of Change, Momentum, and Time

The experience of change in this world is that there is no change now, but there may be a change in the future. This is not the reservation of judgement based on future temporal contextualization as we saw in Now = Then (World 1), but rather based on locating change at the nexus of staff and client.

The experience of momentum in this world is that of created momentum. While initially this world's slow-moving, incremental change appears to be an instance of inherent momentum, it is, rather, a case of created momentum. What determines the slowness of the change process is not the repetition of the past and corresponding restriction of managerial agency. Rather, it is this manager's conviction that real change happens at the interface of staff and client, and his action to deliberately slow down the change process in order to incorporate the ideas and responses of the front line staff. In fact, as we have seen, Mark has not even shared the Broda Report with his staff, unlike other worlds of change where that has already happened. This may also be why Mark is not overly disturbed by the interruption of fiscal constraint; it only gives him more time

to work ideas with the staff. Thus, in this world, front line staff are brought into Dutton and Duncan's (1987) sensemaking process. As that is completed, action is finally taken and, in this case, incremental change introduced.

The experience of time in this world of organizational change is one of slowness in terms of the sensemaking process, and continuity with the past in terms of actually implementing change. The sensemaking process is deliberately gradual in order to include the front line staff, and in implementing change, possible changes are modified with what is already being done and in terms of what will work in this particular situation. The entire process is highly interactive and engaged in the present. Time is not bifurcated, but remains continuous. Interestingly, in this case of created momentum, the manager's commitment to the change initiative is less than his commitment to his staff and clients. Energy and commitment are directed toward including staff and clients in the process rather than implementing the change per se, and thereby contributes to the incremental and evolutionary sense of the change process in this world.

World 3: Hitting a wall

> I guess for me, to sum up my experience with the change in continuing care and the transition, there's been some real highs – it's been really, really exciting, challenging. It's probably the best work I've done in my career in terms of being able to see some positive outcomes and to be able to have a really, really strong vision. But there's also been some real lows because there is so much we could do if we could just get all the ducks in a row. If we could get the – if the politicians could agree, if the departments could work together, if we could get the legislative changes, if we could get some agreement among the regions that they will all buy into the same system so that we have a system that's across the Province – not, you get something different if you're in Calgary and Edmonton than you do if you're in [ZRHA]. And if some of those things came together, I think we're positioned really well to make some big changes... (emphasis in original)

Catherine's summary depicts the central characteristics of implementing of change in continuing care as construed in this world. It has been a time of real highs: doing some of the best work over a career, doing exciting and challenging work, seeing positive outcomes, and having a very strong vision for continuing care. But it has also been a time of real lows: there is so much more that that they could do, but they are significantly hampered by a lack of coordination among a number of external factors: lack of agreement among politicians, lack of cooperative work among government departments, lack of necessary legislative changes, lack of agreement among the regions in terms of supporting one province-wide system of continuing care. The positive side is characterized by accomplishment; good things have come about. The negative side is characterized by a blockage in progress caused by inconsonance among external actors in the change initiative, a situation that appears to be remedied only by the fulfilment of a series of difficult conditions ("if...if...if...if...if...") that lie outside the realm of one's influence.

Key Elements

The story of change in this world begins with the Broda Report. The following excerpt from Catherine captures how the Broda Report gave significance to long term care, and energy to those involved.

> ...then the Broda Report came out and it defined a whole new vision for continuing care and it was really exciting. I think the Broda Report was very well received as a general rule and for me, what it did was bring a focus to continuing care that had never been there in health. Continuing care and long-term care as it was called in the past were always sort of the 'also rans'. Acute care was glamorous. It was high-tech. It was everything. And everything from the money to the attitudes sort of didn't put any – long-term care wasn't valued. It wasn't seen as real nursing. It wasn't seen as needing a lot of resources and not a lot of time had ever been spent on articulating a vision for long-term care. The Broda

> Report did that, and I don't know very many people who didn't agree with eighty or ninety percent of the Broda Report. There were little things in there that you think 'oh well, we're not going there' but, in general, it articulated a real positive new direction for continuing care, and it generated a lot of energy. For me it generated a lot of energy. I just thought, 'wow, the sooner we get on with this, the better.' And about that time, our leadership changed in [ZRHA] and we got both a new CEO and a new VP of Health Services, and especially our CEO had a real strong vision for continuing care as it was articulated in the Broda Report, and became an advocate, both internally and provincially, in articulating this vision, and so this gave us a lot of scope to move ahead to implement the Broda Report. (emphasis in original)

The Broda Report brought "a whole new vision" to continuing care that had "never been there in health." Long term care had always been the 'also ran' of nursing—and sometimes not even considered real nursing—in comparison to acute care. With Broda came a "real positive new direction for continuing care and it generated a lot of energy." The energy garnered by this new direction is evident throughout the continuum of care. A home care manager, Judy, and a facility manager, Sally, related the same sense of energy in different words.

> I think the next momentum, for me, is the Broda Report and all of the consultation that went on, and trying to identify really what the needs of seniors were, and that, to me, was a very good process because they did get to the people, [to] the individuals who were able to articulate what their needs were, and I think that that was the first time that they were really being heard. So, I think that that was an excellent progress, and the nine recommendations and the new vision for the future direction was good and the philosophy for continuing care as a result of the Broda Report. I think that that was a huge momentum for change beginning to happen in the right way.

> In that time [i.e. planning and developing the facility], then [Dave] Broda was working with his report and stuff and then I could see that holy cow – just being an apartment isn't enough 'cause I knew that they could come in and help look after [my husband] in my apartment but we had to have a wing where those people that are past that and not ready for long-term care can go, and that's what we have now. So it just kind of evolved.

At the Strategic Team, there were also other managers who described the energy they had with the new vision of continuing care. They looked forward to the challenges, declaring they were "gung ho" to move ahead.

The Broda Report seemed to galvanize people in continuing care in a direction that they judged as good. People agreed with "eighty or ninety percent of the Broda Report." Broda represented "excellent progress." The future direction and the philosophy were "good"; it was a momentum for change "to happen in the right way." The notion of supportive housing made a lot of sense. "[J]ust being an apartment wasn't enough"—it had to go beyond that to providing care for those not needing the full care of a long term care facility. Evident in these comments is the existence of a moral ascent to the content and direction of the changes the government is mandating.

Second, in addition to the impetus of the Broda Report, the region is seen as having benefited from the support of the leadership of the RHA. The CEO in particular "had a strong vision for continuing care as it was articulated in the Broda Report." This speaks to congruence between the provincial vision as outlined in the Broda Report and the top leadership of the health region. The CEO became an advocate for the Broda Report both in the region and at the provincial level. The result of this support for those in the region was the creation of significant leeway to implement the Broda Report ("this gave us a lot of scope to move ahead").

Third, managers indicate they have already achieved substantial results. The Broda Report provided significant energy and direction for initiating change in continuing care beyond simply being mandated by the government. Then, further encouraged by ZRHA's adoption and support of the Broda initiative at the top levels of

management, managers have grabbed hold of that impetus and moved ahead in several ways. Each has taken steps to move the changes forward in various degrees, and benefits have been achieved. Managers described several benefits in the course of their interviews:

- stovepipes have been broken down, allowing people to interact where they have not done so before;
- the way health care thinks about continuing care has changed, so that it is no longer an 'also ran' but an important aspect of health care in its own right;
- patients are thriving whereas previously they were languishing;
- elderly people have been experiencing a better quality of life, improving dramatically now that they are in a facility modelled on the new type of continuing care;
- communities have galvanized along the direction of change and come together in partnership with ZRHA;
- the social model of care is gaining stature.

The epitome of the benefits—a new model of care that provides choice and human dignity for those requiring continuing care resulting in better living—is captured in the following story from Sally. The story is reproduced here in its entirety in order to convey the depth of the benefits and positive emotion associated with the practical implementation of the new vision of care.

> Watching the people [has been joyful in this change process]. Watching the people and seeing how good they react. It's unbelievable. Well, if – I wish my husband – you could meet my husband – he's six foot two, about 280 pounds – he's a big man and he comes across as this big gruff guy. He's not. He's a big teddy bear, but when we moved our people in here...I think we had about five people the first while when we opened up and then, before you know it, we're

full. So already people are catching on that hey, yeah, you could go there. It's not an old auxiliary or an old nursing home. So that's fine. And this one man, he just turned 65 in here now, but he had a stroke a few years ago and he was in [Small Town] Long-Term Care and he was unmanageable because he was mad at the world for having this stroke, I guess. I don't know, so they sent him to [Another Small Town]. He was in [Another Small Town] for three or four months for assessment and then it was time to discharge him from [Another Small Town], so now where are you going to go? Well the family didn't know where and he didn't want to go to [Small Town], so they phoned and asked us. So we said, 'well, yeah, we could try it.' So he was in the hospital first for about four or five months. Then we moved over here and he was here for a month or so and then my husband came in here one morning to help do something or find something, and all of a sudden he looks and here comes this [man] around the hall, around the corner over there, with a cane. He was walking and [my husband] just stood here and the tears ran down his face. He said, 'there, we're paid' because it was – and everybody just – 'Lamb of God' [said with a sense of awe]. So it was probably – he was just mad at the world and he probably could've done it before but he didn't want to or whatever. Who knows. And he goes now – he's in his wheelchair quite a bit. If you look out there he's probably having a smoke...and that's what he does. He can walk and he walks now when he wants. He still can't talk and he's paralyzed on the left side I guess it is. And he has terrific headaches and stuff all the time and whatever, but he's got his own room. He can smoke in there. We let them smoke in their own room if they leave the window open a little bit and have a fan and stuff. It's their own life and they can do what they want and he's just happy. He can eat what he wants and get up when he wants and go to bed when he wants. Nobody's telling him what to do and he didn't like that. And now he's just turned 65. He's still a young man but, you know, he's – and we've got five of them down there that have had strokes and can't do much but they don't need to be in that long-term care facility, because they just need help eating. That don't take a nurse or a doctor. If I ever had a stroke and had to go and lay in a bed beside somebody that's getting tube fed and everything, I'd – no good, yeah, no good. You can't stand it. That's why you have behavioral problems. I would too. I would be like a banshee. No good.

However, in spite of evidence of benefits based on implementing Broda, barriers to further implementation now exist and persist, leading to the fourth element in this world: insurmountable barriers. The barrier in each case is an institutional player—the government in particular, but sometimes also, by extension, the RHA, both of which are surprising since both endorse the implementation of the Broda Report.

The government, after having endorsed Broda and insisting on plans from each regional health authority for implementing the recommendations, has itself not followed through with the necessary support to make Broda a reality. One aspect of this is funding. As Catherine notes,

> ...it's just amazing how time slips away on you. This whole year has been a lost year for us in the region because of this financial crisis. All of the planning and the program development has been put on a back burner while we try and find a way of pulling $5 million out of the system to survive, and so coordinated access – there hasn't been a meeting since this new fiscal year...

The need for the RHA to stay within a tight budget has lead to considerable energy being expended on cutting back and finding other ways to save money, leading to a loss of time and energy for leading the change forward. But linked to the issue of fiscal constraint is the issue of fiscal instability, which creates additional problems in its own right.

> ...funding is so sporadic. Through any budget year, there's so many government announcements. All of a sudden this is in and this is out, and it's like a rollercoaster in trying to do your fiscal planning, and we put a lot of energy in throughout a year trying to basically react to government directives that really should be established for the year and then reviewed in light of the upcoming fiscal year. But the reality is health care has always been a political football and depending on the time of elections and all those things, they affect our operations because of either resources being injected or removed during a fiscal budget year.

Don's image of a rollercoaster graphically portrays how monies may be available at one time only to be withdrawn later. Elections are named as one source of instability as government priorities shift. In this context it is difficult to create stability for the region generally and to maintain change initiatives. An example is depicted in the following excerpt from Catherine.

> And right after the last election was over and after and in-between the municipal election where new boards were elected, all of this momentum at the provincial level just kind of fizzled. There started to be – there's 17 health regions and at the provincial level, all 17 weren't supporting the direction of coordinated access and the implementation of the one assessment tool, and the Province was giving us the

> expectation that all these things were happening but they weren't giving us any financial support to make it happen...there was a lot of expectations that weren't backed up in any way by any financial incentives and I believe even if they had put in some small bits of incentives here and there, we could have got a lot better support.

Needed funding is presently not forthcoming for projects, such as coordinated access, which was endorsed by the government, and so these are put on hold. Moreover, the lack of funding for province wide projects such as coordinated access has, in this manager's opinion, lead to less support for the initiative across the 17 regions since now the onus is on each individual region to purchase the information technology to support the initiative. In other cases not shown here, monies for housing projects, such as the HAPI funds, were withdrawn prematurely, just as or before communities had come on board, which brought those initiatives to a halt and jeopardised community relations. Lack of funding has also lead to near closure of a facility that was built with the new philosophy of 'aging in place.' It's sustainability remains in question in the face of not receiving the needed government support.

Another aspect of the government not following through is the failure of the government to introduce the necessary supportive legislation and remove old legislation that is now a barrier to change. Don suggests

> If there's any challenges there [to the 10 year plan for implementing the Broda Report], it's trying to implement some of those philosophies, recommendations, and ideas when we still haven't got a provincial context to it. I believe that the study made a lot of recommendations as far as what needs to change at the government level in regards to legislation and policy, but that is very slow in coming and it's very difficult for the regions to implement some, and, I think to move the change along until there's a better government frame-work as far as legislation, policy, regulations and guidelines...

The difficulty perceived here is a lack of provincial framework for implementing Broda consisting of legislation, policies, regulations and guidelines. This echoes the same

sentiment expressed by Don at an earlier Strategic Team meeting. Don suggested it was important to have a framework established at a high level for making changes. For example, definitions needed to be set at the top levels, with the implication that then all would be working from the same page. (Moreover, this orientation filters down to the perceived work of the Strategic Team. That is, in leading change for staff, it is important for the team to be 'clear on the rules.' These must be "articulated" so that there is a clear picture for everyone to follow.)

Since the change in continuing care is a systemic change involving home care, supportive housing, and long-term care facilities, a change in one requires a change in the others in order for the change as a whole to move ahead. Better yet in Don's view is one large act of legislation rather than separate pieces. Yet the government has not put into place the legislation needed to make the three aspects of continuing care a true continuum.

> if we don't have a provincial frame-work, we don't have the right kind of acts -- legislation for continuing care, not just long-term care here and auxiliary hospital care here and home care here. It's all got to be part of one large act of legislation that doesn't put up barriers as far as the continuum of care.

Indeed, for Jesse supportive housing is in something of a limbo.

> See, [implementing Broda] is going to be difficult to do because of one thing. Supportive housing doesn't fall under long-term care funding which is your classification. It doesn't fall under housing, which is your lodge. It's in-between.

This lack of legislation has kept communities from moving forward with building new facilities. Without government funding of some sort, rural communities cannot afford to build the supportive housing outlined by the Broda Report. On the other hand, for those who have already built, such as the facility managed by Sally, the lack of legislation for supportive housing has created havoc.

> When we first were starting – when we were still in the hospital – and I thought holy cow, hospitals are under the Hospital Act and the lodges are under the Housing Act and everything, and I said I wonder what we are. So you phone up to the government and you talk to everybody that thinks they know and nobody knows. And, to this day, they still don't know so I said, 'well do I have to have a license or what makes us able to look after these people'.... But there's nothing. There's no licensing or nothing to say that we are okay. We're not accredited. And I've phoned and I ask, and no, well, you don't fit under that and you don't fit under that and you don't fit here and you don't fit there. Well, no, we don't know what you are.

The development of this new facility took 3-4 years and yet the government still does not have an answer for Sally. In the meantime, the facility faces a serious fiscal deficit since they cannot access any Alberta Health and Wellness funding currently available under the Hospital Act and the Housing Act, even though they are providing care in a supportive living context based on the principles of the Broda Report.

Given the difficulties at the government level, the RHA is caught in the middle, attempting to move forward with change in continuing care while not having the necessary support from the government to do so. This manifests itself in relation to the partners and communities in particular. Answers to key questions are not forthcoming, initiatives are put on hold, resources shift to other projects, and clarity and energy are lost. For Sally there is fear that they are not on the right page again.

> I would like to build on, but when I talk to the RHA they kind of shrug their shoulders. No, they didn't think we'd better do that because we're going to do this here in [City]. Well, when I watch what they're doing in [City], and listening to the staff there...I'm scared we're not on the right page again. So I'm kind of just hanging back and just waiting...

For Jesse, there are simply many unanswered questions that have both kept the initiative from moving ahead as well as dissipating whatever momentum he and the community group had developed.

> Again, we've been asked to slow down and to wait to see how everything pans out this year in regards to – being our health region has a $7 million deficit. Where are we going to come up with the capital [for a supportive housing project]? How are we going to deal with – how are we going to solicit private ownership? Are we going to do a partnership between a private company, non-profit, or a for profit company, who is going to either build the building, [or] renovate an existing building, and then how's it going to be run and who's going to run it and how's it going to be regulated? Questions that we all address in our committee, and we've had citizens' groups, we have senior citizen members, we have local administration, Town Council, and a local hospital, and to senior management through the [ZRHA] come in and talk to us and give us direction, but we stalled. So we had this great momentum for eight to ten months and then we kind of hit a wall and we can't go over – can't address any more ideas because there's a bunch of unknowns, so...the momentum was there, there was a lot of momentum. We had a lot of buy-in and we dissipated because we haven't got any more answers to the questions that we're waiting on still. (emphasis in original)

How World Shapes Managers' Actions

We have already seen the positive emotions and energy produced in managers through the support provided by the Broda Report and ZRHA for change in continuing care, which in turn has lead to the accomplishment of significant changes by managers. The "scope to move ahead" has led to real highs and real accomplishments. What remains to be detailed is the shaping of managers' actions in light of the insurmountable barriers they face.

As represented in the excerpts immediately above, the presence of these formidable government barriers, with which the RHA now must work, is highly detrimental to the continued progress and development of the changes in continuing care. The perception of the managers in this world, however, suggests that these effects are not confined to partners and communities. It is also detrimental for the RHA's managers and frontline staff. The result internally is cynicism, frustration, fear, and loss of motivation. Catherine's and Judy's stories are representative of these dynamics in the present

situation. Catherine first outlines her loss of motivation stemming from her fear that all the work and progress achieved thus far will be for not since failure to follow through is the historical pattern in health care.

> And so from my personal perspective, over the last year, particularly, I've begun to have that really uneasy feeling about having gone out on a limb here and is it getting cut off behind us, and how can I keep my personal energy up around meeting this change, and how can I keep the energy of my various teams up, because we're famous – we're absolutely famous for getting something so far and then not being able to implement or not carrying through.... (emphasis in original)

Catherine now details a number of instances where significant change was initiated and then failed to be carried through. These include the new CNDDI assessment process, mental health, and Aids to Daily Living.

> So, we've got these assessors out there who were willing for a little bit of time to do a double assessment to try it out so it's on a stand-alone computer laptop database and it has to manually be fed over to our ADT system, and they're saying 'so how long are we going to have to do this now', and we're saying 'maybe, I don't know, it might not even happen', and so how do you keep people from getting cynical and burned out in that kind of an environment, and how do you keep it from happening yourself, because I just – I've been through – and this is part of my experience of change – let's talk about mental health. I've been through so many things that we – and the ADL, Aids to Daily Living Program, [ADL program was to be regionalized, mental health to be regionalized, all of which has not gone through].... And then, because the 17 regions couldn't get [inaudible] across the Province and because of political – whatever the forces were that happened at a higher level than regional it didn't happen. So, all of that work and energy came to nothing. So, there's been a history of adopting change and moving and acting on it and then having it fall through. And I guess – talking about my personal experience, I'm starting to be fearful that we are not going to be able to do this. (emphasis in original)

Judy's story shares Catherine's frustration with the lack of follow through, especially since from her perspective the program would really benefit people.

> I see coordinated access as probably a very user-friendly client way to go. The frustrating part I see is the slowness of getting that off the ground. There's been committees working on it here – it's been a provincial thing that's on, it's off, it's on, is it going to go through the whole process? We didn't get the funding that we

> needed from the Provincial Government to roll this out across the Province. So to me, it's a good thing – it's something that will improve access for people and there's all these delays along the way and I find that just very, very frustrating 'cause, to me, that is something that will really improve the quality of care for people, and – or the quality of service, not necessarily care but service, and I guess I just would like to see it happen sooner than later. And I know [ZRHA] has struggled with it as well because they've had people working on it and then, well, are we going to go ahead, are we not going to go ahead? And I understand where that's coming from because of budget and fiscal restraints and all those things, but I guess I find that very frustrating because I can see the benefit for the people... (emphasis in original)

Frustration, cynicism, and loss of motivation have come with stalled implementation ("that's on, it's off, it's on...delays along the way"; "it might not even happen"). More profoundly, the emotion of fear contextualizes the other emotions by linking the present events to a history on the part of government of not following through with change initiatives. The delays appear not to be isolated events; it seems to be a pattern of action that has repeated itself again and again, up to and including the present. The stalled implementation in itself, especially after all the work accomplished and progress realized, has been tremendously damaging, but linked as it is to a history of not completing change initiatives makes it potentially even more devastating. It is like "having gone out on a limb here and...it getting cut off behind us." This linkage intimates a loss of hope that the change will ever be realized, at least within this manager's career.

> And I guess – talking about my personal experience, I'm starting to be fearful that we're not going to be able to do this. That this change, at least maybe not in my career, because I haven't got that many years left – I've got four or five years of working years left before I retire, and so I see that the Broda vision will eventually come, but it will have to go through another iteration somehow or other.

Concluding the assessment, Catherine shifts the completion of the changes to a further iteration beyond her time, perhaps to uphold a faint hope that history in the long run will not prevail and eventually the changes will come.

Summary of World

This world of organizational change as created and portrayed by these managers, then, is characterized by initial enthusiasm and energy concerning the changes in continuing care. This has led to vigorous change activity resulting in some real, tangible benefits. Don characterizes it as fundamental change:

> I just feel what we've been doing here is on the leading edge of true health reform. It's just not restructuring, changing boundaries and calling something different than what is really the same. I think that there's been really some progress and true reform. And I think there's certainly much further that we can go if we can just have the right framework in place for us.

