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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 (Læg Reid, Roness, & Rubecksen, 2007; Meagher & Szebehely, 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

between institutional logic and practice that create a sense of common purpose and unity within organisational contexts.

The work of Thornton et al. (2012) proposes six ideal types of institutional logics: the market, corporations, professions, the state, the family and religions. Each has distinctive characteristics that are useful for studying multiple logics in conflict. However, to be active, the logics require carriers such as individuals and organisations that affirm, embody, transmit and act in accordance with these characteristics. In this paper, we primarily build on studies from hospitals that explore the dilemmas and tensions between professional logic and managerial logic that professionals encounter in their daily work (Arman et al., 2014; Lounsbury, 2007; Lounsbury, 2008; Reay & Hinings, 2009; Scott, 2000). For instance, in their study of competing institutional logics in hospitals in Alberta, Reay and Hinings (2009) investigate how competing logics are able to continue to both co-exist and compete over long periods of time. The researchers report that physicians and managers are able to manage both professional and managerial logics through the development of localised collaborative relationships in their day-to-day work. In another study, Arman et al. (2014) investigate competing logics in psychiatric care in Sweden, and they report that increased quantification in care supports hierarchisation, on the grounds of which professional and managerial logics can co-exist. In a third study, Lounsbury (2007) explores how competing logics shape practices in mutual funds and argues for the need to give increased attention to the complex interplay of professional and organisational elements to understand changes in practices. All the studies cited above adequately explain the activity and strategies that professionals develop to cope with the complexity that arises when different logics meet and compete. However, as already argued, the explanatory power of these studies is limited because they fail to consider the sensemaking process behind the coping strategies that actors develop when facing contradicting logics.

2.2. Sensemaking

According to Thornton et al. (2012), sensemaking can be regarded as a complementary theory within the perspective of institutional logic, focusing on the relationship between cognition and action. Sensemaking is referred to as the key mechanism of social interaction that situates the identities and practices of actors within the broader cultural structure (Thornton et al., 2012; Weber & Glynn, 2006). By focusing on ongoing retrospective processes that rationalise organisational behaviour, sensemaking helps to resolve incongruity in ways that enable activity to occur (Hernes & Maitlis, 2010; Maitlis & Christianson, 2014). Referring to Starbuck and Milliken (2013), incongruous events are events that violate perceptual frameworks and thus emerge as an essential occasion for sensemaking (Weick, 1995). To make sense of incongruous events, actors seek reasons that will enable them to resume the interrupted activity and remain in action. Sensemaking is thus an ongoing process with a focus on occasions of sensemaking rather than on sensemakers. In other words, sensemaking addresses the cognitive and social mechanisms for handling unexpected events, uncertainty and incongruity in organisations that help to explain actors' behaviour in practice. Thus, sensemaking can be viewed as the feedstock for institutionalization (Weick, Sutcliffe, & Obstfeld, 2005).

Sensemaking is used in several research studies of organising processes (Maitlis & Christianson, 2014). In a recent study, Patriotta and Brown (2011) show how students made sense of unsettling events surrounding exam evaluations through the use of metaphors. The metaphors helped students to assign unclear events to something familiar to reduce their fear of exam evaluations. Sensemaking is also used in studying healthcare issues. For

instance, Apker (2004) shows how nurses make sense of the managed care era within a US hospital primarily through interpretations generated from their caregiving role. In the study, Apker emphasises the importance of professional identity construction among the professions when encountering managed care. Similarly, in a study from a large Swedish hospital, Ericson (2001) demonstrates the need for sensemaking in understanding strategic change processes. He argues that through sensemaking, it is possible to see new aspects of the complexity of strategic changes. However, as all of the studies cited above show, sensemaking alone does not explicitly conceptualise the change in institutional structures in which meaning is constructed. This essential point becomes clearer when considering the study by Jensen, Kjærgaard, and Svejvig (2009), who explore the potential for combining neo-institutional theory with sensemaking processes when examining the social aspects of the implications of information system adoption in a Danish hospital. In their study, the researchers demonstrate how an Electronic Patient Record (EPR) system was formed and became useful in specific organisational contexts through doctors' meaning production and actions in practice.

3. The case and research design

We draw on data from three nursing homes in northern Norway, all publicly owned and governed by local municipalities. The nursing homes were strategically selected based on the criterion of optimal variation (Creswell, 2007). The nursing homes varied in their size, age and number of beds. One had 39 beds divided into three care units, and the other two had 90 and 27 beds divided into nine and three care units, respectively.

