



# Nurses' sensemaking of contradicting logics: An underexplored aspect of organisational work in nursing homes



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## ABSTRACT

Organisational work, understood as the practices by which care services are organised, is often referred to as the glue in healthcare organisations. In response to healthcare reforms, organisational work in Norwegian nursing homes has undergone extensive changes. With increased standardisation and efficiency demands, new managerial logic often stands in stark contrast to traditional professional logic. Although organisational work is essential for all action in care, there is a lack of research on how contradicting logics influence organisational work in nursing homes. In this study, we combine the institutional logic perspective with sensemaking to demonstrate how nurses create new patterns and routines in organisational work. Our analysis indicates that contradicting logics create incongruous events that nurses attempt to clarify through sensemaking. To illustrate nurses' sensemaking, we rely on new theoretical developments from the institutional logic perspective. The study contributes with a new understanding of nurses' organisational work in nursing homes. In addition, by combining the institutional logic perspective with sensemaking, the study adds to previous knowledge in the institutional literature by demonstrating how sensemaking enables contradicting logics to co-exist.

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## 1. Introduction

Previously dominated by professional logics that relate to professional authority and autonomy (Abbott, 1988; Evetts, 2009, 2013; Freidson, 2001), healthcare organisations are now increasingly influenced by managerial logics represented by efficiency demands and increased standardisation of care (Clarke, Gewirtz & McLaughlin, 2000; Lægreid, Roness & Rubecksen, 2006; Pollit & Bouckaert, 2011; Scott, 2000). This shift has challenged the previously dominating logic of professional autonomy in organising daily work. Organisational work is regarded as an inherent part of professionals' practices (Muzio & Kirkpatrick, 2011; Suddaby & Viale, 2011), and this work consists of coordinating and planning patient care. Through organisational work, nurses contribute to the quality, safety and efficiency of healthcare services in an important way. This phenomenon is thoroughly described by researchers such as Olsvold (2012); Allen (2014); Orvik, Vågen, Axelsson, and Axelsson (2013); Rankin and Campbell (2006); Scott-Cawiezell et al. (2004). These studies highlight the importance of obtaining a greater understanding of organisational work to gain insight into the possibilities and limitations of healthcare reform changes. Such

knowledge is of interest to both policy makers and providers that aim to improve service delivery in healthcare organisations. Rather than focusing solely on nurses' organisational work, as in the previously mentioned studies, we aim in this article to enrich our understanding by investigating how nurses make sense of contradicting logics when organising their daily work. In particular, we aim to investigate how and why new managerial demands challenge nurses to organise their daily work in a different way. This objective involves gathering more knowledge about the interconnection between nurses' working practices and new managerial demands. To do so, we chose to draw on the perspective of institutional logic (Thornton, Ocasio, & Lounsbury, 2012).

The institutional logic perspective provides a metatheoretical framework for analysing the interrelationships among institutions, individuals, and organisations (Thornton et al., 2012). This perspective provides a new theoretical approach for understanding how institutional logics govern organisational structures and shape the behaviour of individuals in their practices (Friedland & Alford, 1991). Researchers within this discipline report that competing and contradicting logics are particularly likely to be found within healthcare organisations (Greenwood, Raynard, Kodeih, Micelotta, & Lounsbury, 2011; Scott, 2000). Professional logic and managerial logic are founded in various institutional rule

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systems of socially constructed norms and beliefs (Thornton et al., 2012). Until recently, most research on competing logics has focused on issues such as managing the rivalry in care services (Reay & Hinings, 2009), practical implications and professional approaches (Arman, Liff, & Wikström, 2014) and the establishment of new practices (Lounsbury, 2007). Reports within this stream of research indicate that although professional and managerial logics compete, they can also simultaneously co-exist (Greenwood et al., 2011; Lounsbury, 2007; Reay & Hinings, 2009; Suddaby & Viale, 2011). Such co-existence between competing logics is possible both through cooperation between professions (Reay & Hinings, 2009) and through hybrid forms of professionalism (Greenwood et al., 2011). However, none of the studies cited above has combined the institutional logic perspective (Thornton et al., 2012) with sensemaking (Weick, 1995). Furthermore, little research has explored how competing logics influence nurses' organisational work in nursing homes.

Within the institutional logic perspective, Thornton et al. (2012) argue that understanding the connection between practice and institutional logics requires a focus on the social interactions of individuals. Thornton et al. (2012) present developments that bridge the perspective of institutional logic with more practice-based theories. Sensemaking, as proposed by Weick (1995), is one such complementary theory. Sensemaking is often described as the social process through which people work to understand issues or events that are novel, ambiguous, or confusing or that violate expectations in some way (Maitlis & Christianson, 2014). Sensemaking is thus regarded as a key mechanism of social interaction and as a means of linking institutional logics to the dynamics of practices across organisations (Thornton et al., 2012). For instance, when new managerial demands arise and create incongruity in how to organise daily work, sensemaking is used by the nurses to clarify contradicting demands. Thus, sensemaking can be seen as a mechanism that help the nurses to understand incongruous events to be able to make decisions about what to do and what to ignore in their work. In this manner, contradicting logics will influence and become tangibly manifested in organisational work through nurses' sensemaking.