Yet, in spite of this advancement, the change progress has hit a wall in the form of key institutional players—the government, and by extension, the RHA. While endorsing the Broda Report and demanding its implementation in each health region, the government has not kept astride the changes that have been initiated ("the study made a lot of recommendations as far as what needs to change at the government level in regards to legislation and policy, umm, but that is very slow in coming"). Whether caused by a change in priorities, as potentially with the Mazankowski Report, a shift in attention, as with looming elections or other political issues, or simply repeating the historical precedent of not following through, the government's lack of action on key supportive issues—funding, consensus, legislation—has effectively stalled the implementation of Broda's recommendations. The effect has been the loss of enthusiasm and energy, and the appearance instead of fear, frustration, and cynicism.

Moving ahead is framed in two ways. First, managers in this world use conditional clauses ("if we can get..."; "if we can just have...") where the condition can only be met by an external player. Given the lack of agency, not much hope is to be found here. Second, some managers resign themselves that only further iterations beyond the present efforts—another time with other people—will eventually bring the change to its fruition. Here there is faint hope, but it remains beyond the scope of their present work.

Thus, whether based on conditions or iterations beyond one's time with the organization, the implementation of change as desired will not take place in the present. These managers are stuck, now able to achieve only incremental adjustments around the edges but unable to move past the barriers in the form of the central institutional player(s) that stand in the way of realizing the change in any fuller measure.

Story of Change, Momentum, and Time

The experience and understanding of change in Hitting a Wall (World 3), as depicted above, is one of having made real progress implementing change in a new world of continuing care, but now, in the face of insurmountable barriers, the change process is coming to a grinding halt.

Momentum in this world is experienced in two phases. The initial phase is an instance of inherent momentum, that is, action conforming to a new orientation in continuing care defined by the Broda Report. Wonderful gains have been made in accordance with the vision, principles, and strategic directions outlined in the Broda Report and the government's subsequent affirmation of Broda, Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta (2000).

However, this world is now facing an insurmountable obstacle, identified as government inaction, which seriously threatens to block any further progress and even undo what has been achieved. The immediate cause of the block appears to be the loss of momentum for change at the government level after elections were held. With its attention diverted from the change in continuing care, the government became out of sync with the changes going on in the regional health authority. Given this scenario, failure of government's created momentum (momentum for change) contributes to the failure of new world inherent momentum and possible reassertion of the inherent momentum of the old world of continuing care at the RHA level. The situation could change again if the government were to re-engage and take action on those things that would help the RHA to move ahead. But the government's action may be another instance of a pattern of initiating change and not following through. In this second scenario, the inherent momentum based on the new orientation is now in danger of being overcome by the inherent momentum of the government's pattern of activity.

Regardless of which situation managers in this world face, the end result may be the continued dominance of the inherent momentum of the old system of long-term care. Given this bleak outlook, the enthusiasm and energy managers experienced earlier is replaced with cynicism, fear, frustration, and loss of motivation.

The experience of time in this change is one of having entered a new 'era' with the advent of the Broda Report. In this sense, the change experienced is a radical one. The old world needs to be overcome, but there is a lot of scope to move ahead within the new orientation because of the support of both the government and the top leadership in the RHA. There are certainly stresses involved in working to overcome the old

orientation in continuing care, but those are ameliorated by the support received and the sense that the new way is indeed the right way to go. However, with the threat posed by the blockage of government inaction, there is a sense that another era may be dawning, or that the new era of Broda will simply be overcome by the old pattern of government action. In the former situation, time is experienced as a series of eras; in the latter, time is experienced as a recurring pattern based in the past. In either case the gains made could be lost.

World 4: A Rocky Road

"The change, in itself, has been a rocky road – a rocky road."

Fay begins her story of implementing change in continuing care by describing it as a rocky road, which is representative of how the managers in this world tell their stories of change. The work has been difficult. There have been ups and downs. But in the end they have made progress.

At the heart of the work of implementing change in this world is a very pragmatic approach to change in which managers pay careful attention to the context within which change must take place. This orientation is well represented by the following short quotes, oft repeated in this world.

"Well, we will do what makes sense here."

"...and that really works well in here."

The story of change in this world is grounded in the particular context with which managers must contend when implementing the change in continuing care. Doing what makes sense means paying attention to the details of the context, and then taking those actions that are appropriate and that will work given the context. Change implementation

is highly pragmatic. What is done must work within and for the given context. For example, Jason, one manager in this world, identifies the importance of implementing the change in continuing care in the region since it has such a high percentage of elderly people. Then, given that elderly people have a high need for familial and familiar supports, it is important to attempt to care for them near to family and what is familiar.

> Well, we've got communities out there that are 25 and 45 and 65% seniors, so if we didn't provide services where they live and where they have family support and where they have community member support, we're going to take them into a situation where their unmet needs are going to be very, very, very high. And we're going to be taking them from a place where they're comfortable and have known all their life to a situation where they're very uncertain and they become very, very dependent no matter how well they want to serve themselves. Because the circumstances have changed so much.

Sensitivity to the needs of the rural elderly, in this case, is part of the considerations that lead to pragmatic solutions that work in this context.

Key Elements and How World Shapes Managers' Actions

Managers in this world, more so than those in the other worlds, use a variety of metaphors, such as the dance, walking through mud, and paddling upstream, to communicate their pragmatic experience of implementing change, the key element in this world. The use of metaphors so intertwines this world's central element of pragmatism with the actions managers take that these will be discussed together here. I will highlight two of these metaphors, the 'dance' and 'walking through mud,' which are particularly representative of this world. Both depict a different sense of being grounded in context while implementing change, as well as the actions managers take on the basis of those metaphors.

The metaphor of 'the dance', in particular, captures the sense of being in the moment.

> ...there's lots of stuff out there that impact on what we do, and doing that dance between what we're doing now and the things that were operating – the principles that we're operating under now and the anticipated ones – is kind of grey sometimes, and so that becomes a dance to stay clear about what we're trying to do in the moment and still think about how it may be and how we can position ourselves to be ready to move, 'cause I think that's one of the things that we've tried to do in this office is be in a position where we're ready to move – structure ourselves and structure our processes so that they aren't so cumbersome, that we can move when we have to. And that's the dance.

'The dance' is a metaphor that directs attention to the day-to-day exigencies and contingencies of carrying out one's normal work responsibilities while also anticipating changes that may come and implementing those that do. It is a metaphor that graphically captures the responsiveness to the myriad contextual issues involved in implementing change.

The manager who uses this metaphor, Grace, is positioned on the front lines. She locates her story of change at the nexus of management and staff. She sees herself as the "interface" with staff where "change often has to take place." It is a place she considers both exciting ("where the action is") and frustrating ("stressful" and having "a lot of resistance") as she attempts to implement change. It is also a place that is impacted by numerous pressures coming from several sources, such as senior management, the media, and both the provincial and federal governments, but the implications for change from these pressures are not always immediately apparent. All of these pressures with their uncertain implications then lead to 'the dance' between what is and what is to come.

As the interface between the front line staff and the organization, Grace is a vital link between the big picture and the small picture for the implementation of change. As

she notes in the next excerpt, the larger picture tends to be philosophical in nature, and as that meets the smaller picture, it encounters the practical issues of the context in which it must become a reality.

> I think we're moving more toward trying to develop services around a person where their unmet needs are being met and being met in a way that will help us maintain them where they want to maintained. So, philosophically, I think that that's where we're trying to go. Practically, I think we've got turf and we've got all kinds of expectations and regulations and criteria and best practices and those kinds of things that have to be worked out on the ground.

Bringing the two together is more fully described in the following excerpt.

> S: What part do I play [in the change]? Again, as the front line manager, my primary part becomes trying to, first of all, understand what the changes are, trying to articulate them to staff along with why – you know, how we need to do things differently. So from the big picture to the specific, how does this live out, which isn't always easy. I'm the person that is in daily contact with these folks, and I'm the person that gets the questions, 'why do we have to do this? why do we have to do that? this doesn't make sense.' And it doesn't make sense from – when they're the ones that are in contact with the client and they're the ones that have to say 'we don't provide this any more.' Those are the day-to-day realities that nurses face with trying to operate with different clients. So that's one of my roles, I think. My other role is to try to give feedback back if what's being asked or expected is just going to be impossible or going to be so detrimental, or we can't do it in the amount of time that is being expected, then I need to be giving that feedback back. So, that doesn't often happen as much – it happens through [my supervisor], but I don't have a lot of contact with where decisions are being made. I think about my role, again, is just being an advocate for staff as well when change is overwhelming or we're not ready to make that change, so there's an opportunity to say, 'can this be delayed while we do this and this and this' and, again, [my coworker] and I work very closely together and it can often be a double voice thing, I think.
> I: You mentioned being a feedback mechanism when something is detrimental. I'm wondering detrimental to whom?
> S: To clients and/or to staff. I think both...my primary responsibility is if staff are going to be impacted in a way that I think is going to be too difficult, or for clients if there's a change in, say, one of our programs and we've got clients who it's just going to make it impossible to function and there's nothing else to pick that up for them, then I have to ask some questions. I try to do that.
> (Note: S = speaker; I = interviewer)

At the interface, two roles emerge in bringing together the big and small picture. The first is being a translator of the change initiatives—understanding what they are, articulating them to staff, and helping them figure out "how this will live out" in the day-to-day interaction with clients. It is a role that moves change initiatives from the big picture of plans and directives to the small picture of actual day-to-day delivering care to clients. The other role at the interface is to provide feedback to higher levels of management. When things are "impossible," or "detrimental" for either staff or clients, or the timeframe is too short, then that feedback must be provided in order to correct the problems. It is an advocacy role—giving voice to the realities of implementation on the ground.

The role of translation is a creative role. It is attempting to make things work within a context containing both possibilities and constraints as the next excerpt describes.

> Well, probably the pieces that I get the most out of are the creativity – the 'this is coming, how can we implement it.' There is a creative piece in there. There is an opportunity to brainstorm and to pull ideas together and to think out of the box and to try to work this – try to take what we have to do, and think about the staff that we have, and be creative around how best to implement it. And to help them through the change can, at the same time, be the most frustrating. There is that creative piece but it also can be the most frustrating because of probably other things that come into play – all the contract stuff, the union issues, and other things that can complicate and throw roadblocks into that creative process. There are limitations around contracts. There are limitations around just the amount of energy it takes to do the day-to-day as well as that creative piece. It's like you focus on the detail and the dealing with the day-to-day, and then shifting to the bigger picture and the limitations. So that can be a struggle. But, probably the most fun is trying to be creative and putting that into the works.

The role of advocacy is one that feeds back to higher levels knowledge gained as changes are attempted on the ground. For example, the philosophy of 'unmet needs' has much broader implications for practice than perhaps first thought.

> I think the next shift happened with the whole emphasis from meeting the need to meeting the unmet need, and that was a big shift for us here. And we're still struggling with that one. When I first started with home care, and where the regionalization had happened and we were interfacing with the hospital and doing more to facilitate early discharges, for example, our mandate was to meet the needs, so we had a lot of ability to respond and to create ways to provide services to clients. We've shifted into an unmet need where, because of budget primarily and philosophy changing, under Broda primarily I think, we are looking at meeting the unmet need of clients rather than meeting the need. So that's a shift in thinking that becomes crucial in terms of services and how case coordinators are approaching clients, and it involves a whole different set of skills – exploring and negotiating and setting limits. So that shift has had a huge impact on how we do our work... (emphasis in original)

While the philosophy of unmet needs is ZRHA's centerpiece for implementing the changes in continuing care, the 'on the ground' reality of implementing the philosophy inevitably reshapes it. On the ground it is not simply a change in philosophy with an attendant change in the types of services offered, but it is a reversal of initial policy that is difficult to 'sell' to staff and clients, and it requires the development of a whole new skill set on the part of those who administer the new policy to clients. Moreover, there are times when other policies actually counteract this core underlying philosophy.

> my primary responsibility is if staff are going to be impacted in a way that I think is going to be too difficult, or for clients if there's a change in, say, one of our programs and we've got clients who it's just going to make it impossible to function and there's nothing else to pick that up for them, then I have to ask some questions. I try to do that.

Policy changes occasionally result in clients not being able to meet unmet needs ("it's just going to make it impossible to function and there's nothing else to pick that up for them"). In other words, the implementation of a policy may create unmet needs that can then not be met because of that policy. This conflicted situation is only known on the ground and requires feedback to the higher levels of management.

The vagaries of continual change are difficult to work with, creating frustration and anxiety, but two solutions exercised by Grace and Sam (another manager in this world), respectively, are keeping one's focus on the moment, on the day-to-day, and, alternatively, keeping one's eyes fixed on the ultimate goal. While very different, both strategies help these managers alleviate the anxiety and frustration associated with the flux and flow of a world in continuous change. The following excerpts illustrate both strategies.

> [I: What has been difficult in the process of change?] Probably the ambiguity around what's happening – what are we changing and the whole communication process around – because the provincial and national picture changes so rapidly, and there are, at least it seems to me – this is my story – it seems to me that there's political stuff that's happening and we often don't get a clear picture of what we're supposed to do and how we're supposed to change. And that becomes very frustrating. Some things get stalled because all those little pieces aren't in place, and I understand that you can't move forward until all of the building blocks are in place and all of the pieces, and yet it seems, sometimes, that we're continually sort of in a holding pattern waiting to see what it is that we're supposed to do. So, that's a very frustrating thing, and I understand it. I understand it in terms of the political scene and just what's happening with health, but it still is frustrating. I try to let go of that and just continue to do the day-to-day and be ready to respond when it comes – the dance.

> ...just remembering why we are here. I think people lose sight when they work in an organization where there is constant change on the real reason why you're there, and I think sometimes we forget in health care that we are here for our patients and clients, and we sometimes focus on the other things like ourselves and unions, and we get wrapped up in some of the political things, where I think if we just remember why we are here and look at the needs that are being met and the needs that are not being met, and continually trying to strive to do more and to do things better, and to – even if it's small steps and only one thing changes.

Sam's remembering of his core purpose is further assisted by a photo of his grandmother (mentioned after the interview). Recognizing that she may soon need the support of continuing care, he strives to make the appropriate changes that would make his facility a facility of choice for his grandmother. So in the midst of the continuous changes he

experiences, Sam attempts to anchor that flow and flux in what for him is a very personal future goal of a better facility that would appropriately meet the needs of his grandmother.

The second metaphor that captures the interplay of context and implementation of change is that of walking through mud. This metaphor graphically captures the difficulty in securing consensus among team members to continue the process of implementation. In the following excerpt, Fay explains a number of issues that had to be dealt with before realizing progress in the implementation of change. There was the ungainly size of the team selected to develop the plan for implementation which led to many feeling disenfranchised. There were dysfunctional behaviours among team members. There were process issues in which discussions and decision making bogged down. There were mixed messages with regard to reporting and extent of responsibilities. As she concludes this segment of her interview, Fay likens dealing with those difficulties to walking through mud.

> I think that the way that we were required to structure the original strategic team, so it was the idea that more is better, and people, as a result, didn't feel they had a role on the team, couldn't see why they needed to be on the team, and, therefore, it was dysfunctional. We had people not wanting to come. They'd drag themselves to meetings. They would put all kinds of barriers within the group to get the work done, and that was very difficult. When it was confronted and recognized, and we could change it and have a smaller group that had meaningful roles and responsibilities, we just went miles. Some of the behaviours of the strategic team members – just couldn't be accountable for the work that they agreed to do....We had a great deal of difficulty with some of the sub-teams, so, for example, ...Coordinated Access took forever and ever, and that was very difficult. It was so laden with process that it turned the strategic team members off...it wore the group down. It was also difficult that the strategic team was not a mature working group, so that they did not deal with these issues as a team very frequently. It was all behind the scenes....I was getting mixed messages as well from who I was to report to, and on what issues. When we sat down...and really looked at what we needed to change in order to get these two done, that was one of them – make it clear. But it took people – people had to get very angry and fed

> up, and I guess mad enough to say that, and I suppose that's usually the case. So, when it was said and the dysfunctional members were dealt with – behaviours – and there was a smaller team, they said yes, go ahead and do your smaller team – restructure, re-configure – everything went well. Really, it did....So there were some struggles. There was a bit of mud to walk through. (emphasis in original)

A number of these issues were also identified in the observation of Strategic Team meetings. For example, the issue of needing representation lead to many people being involved both on the Strategic Team itself as well as the sub-teams, making them ungainly. There was also an abundance of paper involved, bogging people down in details that were not necessary for the work of the team.

Besides the 'mud' of behavioural and process issues, the achievement of real milestones in the process of moving the implementation forward is described by Fay largely in terms that reflect achieving common understanding, vision, and purpose.

> ...I think that that was a major milestone for this organization to truly understand and buy-in to the idea that we really will age differently. We will age in place. That, and all the things that that means, and to see it reflected then in how we design our supportive housing and how we start looking at our continuing care centers. So that first realization that truly we did need to shift – that there are things in the organization that had to change and change drastically....another milestone was where the strategic team leads truly did share the same vision and the same values, and...to really see that in action from the discussions we had in meetings. A big thing, as well, was recognizing the gaps – provincially, regionally, and then locally, and truly doing some planning and shifting so that we could serve people better – truly plan to serve people better and truly deal with those barriers. (emphasis in original)

Getting to the point of recognizing the need to shift, of commonly owning the vision and values for continuing care, and of recognizing the gaps in the continuum, was not easy, as the next excerpt points out. However, in the end that struggle was valuable for the transformation it achieved in people, as well as the subsequent progress in planning.

> ...its truly been joyful watching people struggle and watching people get angry and ticked off. We've had people sometimes leave meetings. We've had huge arguments behind closed doors. We've had dysfunctional behaviour to deal with...it tends to happen in two's and three's but behind closed doors. But I think that's marvellous because when people behave that way, you know that they're really engaged in something they believe in and that is important to them. So, the behaviour and the angry words and the resistance is so positive because you know that you've got their attention and this is really important to them. So I've loved that personally, and to see the transformation. I've had strategic team members come to me...with a written plan... I know it has changed the way they view the world in many ways, being able to come with a plan, and being able to almost fight their way through some of these ideas and these philosophies and operationalize them. And that struggle, as frustrating as it has been, has been joyful. And seeing us make mistakes and sort of look like we're never going to get where we need to go, and actually we worked through it and addressed what we needed to address, and it worked. That was wonderful...

Walking through mud captures well the difficulties encountered for these managers in implementing the change in continuing care with the people who need to be part of the process. Getting common agreement was not simple, being characterized by sharp disagreements, arguments, and other dysfunctional behaviour. But ultimately the perseverance through the struggles proved to be transformative, allowing the team to go "miles" ahead in their work. The action plans have been produced, and from them a new, tangible future is evident. With plans in hand, the next steps identified by Fay continue that emphasis of working with people to bring them alongside. Working with staff at individual sites to help them transition to a new way of operating, and working with communities to help them embrace a new way of serving the elderly will again be difficult work, but in the end the transformations and lasting results will have been worth it, as it has with the strategic team.

Walking through mud is also a metaphor that applies to engagement with higher levels in the organization, even as high as the government itself. As with other worlds,

this world faces a significant roadblock in the government, as the following excerpts portray.

> I'm conscious that I should be saying that Alberta Health & Wellness should also be doing things – changing policy and driving policy change, but they don't. It's so mixed up and so difficult that I think regions ultimately gain that momentum and keep it going.

> Well, we've just submitted our 10-year continuing care plan and...a sort of 11 assumptions. These are the things that we're assuming will be in place, and quite frankly, it's a work plan or business plan for Alberta Health in the Seniors Department because they've got to do a whole bunch of things that haven't been done...

However, in contrast to other worlds where the government poses a seemingly insurmountable barrier, in this world managers approach the government, as well as other roadblocks that present themselves, with a 'take charge' orientation. The excerpts above hint at this. In the first excerpt, Fay suggests that whatever momentum regions have for implementing the change eventually becomes their own rather than coming from government ("I think regions ultimately gain that momentum and keep it going"). At the Strategic Team meetings she noted that Alberta Health and Wellness had not provided feedback on their plan to plan, and so they would "just go ahead" anyway. At the same meeting Fay noted that "we are ahead of what the province is doing" and the region would continue in spite of that. In the second excerpt, Jason suggests that rather than waiting to act, these managers become proactive, in this case making suggestions to the government for what they need to do that in effect become a "work plan or a business plan" for the government. If government does not act, they themselves act. They lobby government for changes. But they also do more, as this next excerpt from Fay shows.

> I think that many regions – this is just based on my experience – tend to look to the government for 'oh, then you've got to give us more money,' or 'we can't move until you put this in place and this in place.' Whereas, we take the attitude

> that we will push forward on both fronts. We will lobby the government to change what needs to change, we'll be in their face, then say 'boy, you're making it hard' or 'this needs to change,' but we will do what we need to do to do business differently because we believe in that. We really do that, and if it means that we have to implement even manual systems because provincially they're held up and arguing about infrastructure, then we do it. If it makes sense and if it's the right thing to do, we have to do it.

Lobbying government is only one-half of a two-pronged proactive approach to implementing the change. The second prong is that these managers "do what we need to do." They will go ahead with changes, finding solutions to problems, even if government support is not yet there. They do this because they "believe in that...If it makes sense and if it's the right thing to do, we have to do it." One such solution noted here might be to implement a manual system in place of a stalled provincial electronic (implied) system in order to serve the region now.

As may be surmised from the excerpts immediately above, the work of lobbying government is done at the upper levels of management. But the basic principles of creatively doing what makes sense and feeding back information to higher levels of the organization also exist at the front lines, as we saw with Grace. At both the higher and lower levels of the organization, managers work within their contexts and within continuous change to pragmatically carry out the implementation of change.