The study includes 100 h of observation of daily handovers and staff meetings in addition to 18 semistructured interviews with nine nurse managers and nine staff nurses (see Table 1). Fifteen informants were women, and three were men. Their average duration of work experience in nursing homes was 11 years. During a one-week stay at each nursing home, we alternated between conducting observation and interviews. To the greatest extent possible, we attempted to combine observations with follow-up interviews with the informants observed. In the interviews, we focused on the informants' experience with organising daily work by asking them to describe how and why the work was organised the way it was. When the informants described situations that they had experienced as challenging, we asked them to provide a detailed account of how and why they acted in that way. This approach gave us rich data on both the nature of nurses' organisational work and the sensemaking processes. The informants were selected by the nurse managers in each nursing home, and the data were collected in 2012. Each interview lasted approximately 60 min and was conducted during working hours. The interviews were recorded and transcribed.

Table 1
Data Collection.

	Interviews	Observations
	Nurse managers	Handovers
Site one	3	11
Site two	3	11
Site three	3	11
	Staff nurses	Meetings
Site one	3	2
Site two	3	3
Site three	3	2
Total	18	40

On a daily basis, three handovers occurred in each ward at the nursing homes (morning, afternoon and night). The handovers constituted the main area for decision making, work priorities and daily work coordination. Daily handovers also involved information exchange. To understand nurses' ongoing organising activities, we chose to observe all the handovers that occurred within one day at each of the wards. Nurse managers were sporadically present during the handovers. During the observations, we focused on the actions of nurses, the tools that they used and the narratives that they applied when planning and coordinating daily work. Field notes were written continuously during observations.

The study was approved by the Norwegian Social Science Data Service (NSD). Anonymity and confidentiality were assured according to standard procedures.

3.1. Analysis

In the analysis, our aim was to determine how nurses made sense of contradicting logics in organising their daily work. We operationalised contradicting logics as incongruous events in which nurse managers and staff nurses experienced dilemmas and tensions between available resources and requirements for professional performance. Template analysis (King, 1998) was used to analyse the data. In addition, we used a qualitative analysis software tool (NVIVO) to assist in the coding process. First, we read and re-read the data, searching for incongruous events that were prominent as triggers for sensemaking. Second, during the coding process, we focused on how sensemaking processes were implemented through specific actions and strategies as a means of clarifying these events. Third, we categorised the sensemaking processes into themes based on how they were reflected in the organisation of daily work. We distinguished between nurse managers and staff nurses in the coding process to determine whether sensemaking differed between the two positions. During the analysis, we interpreted the relationship between sensemaking processes and contradicting logics by alternating between our theoretical framework and the empirical data.

A total of three themes emerged. These themes reflect aspects of nurses' work in which contradicting logics created incongruous events that triggered sensemaking and the establishment of new procedures and adjustments of existing procedures and routines in organising daily work. We named the themes making sense through adjusting to tight budgets, making sense through adjustment of documentation and making sense through working harder. Next, we explain each theme more thoroughly.

4. Results

In this section, we present our analysis of how nurses made sense of contradicting logics when organising daily work. Making sense of tighter budgets while still attempting to maintain their professional standards of care was a common meta-theme among the nurses. This general theme was expressed in three different ways. In each theme, some differences between the nurse managers and staff nurses were observed.

4.1. Making sense through adjusting to tight budgets

Standardised measurements and an increased focus on efficiency gave rise to incongruous events. The nurses explained that the implementation of managerial demands with a stricter focus on budgetary discipline and financial control was in conflict with their professional standards and thus generated uncertainty and an insufficient basis for action in daily work. The nurses stated that they continuously felt a need to adjust how they organised their daily work to ensure that it would comply with what was

considered acceptable behaviour. For example, both nurse managers and staff nurses referred to the use of overtime as unacceptable behaviour because of the enormous costs that it generated. One of the staff nurses expressed this issue as follows:

In situations when a sick patient needs extra care, management says we are not allowed to hire extra personnel due to the financial situation. I find such situations very difficult to handle; we always have to think about the economy (Bodil, staff nurse).

Observing daily handovers, we repeatedly encountered situations in which the staff counted the employees' number of working hours to avoid the use of overtime. We were told that in some cases, temporary staff members were removed from the work schedule because the work shift would incur overtime pay. Consequently, the removal of temporary staff led to situations in which the number of staff was lower than initially planned, as expressed here by a staff nurse:

When in charge as a nurse with responsibility for all 80 residents at this nursing home, the normal practice is to hire one extra person so that the nurses can go on top. However, one time at Christmas Eve there weren't any extra personnel hired due to economic considerations, with the result that we went understaffed for a long period of time (Heidi, staff nurse).

As demonstrated in the quotation, tighter staffing routines were particularly linked to the negative influence of new managerial demands. Although the nurses expressed unease about this situation in referring to the quality aspects of care, they followed stricter staffing procedures as a result of these efficiency demands. Compared with staff nurses, nurse managers showed more acceptance of the need to adhere to external financial expectations in organising work. For example, one nurse manager explained that by viewing the nursing home resource situation in the context of the overall economic situation within the municipality, one could more easily understand how the influence of external demands had created the need for tighter budgets:

This nursing home has a budget, and as a nurse manager I have no authority to go beyond that financial framework. Thus, when someone is ill and we need to hire additional staff, I cannot do that because it will lead to further consequences. It will always affect something else if the nursing home spends more money on for instance increased staffing (Vigdis, nurse manager).