The number of empirical studies combining the perspectives of institutional theory with sensemaking remains small (Maitlis & Christianson, 2014; Weber & Glynn, 2006). Although researchers have recommended more research linking sensemaking and institutional theory, Weber and Glynn (2006) argue that institutions are still primarily understood as constraining sensemaking and shaping what we expect and take for granted, that again restrict the substance of sensemaking. However, as Weber and Glynn (2006) demonstrate, the influence of this relationship also flows in the other direction. Therefore, more empirical studies are needed to show the two sides of the relationship between institutions and sensemaking. In an attempt to fill this research gap, our study explores nurses' sensemaking in organisational work by combining sensemaking (Weick, 1995) with the institutional logic perspective (Thornton et al., 2012). We argue that this theoretical combination will enrich our analytical lens. First, a bridged view of the two fields will help us to alternate between different levels of analysis. Second, a bridged view will allow us to investigate the cognitive and social mechanisms of incongruous events that help to explain how and why contradicting logics influence nurses' organisational work. This view will in turn provide insight into which types of logics become salient in sensemaking processes and why some logics are employed while others are not. In this manner, the study presents new analytical dimensions for the empirical study of competing logics.

The setting of the study is three nursing homes in northern Norway. Norwegian nursing homes operate as medical institutions

that provide accommodations and medical care to elderly individuals who can no longer obtain suitable care in their homes but who nevertheless do not need hospital care (Jacobsen, 2005). The extensive worldwide changes in healthcare that have occurred in the last fifty years have been less market oriented in Nordic countries. In Norway as in other Scandinavian countries, such changes are characterised by a comprehensive decentralisation trend in the public sector along with the increased use of managerial tools to control subordinate organisation from an arm's length distance (Lægreid, Roness, & Rubeksen, 2007; Meagher & Szebeheley, 2013). In nursing homes, such managerial demands involve the use of stricter predefined financial targets or outcomes for work, more task-oriented procedures for staff, and growing standardisation and monitoring systems to measure performance (Dooren, Bouckaert, & Halligan, 2010; Næss, Havig, & Vabø, 2013). Research on nursing leadership and work conditions in nursing homes indicates that nurses are struggling to renegotiate their new identity and professional work according to new managerial demands (Carvalho, 2012; Harvath et al., 2008; Ingstad, 2010; Jacobsen, 2013; Scott-Cawiezell et al., 2004; Venturato, Kellett, & Windsor, 2007). These studies report on how increased managerial demands generate more administrative tasks that take time away from patient work, which in turn provides an insufficient basis for nurses' action. This incongruity in organisational work makes nursing homes fertile grounds for studying the sensemaking of contradicting logics.

This paper is structured as follows. First, we review the theoretical literature with the goal of combining institutional logic with sensemaking. Second, we present our case study and then describe our research design and methods for data collection and data analysis. Third, we present our analysis of nurses' sensemaking of organising daily work and how this sensemaking relates to contradicting logics. Finally, we discuss our findings and conclude with comments on our study's contribution.

## 2. Theoretical framework

In this paper, we explore how nurses make sense of contradicting logics when organising their daily work. Our explanatory lens is a combination of the institutional logic perspective and sensemaking. Consistent with Thornton et al. (2012), we argue that it is insufficient to explain institutional changes by focusing only on institutional structures. In understanding individual and organisational behaviour, we must also study social interactions and dynamics in practice (Friedland & Alford, 1991). The assumption is that nurses' sensemaking of organising work is unlikely to occur as a context-free act. Similarly, it is difficult to think of situations in which nurses' sensemaking of organising work will not reflect back to the context of contradicting logics.

### 2.1. The institutional logic perspective

Institutional theory has long emerged as a dominant theory in studies of organisations (Scott, 2008). From prior interest in organisational similarities and mechanisms that drive organisations towards homogeneity (DiMaggio & Powell, 1983; Meyer & Rowan, 1977), there has been a reorientation of institutional research towards studies of organisational heterogeneity (Friedland & Alford, 1991). Suddaby and Viale (2011) argue that this shift is a result of the inability of institutional theory to explain the sociocultural processes of institutional change. In this paper, we adopt the perspective of institutional logic that criticises earlier institutional theory for not situating actors within the appropriate organisational context to understand institutional persistence and change (Greenwood et al., 2011; Lounsbury, 2008; Thornton et al., 2012). This perspective helps to explain and elucidate connections

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