Summary of World

This world of organizational change, then, is characterized by close and full engagement with the exigencies and contingencies encountered day-to-day. The metaphors used to express this world of change—the dance, walking through mud, and paddling a boat upstream—all depict and emphasize continual involvement with context and the expenditure of energy in order to continue to make progress in the implementing

of change. But the engagement is not easy. It is indeed a rocky road. When roadblocks, of which there are many, manifest themselves, they are dealt with in various ways, but in each case it seems that managers take charge of that which is within the scope of their engagement. Indeed, even government inaction, the major roadblock of World 3, is nullified in this world by taking the momentum for the change upon themselves and continuing to move ahead propelled by a pragmatic as well as moral imperative ("if it makes sense and if it's the right thing to do, we have to do it").

For managers in this world, then, the change in continuing care is not theoretical but experiential and practical. It is found at the interface of the front line staff and clients. It is also found at the upper levels of management, which interfaces with the government and other top managers. At both levels the exigencies and contingencies of day-to-day life are critically important, and engagement with these shapes the implementation of the change directive. Moreover, planned change in this world is conceptually and materially located in ongoing continuous change.

Story of Change, Momentum, and Time

The story of change in this world as depicted above is one of making continual progress through constant engagement with the context. As we have already seen in the government story of change, it is a story of change characterized by ongoing extensive and intensive interaction. Here we also see that it is buoyed by pragmatism and moral imperative.

In this world, the experience of momentum is that of created momentum. It is a momentum created and sustained by managers in the context of ongoing intensive engagement with day-to-day exigencies in the present. It is a momentum that waxes and

wanes as managers interact with day-to-day circumstances and situations. Ongoing energy and commitment must be applied to the change initiative in order for it to continue. Even when the momentum for change is initially located elsewhere (e.g. with the government), these managers eventually take the momentum for themselves, especially when the initial source of momentum for change falters. That is, they take charge of the situation, maintain the momentum, and keep the change moving forward. In this way, barriers to change are nullified, redefined, or transformed such that they do not stop the process of change even if they pose problems and at times impede progress.

The experience of time in this world is that of being fully engaged in the present in which the past continues to exert influence through structures and behaviours and the future exerts influence through the vision for a better future. The change being accomplished in this world is experienced and understood as a radical change evidenced in the ongoing high energy and commitment to the change needed and exerted by managers. Moreover, most managers in this world see the change as radical in that the vision for continuing care is a whole "new world." Getting there, however, is accomplished through continual engagement in the present in which the continuity of past, present, and future is preserved, and in which there is recognition and incorporation of continual change all around them.

World 5: It never stops: Massive and unrelenting change

> And it just never seems to stop. We think, well, once we've got the writ [??] implemented, and once we've got the home-bound status implemented, and once we're on track with doing case reviews, and once we've got all the new assessment forms for palliative care down pat and everybody's doing it, then we should be okay. But it never stops. And I understand that change is a good thing and that we need to keep upgrading ourselves, but it's just been massive in the last couple of years probably. (emphasis in original)

Change in this world is experienced as massive and unrelenting. Within this short excerpt, Ray mentions four changes that he has had to implement with his staff. Implementing these changes should lead to a level of stability ("then we should be okay"). But bracketing the entire sentence is the poignant recurring phrase capturing his present reality: "it just never seems to stop...But it never stops." What hope of stability might have come with fully implementing the four changes is non-existent.

Repeating the phrase a few sentences later in the interview, Ray links the experience of continual change to the creation of significant stress ("I need time to absorb all this"). He also identifies the source of most of the relentless changes to be Alberta Health.

> Well, as I was saying to you before, there's been so much new come on in the last little while that you keep thinking it's got to stop somewhere because I need time to absorb all this, and to make all these changes in my practice and attitudes, but the momentum continues and I guess there are many, many reasons for it – fiscal restraints being one, and needing to do things more effectively and efficiently. Certainly, a lot of the change is coming from Alberta Health beginning with the Broda Report, and then basically the government has decided 'you will do this', and we're still in the process of planning and developing what we need to do, and as those plans roll out, it's going to mean continual, continual change.

Key Elements

The two themes of significant stress and the source of that stress being Alberta Health are central to this world of massive change, and both are encapsulated by this manager in the word 'downloading.' The manager in this world has the sense of being the recipient of downloading from the government, in particular Alberta Health and Wellness. The changes to be implemented are directives that come mostly from Alberta Health. The attitude of the government perceived by this manager is "you will do this,"

which suggests little or no leeway. The government has demanded the implementation of the Broda Report, which will mean continual change as that rolls out. The government has also imposed fiscal restraints that force other sorts of changes—those which will promote greater efficiency and effectiveness. The link between fiscal restraint and change is made more directly in the following excerpt.

> Well, beginning with regionalization in '94-'95, the early discharge, [and] the idea about keeping people at home longer who have disabilities and chronic health problems probably began then. It was really being downloaded to the home care program, and so it began as a program that – funding seemed to be unlimited, so everyone was taken on the program, everyone was provided with everything they wanted versus needed, and it was a program that just exploded in terms of costs and clients that were on the program. And then we moved into more recent years where fiscal restraints were being imposed upon us. It's been really hard for the staff to change from a concept of totally taking care of their clients to doing assessments and determining what the basic needs are, and moving to providing the lesser amount. [It] has been really hard for them. (emphasis in original)

Regionalization was followed by the "downloading" of early discharges from acute care to the home care program, and by the lengthening of home care for disabled and chronically ill people. The home care program thereby grew exponentially with a mandate (implied) that home care would fully take care of clients. More recently fiscal restraints were imposed on home care, and this has lead to the change of decreasing the amount of care provided to clients. This concept has been very difficult for staff to embrace after having operated under a mandate to provide everything clients needed.

Within the past year fiscal restraints have become very onerous, and this seems to be where the RHA plays a role. At an earlier time, budget constraints allowed for some leeway; now there is no leeway. Again the perceived attitude, this time of the RHA, is "you will operate within these parameters," a stringent demand with no latitude.

> For example, fiscal restraints [have had a significant impact on the implementation of change]. Certainly that's very recent with this year's budget and the shortfalls that the majority of the regions are now experiencing, and trying to deal with that and stay within the budgets that are allocated to us has become much more of a local responsibility – [a] local manager responsibility, and even if – I've been here just about four years, and there's a big change between this year and when I first started in terms of the expectation to stay within budget parameters [said in a deliberate manner]. And it's basically 'you will operate within these parameters.' Whereas, three years ago it was 'Well, if you go over, it's not that much of an issue. We'll look at the bottom line and see where we're at.' But now it's much more clear that you will stay within these parameters...

How World Shapes Managers' Actions

With the Broda Report and the fiscal restraints, the momentum for change continues unabated in this world. The result, as alluded to earlier, is significant stress on the manager and his staff in this world. The changes, many and continual, have had a tremendous impact on the practices and work being done by the staff.

> What I'm finding is that the changes are impacting staff at the front line in terms of the amount of training and learning that they need to do, and this is around new paperwork, new ways of doing things, new assessments – just generally changing the way we're doing things, and that's taking an incredible amount of time for staff to learn about the changes. And it's excellent that we're getting into a formalized palliative care program and that we're doing new and better kinds of assessment that will give us better information in terms of what the actual needs are, but staff, with very limited time, that's taking a lot of time away from their direct client care [said in a deliberate manner].

The directives that come require an "incredible amount of time for the staff to learn." They are good ideas ("excellent", "better information"), but there is limited time. The directives come as an addition to the direct client care staff provide, and are taking "a lot of time away" from that responsibility. Staff are experiencing a significant time crunch as a result of the changes they are being required to implement. As might be expected, accompanying the changes is a growing sense of burnout by both Ray and his staff.

> Well, up until now, I've found the idea of change exciting because it was going to lead us to a more effective and efficient service. But I've been in management for 14 years and I'm getting tired. I'm not sure that I can continue to provide the leadership that's needed in order to move ahead, and I really have to seriously consider whether or not I can maintain a momentum for myself.
>
> And I've seen staff get to the point where I'm introducing something new and they just say 'I don't want to hear it, I haven't got my head around the writ [??], I don't understand why we're doing this, don't give me anything else.' And this group is an especially cooperative, supportive, independent-thinking group, but even we get to the point where it's just too much.

As we have seen, change in this world is understood as new policy directives which must be implemented (implementation of policy directive is a goal to be achieved). In the course of implementation, staff are not so much involved in the process as given directives which they are mandated to implement as quickly as possible. Policy changes are interpreted (not translated) to staff so that the directives are understood (even this is disputable), and this is followed up by reinforcement of those policy changes. Overall, the characterization of the role of managers in this world, as typified by Ray, is to lead the staff in the changes and help them to accept those changes.

> Well, the biggest part of it is probably being aware of the changes that are coming and being able to interpret those to my staff. I need to bring it to them in words and ideas that they can understand and that make sense to them, and then, from there, continuing to reinforce that with them, providing examples of – like sitting down in a case review, I need to be thinking ahead all the time: is there a different way we can do this? what are the options out there? have you thought of this? Just continually stimulating them to keep thinking more globally. And just, generally, leading them into this new world and helping them to accept that this is where we're going. This is where we're all going. We might as well be going there together. And I'll do whatever I can to support you and to advocate for you, but this is where we're headed.

Even as the perceived attitude from Alberta Health and the RHA is "you will do this", so too the sense given at the interface of front line manager to staff is "you will do this." Some support is offered (being aware of the changes that are coming, interpreting those

to staff in words they understand, walking through new assessments with staff), but beyond that the expectation is that staff will do what is expected ("this is where we're all going. We might as well be going there together"). Advocacy does not seem to include translation nor feedback in this world as it does in World 4.

Summary of World

Managers in this world, then, are those who receive their marching orders and seek to move forward with those orders. The direction has been set, determined by those in higher levels of management, and, handed down to the front line, it is now their responsibility to implement the changes as ordered. They interpret the changes to their staff, whom they attempt to shepherd through the changes, but with the attitude of 'you/we will do this' rather than buffering and advocating for staff to superiors. The result is much effort expended to implement changes as required, in addition to the demanding primary responsibility for direct client care. This leads to the very real risk of burning out, however, since they see the changes as continual. Working hard at implementing the changes should lead to a level of stability once again ("once we've...once we've...once we're...once we've...then we should be okay"). That is a normal expectation. But it does not hold in this situation. Stability never comes. In this world those conditional clauses do not represent their reality. Stability in this world is a wished for future that will not arrive.

Story of Change, Momentum, and Time

As we have seen, the change in this world is one of massive and unrelenting change. Policies requiring implementation continue to come from higher levels of

management, and there is no sense of this coming to an end, especially as the implementation of the Broda Report recommendations are about to begin.

The experience of momentum in this world is one of malleable momentum. Action is taken on the basis of time-linked goals, which in this case is meeting the budget by the fiscal year-end. The pressure is unrelenting and the time frame is relatively short for implementing the service changes that will lead to less expenditures. Thus the activity in this world is experienced as intense. This manager also makes comparisons between an earlier time when the pressures to meet the budget were not so strict and it was relatively easier to lead staff through changes, and the present situation in which there is a perceived sense of strict adherence to meeting the budget and an unrelenting amount of change to implement within a short period of time. Interestingly, in this world there is no sense that the pressure will let up once the time frame comes to a close or when the changes demanded are achieved. Rather, there is a sense that the fiscal year end as a pacer will be replaced by the timelines associated with the RHA plan to implement Broda, and that the present changes, which themselves are taking a long time to accomplish, will be followed by many more.

In this world of organizational change, unlike the other worlds, clock time plays a greater role. The issue of time is linked to fiscal constraint, however, rather than the 10-year time frame for implementing Broda's recommendations. In fact, the 10-year time frame hardly even registers with this manager at this point in time. Fiscal restraint is the central impetus for change experienced in this world through its link to the budget year. Then, further, the changes demanded require time for implementation, but the additional time is not there. Together, these appear to produce the frenetic pace of change and

accompanying stress for the manager and his employees. The experience of time in this world, then, is that there is not enough time to implement the changes demanded. The manager and his employees are experiencing a time famine (Perlow, 1999).

Summary

The five worlds of organizational change depicted above are constituted by managers as they make sense of their experiences of implementing change and give form to their sensemaking through the stories of change they tell. Each world is different, with a different central issue and different elements (see Table 12, beginning of chapter). Each world also reveals different experiences of momentum and time. Importantly, each world also shapes managers' actions in different ways, which impacts the way organizational change is approached and accomplished (or not) by managers in their respective worlds. In the following chapter we will now bring together the results of this study and the insights from the literature to inform and develop our understanding of the relationship of momentum, organizational change, and time.

CHAPTER 6: Momentum, Organizational Change, and Time

Several insights concerning momentum, organizational change, and time and their relationship arise from the empirical examination of managers' stories of change. First, when applying the theoretical constructions of momentum to the worlds, this study both confirms as well as further clarifies the original typology. Second, the data suggest that managers exercise temporal agency as they make sense of their experiences of change. That is, they configure the relationship between the past, present, and future in different ways. Furthermore, the inclusion of temporal agency better accounts for two other observations: the observation of five worlds of organizational change when we might expect only three based on the three types of momentum discerned in the literature; and the observation that managers' stories of change cut across demographic, functional, and role lines. Finally, the data also show how the constructed stories of change shape managerial action in implementing organizational change.

Typology of Momentum, Organizational Change, and Time

The literature conceptualizes the term 'momentum' in three ways, which I have termed inherent momentum, malleable momentum, and created momentum. Each conception is linked, respectively, to the past, future, and present. The three types of momentum give rise to different types of organizational change. In each case the extant literature assumes the priority of momentum; that is, momentum shapes the nature of the change.

The worlds of organizational change disclosed in this study both affirm and enhance these conceptions of momentum. Table 13 maps the theories of momentum onto the worlds of organizational change.

Table 13
Relationship of Organizational Change, Momentum, and Time in the Worlds of Change

World	Story of Change	Momentum	Experience of Time
Now = Then (World 1)	No Change	Inherent	▪ Identity of present and future with past ('sameness' across time) ▪ Past is dominant ▪ Continuous temporality
We'll See (World 2)	This might be a change eventually	Created	▪ Evolutionary, incremental progress ▪ Engagement in the present; present is dominant ▪ Deliberately slow pace ▪ Continuous temporality
Hitting a Wall (World 3)	Have made great strides but now stuck	Inherent	▪ Demarcation of new era ▪ However, past may yet dominate ▪ Discontinuous temporality
A Rocky Road (World 4)	We are progressing, though difficult at times	Created	▪ Engagement in the present; present is dominant ▪ Sense of continuous change ▪ Continuous temporality
It Never Stops (World 5)	Massive and relentless change	Malleable	▪ Cutting ties to the past and instilling new behaviour ▪ Clock Time ▪ Future dominant ▪ Insufficient time ▪ Discontinuous temporality

From the data we see that inherent momentum appears in World 1 and World 3. In World 1 inherent momentum is linked to no change. Here managers construct the story of no change and inherent momentum by identifying the present (and future) with

the past. The inherent momentum of World 1 also confirms the link between inherent momentum and the continuity of time discerned in the literature. That is, in both the data and the literature we see inherent momentum linked with 'sameness' over time. The past is constraining and dominant over the present and future such that the present and future simply reflect the past.

In World 3 inherent momentum is linked with incremental change, in this case following a punctuation (Tushman and Romanelli, 1985). The character of that period of incremental change is much different than that prior to the punctuation (and, by extension, long after the punctuation; Sastry, 1996; Isabella, 1990). We have seen the energy and enthusiasm as managers have acted on the new values and principles of the Broda Report, which demarcates the new era. This is not the usual picture of inherent momentum where the past dominates and managers are only able to make minor incremental changes. In some ways the momentum in this world appears to be created momentum—managers are bringing about great change, and do not appear to be driven by the past as much as striving toward a future vision. Yet it remains inherent momentum since managers are acting within a new orientation. That is, the Broda Report has created in this case the framework for action. Although managers are working toward a future goal, that goal is merely the future consummation of a 'reality' based in the past. In other words, managers are working in the 'future perfect' tense (Gioia, Corley, and Fabbri, 2002). It is a future envisioned as already having happened. This justifies the present actions taken to achieve in the concrete what is a 'reality' but at the moment manifested only as a new orientation (e.g. the values and principles of the Broda Report). Finally, if the new orientation is threatened, managers are virtually shut down

and accomplishments rendered meaningless. This suggests that a past framework truly drives managers, even if its full manifestation is still in the future. World 3 links inherent momentum to discontinuity, and that discontinuity provides inherent momentum with the unique characteristics seen in that world. Yet the data do not disconfirm the link of inherent momentum with continuity of temporality discerned in the literature since the inherent momentum observed in World 3 is an instance of an equilibrium period following a punctuation.

Malleable momentum appears in World 5. There it remains characterized by the pursuit of a future time-linked goal and the discontinuity of temporality created by a time-based punctuation. However, in this world the punctuation does not seem to create a new framework on which managers build (e.g. as in World 3). Rather, the changes seem to come piecemeal and are dealt with as separate issues. As such, the realignment toward a future goal is not realignment toward a new era and therefore does not necessarily negate former structures and behaviours. This has meant radical change activity for the manager in World 5—more specifically, actively cutting ties to the past while also striving to instil new behaviour to achieve the goal. Thus, the data suggest malleable momentum is linked to radical change rather than only the incremental change suggested by the literature.

Created momentum appears in both World 2 and World 4. The data confirm that created momentum is linked to both incremental change (World 2) and radical change (World 4), to the continuity of temporality, and to the present as the dominant temporality. The data suggest, however, that incremental change in created momentum can also be the result of deliberately slowing down the process of change rather than only

bringing about change from organizational inertia. This further calls into question the assertion that the incremental change of created momentum is associated with low energy. The manager in World 2 works intensively with staff as well as deliberately holding off the pressure to implement policy quickly.

With respect to radical change and created momentum, the data confirm what is implied in the literature that managers operate with a view to a future goal while at the same time intensively and extensively being involved in the present. The data show, however, that the path to the future goal and the time needed to get there are indeterminate, being shaped by the focus on engagement in the present. A further addition to the literature is the conspicuous engagement with continuous change. In World 4, managers have an expressed awareness of continuous change. That is, managers in this world more than others noted that the world in which they are implementing change is continually changing around them (Tsoukas and Chia, 2002). These managers, then, seem to recognize that they are working toward implementing a planned change in the midst of ongoing continuous change in the world. Since their focus is on the present, they are then able to incorporate continuous change with planned change.

Temporal Agency

The literature on momentum and organizational change has indicated the importance of time and temporality in understanding the relationship between momentum and organizational change. As noted in Chapter 2, Kelly and Amburgey (1991) pointed to the importance of history in determining the type of change taking place and the dominance of inherent momentum. Gersick (1994) has shown that the future is able to

shape momentum and the way organizational change takes place. Staudenmayer, et al. (2002) have shown how a break in work rhythms can impact people's experience of time which in turn can lead to a change in the organization. The data further confirm the importance of time and temporality for managers in making sense of organizational change and identifying momentum. In World 1, managers use temporality to demonstrate sameness between the present and the past. In World 2, temporality is used to show that the change being espoused by the government is not necessarily a big change. Moreover, in deliberately slowing down the change process, the manager in World 2 maintains the change as incremental and evolutionary. In World 3, the story of change only makes sense as framed within the context of a discontinuous 'era'. In World 4, the focus on the present keeps the change moving forward in spite of obstacles (unlike World 3), and continuous change is noticed more so than in other worlds of change. Finally, in World 5 the focus on a time-linked goal creates a sharp contrast between the past and the future, and drastically shapes the change experienced. Time and temporality are important for understanding organizational change and momentum.

Other authors also have pointed out the importance of time for organizational change. For example, as we get in close to the action (e.g. day-to-day) we will see more change; further away (e.g. year-to-year, decade-to-decade) we see stability (Ranson, Hinings, and Greenwood, 1980). The longer we stay with a change process the more continuity we will see; if we examine a situation only for a short time, we will see more discontinuity (Pettigrew, 1985). Different periodicities will show us different things (Zaheer, Albert, and Zaheer, 1999). Interestingly, in the data, getting up close has given

us both 'no change' and 'massive and unrelenting change', as well as three other stories of change in between. It has also given us both continuity and discontinuity.

Drawing on analyses of the five stories of organizational change constructed by managers involved in the 'same' government mandated change within the same organizational framework, I suggest that managers' exercise of "temporal agency" can account for this surprising display of difference. By temporal agency I mean the act of configuring (and reconfiguring) the relationship of past, present, and future, which in turn creates a different context through creating a different temporal relationship to that context. To accomplish this, managers draw on continuity and discontinuity, the two basic modes of understanding the progression of time (Zerubavel, 2003), and on the narrative 'device' (Czarniawska, 1998) of plot. In this way managers create coherence out of the flow of events associated with their experience of change, and create different worlds of organizational change in the process. What story they tell, what elements are important in that story, how those elements relate to each other, and how each of those together subsequently shape their own action in the implementation of the change are all temporally agentically constructed by managers.

To illustrate, I now turn to the construction of different temporal configurations by managers in the five worlds of organizational change. I will then provide an example of a manager who is contemplating temporally reframing of her story of change, which will make temporal agency and its implications for momentum and organizational change more explicit.

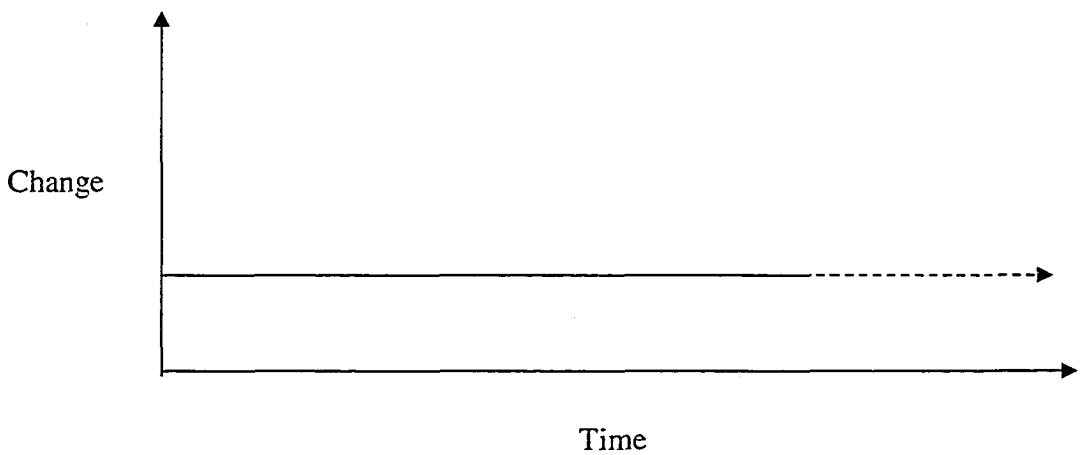
Managers' Worlds of Organizational Change: Configuring the Past, Present, Future

Managers' stories of the 'same' change reveal very different constructions of time and change. Each story exemplifies a different past-present-future configuration.