Another nurse manager emphasised the need for greater awareness among the staff to consider the daily work in nursing homes within a wider context:

Many of the staff nurses still don't understand the financial side of nursing care and the need to view the nursing home as one of several subordinate units within the municipality (Lars, nurse manager).

Expanding this view was an essential strategy for the nurse managers in adapting to managerial demands. Through this strategy, nurse managers made sense of situations in which the financial requirements of the nursing home lost the battle in allocating resources within the municipality.

4.2. Making sense through adjustment of documentation

Another source of incongruous events that triggered sensemaking was the increased use of documentation in organising daily work. All the nurses explained that standardised measures of budgeting and accounting systems, quality procedures, staffing systems, and various checklists and registration systems required more time to be allocated to documentation. Although the intention was to produce indicators to control the quality and resources used in daily care, staff nurses in particular expressed

that increased documentation narrowed their flexibility in organising daily work.

For example, during handovers we observed that the distribution of tasks was systematically coordinated following standardised work lists. These work lists prepared by nurse managers contained information about who was at work and regulated the distribution of work tasks. We observed that each shift began by conducting a division of labour according to these lists. The staff nurses stated that the work lists assisted in coordinating and controlling daily work. However, the work lists became a source of incongruous events when they prevented nurses from having the appropriate level of professional autonomy in making ethical decisions about patient care, as expressed by a staff nurse:

Much of the staff is too concerned about following procedures. For example, after dinner, some are always left in the kitchen to clean. Cleaning is more prioritised than giving care to the residents. If the kitchen doesn't shine, they think they have not done their job. However, that is not what the aim of our job is, even if it is more visible and tangible. So, I feel that sitting down together with the residents is less prioritised (Per staff nurse).

Another aspect of a more task-oriented approach was that if time for patient-related care was prioritised over documentation requirements, then the information given to the authorities might not reflect the actual conditions of the care services. The inability to document challenges in daily practices was expressed as a source of incongruous events. For example, one nurse manager said that as long as the nursing home operated within budget, it was signalling that the patients were receiving the appropriate care. During the handovers, we observed several instances in which the nurses reminded one another to write down and report any discrepancies in practice as a means to highlight them. Such discrepancies could involve registrations of patients who were deprived of the opportunity to shower as often as they desired, marginalisation of resident-oriented activities and registration of bed-riders. Bed-riders refer to patients who receive care in bed. One staff nurse reported that bed-riding was common at her ward because the patients were very sick and giving care to such patients in bed took less time and was less costly. All the nurses stated that reporting on such discrepancies in practice was important to be able to communicate unethical care situations to those higher up in the organisation, as nicely expressed here by a nurse manager:

I have presented to the politicians documentation that says something about the quality of care in the nursing home. The documentation specifies the content of care given to the residents, describing their morning care, feeding, showering and medication. If one should go down in quality, it implies fewer offers to shower, and maybe we should feed more residents simultaneously. The purpose of this way of documentation is to make politicians more accountable for the quality of care when determining the nursing home's economic conditions. And it will be easier for us to deal with ambiguity in daily work when it is the politicians who decide the quality we are to provide (Tone, nurse manager).

As the quotation illustrates, documentation was used as a means to transfer financial and quality responsibility higher up to the political level. The majority of the nurses stated that they felt more justified in supporting efficiency and reduced quality of care when these demands came from the political level. The assumption was that political decisions were made on the basis of adequate information and that decision makers knew the consequences that any downward adjustment would entail.

However, several nurse managers said that although they had documented the need for resources, the message from politicians was clear: the nursing home would not receive more resources.

Rather than transferring the responsibility for quality higher up in the organisation, the nurse manager reported that responsibility was simply given back to the nursing home. This situation was a source of incongruous events. Although economic demands placed limitations on their professional values, the nurses still felt responsible for providing care services at a level that was considered to be good enough. What was considered good enough was linked to the nurses' professional norms and values and was based on their professional knowledge. Both the nurse managers and staff nurses stated that documentation was deliberately used to promote professional considerations over economic consequences in organising daily work.

During handovers, we observed several occasions in which nurses solved problems arising from incongruous events through the use of documentation. An example is given here by a nurse manager:

On one occasion, I hired more staff for four hours so that some residents would have the opportunity to enjoy a dance gala for the elderly. Although I was able to document that the residents had a good experience and we got praise from residents, the request from management afterward asked how we could afford it. How had we been allowed to hire staff for four hours? Then, I said I chose not to ask for that. I think that in such situations, I have a responsibility as a professional (Beate, nurse manager).