Continuity: The present (and future) is the past

World 1 (Now = Then) exemplifies the construction of the present and future as being substantially the same as the past. Successive time periods are constructed by managers as conveying sameness, not difference, in what is essential. 'Now' is substantially the same as 'then.' When illustrated with a graph, the story of change in World 1 depicts a straight line (see Figure 4; note: here and in subsequent graphs, the dotted line represents projection into the future). Even with much activity purporting to be change or purporting to lead to change, and even with significant changes to physical structures, the judgement of managers in this world remains that no change has taken place.

Figure 4
Now = Then with Little Hope for Meaningful Change (World 1)



The identification of the present with the past is constituted in this world through the identification of the essence of organizational phenomena in the present with those in the past. As we have seen, Debbie explicitly denotes the sameness of her situation in the midst of the implementation of change by saying "we were providing basic services then. We're still providing basic services now." The 'what' (services to clients) and 'when' (two points in time) are equated, creating a world that is essentially unchanged. Thus, when managers equate 'now' with 'then' and 'this' with 'that', they have essentially created continuity between time and between events such that those times and events become equivalent: the present becomes substantially the past (Zerubavel, 2003)

The future may also come to be represented as 'sameness' with the past/present when eventually compared with an earlier point in time. The likelihood of parallels being drawn between the future and the past/present is enhanced by managers framing the future in the context of a trajectory of identity and continuity between these temporalities. The following excerpt from Debbie illustrates this best.

> No, I don't [think the Broda Report will be accomplished in 10 years]. I think the ideals of the Broda Report and the recommendations are very idealistic, and they sound wonderful and it would be great if that all can happen. I guess, over my years of life in general and of dealing with health care changes and so on, to be realistic about it all, I don't have a lot of optimism. But maybe I'm too realistic or too grounded in reality...

Debbie's constructed reality is that the present continues to look like the past in spite of much talk of change over many years, and this leads her to conclude that the future will continue to be much like the past/present. To this point in time, she has framed her experience of change, which includes but is broader than the present mandated change, as a trajectory of continuity and identity with the past. This denotes for her a grounded

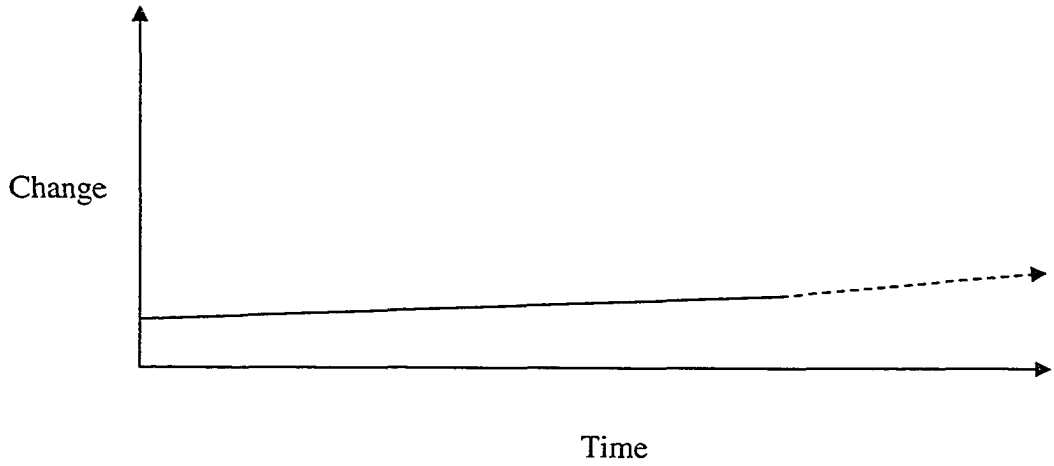
reality that conceptually militates against the implementation of the recommendations of the Broda Report, though morally she supports them. Within her 'realistic' framing, these recommendations become 'idealistic' and hence discontinuous with the reality of the situation as she perceives it. They "sound wonderful" and would be "great" to have but within the frame of past continuity she has constructed from her experience, there is really very little hope that they will be implemented.

The past, then, indeed appears to dominate the present and, in expectation, the future. But this dominance of the past is actively constructed by managers. Noticing those things that are salient to them and comparing their fundamental essence across two or more points in time leads to judgements of sameness or difference. If events and times are considered to be substantially the same, then the 'now' of the present is equated to the 'then' of the past, and the situation may be characterized as being predominantly influenced by the past.

Continuity: The future may eventually be different from the present.

World 2 (We'll See) exemplifies an evolutionary change (see Figure 5) whose pacing is not internal to the process but imposed by the manager in this world. Mark makes every effort to involve his front line staff—those who are at the interface of service with clients—in the assessment and implementation of change. For him, policy remains theoretical until it is implemented at this interface. Thus, Mark is explicit about having kept the Broda Report and its recommendations from his staff at the time of the interviews (two years into the process). He is more interested in planting seeds for change in his staff, and of hearing their thinking on various issues (e.g. instituting choice for long term care residents) than he is of simply forging ahead with the changes outlined

Figure 5
We'll see: Practical Assessment at the Local Level (World 2)



in the Broda Report. He is also careful to compare what is already being done with what is being asked. Thus, for example, the move to a social model of continuing care represented by the Broda Report and the Eden Alternative may simply be the gentle care model already being practised but with a different name. While he is not always able to control the pace ("telling people how we're going to change – that may happen when I'm on the unit but that's not where we wish to be...."), he strives to attain the insights of the front line, and to fully involve them in the change. In doing so, the change effort is made strong and in the end sustainable.

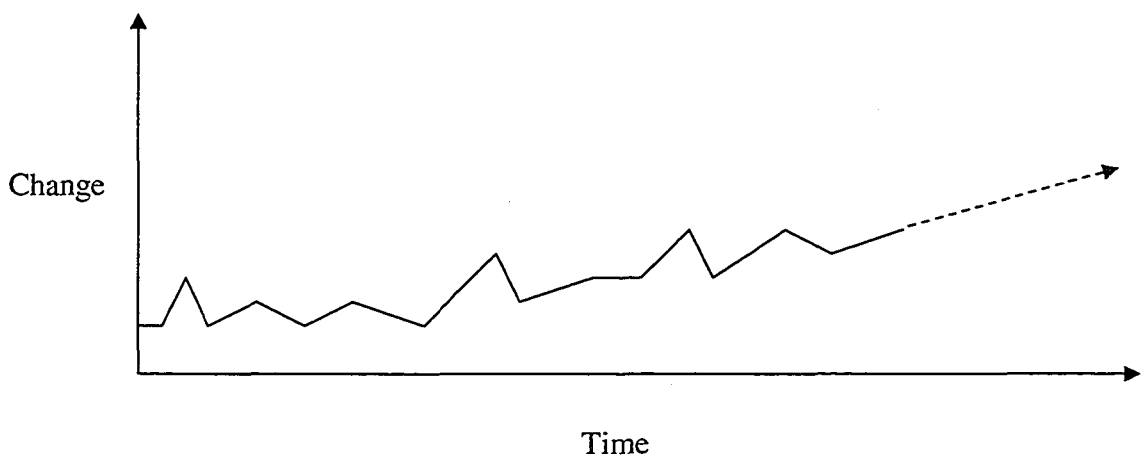
Like the managers of Now = Then (World 1), Mark constructs continuity between the past, present, and future. However, the present is not the past—in his facility, Mark and his staff have been implementing a "gentle model" of care. Yet the present is not discontinuous with the past. Rather it has grown out of the past as ideas are thought through and tested at the interface. The future is also not the present. He compares present practice with what is being envisioned for the future (i.e. the Broda Report and

Eden Alternative). Where these are the same the future will remain the present; that is, there is no need to change. But where there is a difference, that will come about through continuity with and growth out of the present. Thus, unlike the managers of Now = Then (World 1), Mark does not equate the present or the future with the past; he acknowledges the present as different from the past as well as the possibility of real change in the future. Yet getting to that change is best done in an evolutionary manner in which those whom the change affects most (staff and clients) are closely involved. By locating real change at the interface of frontline staff and clients, or what I call the kinesthetic, and by controlling the pacing of the change, Mark assures the evolutionary nature of change.

Continuity: Engaging Continuous Change in the Present

World 4 (A Rocky Road) also exemplifies an evolutionary change, but one that is much more convoluted than the others (see Figure 6). Overall there is a sense of progression.

Figure 6
A Rocky Road (World 4)



Yet the progress is not smooth. It is achieved through the vagaries of dealing with issues like setbacks and resistance, surprises that sometimes distract/detract from the implementation and sometimes enhance the implementation, waiting (for example, for communities to come on side), intense engagement with ideas and the concomitant intense emotions which slows things down, and partial understanding that leads to only partial implementation. The contingencies and exigencies of day-to-day existence are engaged by managers as they work to implement the change in continuing care.

The convoluted nature of the progress in this world seems to be the result of consciously engaging both the past and the future, as well as continual change, in the midst of planned implementation in the present. In this world, more so than in other worlds, managers characterize their world as a place of continuous change in which they must operate. To depict this sense, managers both directly claim that the world is continuously changing, as well as use numerous metaphors to attempt to convey their experience of engaging continuous change while implementing planned change. Hence, the 'dance', which places the manager in the moment, straddling both what is and what is anticipated. 'Walking through mud' vividly portrays that sense of slogging through the murkiness of working through deeply held issues, ideas, and practices in the face of new ideas and associated practices. And, finally, 'paddling a boat upstream' captures that sense of continuously expending energy to keep the change initiative moving toward a particular goal in the face of pressures from the status quo, misunderstandings, unanswered questions, insufficient funds/time, lack of trust, etc.

In each case there seems to be a sense of being in the now while at the same time working toward what is 'not yet'. The dance is explicitly described in this way:

> ...there's lots of stuff out there that impact on what we do, and doing that dance between what we're doing now and the things that were operating – the principles that we're operating under now and the anticipated ones – is kind of grey sometimes, and so that becomes a dance to stay clear about what we're trying to do in the moment and still think about how it may be and how we can position ourselves to be ready to move

Walking through mud led to eventual transformation after heated engagement between what is now and what is yet to come (i.e. the ideas of the Broda Report). Paddling upstream also engages the now while also holding to a future goal.

Continuity in this world, then, is constituted differently than in the other worlds. Here it seems to be especially based on the idea that undergirding reality is continuous change, as opposed to stability. The world is in constant flux, and it is in the midst of that constant flux that planned change is implemented. To do so successfully requires day-by-day engagement of continuous change while at the same time holding out a future goal. In this way, the past and the future are engaged with a continuously changing present.

Moreover, pragmatism, with a sense of moral imperative, is dominant—what works and what is right to do in this context is what is pursued. Consequently, managers in this world are characterized by a 'take charge' attitude within the sphere of their influence. Plans are made, but held relatively lightly in the face of engagement in the present, which has the strong possibility of reshaping plans. For example, if plans from higher levels of management are not working 'on the ground', that local knowledge is fed back to higher levels, thereby providing input for changing plans rather than simply forcing through the initial plans. For example, Grace sees her role as guarding both staff and clients from policy implementation that would produce harm rather than benefit.

> ...my primary responsibility is if staff are going to be impacted in a way that I think is going to be too difficult, or for clients if there's a change in, say, one of our programs and we've got clients who it's just going to make it impossible to function and there's nothing else to pick that up for them, then I have to ask some questions. I try to do that.

At upper levels of the organization, managers also change requirements that do not work within the context they are operating. For example, as the plan to partner with communities for building supportive housing was being proposed to one community, the government time limits on the proposal were scrapped since the community would not be able to reach agreement within that timeframe.

> Someone [at the community meeting] points out that there are deadlines [for applying for funding from the government] in the documents handed out to the group. Don replies that they have scrapped the deadlines. They want to work with the communities and that there are no timelines attached to this. Jason adds that ZRHA will work with the pace of the community. Don underscores the importance of this. "We don't want to make wrong decisions."

In this world then, continuity is achieved by engaging continuous change in the present in which both the past that has lead up to it, and the future in the form of a future goal all interact. In this way continuity is preserved between past, present, and future.

Discontinuity: The demarcation of new worlds

The creation of discontinuity is the act of punctuating continuity into distinct periods. Typically the demarcation of specific periods is accomplished by the retrospective identification of a 'watershed' event that marks the end of one period and the beginning of another (Zerubavel, 2003). At the Eden Alternative meeting, for example, a Board member suggested the existence of two very different worlds in the province of Alberta demarcated by the rein of a premier; thus he spoke of the Lougheed era and the Klein era. In World 3 (Hitting a Wall), discontinuity is created first with the

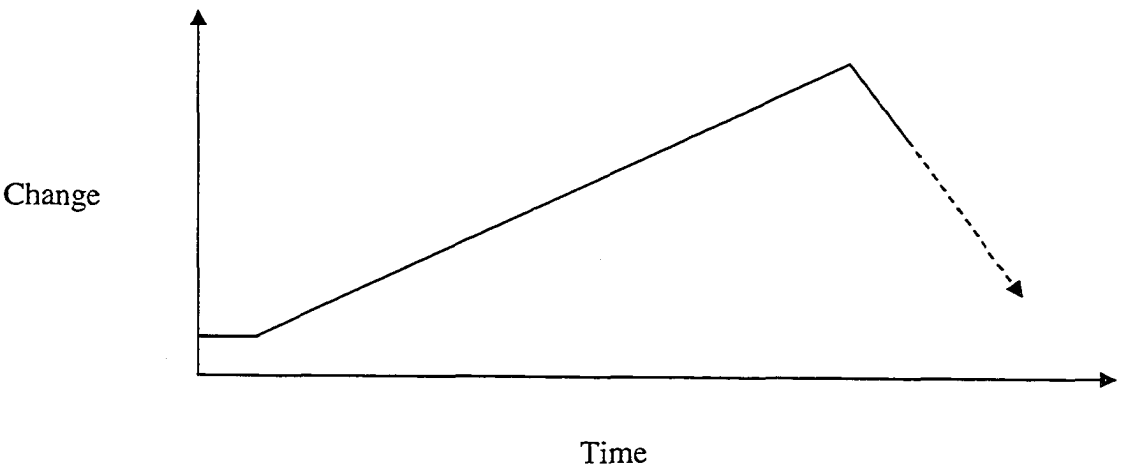
advent of the Broda Report. This report gathered up the wide and loosely connected discussions in continuing care, giving the discussion both coherence and energy as it raised its profile. With the Broda Report, managers are able to talk about 'before and after' as illustrated in the following excerpt.

> And then the Broda Report came out and it defined a whole new vision for continuing care and it was really exciting. I think the Broda Report was very well received as a general rule and for me, what it did was bring a focus to continuing care that had never been there in health. Continuing care and long-term care as it was called in the past were always the – sort of the 'also rans'. Acute care was glamorous. It was high-tech. It was everything. And everything from the money to the attitudes sort of didn't put any – long-term care wasn't valued. It wasn't seen as real nursing. It wasn't seen as needing a lot of resources, and not a lot of time had ever been spent on articulating a vision for long-term care, and the Broda Report did that...it articulated a real positive new direction for continuing care and it generated a lot of energy.

The Broda Report came out, and with it people were able to talk about the time before Broda where continuing care was looked down on—an 'also-ran'. They were also able to talk about the time after: there was a focus to continuing care that had not been there before; there was an articulated, positive vision for what continuing care could be. It also generated "a lot of energy." Even more so, the Broda Report transformed the identity of continuing care. The Broda Report, then, in retrospect, has in this world become a watershed event, and as a watershed event, it has become a marker for bifurcating the continuum of time into distinct eras, pre- and post-Broda. Accordingly the activity post-Broda has been exciting, hectic, stressful, but in the end good because it has been directed toward the accomplishment of the Broda vision for continuing care. It has been the context for some of the best work done over a career in health care by at least some managers.

But there may be new era dawning. It may be too soon to tell with certainty since there may not be enough retrospective distance on the present circumstances, but the world has definitely changed. Things are different now, and managers have become fearful. The potential watershed event now is government inaction. Those in World 3 have already identified government inaction as a serious problem with potentially devastating consequences for the vision of the Broda Report as well as the morale of the health care professionals and staff who have been intensely labouring to fulfil the vision. But it remains unclear as to whether this is just a serious problem or in fact a watershed event, though the strong suspicion is toward the latter. Thus in the graph of this world (see Figure 7), the turning point leading to a downward trend suggests the demarcation of a new era, the past of which was the wonderful work on the Broda vision and the post of which is the depressing grind of trying to make do with what they have without further government support. Yet there may be hope. Gains have been made, the demographic

Figure 7
Hitting a Wall (World 3)



continues to age, and new managers who only know Broda are entering the ranks. Perhaps the watershed event of government inaction can be thwarted (for more discussion on this see the next section, Temporal Reframing, below).

Discontinuity: Cutting the ties to the past

Discontinuity is also the characteristic of World 5 (It Never Stops). For Ray, change means change in policy, which must then be implemented regardless, and with the change in policy a new world is created. His role then is leading his staff "into this new world and helping them to accept that this is where we're going. This is where we're all going. We might as well be going there together." The key changes in policy that demarcate the new world for Ray are the fiscal restraints that have forced changes in the way home care is provided (i.e. focusing on unmet needs), and the Broda Report, the effects of which have started but are really yet to come. Together with these key policy changes is the perceived attitude on the part of the government and ZRHA that no leeway exists in the implementation: "you will do this" is the understood accompanying threat, a further characterization of this new world.

In Ray's narrative we again see the before and after bifurcation that we saw in Hitting a Wall (World 3). Ray easily speaks of the time previous to the present world where there was more leeway in meeting budgets and where there was ample money for meeting people's needs in home care. That has fundamentally changed. Moreover, at an earlier time there was a greater sense of stability than there is now. Now instability seems to be the norm since changes in policy are continual.

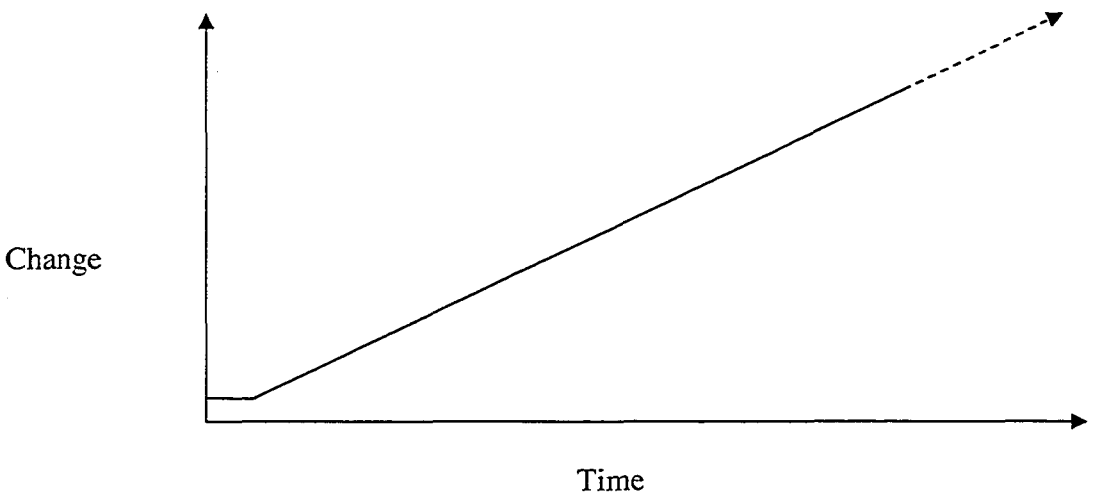
The more prevalent characteristic of World 5 with regard to discontinuity, however, is the cutting of ties to the past. Zerubavel (2003) notes that to accomplish a

new beginning, links to the previous world must be severed or destroyed (see also Biggart, 1977). Ray describes his task as a manager in exactly this way. He is there to make sure that staff understand the changes they need to implement, and then to reinforce those changes in their work and behaviour:

> Well, the biggest part of it [i.e. his role as manager] is probably being aware of the changes that are coming and being able to interpret those to my staff. I need to bring it to them in words and ideas that they can understand and that make sense to them, and then, from there, continuing to reinforce that with them, providing examples of – like sitting down in a case review, I need to be thinking ahead all the time: is there a different way we can do this? what are the options out there? have you thought of this? Just continually stimulating them to keep thinking more globally. And just, generally, leading them into this new world and helping them to accept that this is where we're going.

Helping staff move into this new world demands deliberate reinforcement of new policy and procedure which carries the strong implication of severing links to old behaviour. Sitting down to do a case review in the new way is Ray's way of walking with his staff into the new world.

Figure 8
It Never Stops: Massive and Unrelenting Change (World 5)



The graph of World 5 (It Never Stops) depicts the massive and unrelenting change that characterizes the world at this point in time (see Figure 8). This is the transition time from the old to the new, the time when old ties are severed and new behaviours and patterns of work are established. The assumption is that at some point stability will appear (i.e. when all the change has been implemented), but at this point stability is nowhere to be seen. Hence the continuing strong upward trend.

Summary

Examination of the construction of temporality—the relationship of past, present, and future—in the worlds of organizational change demonstrates managers' temporal agency in creating worlds of change that are either continuous or discontinuous. The creation of continuity is seen in the case of Now = Then (World 1) and We'll See (World 2), discontinuity in Hitting a Wall (World 3) and It Never Stops (World 5), and a special type of continuity based on continuous change in A Rocky Road (World 4). These constructions create different worlds for managers, and different experienced realities. Yet these constructions are not necessarily stable; that is, managers can reconfigure the temporality of their worlds as may be needed, and thereby create new experienced 'realities'.

Temporal Reframing

To make managers' exercise of temporal agency and its impact more explicit, in this section I provide an example of a manager who is contemplating temporal reframing. She moves from a discontinuous configuration to a continuous one, significantly reshaping her story of change in order to overcome her experience of a serious block to

further implementation. This example especially highlights managers' ability to exercise agency with respect to time. Since time is a central frame shaping our existence (Hall, 1983), temporal agency provides people with a powerful sensemaking 'device' (Czarniawska, 1998) able to change our very 'reality.' This appears to happen in two ways: realigning reality and ontological redefinition. Both of these 'devices' are evident in the following example.

Realigning Reality

The exercise of temporal agency realigns 'reality' by placing the elements of a world into a different relationship with one another. Czarniawska (1998) points out that narratives have plot, which bring the various elements of the narrative into a coherent, meaningful whole. If the elements of the story are placed in a different order, the story changes dramatically. The linkages between elements change, the elements themselves are seen in a different light, meaning changes, and new worlds are formed. One clear example of such a shift is found in Catherine's narrative. Catherine is presently in World 3 (Hitting a Wall) but demonstrates a possible shift to World 2 (We'll See) by reconfiguring the story of change. As the reader will recall from the previous chapter, the world of Hitting a Wall is summarized by Catherine as follows:

> I guess for me, to sum up my experience with the change in continuing care and the transition, there's been some real highs – it's been really, really exciting, challenging. It's probably the best work I've done in my career in terms of being able to see some positive outcomes and to be able to have a really, really strong vision. But there's also been some real lows because there is so much we could do if we could just get all the ducks in a row. If we could get the – if the politicians could agree, if the departments could work together, if we could get the legislative changes, if we could get some agreement among the regions that they will all buy into the same system so that we have a system that's across the Province – not, you get something different if you're in Calgary and Edmonton than you do if you're in [ZRHA]. And if some of those things came together, I

> think we're positioned really well to make some big changes... (emphasis in original)

At the moment Catherine has reached an impasse. She has done all that can be done and now it seems the fate of the change lies with an external entity—the government. If the government does not act in some specific ways—if it does not get the relevant departments working together, if the legislative changes are not made, if they cannot build consensus among the RHAs as to what continuing care will look like across the province—the change which is now stalled may drop off altogether. Catherine likens it to "having gone out on a limb here and is it getting cut off behind us."

Faced with such a significant barrier to implementing the changes in continuing care, Catherine seeks to redeem the situation by temporally reframing the situation. She proposes two solutions: first, to continue to do the smaller changes over which she can exercise control, and second, to reconfigure the present situation, placing it within a new temporal framework.

The first solution maintains the world she delineates with her narrative, and allows her to only tinker around the edges with incremental changes. For example, she can shape internal structures to better provide for an integrated system if it does come. The ideas of the Broda vision can continue to be shared with the front line staff, some of whom have not even read the Broda Report let alone internalized it. Planning can take place for the provision of services in the future, so that the region can be ready to move quickly if the barriers change. But all this activity remains within her story of 'Hitting a Wall' and remains ultimately futile and dissatisfying. The barriers remain dominant. Catherine sums up this option as follows:

> In the meantime I think we're going to make some good progress, but we're going to have to sort of do it by navigating the system as it exists now with the barriers that it has, and that's unfortunate – it's frustrating.

However, Catherine's second solution actually reshapes her world temporally, and by so doing marginalizes the barriers she is experiencing. Rather than continuing to see the present implementation as a single linear episode, Catherine now temporally reconfigures the story to be a cyclical, iterative story:

> this change – at least maybe not in my career because I haven't got that many years left – I've got four or five years of working years left before I retire – and so I see that the Broda vision will eventually come, but it will have to go through another iteration somehow or other [...] it will happen – it will happen, but, there's cycles yet that I think we have to go through. (emphasis in original)

The basis on which she reshapes the story as cyclical is a three-fold realignment. The basis for hope of eventual implementation first lies with gains already made. A number of changes have already been made that have reshaped how care is delivered. For example, with regionalization the functional stovepipes have been broken down and health care professionals from various disciplines are communicating and cooperating across those lines. Institutional regimes have begun to change, both in terms of physical structure and service. That is, long term care facilities are being renovated and redecorated so that they are more home-like, least-restraint policies are being implemented, and the practice of feeding stations is being abandoned.

> Huge, huge positive benefits have already occurred – people's thinking and I think we've done a shift – we've changed our thinking about what continuing care should be and we've changed lots of physical structure things...

These changes provide a basis from which to continue reform, but in and of themselves they are not enough. So in addition to these gains, Catherine points to two key events that are yet to come, namely, the demands placed on continuing care by the

baby boomers, and the pending retirement and replacement of health care professionals. Both events are now recast as being the central drivers of the change in continuing care, effectively displacing the government as the impetus for change and removing the government as a barrier since the government will be forced to respond to the inevitable shifts in demographics.

> I think they'd better watch out for the baby boomers because they're not going to live in long-term care the way we have it now. But I think that's what's going to drive the changes—as soon as the baby boomers start needing to enter the continuing care system, and so I don't think that is very far away.

The baby boomers are here identified as becoming the real drivers of change in continuing care. While Catherine has identified the government as the impetus for change up to this moment, in the light of their inaction Catherine begins to shift that impetus elsewhere, and in so doing effectively overcomes the barrier to change (government inaction). That is, it is the baby boomers who will force the government to act, overcoming the barriers presently experienced.

The changeover in health care professionals builds on the gains made to date. Newcomers to the profession will not know the previous way of operating, taking for granted the vision for continuing care set out in the Broda Report. This provides strength and stability for the gains already achieved as well as a platform and impetus for continued progress in implementing the vision. As such, the new generation of health care professionals will be a complementary driver of change in continuing care.

> there's going to be a huge change over in the work force, and I think that will drive change a lot...we're going to have a huge number of people retiring and that's bad because we're going to be short of staff, but it's also good because I think there's going to be a new generation of thinking come forward. I mean [they] are going to start rolling into senior leadership positions and they're going to come with a new mindset. The Broda vision is going to be 'was there ever

> anything else?' and so then they'll be able to get on with the actual implementation of it...

By recasting the impetus for change onto the demands of an aging population demographic and a changing demographic of health care professionals, coupled with gains already made, Catherine has the potential for shifting into a variant of World 2. The story of World 2 is an evolutionary story of change, and Catherine's choice to place the impetus for change primarily on demographics recasts the story into an evolutionary mode. Unlike World 2, however, where the impetus for change is both from policy/planning and practice, and whose pace is controlled by the manager, the impetus for change in Catherine's recast story remains external and singular—the changing demographic.

Ontology

As is evident from Catherine's cyclical story above, realigning and ontological redefinition go hand in hand. Elements change, becoming something else as they are rearranged in relation to one another. For example, the government no longer drives the change; rather it becomes driven by another impetus. It remains a player in the change but now in a reduced role rather than a major role.

Yet, ontological redefinition through temporal reframing can occur without changing the elements of the story. For example, in the following excerpt Catherine places her entire story of change within a different historical context.

> ...because we're famous – we're absolutely famous for getting something so far and then not being able to implement or not carrying through...there's been a history of adopting change and moving and acting on it, and then having it fall through. And I guess – talking about my personal experience – I'm starting to be fearful that this is – we're not going to be able to do this.

Stepping back from her present particular situation, Catherine temporally reframes her story of change historically. The present lack of action on the part of government and the resulting impasse is now placed within a larger context of the government initiating changes and then not following through. Catherine details a number of such instances where significant change was initiated and then failed to be carried through, including the new CNDDI assessment process, mental health, and Aids to Daily Living.

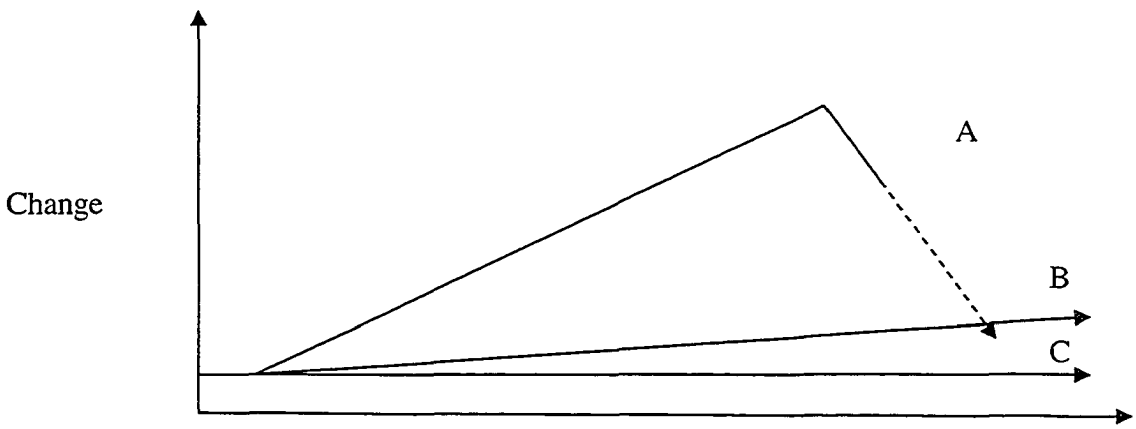
> So, we've got these assessors out there who were willing for a little bit of time to do a double assessment to try it out so it's on a stand-alone computer laptop database and it has to manually be fed over to our ADT system, and they're saying 'so how long are we going to have to do this now', and we're saying 'maybe, I don't know, it might not even happen', and so how do you keep people from getting cynical and burned out in that kind of an environment, and how do you keep it from happening yourself, because I just – I've been through – and this is part of my experience of change – let's talk about mental health. I've been through so many things that we – and the ADL, Aids to Daily Living Program, [she details how the ADL program was to be regionalized, and mental health to be regionalized, both of which have not gone through].... And then, because the 17 regions couldn't get [inaudible] across the Province and because of political – whatever the forces were that happened at a higher level than regional it didn't happen. So, all of that work and energy came to nothing. So, there's been a history of adopting change and moving and acting on it and then having it fall through. And I guess – talking about my personal experience, I'm starting to be fearful that we're not going to be able to do this.

With temporally reframing the story of change historically, Catherine's recast story begins to reflect the story of World 1 (Now = Then). Placing this episode of failure to follow through into a historical failure to follow through makes this story a story of non-change in spite of much activity and even gains. 'Now' becomes the same as 'then'; this episode of initiating change and failing to follow through is the same as other episodes exhibiting the same pattern, and the result is 'no change'.

Ultimate resolution

Catherine's three stories of change may be graphed as depicted in Figure 9. Of the three potential options before her, Catherine ultimately favours recasting the story in evolutionary terms based on changing demographics. She has seen gains in the process of implementing change in continuing care, and she believes that the changes detailed in the Broda Report are good and need to be done. Given the gains and the moral superiority of the new way of delivering continuing care held out in the Broda Report, Catherine holds to the hope that the process of implementation will be iterative, that is, evolutionary, rather than a dead-end single linear episode of attempted change or a dead-end historical repetition.

Figure 9
Catherine's Three Stories of Organizational Change

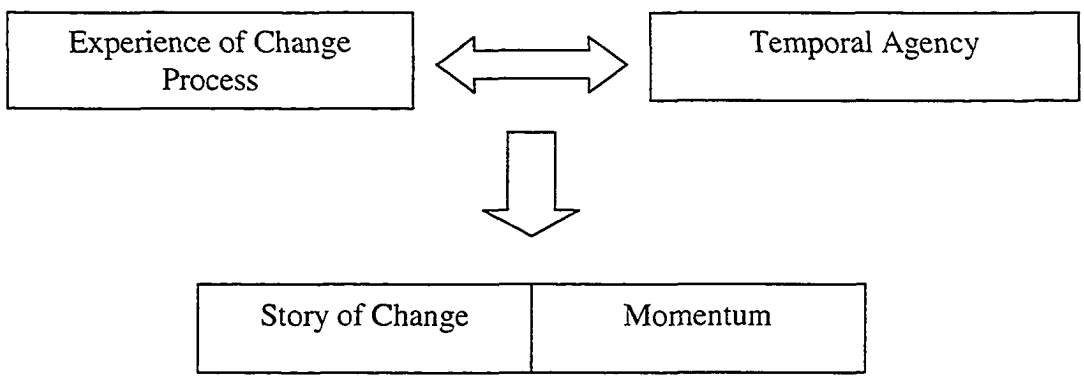


A = Original story of change (rise and fall 'era' narrative)
B = Realigned reality story of change (evolutionary narrative)
C = Ontological redefinition story of change (no change)

Temporality, Momentum, and Organizational Change

We are now able to reframe our understanding of the relationship between momentum, organizational change, and time. The literature assumes the priority of momentum, which in turn shapes the type of organizational change and experience of time. In contrast to the literature, the data in this study show that managers draw on both time and their experience of the change process to make sense of the type of organizational change and momentum they are undergoing. Catherine's reframing of the change shows this explicitly. She is facing an insurmountable roadblock that has usurped her energy and enthusiasm for the change implementation. With the experience of being stuck, Catherine now also draws on temporality to create two alternate stories of change in continuing care, each with its own momentum. Ultimately her choice between the two is for evolutionary change, since this story realigns the government as having to respond to the demands of the aging demographic, thereby giving hope to the accomplishment of the changes in continuing care. The relationship between momentum, time, and change is depicted in Figure 10.

Figure 10
The Relationship of Time, Momentum, and Organizational Change

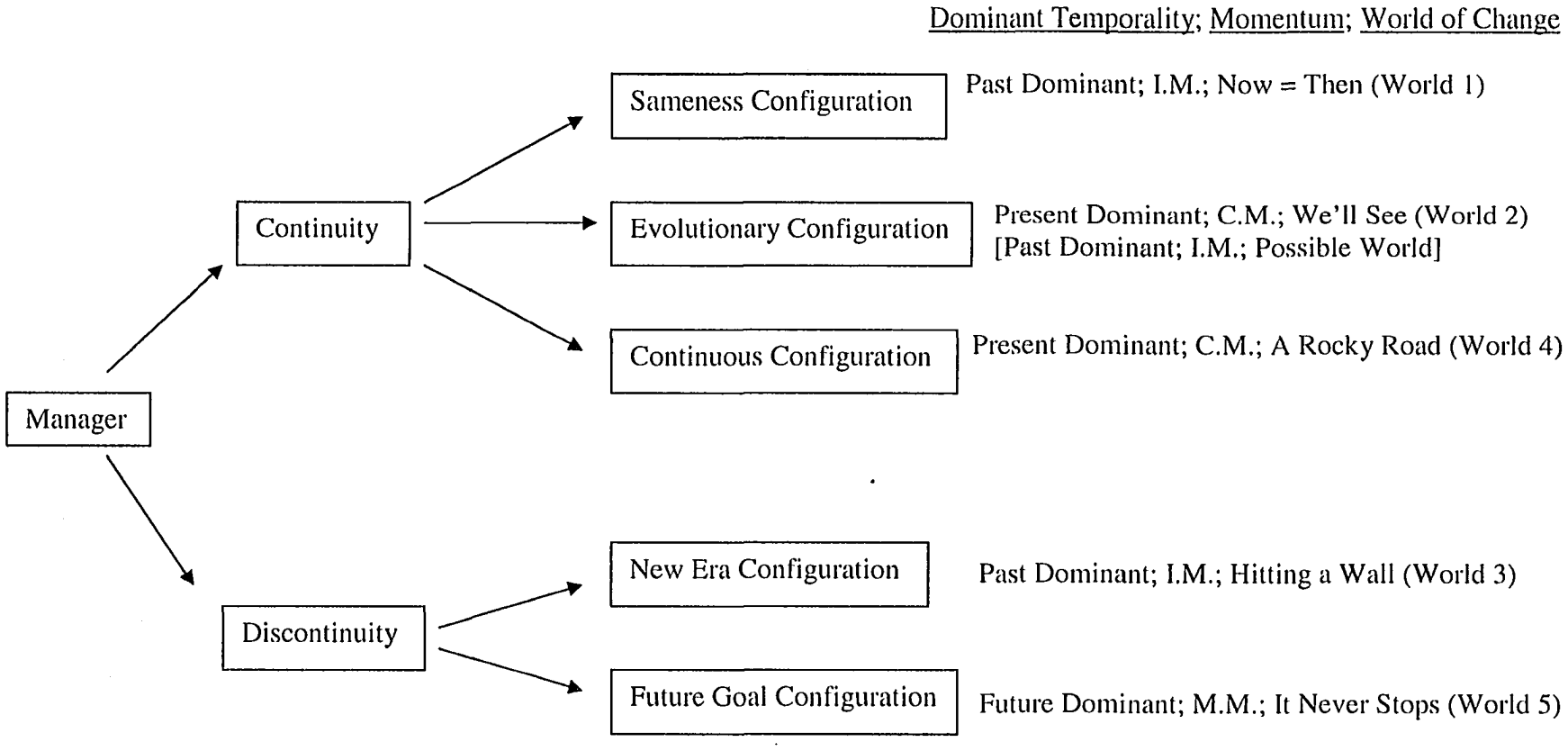


The same relationship among time, organizational change and momentum is discernible in the other worlds of change. Thus, in World 1 (Now = Then), managers experiencing reversals and talk not followed by action construct inherent momentum by identifying the present (and future) with the past. Inherent momentum and the lack of change are discerned out of the creation of 'sameness'; it is a conclusion rather than an assumption. In World 2 (We'll See), Mark's conviction that change only really happens at the interface of staff and client and his framing of real change as requiring considerable time causes him to slow down the change. This creates an incremental, evolutionary story of change with a focus on the present (created momentum). In World 3 (Hitting a Wall), the advent of the Broda Report is identified as the marker of a new era. The story of change then becomes one of making concrete what has become the new world, which unfortunately is now being threatened by another era marking event (i.e. government inaction). We have already seen above how Catherine deals with this problem through temporal reframing. In World 4 (A Rocky Road), the experience of change is pragmatic and the focus is on the present (while keeping an eye on the future goal). The story of change becomes a 'dance' and 'walking through mud' sustained by created momentum—applying constant energy and commitment to the change in order to move it forward. Finally, in World 5 (It Never Stops), Ray is driven by a future time-linked goal and inundated by the number of changes he must accomplish within that time. His story of change becomes one of massive and unrelenting change coupled with the intensity created by malleable momentum.

Temporality, Managers, and Five Worlds of Organizational Change

It remains for us to show how the inclusion of temporality provides an account for the existence and differentiation of the five worlds of organizational change (see Figure 11). Managers articulate their stories of change by drawing on not only the dominant temporality associated with each type of momentum but also the configuration of the three temporal dimensions. Thus, managers choose either continuity or discontinuity with respect to the progression of time (Zerubavel, 2003), and then the dominant temporality within that choice of continuity or discontinuity. Thus, in 'Now = Then' (World 1), managers construct their stories of change on the basis of continuity across time with an emphasis on the (dominant) past, creating a special type of narrative, namely, the 'sameness' narrative. In 'We'll See' (World 2), managers also build on continuity but with an emphasis on the present. Together with the effort to slow down the change, the story becomes an evolutionary story. This is in contrast to the potential world of organizational change hinted at by Catherine in her temporal reframing where she also constructs an evolutionary story on continuity of time but with an emphasis on the past (based on an aging demographic). In 'A Rocky Road' (World 4) managers also choose continuity and emphasize the present, but especially in this world they also notice the continual change in the world. This creates a special 'continuous configuration.' Worlds 3 and 5 choose temporal discontinuity. In 'Hitting a Wall' (World 3) managers also emphasize the past, thereby creating a world that assumes change has already taken place in the reorientation of values and principles. Thus, they are acting on the past, even while looking to consummating that past 'reality' in the future. In 'It Never Stops' (World 5), managers emphasize the future, which is in the form of a goal to be achieved

Figure 11
The Five Worlds of Organizational Change and Three Types of Momentum



Note: I.M. = Inherent Momentum; M.M. = Malleable Momentum; C.M. = Created Momentum

by a certain point in time. To accomplish the future goal requires predominantly the dismantling of past structures and behaviours while also encouraging the new as opposed to building on a new foundation as in World 3.

The importance of temporality as well as the experience of the change process for making sense of one's experience of change also allows us to see how managers across functions, roles, and demographics are able to articulate the same basic stories of change. Experiencing a block to progress in implementing change, for example, is only one part of the sensemaking process. Managers also draw on temporality to understand and shape their experience. Hence, facility managers are able to see no change (World 1), possible change (World 2), significant change now blocked and stuck (World 3), or making progress in spite of being buffeted by various things (World 4). Time, more so than function, role, and demographic, seems to shape how managers understand their experience of organizational change.

Managerial Agency: The Impact of Worlds on Managers' Actions and Attitudes

The five worlds of organizational change are five different constructions of the 'same' mandated change in continuing care. These are not just stories, however; they have a practical impact on the actions of the managers who construct those worlds. The data suggest that the stories of change managers construct are associated with different actions that they take (or not) in implementing organizational change. In each story of change managers provided concrete actions and attitudes associated with being in that world. As such this study contributes further to understanding the association between momentum and managerial agency (see Table 12, Chapter 5).

The typology developed from the literature suggests that managerial agency is variously construed in relation to the three types of momentum. That is, under inherent momentum, momentum is constraining, and managerial agency is severely constricted. Under malleable momentum, momentum is somewhat controllable, and managers have some agency. Under created momentum, managers actually act to bring about created momentum, and thus managers have a high level of agency. The data both confirm and inform this typology.

Inherent Momentum and Managerial Agency

Inherent momentum is seen in Worlds 1 and 3. In World 1 (Now = Then), as in the literature, inherent momentum is associated with no managerial agency. The lack of agency in this world is the result of being shut down and being shut out. Being shut down is the result of the instability of direction at the source of change (i.e. primarily the government). Managers working toward a particular goal become highly discouraged and cynical when that direction is later changed and all their work comes to nothing. Thus, the lack of agency is not so much that managers are unable to accomplish change as that the results are nullified by changing the direction of the work. In the case of being shut out of the process of shaping the change, however, managers truly have no agency. When their suggestions are ignored or actively resisted, managers in this world feel they have no ability to affect change, even when they desire to. Together, being shut down and shut out leads managers in this world to experience raw emotions: cynicism, anger, and despair. These emotions are right at the surface suggesting the issues are deeply felt and immediate in their day-to-day existence.

In World 3 (Hitting a Wall), the same phenomenon of shutting down is observed. The lack of follow through stemming from the government's inaction is precipitating a crisis for managers in this world, and they are shutting down. Negative emotions are surfacing; again we see cynicism and frustration, but we also see fear—a fear that the real gains accomplished will be lost. This brings a loss of motivation and overall inactivity since managers do not want to act unless they are "on the same page" with the government again.

This picture is in sharp contrast to the earlier situation in the same world in which managers were operating with positive emotions, energy, and enthusiasm, even in stressful times (i.e. much change happening at once). In this earlier period they were also making tremendous gains and achieving real change. These activities are not necessarily at odds with lack of managerial agency in inherent momentum for the reason that managers in this world are acting in accordance with a set of values and principles. That is, they are acting within a particular framework rather than outside it. However, it is worth noting that the inherent momentum of acting within an orientation does allow managers to bring about significant change. This seems to be the result of what was described earlier as the 'future perfect' of time in this world. With the Broda Report a new 'era' dawned; it brought a new way of providing care for seniors and disabled people. In that sense it was an accomplished fact. Yet it remains to be implemented concretely. Living in a new 'era' and having the full support of the government and RHA leadership, managers were "gung ho" and moved forward with great strides even as they encountered problems along the way. Their actions of implementing change were

well justified by this new world that had dawned, and their achievements had begun to materialize the values and principles of the report.

The data suggest, then, that 'no agency' is truly the situation when managers are kept from contributing to the change process and when they face and/or experience a reversal in the direction of change. However, operating within a particular orientation can in fact inspire managers to accomplish great changes, even if these are in accord with the prevailing framework.

Malleable Momentum and Managerial Agency

Malleable momentum is seen in only one world of organizational change in spite of the fact that the government had used a 10-year framework for the implementation of change. Even in that world—World 5 (It Never Stops)—the time linked goal is not the 10-year plan; rather it is the fiscal year-end. The link to time, coupled with numerous changes that require implementation in order to facilitate meeting the budget, and the demands of regular work create a severe scarcity of time in this world. Managers and staff are not so much accomplishing their goals as becoming overwhelmed and in danger of burning out. Progressively they are shutting down as they fruitlessly seek to gain control over the demands facing them.

These managers, then, seem to have little to no agency. While those managers who set the time-linked goal may be exercising agency in breaking from a constraining past (Gersick, 1994), the recipients, in this world at least, appear highly constrained. Moreover, what is done to them, they in turn pass on to staff. For example, the manager in this world felt a sense of downloading of responsibility onto him; he in turn

approached his staff in the same manner. Communication in this world has become largely one way and expectations increasingly unachievable.

The data confirm, then, the assertion in the literature that time-linked goals can focus energy and effort, and can shape the intensity of the momentum period (Gersick, 1994). What also needs to be said, however, is that that intensity may lead to burnout rather than accomplishment. In addition, it may lead to dysfunctional behaviour. Gersick (1994:40) notes that time-based pacing may require "system members [to] have significant control over their own actions" which is not the case here. Gersick also notes that a "key disadvantage is the possibility that substantive goals will be sabotaged by inappropriate time limits" (1994:40-41). This is clearly the expressed experience of the manager in this world. This world, then, confirms Gersick's suspicions, and suggests that time-linked goals are not always useful. Their use needs to be more discriminating.

Created Momentum and Managerial Agency

Created momentum is seen in Worlds 2 and 4. In World 2 (We'll See), as in the literature, created momentum is associated with a high degree of managerial agency. The manager in World 2 is highly involved and controls the implementation of change. However, in this case, he is not creating movement from inertia (Dutton and Duncan, 1987) but slowing down the process of change in order to include the thoughtful input of the front line staff. This is the result of holding the value that it is important to include staff (and client) in the process of change since it is at the nexus of staff and client that change happens. Consequently, this manager shares ideas, listens to feedback, provides training and education, and allows time for ideas at the front line to develop. As in the literature, the manager in this case of created momentum is highly proactive. Unlike the

literature (Dutton and Duncan, 1987), he is expending significant energy to affect an incremental change. He is highly engaged with those in his context, intensively interacting with all those around him who are, or may be, part of the change, even in what is incremental change.

World 4 (A Rocky Road) also confirms the literature. Managers in this world also exercise a high level of managerial agency while, in this case, striving to achieve a radical change. They control the change process in the sense of intensively engaging the situation and working through issues; ultimately they take on the impetus for the change, at least within the scope of their influence. Engagement is manifested in many ways: being creative in the face of potential barriers and constraints, 'translating' directives to those on the front line (working out with staff how a directive might be implemented well), listening to feedback and passing feedback on to higher levels, slowing things down or speeding them up, and, finally, experiencing lots of emotion, both positive and negative.

As noted earlier, the data also reveal two additional issues, one hinted at in the literature and the other not raised by the literature. First, managers simultaneously hold onto a future goal while intensively engaging the present. The focus on the present in this world does not preclude managers from holding onto a vision for the future. Indeed, it is often the future goal that provides focus and continued motivation for engaging the present in implementing change. This echoes the work of Brown and Eisenhardt (1997) who noted that managers in successful high tech companies engaged the present while looking to the future and provided links between them. Second, missed in the literature is the observation that managers engage continuous change while implementing planned

change. Only in this world is continuous change a prominent feature. Managers here seem to recognize that the world is always changing. To deal with that while implementing planned change, managers intensively engage the present, thereby incorporating planned change and continuous change.

The data suggest, then, that created momentum is indeed associated with high managerial agency. But unlike the literature (Dutton and Duncan, 1987), managers also expend high energy to achieve incremental change. The data also demonstrate an interaction with the future while intensively engaging the present, and, importantly, an engagement with a world that is continually changing.

Summary

This chapter has shown how the data confirms as well as informs the typology of momentum, organizational change, and time discerned in the literature. We have also disclosed how managers exercise temporal agency in the creation of their stories of change. Managers draw on temporality as well as their experience of the change process to shape and reshape their worlds of change. Finally, we have also seen that the different worlds of organizational change shape managers' activities in different ways. This has important implications for how managers implement change. The next chapter explores further some of the implications of this study, and ideas for incorporating temporality in organizational change research.

CHAPTER 7: TIME, MOMENTUM, AND ORGANIZATIONAL CHANGE: IMPLICATIONS AND CONCLUSIONS

Several implications may be drawn from this study. These are delineated theoretically and methodologically. I conclude with some suggestions for future research.

Theoretical Implications

Theoretically, the most important implication from this study is the inclusion of temporality in our research of organizational change. As a central structuring component of our lives (McGrath and Rotchford, 1983), and a core element of deep culture (Hall, 1983), time is foundational to who we are, what we do, the problems we face—in short, our very existence (McGrath and Rotchford, 1983; Harper, 1987). The taken-for-grantedness of temporality in organizational change research has meant that we have largely neglected this central feature of human existence (though there are some exceptions, e.g. Gersick, 1994; Ancona and Chong, 1996; Staudenmayer, et al., 2002), leading us to miss important insights.

Regarding momentum and organizational change, the general neglect of temporality has blinded us to the existence of several stories of change within the 'same' organizational change, as disclosed empirically in this study in the worlds of change. For example, on the assumption of the existence and priority of momentum, we see three types of change: no change or minor incremental change, slow evolutionary punctuated equilibrium, and time-based punctuated equilibrium. These types of change are conceptualized as mutually exclusive; the existence of one precludes the others. However, when we explicitly include temporality, we see the simultaneous co-existence

of five worlds of organizational change, ranging from no change to massive unrelenting change and each characterized by particular theoretical conception of momentum.

These different types of change within the 'same' organizational change in turn illuminate the idea of temporal agency, which has been overlooked in the extant literature. We have seen that managers actively draw on both temporality as well as their experience of the change process in the context of implementing change for making sense of their organizational change experience. We have also seen them reframe their experience of change and momentum by placing it within another temporal framework. Then, as managers have temporally reframed their stories of change, we have also seen them reframe the 'what it is' of the elements in their worlds. For example, with the five worlds of organizational change, we have seen that elements common to each (e.g. the Broda Report) are understood and related to in different ways. In the example of the manager who reframes her story of change, we see the core problem she faces—the barrier of government inaction—'disappear' as it is temporally realigned with the inexorable evolutionary development of an aging demographic.

As well, this study has shown that managers are capable of, and do, shape their stories of change quite apart from functional, role, or demographic lines typically used in analyses. The bewildering observation that a single story of change included managers from various functions, roles, locations, and demographics, or conversely, that managers in one role (e.g. facility manager) appeared in several stories of change even though reporting to the same top manager was only made understandable with the recognition that managers draw on temporality to make sense of their experience, and that this is independent of functional, role, and demographic lines.

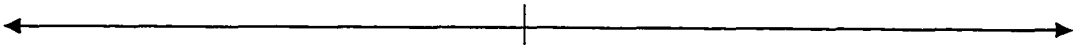
A corollary to the inclusion of temporality, and the second important implication from this study, is the necessity of making more explicit the temporal dimension of the *present* in our theories of organizational change.

Our dominant theories of change, evolutionary and episodic (Weick and Quinn, 1999), are largely based on the past and future, respectively. Evolutionary change, based in the past, assumes a slow incremental change where the present is an accumulation of all the past. In this conception, the past remains dominant, weighing on the present and the future, and prohibiting major change from taking place. The past is inexorable, severely constraining the organization to remain like the past. Herein we also locate inherent momentum, the "tendency to evolve in the same direction" (Miller and Friesen, 1980) or to repeat past actions and reinforce past orientations (e.g. corporate culture) (Amburgey and Miner, 1992). As we base our theories of change in the past, we conceptualize organizational change as constrained by the past. The best we can hope for is minor adaptation over long periods of time.

Episodic change, on the other hand, is based in the future. The driving force here is a teleological means-end model (Emirbayer and Mische, 1998:969) where a future goal is used to marshal whatever means available to achieve that goal. The future goal has the power to break the domination of the past and free people to act in alignment with that future goal, thereby reshaping the organization. Herein we locate malleable momentum. Here managers have some agency to set the goal and link it to a time, as well as the ability to shape momentum toward the future goal, thereby rescuing it from the constraint of the past.

Lost between the past and the future is the present. The present typically is not addressed, nor theorized in our conceptions of change. This is not to say that change processes are not addressed in practice settings (e.g. MBA courses); it is that the present typically is not theorized in our models of change. And this is not surprising. In our dominant Newtonian conceptualization of time, the present is fleeting and ephemeral, a mere point caught between the juggernauts of the past and the future. Under the Newtonian metaphor of time, the present is virtually virtual (see Figure 12). We typically live with the past, which is largely deterministic, and with an ever-approaching future, which we attempt to control through prediction from the past. On the other hand, we sometimes live toward the (planned) future, expunging the past in order to be free from its determinism. In either case, the present is nowhere to be found. Given this conceptualization it is no wonder that much of how we understand and theorize organizational change is heavily based on either the past or the future—the inertia/evolutionary group based in the past and the radical change group, breaking momentum and quickly changing to a new form, based in the future. The Newtonian

Figure 12
The Newtonian Conception of the Present



Past Present Future

(Inherent Momentum) (Malleable Momentum)

(Created Momentum)

metaphor of time does not allow us to see the large, living, and vibrant dimension of temporality that is the present.

This research begins to open that neglected temporal dimension. From the literature we have identified created momentum as being located in the present. In the data, in World 2 (We'll See) and World 4 (A Rocky Road), we see that in the present is full engagement with context. Here is where we encounter the past but are not determined by it, and where we encounter the future but are not controlled by it. Engagement with the present allows for vibrant activity in managers, as well as creativity as they bring policy and context together to achieve change. Engagement with the present, as we have seen, also allows managers to assume for themselves the momentum for the change process and thereby to creatively overcome obstacles that prove to be insurmountable in other stories of change.

Moreover, the present is able to address continuous change. Under the Newtonian metaphor of time in which the present is virtual, there is no allowance for emergence or surprise, and continuous change is a nuisance at best. This is because the Newtonian metaphor is a machine metaphor, the heart of which is the reduction of variance. When surprises do occur, they are considered aberrations that need to be remedied. Surprises mean the machine is broken. They are, in the language of planned change, unintended consequences, which pose considerable problems. On the other hand, from the perspective of the present, and created momentum, continuous change and surprise are expected, if not anticipated. And with continuous change comes opportunity. That is, surprises are incorporated into planned change by reshaping it; continuous change and planning find reconciliation when the focus is the present.

While it seems a truism to iterate that organizational change happens in the present, it is in fact worth saying explicitly for the very reason that the present has been neglected in our theories of change. This research highlights the present as an important dimension in organizational change research, and by illuminating worlds of change focused on the present, it opens up a different perspective on which we may theorize the accomplishment of organizational change.

Methodological Implications

From this study it is evident that narrative analysis is a fruitful method of researching organizational change for several reasons. First, using narrative analysis allows us to bring time into the research explicitly. Narrative, defined as both "pure event sequences" (Pentland, 1999: 713) and "talk organized around consequential events" (Riessman, 1993:3), provides access to time that is both chronological and kairological, respectively. Through narrative analysis we are able to see phenomena 'in time' or 'over time' (chronological), which undergirds our dominant theories of organizational change and facilitates the understanding of organizational change through the comparison of static states. Narrative also begins to open up our understanding of 'time in' the process of change (kairological; Wiebe and Golden-Biddle, 2002), thereby helping us to understand the process of change rather than simply that something has changed.

One example of 'time in' the process of change illuminated by the use of narrative in this research is an understanding of the malleability of temporality through managers' exercise of temporal agency. That managers can shape temporality in different ways reveals that the 'same' change can be experienced and articulated in five different ways, and that these five stories, along with their associated actions, can simultaneously co-

exist in the process of change, thereby shaping it in different ways. Temporal agency, then, challenges the assumption of the linearity of organizational change. Organizations do not necessarily follow a sequenced series of stages in the process of change. That story in itself is a construction, as are other stories of continuity and discontinuity (Zerubavel, 2003).

This leads to the second point, namely, that narrative analysis alerts us to the fact that the typical three-stage model of organizational change is itself a narrative. The basic, enduring theory of organizational change is Lewin's 'unfreeze-move-refreeze' model of change. This three-step model has held a pre-eminent position among theories of change, in large part perhaps because of its longevity in change scholarship (Weick and Quinn, 1999). But perhaps its continued significance can also be attributed to its reflection of the basic form of narrative. Czarniawska (1998:2) describes narrative's basic form as "requiring at least three elements: an original state of affairs, an action or an event, and the consequent state of affairs." These are then linked together sequentially, thereby providing connection between the elements. As we compare Lewin's three stages with narrative's three basic elements, it becomes apparent that Lewin's theory of change is essentially a basic narrative of organizational change, what might be referred to as the fabula—"the generic description of a particular set of events and their relationships" (Pentland, 1999:719). The generic story of organizational change, then, is that the organization is (1) in a particular state of affairs (in which there are problems typically), (2) actions are taken to remedy the situation, (3) resulting in a new state of affairs for the organization.

The use of narrative analysis in this study, however, has alerted us to the existence of other stories of change, ranging from no change to massive and unrelenting change. The different constructions are important for the reason that they give us a different understanding of the context of the organization and the change it is undergoing, as well as how that change is or is not being accomplished and why.

Finally, narrative analysis alerts us to the presence of continuous change. We have seen that one world of organizational change (A Rocky Road, World 4) recognized the presence of continuous change in the midst of attempting to implement planned change. We also saw that managers in that world engaged continuous change by focusing on the present. The ability to 'see' continuous change is facilitated by its assumption in narrative analysis. At its core narrative is produced by a narrator who "impose[s] order on the flow of experience to make sense of events and actions in their lives" (Riessman, 1993:2). This assumes that ongoing change, rather than stability, is the underlying ontological reality (Tsoukas and Chia, 2002). Privileging change over stability echoes Weick's (1995) sensemaking perspective that suggests narrative as one source of sensemaking in which "formal coherence" is imposed on "what is otherwise a flowing soup" (Weick, 1995:128). The imposition of 'formal coherence' does not always reveal continuous change, as we have seen in four of the five stories of change in this research. However, one story of change has made continuous change explicit, and in this way we have seen how it is recognized and engaged while attempting to implement planned change.

Future Research

Several opportunities for future research follow directly from this study. First, while this research largely examined individual stories of change, it would be valuable to examine collective stories of change and their impact on the actions of those charged with implementing change. One such example in our data is that of the government. The data show that the publicly presented government story of change—a negotiated public story discerned from public documents—is a story of conflicted temporality. While being within World 4 (A Rocky Road) in practice, the government position as presented in the public documents is actually temporally conflicted (a situation also observed at the Strategic Team meetings with regard to the team itself). It attempts to be at once both discontinuous and continuous. "Our recommendations build on the many successes and strengths in today's health system and describe a very different future for continuing care in Alberta" (Alberta Health and Wellness News Release, Nov. 15, 1999). The phrase 'a very different future' denotes discontinuity while at the same time 'build[ing] on the many success and strengths in today's health system' denotes continuity.

Discontinuity is achieved with the juxtapositioning of the present (and implied past) with the future. In using the words, "very different," "fundamental shift," "paradigm shift," "new direction," and "contrast," the Broda Report draws a sharp line between the present and the future. To underscore the bifurcation, the Broda Report utilizes a table to contrast continuing care "today" with what it will be like in the "future" (see Table 7, Chapter 4). With this framing, one is placed in the position to denigrate the present (and past) even without thinking. Further assisting the creation of discontinuity is the utilization of the looming new millennium. "In short, we need to ensure that our long

term care system is able to meet the future needs of Albertans in the new millennium" (Broda Report, p. 4). The new way of providing continuing care is a new vision for care in the (oft repeated) "21st century." As a temporal marker for Western society in general, the coming of a new millennium represented a demarcation of "before" and "after", a bifurcation exacerbated by the potential for massive computer failure (stemming from the assumption that computers would not be able to handle the four digit '2000' date). Perhaps an exclamation mark for that temporal marker and the discontinuity espoused by the new vision, the Broda Report was released November, 1999. On the very doorstep of a new millennium came the new vision for continuing care in that new millennium, a future to enter while leaving the past behind.

On the other hand, the government story also espouses continuity. Continuity is created by referencing the aging demographic as the impetus for the change. While initially not mentioned as a reason for change, the aging population soon becomes the central issue for making change in continuing care: "our long term care system needs to be ready to accommodate the baby boomers" (Broda Report, p. 4). Emphasis on aging demographics produces an incremental evolutionary trajectory in what is otherwise framed as a radical change. But even more, continuity is created by appealing to the successes and strengths of the present system.

> Alberta has long been known as a leader in continuing care in Canada. We now have a real opportunity to build on the strengths of today's system and look ahead to a very different future. The Committee's report and recommendations are intended to build on our tradition of embracing new ideas and new approaches, and combining that with the commitment of people already in the system to meet the needs of seniors in their community. (Broda Report, p. 5)

The report and its recommendations were "intended to build on our tradition." In what might be an example of revising the past to enable a new future (Gioia, Corley, and

Fabbri, 2002), the excerpt above notes, "Alberta has long been known as a leader in continuing care in Canada," and the tradition is here (re)defined as "our tradition of embracing new ideas and new approaches." Thus, recognizing the fundamental departure from the present in their recommendations, the Committee attempts to link the past traditions to an innovative stance that will allow departure from the old way of doing things while ostensibly still building on the past.

The evolutionary trajectory is further endorsed from a process perspective by the assertion that

> it will take time for this vision to unfold. A step by step approach, rather than an abrupt change, is important. Alberta society needs to understand and support this new direction in order for it to happen...The dramatic changes in the care of older people envisioned by the Committee cannot happen 'with the flick of a switch.' (Broda Report, p. 26)

Finally, some of the recommendations of the Broda Report do indeed build on things that already exist, such as home care and some (though minimal) supportive housing. It also builds on the elders' dislike of long term care centers by making those centers places for people who truly need intensive care. Such links to the present further build a continuity of temporality in the government story.

Thus the government story is conflicted. It seems they want the best of both worlds: to demarcate a new world while drawing on the traditions of the past. Yet the establishment of a new beginning is usually also the end of an old era; typically the links to the old are removed or destroyed (Zerubavel, 2003; Biggart, 1977). To try to have it both ways is to contradict oneself, and to produce confusion. It would appear that this outcome, also observed on the Strategic Team, was the result of individual members negotiating from both sides of the progression of time—continuity and discontinuity.

The compromise reached, however, would not seem to benefit either side, creating only confusion for those on the team charged with implementing the change (i.e. what kind of change is this and how do we go about implementing it). Further research could ask how these collective stories of change are actually negotiated and produced, what they are intended to accomplish, and importantly, what impact they have on team members actions as they attempt to implement change.

Second, further exploration of the link between time and structure would be useful in understanding how we are able to change the very structure of our contexts in the midst of change. In this study we have seen a link between temporality and structure. That is, we have seen that, structurally, different stories of change contain different elements as well as common elements that are related to in different ways. What elements are important, and hence included in that story, and how those elements relate to each other are the central concern of plot in narrative analysis. Plot brings the various elements of the narrative into a coherent, meaningful whole. From narrative analysis, we know that if the elements of the story are changed or placed in a different order, the story changes dramatically. Coming from a non-narrative perspective, Emirbayer and Mische (1998), on the basis of Mead's (1932) insight that our relationship to structure is social, and that the social is infused with the temporal, refer to structure as "temporal-relational contexts," underscoring the intimate linkage of structure and time. Better understanding of the linkage between time and structure would further illumine how contexts and structures change in the process of organizational change, and how those changes in turn reshape that process of change. For example, Pettigrew, Whipp, and Rosenfeld (1989:129) made this pertinent observation in the area of strategy:

> Given that companies exist in a plurality of time frames any account of the management of strategic change must pay attention to the wealth of temporal features involved....The way time is socially constructed by people and the way such active perceptions of time may transform the detailed course of projects and their processes is a vital concern....Our approach to strategic and operational change lead us to suspect at this stage that it may be in this process where the competitive performances of companies are either made or broken.

In this study we have seen how temporality is socially constructed, and we begin to see how "such active perceptions of time may transform the detailed course of projects and their processes." Further longitudinal data would be needed here to examine how stories of change impact structures and shape the process of change and its outcomes.

Third, this research hinted at the importance of entrainment for accomplishing organizational change rather than hindering change (Ancona and Chong, 1996). The difficulty faced in World 3 (Hitting a Wall) is described as the result of the momentum at the government level 'fizzling' while at the RHA level change was still progressing (note: there may have been other issues contributing to the difficulties experienced in World 3, but entrainment is at least one identified cause). The perceived lack of entrainment between the government and the health regions has lead to insurmountable barriers and managerial shutdown. On the other hand we have seen how the manager in World 2 (We'll See) has deliberately slowed down the pace of change to include the front line staff, effectively entraining the policy implementation to the front line implementation. (Other managers also noted the speed differential between policies and front line implementation, observing that the expectation of policy implementation causes implementation to speed up as it moves to the front line even as the task of actual implementation demands slowing down.) The opposite example is World 5 (It Never Stops) where the demand for implementation by a particular time is creating a scarcity of

time and overloading the ability to cope with the change. It would appear, then, that entraining the pace of change with the speed of the front line is an important aspect of sustainable change implementation. Moreover, in the case of created momentum, it seems critically important to entrain the pace of change between all parties implementing the change in order to avoid the difficulties experienced, for example, in World 3.

Fourth, while this research has demonstrated the existence of five worlds of organizational change, it would be useful to explore the existence of other worlds. Both the data and literature suggest the possibility of one other world of organizational change characterized by inherent momentum and incremental change based on the past (evolutionary) within temporal continuity. This world only appeared in the data as a possible reframing of the Hitting a Wall (World 3) story. The lack of its appearance in the managers' worlds of organizational change may be the result of the sample used in this research. Another reason, however, may be that it does not afford managers a sense of agency. That is, to simply be moved along by evolutionary development seems to be more like drifting than managing. Perhaps this is why this possible world appears only in a retrospective realignment where managers are already 'stuck.' At least in this case the evolutionary aspect keeps the change moving forward. Further research could address the existence of this other world and what that world looks like in terms of managerial activity. Then, by extension, further research could also determine the existence of other worlds of organizational change. For example, on the basis of managers using continuity/discontinuity and then the three temporal dimensions of past, present, and future, it is possible to speculate the existence of a world that is focused on the future and based on continuity, or of a world focused on the present but based on discontinuity. As

we have seen, different worlds give rise to different managerial activity. Exploring the existence of other worlds may further enhance our understanding of managers' actions in the implementation of organizational change.

Finally, this study has implications for organizational behaviour. One feature of created momentum is that managers display control over the change; that is, managers take to themselves the impetus for change. This might be linked to research on the locus of control and the notion of self-efficacy. Another avenue of research is to examine the burnout literature from the perspective of stories of change. In our data, managers in 'It Never Stops' (World 5) exhibit pending burnout. It would appear that the use of time, as one tool to shape people's behaviour, may be more detrimental than beneficial in some situations. However, we also noted from the data that managers in 'Now = Then' (World 1) might also be characterized as facing burnout (they feel shut out and shut down). This observation suggests that often changing the framework within which people are attempting to make change (also compare World 3), and not allowing feedback to meaningfully impact the change implementation also contributes to burnout. Finally, we may ask how personality influences what story of change is created. Do managers who construct a particular story all display the same, or similar, personality traits? Also what role might identity play? Is there a shared identity among those who construct the same story of change?

ARCHIVAL DATA REFERENCES

Alberta Health. 1999. Long Term Care Review: Fact Sheet. Edmonton: Communications Branch, Alberta Health, January.

Alberta Health and Wellness. 1999. Healthy Aging: New Directions for Care. Edmonton: Communications Branch, Alberta Health and Wellness. November. (This document, in three parts, is also known as the Broda Report.)

Alberta Health and Wellness. 1999. Long Term Care Policy Advisory Committee Final Report: Questionnaire on Final Report. Edmonton: Communications Branch, Alberta Health and Wellness. November.

Alberta Health and Wellness. 2000. Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta. Edmonton: Communications Branch, Alberta Health and Wellness. April.

Alberta Health and Wellness. 2000. Summary: Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta. Edmonton: Communications Branch, Alberta Health and Wellness. May.

Alberta Health and Wellness. 2000. Alberta For All Ages: Directions for the Future. Edmonton: Communications Branch, Alberta Health and Wellness. June.

Alberta Health and Wellness. 2002. Strategic Directions in Healthy Aging and Continuing Care in Alberta: Alzheimer Disease and Other Dementias. Edmonton: Communications Branch, Alberta Health and Wellness. July.

Alberta Health and Wellness. 2002. Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002 – 2012. Edmonton: Communications Branch, Alberta Health and Wellness. July.

Alberta Health and Wellness. 2002. Tracking Progress: A Progress Report on Continuing Care Reform in Alberta. Edmonton: Communications Branch, Alberta Health and Wellness. September.

Alberta Health and Wellness News Release. 1999. New vision for healthy aging recommended. Edmonton: Communications Branch, Alberta Health and Wellness, November 15.

Alberta Health and Wellness News Release. 1999. $265.8 million for new long-term care beds and health facility modernization. Edmonton: Communications Branch, Alberta Health and Wellness, November 18.

Alberta Health and Wellness News Release. 2000. $246 million for long-term and acute care. Edmonton: Communications Branch, Alberta Health and Wellness, July 26.

Alberta Health and Wellness Website:
http://www.health.gov.ab.ca/about/reform/stronger.html (accessed March 3, 2005).

Alberta Health News Release. 1995. Innovative projects challenge traditional approaches to continuing care. Edmonton: Communications Branch, Alberta Health, August 31.

Alberta Health News Release. 1996. Quality, stability the themes of 1996-97 Alberta Health budget and business plan. Edmonton: Communications Branch, Alberta Health, February 22.

Alberta Health News Release. 1997. Ensuring access, quality and stability for Alberta's Health System. Edmonton: Communications Branch, Alberta Health, April 21.

Alberta Health News Release. 1999. Public to be consulted as part of long term care review. Edmonton: Communications Branch, Alberta Health, January 21.

Alberta Health News Release. 1999. Health Minister announces new drug program for palliative patients. Edmonton: Communications Branch, Alberta Health, January 28.

REFERENCES

Amburgey, T. L., Kelly, D., and Barnett, W. P. 1993. Resetting the clock: The dynamics of organizational change and failure. Administrative Science Quarterly, 38: 51-73.

Amburgey, T. L. and Miner, A. S. 1992. Strategic momentum: The effects of repetitive, positional, and contextual momentum on merger activity. Strategic Management Journal, 13 (5): 335-348.

Ancona, D. & Chong, C-L. 1996. Entrainment: Pace, Cycle and Rhythm in Organizational Behavior. Research in Organizational Behavior, 18: 251-284.

Anthony, W. P., Bennett III, R. H., Maddox, E. N., and Wheatley, W. J. 1993. Picturing the future: Using mental imagery to enrich strategic environmental assessment. Academy of Management Executive, 7 (2): 43-56.

Avital, M. 2000. Dealing with time in social inquiry: A tension between method and lived experience. Organization Science, 11 (6): 665-673.

Bartunek, J. M. 1984. Changing interpretive schemes and organizational restructuring: The example of a religious order. Administrative Science Quarterly, 29 (3): 355-372.

Baum, J. A. C., Li, S. X., Usher, J. M. 2000. Making the next move: How experiential and vicarious learning shape the location of chains' acquisitions. Administrative Science Quarterly, 45 (4): 766-801.

Berger, P. and Luckmann, T. The social construction of reality: A treatise in the sociology of knowledge. New York: Anchor Books, 1967.

Biggart, N. W. 1977. The creative-destructive process of organizational change: The case of the post office. Administrative Science Quarterly, 22: 410-426.

Boeker, W. 1989. Strategic change: The effects of founding and history. Academy of Management Journal, 32 (3): 489-515.

Boje, D. M. 2001. Narrative methods for organizational and communication research. London: Sage.

Brown, S. L. & Eisenhardt, K. M. 1997. The art of continuous change: Linking complexity theory and time-paced evolution in relentlessly shifting organizations. Administrative Science Quarterly, 42: 1-34.

Burgelman, R.A. 2002. Strategy as vector and the inertia of coevolutionary lock-in. Administrative Science Quarterly, 47 (2): 325-357.

Burrell, G. 1992. Back to the future: Time and organization. In Reed, M. and Hughs, M. (Eds.), Rethinking organizations: 165-183. London: Sage.

Czarniawska, B. 1998. A narrative approach to organization studies. Thousand Oaks, CA: Sage.

Dutton, J. E. and Duncan, R. B. 1987. The creation of momentum for change through the process of strategic issue diagnosis. Strategic Management Journal, 8 (3): 279-295.

Dutton, J. E., Ashford, S. J., O'Neill, R. M., and Lawrence, K. A. 2001. Moves that matter: Issue selling and organizational change. Academy of Management Journal, 44 (4): 716-736.

Dyck, B. 1997. Understanding configuration and transformation through a multiple rationalities approach. Journal of Management Studies, 34 (5): 793-823.

Emirbayer, M. and Mische, A. 1998. What is agency? American Journal of Sociology, 103 (4): 962-1023.

Feldman, M. 2000. Organizational routines as a source of continuous change. Organization Science, 11 (6): 611-629.

Feldman, M. S. and Pentland, B. T. 2003. Reconceptualizing organizational routines as a source of flexibility and change. Administrative Science Quarterly, 48 (1): 94-118.

Finkelstein, S. and Hambrick, D. C. 1990. Top-management-team tenure and organizational outcomes: The moderating role of managerial discretion. Administrative Science Quarterly, 35 (3): 484-503.

Fox-Wolfgramm, S. J., Boal, K.B., Hunt, J.G. 1998. Organizational adaptation to institutional change: A comparative study of first-order change in prospector and defender banks. Administrative Science Quarterly, 43 (1): 87-126.

Gee, J. P. 1999. An introduction to discourse analysis: Theory and method. New York: Routledge.

Gersick, C. J. G. 1988. Time and transition in work teams: Toward a new model of group development. Academy of Management Journal, 31: 9-41.

Gersick, C. J. G. 1989. Marking time: Predictable transitions in task groups. Academy of Management Journal, 32 (2): 274-309.

Gersick, C. J. G. 1991. Revolutionary change theories: A multilevel exploration of he punctuated equilibrium paradigm. Academy of Management Review, 16 (1): 10-36.

Gersick, C. J. G. 1994. Pacing strategic change: The case of a new venture. Academy of Management Journal, 37 (1): 9-45.

Giddens, A. 1984. The constitution of society: Outline of the theory of structuration. Cambridge: Polity Press.

Ginsberg, A. and Venkatraman, N. 1992. Investing in new information technology: The role of competitive posture and issue diagnosis. Strategic Management Journal, 13 (Special Issue): 37-53.

Ginsberg, A. and Venkatraman, N. 1995. Institutional initiatives for technological change: From issue interpretation to strategic choice. Organization Studies, 16 (3): 425-448.

Gioia, D. A., Corley, K. G., and Fabbri, T. 2002. Revising the past (while thinking in the future perfect tense). Journal of Organizational Change Management, 15 (6): 622-634.

Golden-Biddle, K. and Locke, K. 1993. Appealing work: An investigation of how ethnographic texts convince. Organization Science, 4 (4): 595-616.

Greenwood, R. and Hinings, C. R. 1993. Understanding strategic change: The contribution of archetypes. Academy of Management Journal, 36 (5): 1052-1081.

Greenwood, R. and Hinings, C. R. 1996. Understanding radical organizational change: Bringing together the old and the new institutionalism. Academy of Management Review, 21 (4): 1022-1054.

Greve, H. R. 1996. Patterns of competition: The diffusion of a market position in radio broadcasting. Administrative Science Quarterly, 41 (1): 29-60.

Hall, E.T. 1983. The dance of life: The other dimension of time. New York: Anchor Books/Doubleday.

Harper, D. 1987. Working knowledge: Skill and community in a small shop. Chicago: University of Chicago Press.

Ingold, T. 2000. The temporality of the landscape. In Ingold, T., The perception of the environment: Essays in livelihood, dwelling, and skill: pp. 189-208. London: Routledge.

Isabella, L. A. 1990. Evolving interpretations as a change unfolds: How managers construe key organizational events. Academy of Management Journal, 33 (1): 7-41.

Jansen, K. 2004. From persistence to pursuit: A longitudinal examination of momentum during the early stages of strategic change. Organization Science, 15 (3): 276-294.

Kelly, D. and Amburgey, T. L. 1991. Organizational inertia and momentum: A dynamic model of strategic change. Academy of Management Journal, 34 (3): 591-612.

Kimberly , J. R. and Bouchikhi, H. 1995. The dynamics of organizational development and change: How the past shapes the present and constrains the future. Organization Science, 6 (1): 9-18.

Lee, H. and Liebenau, J. 1999. Time in organizational studies: Towards a new research direction. Organization Studies, 20 (6): 1035-1058.

Mayan, M.J. 2001. An introduction to qualitative methods: A training module for students and professionals. Edmonton, Alberta: International Institute for Qualitative Methodology.

McGrath, J. E., & Rotchford, N. L. 1983. Time and behavior in organizations. In Research in Organizational Behavior, 5: 57-101.

Mead, G.H. 1932. The philosophy of the present. Chicago: Open Court Publishing Co.

Miller, D. and Chen, M-J. 1994. Sources and consequences of competitive inertia: A study of the US airline industry. Administrative Science Quarterly, 39 (1): 1-23.

Miller, D. and Friesen, P. H. 1980. Momentum and revolution in organizational adaptation. Academy of Management Journal, 23 (4): 591-614.

Miller, D. and Friesen, P. H. 1982. Innovation in conservative and entrepreneurial firms: Two models of strategic momentum. Strategic Management Journal, 3 (1): 1-25.

Montealegre, R. 1999. A temporal model of institutional interventions for information technology adoption in less-developed countries. Journal of Management Information Systems, 16 (1): 207-232.

O'Connor, E. S. 2000. Plotting the organization: The embedded narrative as a construct for studying change. Journal of Applied Behavioral Science, 36 (2): 174-192.

Orlikowski, W. J. 1996. Improvising organizational transformation over time: A situated change perspective. Information Systems Research, 7 (1): 63-92.

Orlikowski, W. J., and Hofman, J. D. 1997. An improvisational model for change management: The case of groupware technologies. Sloan Management Review, Winter: 11-21.

Oxford English Dictionary Online. Third Edition. 2005. Oxford: Oxford University Press.

Patton, M.Q. 2002. Qualitative research and evaluation methods. Third edition. Thousand Oaks: Sage.

Pentland, B. T. 1999. Building process theory with narrative: From description to explanation. Academy of Management Review, 24 (4): 711-724.

Perlow, L. 1999. The time famine: Toward a sociology of work time. Administrative Science Quarterly, 44 (1): 57- 82.

Pettigrew, A. M. 1985. Contextualist research: a natural way to link theory and practice. In Lawler, E. E., Mohrman, A.G. Jr., Mohrman, S. A., Ledford, G. E. Jr., and Cummings, T. G. (Eds.), Doing research that is useful for theory and practice: 222-274. San Francisco: Jossey-Bass.

Pettigrew, A. M., Whipp, Richard, & Rosenfeld, Robert. 1989. Competitiveness and the management of strategic change processes. In A Francis & P. K. M. Tharakan (Eds.), The competitiveness of European industry: 110-136. London: Routledge.

Pettigrew, A. M., Woodman, R. W., and Cameron, K. S. 2001. Studying organizational change and development: Challenges for future research. Academy of Management Journal, 44 (4): 697-713.

Polkinghorne, D. E. 1988. Narrative knowing and the human sciences. Albany: State University of New York Press.

Purser, R. E. and Petranker, J. 2005. Unfreezing the future. Journal of Applied Behavioral Science, 41 (2): 182-203.

Ranson, S., Hinings, C.R. & Greenwood, R. 1980. The structuring of organizational structures. Administrative Science Quarterly, 25: 1-17.

Riessman, C. K. 1990. Divorce talk: Women and men make sense of personal relationships. New Brunswick: Rutgers University Press.

Riessman, C. K. 1993. Narrative analysis. Newbury Park, CA: Sage.

Sastry, M. A. 1997. Problems and paradoxes in a model of punctuated organizational change. Administrative Science Quarterly, 42 (2): 237-275.

Siggelkow, N. 2002. Evolution toward fit. Administrative Science Quarterly, 47 (1): 125-159.

Snell, S. A. and Dean, J. W. Jr. 1994. Strategic compensation for integrated manufacturing: The moderating effects of jobs and organizational inertia. Academy of Management Journal, 37 (5): 1109-1140.

Sorokin, P.A. & Merton, R.K. 1937. Social time: A methodological and functional analysis. American Journal of Sociology, 42 (5), 615-629.

Staudenmayer, N., Tyre, M., and Perlow, L. 2002. Time to change: Temporal shifts as enablers of organizational change. Organization Science, 13 (5): 583-597.

Tushman, M. L., & Romanelli, E. 1985. Organizational evolution: A metamorphosis model of convergence and reorientation. In L. L. Cummings & B. M. Staw (Eds.), Research in Organizational Behavior, vol. 7: 171-222. Greenwich, CT: JAI Press.

Tyre, M. J. and Orlikowski, W J. 1994. Windows of opportunity: Temporal patterns of technological adaptation in organizations. Organization Science, 5 (1): 98-118.

Tsoukas, H. and Chia, R. 2002. On organizational becoming: Rethinking organizational change. Organization Science, 13 (5): 567-582.

Waller, Conte, Gibson, and Carpenter, 2001. The effect of individual perceptions of deadlines on team performance. Academy of Management Review, 26 (4): 586-600.

Weick, K. E. 1995. Sensemaking in organizations. Thousand Oaks: Sage.

Weick, K. E. & Quinn, R. E. 1999. Organizational change and development. Annual review of psychology, 50: 361-386.

Whipp, R. 1994. A time to be concerned: A position paper on time and management. Time and society, 3 (1): 99-116.

Wiebe, E. and Golden-Biddle, K. 2002. Change in time and time in change: Addressing temporal dualism in the study of organizational change. Paper presented at the Dynamic Time and Creative Inquiry in Organizational Change Conference, Boston, June 2002.

Zaheer, S., Albert, S., & Zaheer, A. 1999. Time scales and organizational theory. Academy of Management Review, 24 (4): 725-741.

Zerubavel, E. 2003. Time maps: Collective memory and the social shape of the past. Chicago: The University of Chicago Press.

APPENDICIES

Appendix A

Research Information Sheet and Consent Form for Participants

Research Information Sheet

My name is Elden Wiebe and I am a doctoral student in the Department of Strategic Management and Organization at the University of Alberta, and research assistant on a research program investigating organizational change in health care. (Please see our website at www.healthorgchange.com.) I am a member of the continuing care project team, and am conducting a sub-study that examines stories of change. Stories reflect significant events in the change process and make sense of them. Understanding stories of change will assist us in better understanding how organizational change in health services takes place.

I would like to invite you to participate in this study. I have received your name because of your involvement in the implementation of change in continuing care in ZRHA. You are one of approximately 20 people being asked to be interviewed.

You are under no obligation to participate in the study. If at any time you do not wish to be part of the interview, you may just indicate this to me. **Participation in this study is voluntary**. Further, you may withdraw at any time or refuse to answer any question without prejudice after signing this form.

Your participation will involve telling the story of the change process from your perspective and will take 45 minutes on average. Other than this time burden, we anticipate no risks from participation in this research.

I will use the information and findings of this study to prepare my dissertation as well as for presentations at academic conferences and articles in academic journals. Further, as part of the health organization change research team, we will use the information gained from the study to better understand change, and how change can best be implemented in health care settings throughout Alberta.

Any information that is collected from you and that can be identified with you will remain **confidential**, and will be disclosed only with your permission. I will compile all the data and only share themes that are represented in multiple interviews. I will request your permission to use direct quotes from interviews by showing you the actual quotes and the section of the paper in which it is to be used. The data will be kept safe and secure by myself in a locked file for a minimum of 7 years. Names or other information that will identify you personally will not be used.

Finally, I would like your permission to tape record the interview which will allow for better analysis. However, the choice is yours. If you do not want your comments tape

recorded, I will take notes. Similarly, if you do not want portions of your comments to be recorded, I will turn off the tape recorder as soon as you indicate this.

If you have any questions or concerns about this study at any time, you may contact my Supervisor and Principle Investigator on the research grant, or myself, as follows:

Karen Golden-Biddle
Associate Professor, and Research Ethics Committee Member,
School of Business, University of Alberta;
Principle Investigator, Health Organization Change.
Karen.Golden-Biddle@ualberta.ca
780-492-8901

Elden Wiebe
Doctoral Student, Department of Strategic Management and Organization,
School of Business, University of Alberta;
Research Assistant, Health Organization Change.

Individual Consent Form

This Study was explained to me by: _____.

I agree to take part in this study.

_____

Signature of Participant Date

_____

Printed Name of Participant

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____

Signature of Investigator Date

_____

Printed Name of Investigator

Appendix B:

Interview Guide

Interview Guide for collecting narratives of change. Following each question is my reason for using it.

Date:
Place:
Time:
Investigator:

The first 8 questions are demographic questions. These were asked at the end of the interview, both situating the narrative data as well as supplying supplemental information on the implementation of change. Riessman (1993) notes that even simple demographic questions may elicit a narrative answer, though this is not always the case.

1. Name:
   - collected for purposes of identification and follow-up if necessary.
2. Age:
   - I wanted to know their ages since the life-cycle and the career-cycle seemed important to their particular construction of the story of change.
3. Education:
   - I wanted to know their educational background since the level of education is perceived to be an important factor in the ZRHA in being able to deal with change. Also because the region is rural, it is difficult to hire people with Master's degrees and higher. I recognized that formal education is also supplemented with informal educational opportunities, such as 1 day seminars, and so I also asked about any informal training they had received.

   a. Formal:

   b. Informal:

   c. What has helped (or would you like to have had to help) prepare for change?
   - I asked this question in order to find out what they considered critical for helping them deal with change.

4. How long have you been in Health Care?
   a) Where have you served? b) Capacity? c) How long?
   - I asked this question believing that past experiences can shape one's attitudes, practices, values, and hence the way a current change may be perceived and how it might be placed within a narrative concerning that change.

5. How long with ZRHA?

6. Positions held at ZRHA? How long?
   - These two questions are in the same vein as Question 4; however, this was also meant to give me a sense of whether they had been with the region (or what became the region) when it went through regionalization, or whether they had been hired some time after that event. The reason this seems important is that in other data gathering, people in the region who went through the process of regionalization showed significant emotional reactions to talk of significant change whereas those who did not go through regionalization did not show the same reactions. This I deemed important for creating a narrative of change.

7. Role in the Implementation of Change in Continuing Care?
   - I asked this question since I wanted to know whether they perceived their role in the change process differently from their job function, and then, further, how they described that role.

8. Who are the people you work with the most
   - This question seeks to locate the individual within their significant relationships both in terms of their work and in terms of the implementation of change itself. For some these might be the same; for others it may not.
   a) In your present position? Level in the organization?
   b) In the Change initiative? Level in the organization?

The following 4 questions (and probes) formed the heart of the interview.

1. Would you tell me what you do here in ZRHA?
   - I began the interview with this question since it was an easy question to answer and allowed the individual to 'warm-up'. I specifically asked what they 'do' in order to have a sense of the activity they engage in rather than simply providing me with a title.

2. Would you tell me the story of the implementation of change in long term care from your perspective?
   - This is the core question of the interview. I wanted to collect their story of the implementation of change; thus I left the question rather vague as to its starting point and end point as well as any other events between. I sought their construction of the story of change.

   Probe Questions:

   The following questions were to help the individual if necessary as well as to elicit further information on items that seemed important to get their perspective on.

a. What have been the most significant events in the implementation of change so far? And how have they impacted the change process?
   - I asked this question since I was looking for what the individual would consider 'consequential events' that might be defining of the change process and shape the temporality of the change story.

b. What has been joyful in the change process?
   - This question seeks to uncover those things that fit into the individual's thinking of how the change should proceed; that is, these would not be outside of the temporality of change as constructed by the individual. This question also gets at things that motivate them in their work of implementation – in a sense it is an affirmation of them and their work, and how they see things to be, i.e. their view of reality.

c. What has been difficult in the change process?
   - Conversely, this question is meant to elicit events that cause difficulty in the process and hence may be outside of one's construction of time.

d. What part have you played in the change process?
   - This question is much the same as the earlier one on the role in the change process, but elicits responses that are more general, and sometimes conceptual, in nature.

e. How is the momentum of the change being maintained for you?
   - I asked this question to understand what people identified as drivers or facilitators of change. These would keep up the momentum of the change.

f. How has the rural nature of ZRHA shaped the implementation of change?
   - This question sought to reveal whether being in a rural setting made any difference in the minds of the respondents. This connects with the concept of sociality and interaction, both with people and animate/inanimate things.

3. Where do you see the change in long term care heading?
   - This question is meant to specifically outline the future direction of the changes. This can be compared with both explicit and implicit future direction in other questions. It can also be compared to how they view the changes; i.e. is their future direction consistent with how they see the present and the past?

4. What does the 10 year timeframe mean to you?

This question is meant to reveal how people involved in the change conceived of the temporal framework attached to it. It is the issue of a deadline toward which the region is working and of which they are a part. What does that deadline mean to them?

Appendix C

Example of Line and Stanza Structural Analysis of a Narrative Interview

Symbols Used in Analysis:

I: Interviewer

R: Respondent

(p) = short pause (< 2 seconds)

(P) = longer pause (2 seconds and greater)

Underline = emphasis on the word

... = discussion trailing off

// = drop in pitch contour

STORY OF CHANGE: THE BEGINNING OF THE CHANGE IN LTC

I: Alright, Sam, I want to start, uh, the interview by asking you first of all, uh, what it is that you do here in ZRHA?

R: I am the Continuing Care Coordinator at the [small town] Health Center.
Is that all you need to know?

I: OK, and, and what, what, what does that mean? What do you do on a daily basis?

STANZA 1 (ABSTRACT)
R: OK. Um (p)
my main responsibility is for the residents and nursing staff
in the continuing care unit.

STANZA 2 (RESIDENTS AND STAFF)
Um, so (p) basically
as far as residents are concerned,
it's making sure that all of their needs are met,
um (p) dealing a lot with families and physicians,
um, to (p) provide a (p)
good quality of life for them.

Um (p) as far as staffing,
basically from pay cards
to the schedules
to performance appraisals.

STANZA 3 (THE LONG TERM CARE UNIT; FORM = CHIASMUS)
Um, I also manage the long term care unit
so I am also responsible indirectly
for the other departments that (p)
provide service to the long term care,
so housekeeping, maintenance,
um, I don't -- they don't directly report to me
but I am responsible for what happens on the unit. So...

I: Um, (p) do you--are, are you interfacing a lot with families?

R: Ummmm, yup, on a daily basis. [I: ok] Yup.
And I think (p) moreso families are becoming more vocal and (p)
being encouraged to be more involved in, in the care. So...

I: OK. Alright, well let's go to the second question.
R: OK

ABSTRACT
I: Um. And that is, would you tell me (p) the story of the implementation of change in long term care from your perspective?

FRAME
R: OK. Um, (p)
I guess starting from the very beginning

(NARRATIVE 1)

ORIENTATION
when I was hired
they changed my position.

EVALUATION
So I think from changing my position
that had a huge impact on the change in long term care.

COMPLICATING ACTION
Um, in the past,
it was always, um (P)
considered a nursing coordinator,
so the person always had a nursing background who has been in my position.

And then they wanted to change kinda the focus of long term care
from a medical, um, standpoint
to more of a social model of care.

So (p),
they hired myself,
and I'm (p) —
my background is [social model of care].

EVALUATION
So, I think from the very beginning
it was a big change for everyone,

POSITION CHANGE —STRUCTURAL ISSUE (STANZA 1)
because they have always had a nurse in this position,
and then they switched to having someone with a non-nursing background,
so <u>that</u> from the beginning was (p)
<u>tough</u>.

YOUTHFULNESS—PERSONAL ISSUE (STANZA 2)
I think it was also tough, (P)
uh, for change to take place since I am [relatively] young.
I think that was hard for staff and families and, you know, other professionals.
I think it was tough at first because I am [relatively] young.

RESOLUTION (of previous story) AND ORIENTATION (of next story)
Um, and then
after we got through all of that,
got that worked out,

(NARRATIVE 2)
COMPLICATING ACTION
STANZA 1
we started, um,
looking at the different things that had the biggest impact
on the residents' lives.

STANZA 2A
And the things that <u>indirectly</u> I would hear or see going on
that I thought we could change and make better for the residents.

STANZA 2B
So... (P—3 seconds)
getting input from families and other professionals and the nursing staff,
um, on the things that they would like to see changed

and getting people involved

EVALUATION
is probably (p)
what started everything.

SUMMARY 1
So establishing relationships
and proving what I had to prove for the first little while
and then (p)
addressing some of the unmet needs
as far as the residents,

THEORY OF CHANGE
and (p)
basically I look at it
as it's not something that just starts and finishes.
It's kind of an ongoing (p)
process and (p)
every day things change
and the residents change and the staff change and the needs change, so ...(p)

SUMMARY 2 (EXPANDED)
STANZA 1 (POSITION CHANGE; TEMPORAL—BEGINNING/PAST)
it's hard to say where it all started
but I think just from changing the title of my position
and changing the responsibilities (p)
had a huge impact (p)
at first.

STANZA 2 (PHILOSOPHY AND DIRECTIVES; TEMPORAL—THE PRESENT)
And (p)
I guess basically trying to carry out with, um,
principles from the Eden Alternative
and from Broda Report,

STANZA 3a (PERSONAL ASSESSMENTS; TEMPORAL—THE FUTURE)
and looking at, um (P)
what, what things are happening now,
what I would want for myself (p),
what I want for my parents when its time for them to come to long term care,
uh, what I want for my grandparents.

STANZA 3b
So, looking at it from that perspective (p),
you know, you can see a lot of things that (p)

I feel need to change, and (p)

CODA
it will just take time. (p)

FRAME
So I think that's where it started. And, um, (P—3 seconds).

JOYFUL THINGS IN THE CHANGE PROCESS

ABSTRACT
I: Now in this process has there been anything, um, particularly joyful (p) in the change—in the implementation of change?

STANZA 1 (RESIDENTS)
R: Yeah, I think, um, (p)
basically seeing the residents happier,
more involved in their care,

STANZA 2 (FAMILIES)
families feeling comfortable to come and discuss things
that, you know, weren't discussed before or,
uh, didn't feel comfortable discussing.
(I: And what sort of things would those be?)
R: Just, um, things that they are unhappy about.

STANZA 4 (THEORY)
I think a lot of times families just have this overwhelming sense of guilt (p)
for having their loved ones here,
and I think addressing <u>that</u> (p)
then addresses all of the other concerns that they have

STANZA 5 (EXPLANATION)
because I don't think really (p)
they're as concerned about (p)
the little things that happen day to day.

STANZA 6 (REITERATION OF STANZA 4)
It's moreso that they are having a hard time handling (p)
the fact that they have had to put their parents here, or, you know, brothers and sisters,
and I think addressing their needs, (p)
um (p), as a family member (p)
helps a lot, and (p)

STANZA 7 (RESULTS)
opens their eyes
and they seem happier,
therefore the residents are happier,

STANZA 8 (EVALUATION)
and (p)
yeah, I think (p)
sometimes that's the (p)
biggest problem or (p)
one of the biggest problems. (P)

(OTHER) DIFFICULT THINGS IN THE CHANGE PROCESS

I: Uh, what has been difficult for you in the implementation of, of changes then?
R: Um...
I: You've touched on a little bit of that already in terms of uh your background, and ...
R: Yup
I: change from the title and so on. Has there been anything else?

ABSTRACT
R: I think, um, (P)
the things that have been difficult is (p)
that, um (p),

CHANGE AS NEGATIVE

STANZA 1 (ORIENTATION TO CHANGE AS NEGATIVE/LOSS)
sometimes with (p)
change, it always (p)
or it has been in the past
looked at as a negative thing //
and there has always been some sort loss associated with it. //

STANZA 2 (SEEING CHANGE FROM A DIFFERENT PERSPECTIVE)
So, (p) um (p), looking at it (p)
from a different perspective
that it is a positive thing, //

STANZA 3
and that it is not always negative
and it doesn't always mean cutbacks
and it doesn't always mean that we are going to lose staff
or lose funding or

STANZA 4
if it is focused more on what we are going to gain from the change
and how things will positively affect
not only the residents
but the staff and the families and everyone that's involved. //

STANZA 5 (REMOVING FEAR OF CHANGE IS DIFFICULT)
I think, um, (P),
that (p) changing it around so that it's not a --
people aren't scared.
And I think with change one of the hardest things is getting people (p)
to (p) be ok with it and not being scared of,
of what's going to happen.

SHORT TIMEFRAMES

STANZA 6 (SHORT TIMEFRAMES FOR RESULTS)
Um, I think time (p)
is also really important
because there's always, sometimes a—
there's a short (p) time frame that things need to change within,
or that we need to see results,

STANZA 7 (SHORT TIMEFRAMES NEGLECT PEOPLE'S NEEDS)
and (p) sometimes that time doesn't factor in (p)
people's needs, like the change—
the time it's going to take for the residents to adjust to (p)
changes (p) in the facility
and same with staff.

STANZA 8 (PEOPLE NEED TIME TO ADJUST TO CHANGE)
Um, it just (p) takes time (p),
you know, people take time to adjust to new things

STANZA 9 (TIMEFRAMES FOR RESULTS DON'T ALLOW CONSIDERATION OF PEOPLE)
and I don't think,
sometimes with some of the guidelines and timelines that are put on us
there is enough time to (p)
consider (p)
the people factors // (p) [I: Hmm]
when making change.//

SIGNIFICANT EVENTS IN THE CHANGE PROCESS

ABSTRACT

I: Ummm. Um (P). In terms of, uh, the implementation of change then as, as sort of in the big picture, uh, what, what have been the significant events (p), and, and how have those significant events impacted the (p) change?

SUMMARY OF INITIAL STORY (NARRATIVE 1)

R: OK, I think, um (P—3 seconds),
like I said from the beginning was the change in my position,
so the change of, um, the whole idea behind what we are going to do,
and getting (p) people to see it from that perspective.

EVALUATION

Um (P), [noise in background from a buzzer—signifies that a resident has gone out the doors],
I think that was probably the biggest thing, and (P)

EDUCATION
just education,

EDUCATING STAFF—DESCRIBE THE CHANGES
like educating staff
on what changes,
what the process is going to be,

STAFF AND FAMILIES—RELIEVE FEAR
giving them all the information that you have, //
so that they don't feel threatened, //
or so that (p) the families aren't scared of what,

EDUCATING FAMILIES—DESCRIBE THE CHANGES
what's going to come and (p)
the one place that they had their (p) loved ones in,
is it still going to be the same,
is it (p) the same service that's still going to be there,
is—am I still going to be (p) paying the same amount for the same thing sort of thing?

EVALUATION AND ELABORATION ON THEORY OF CHANGE--WHY
So, I think if there,
you know, the information is out there (p)
and people are aware, um (p),
then I think it's less threatening and change is easier (p)
somewhat (p)
if um, they have all—as much information as you can give them. [I: hmm]]

EXAMPLE OF EDUCATION ACTIVITY FOR STAFF
Uh, one of the things for us is we sent um (p)
for (p) the (p)
education part of it,
like we are trying to implement some of the Eden Alternative principles, and (p)
we sent, um, front line staff to training as well (p),
um as well as different professional staff.

EVALUATION—WHO
So I think that offering, you know, the education to every level
and the people who are, uh, mostly affects their day to day routine,

EVALUATION—WHEN AND WHAT AND HOW
I think, um, (p) that's kind of where it needs to start,
is from the very beginning
with educating staff on
what's going to happen and
what the expectations are going to be, and
how it's going to effect everyone, (p)

FURTHER ELABORATION ON THEORY OF CHANGE
and, um, (p)
also sometimes it's also good if you can reverse it
and let them think that it was their idea, (p)
like, um (p), taking things slow and (p)
suggesting things in a non-threatening way
and getting them to (p) see it through their eyes
and I think change is easier (p)
handled (p) and managed when (p)
staff are more involved.

PROBE INTO ORIGIN OF EDEN ALTERNATIVE

I: With regard to the Eden Alternative that you mentioned a couple of times, uh, where, where did the idea come from?

BASIC STORY
R: Um, for me, I—where I worked previously
it had been talked about and discussed
and there were books floating around,
so I had read about it there. Um,

(CLARIFICATION OF SITE)
I: And, and where did you read—or where were you working?

R: Oh, [City] Lodge.
I: And that's...
R: In—its for (p), well I worked at [City] Long Term Care.
I: Oh in [City].
R: In [City], yup.

FRAME
So that's kind of where I first—

(NARRATIVE 3)

ORIENTATION
and I was working as a recreation manager there,
and that's where it first kinda came up,

COMPLICATING ACTION
is they had a book
and they were trying to implement a lot of things, //
not necessarily according to Eden
but a lot of the things they were doing were similar, //

and then once I read the book (p)
it all made sense

and then (p) when I (p) applied for this job,
the job description and the responsibilities (p)
seemed to be quite similar to some of the philosophies and principles of the Eden Alternative.

And, um, and then when I started—
my supervisor who is the health center coordinator,
she had been to the Eden Alternative training
and thinks it's a really good idea,
and (p) had wanted to hire someone who (p)
would try and implement those things.

FRAME
So (p) that's kind of where (p) it started for me,

CODA
and it's kind of been a—
an ongoing (p) process here that we're trying to (p)
slowly (p)
make some (p)
changes.

PROGRESS OF THE CHANGES

ABSTRACT
I: Hmm. And how do you feel about the progress of those changes?

(NARRATIVE 4)
FRAME AND ORIENTATION
R: Um, when I first started, almost—
well a [little while ago],

COMPLICATING ACTION (PERSONAL COGNITIVE CHANGE)
I thought we would have more done.
I though you could just go in [clapping noise to emphasize point]
and make the changes and things,
you know, things by next year will be (p)
different.

And then I realized after (p) a couple of months that (p)
it just isn't going to happen that way
and not everyone is as gung-ho as I am, and (p),
you know, there's different things to factor in (p)
like budgets and, (p)
you know (p), staffing,
and how it's going to affect the residents,
and the residents need change.

The residents we have now are different from the residents—
most of them—that we had last year at this time.

EVALUATION
So, (p) it's hard to (p)
predict what you are going to need when (p)
everything's constantly changing. [I: Hm.]

EVALUATION
So (p), um, (P)
I think (p)
it's discouraging (p) to some extent
because there is a lot of things that I haven't accomplished yet, or
that we haven't accomplished,

RESOLUTION
but yet (p)
there are some positive things, (p)

uh, a lot of positive things that are happening that I haven't necessarily, umm, taken—had to take the lead role in.

I've seen staff (p) sort of (p)
change through the whole process. They've, um,
changed their way of thinking, um (p)
looked at things through different eyes sort of thing. //

EVALUATION
So I think that in the most sense is seeing people (p)
do things on their own and, and get more involved and (p)
want to be a part of the change process,

FRAME
which I didn't see when I first started. [I: Uh-huh.] Yeah.

EVALUATION
So that's probably (p) pretty exciting.{said in a very subdued, tentative fashion} [I: yeah] Yeah.

MOMENTUM IN THE CHANGE PROCESS

I: Um (p), in, in terms of the momentum of the change, what, what maintains (p) the momentum (p) for change for you?

STANZA 1 (NEEDING A BREAK)
R: [Audible sigh] Ooohhhh.
Um, a holiday every now and again—
No I'm just kidding [said with laughter].

STANZA 2 (FRAME)
Um, I think (p) just, um, (p)
remembering why we're here.

STANZA 3 (LOSING SIGHT OF REAL REASON)
I think people lose sight when they work (p)
in an organization where there's (p)
constant change
on the real reason why you're there, and (p)

STANZA 4 (E.G. IN HEALTH CARE)
I think, um, sometimes we forget in health care
that we are here for our patients and clients
and we sometimes focus on,
you know, the other things like, um,
ourselves and unions, and (p)

we get wrapped up
in some of the political things where[as] (p)

STANZA 5 (FRAME AND EXPANSION ON THE THEME)
I think if we just remember why we are here
and look at the needs that were—
that are being met and the needs that aren't being met, um (p),
and continually trying to strive
to do more and to do things better, and to, (p)
um, even if it's small steps and only one thing changes.

STANZA 6 (PERSONAL EXAMPLE)
And I know for myself,

STANZA 7 (6 MONTHS)
after about six months,
I started to get discouraged
because I didn't see, um,
the changes happening that I thought would happen (p)
when I had first started.

STANZA 8 (1 YEAR)
And, um, even looking back after a year I think,
'oh there's so many more things
that I thought I would have had done by now
and there are so many more things
that I want to do,'
and I didn't realize that (p)
change takes so long to take place. [said deliberately]
I didn't realize that— (p),
I didn't factor in all that needs to be factored in.

STANZA 9 (INITIAL THEORY OF CHANGE BASED ON INEXPERIENCE)
I thought you could just come in and tell people
'this is how we're going to do it,'
and that people would just do it.
And (p) that's partly my inexperience.

(PROBE)
I: And they don't do that?

STANZA 10 (THEORY OF CHANGE INFORMED BY EXPERIENCE)
R: No! No, not for the most part [said with a laugh].
There has to be, uh, information behind it.
There has to be a trial period.
It has to be (p) implemented slowly.

STANZA 11 (CONTINUED)
Um (p), people who, um, who are directly involved
need to be involved in making that change
and they need to be (p) involved in, um (p),
analyzing it and giving feedback on
whether or not they think it's working or
whether they think something else would work better.

STANZA 12 (COMPLICATION, SUBTEXT—THIS IS WHY WE MUST REMEMBER)
And, um, it's hard [having people involved and giving feedback???]
because then sometimes (p)
you lose focus as to why we're doing things
and we start focusing again on ourselves (p)
and how it's affecting us.

STANZA 13 (METAPHOR OF CHANGE)
So, it's just a continual— (p)
it's kind of like a snowball.
You know, you just keep rolling down the hill and, (p)
you know, the changes happen
or they break off and they come back or they don't.
That's they way I kind of look at it.

STANZA 14 (METAPHOR APPLIED)
For a while you pursue something and (p)
you're almost there and then (p)
something happens and you just can't (p),
you know, you can't either (p)
get staff to understand it from that perspective
or get— (p)

STANZA 15a and 15b (RESIDENTS' ROUTINE AND CHANGE)
even the residents.
They've been doing this—this—
you know, they've been having things (p)
rotate around them this way for so long that (p)
change is traumatic for them as well (p)
because (p)
they're used to getting up at this time
and eating at this time
and going to bed at this time
and being changed at this time.

STANZA 16 (EVALUATION--RESIDENTS)
So it's a part of their routine as well,
and to then give them choices and options
which they probably (p)
haven't had (p)
in a number of years is hard.

STANZA 17 (EVALUATION—RESIDENTS 2)
So it's not only staff, it's mostly—
it's residents as well that (p)
it impacts
and that slows the process down because (p) um, (p)
it's (p) changing their whole lifestyle // [I: hmm]. So (p)

STANZA 18 (CODA—THEORIZING ABOUT CHANGE)
I don't know.
It affects everybody in a different way and I think if, (p)
um, in order for change to (p)
continually take place you just have to be (p)
dedicated and motivated and (p)
have support (p)
from your (p)
coworkers and (p)
from the organization.

....