As the quotation illustrates, documentation was used to promote professional considerations over economic consequences.

4.3. Making sense through working harder

All the nurses emphasised the challenges in nursing care delivery resulting from increased workloads and delegated responsibilities. Although all nurses felt that they were informed about the strategic work in general and that they were often involved in internal reorganisation processes in work, the nurse managers especially stated that they had to spend a significant amount of time explaining and informing staff nurses about the difficult situation and the need for change. For example, at a staff meeting, we observed how a nurse manager attempted to involve the staff nurses in establishing a common understanding of the need to work smarter to meet requirements for savings. Through dialogue with the staff, the nurse manager constructed a setting that allowed for the expression of scepticism and frustration, despite emphasising all staff members' individual responsibility and duty to comply with the cost saving requirements as a consequence of the financial situation. During the meeting, one staff nurse stated that although this style of top-down management involved uncertainty and was generally disliked, she felt obliged to comply based on loyalty to her immediate supervisor and, above all, to her colleagues:

It is the politicians who have given the managers a knife at their throat. They say that the nursing home must save because budget figures say that we spend too much money. It is the managers who must address this and adopt measures for savings. We as nurses have no sayings in this (Lone, staff nurse).

As the quotation illustrates, the nurses felt obliged to comply with the decisions adopted to increase care efficiency. To clarify this incongruous event, one staff nurse said that the nurses were able to exert additional efforts to ensure quality in care because the majority of the nurses had consciences by virtue of being women:

The staff nurses, who are mainly women, are very conscientious and have a knack for getting through the day. That's what rescues us; simultaneously, it is what drives us into disability. Because if this profession were more male dominated, I think

more time would be used to document discrepancies and deficiencies on the basis of a lack of staffing resources (Mette, staff nurse).

Thus, as women, the nurses saw themselves as having the ability to compensate and ensure quality in care. However, a majority of the staff nurses expressed concerns that such compensating would lead to inadvertently concealing the challenges they actually encountered in daily work. By handling these care gaps, the nurses also undermined their professional norms and values.

For example, in their role as direct care providers, many staff nurses expressed that they occasionally left their jobs feeling dissatisfied and guilty as a result of all the work that they had been unable to complete. Especially during weekends, with low staffing and many temporary unskilled staff on duty, it was difficult to work alone as a nurse with sole responsibility for all patients at the nursing home. One staff nurse explained that when discrepancies or complaints about the quality of care arose on such occasions, the nurse responsible for the shift was always the person who was blamed for the failure:

On weekends, I am alone as a nurse, and sometimes I am needed at another unit. Then, there is only one person left in my unit to help the residents who need the assistance of two persons. The situation is unfortunate. In addition, I often work with temporary unqualified staff. Then, I ask the manager what they think about the situation. What quality do they expect from me? I think that as managers, they have to tell me how to prioritise and tell me what to refrain from doing (Linda, staff nurse).

Despite the overwhelming responsibility, the nurses had neither the authority nor the means to adequately influence the situations for which they were held responsible. Thus, to clarify this incongruous event, it became important to obtain support and approval from the direct supervisor in terms of direction and work priorities regarding what to do and what to ignore:

We do what we are told, and we do the best we can. Perhaps one runs a little bit faster to be able to do everything. This is how I see it being done (Eva staff nurse).

As illustrated in the quotation above, the nurses made sense of the situation by working faster and following directions.

5. Discussion

This study explores nurses' sensemaking of contradicting logics in organisational work. The findings from the study reveal how an increase in managerial logic challenged the professional logic in organising nurses' daily work. Contradicting logics gave rise to incongruous events, which in turn triggered sensemaking. Through nurses' sensemaking processes, we observed the establishment of new organisational practices in nursing homes. We thus argue that nurses' sensemaking plays a key role in handling contradicting logics in organisational work.

We first demonstrated that the strong presence of efficiency demands challenged the professional autonomy of nurses. We found that through sensemaking, the nurses focused on what was regarded as acceptable or unacceptable behaviour in care. The accepted behaviour involved the establishment of new organisational routines, including stricter staffing routines and the avoidance of overtime. There were, however, some differences among the nurses. While staff nurses showed difficulties making sense of the situation as a result of quality concerns, nurse managers were more aware of external consequences and thereby showed greater understanding of the need to follow tight budgets. The staff nurses were then encouraged by the nurse managers to

follow stricter staffing procedures in care. Such establishment of new practices indicates a new aspect of the influence of contradicting logics in organisational work by drawing on a managerial logic more than a professional logic. In this manner, it is the managerial logic that guides social behaviour and legitimises new organisational practices in nurses' organisational work. Within the perspective of institutional logic, this movement indicates a shift from professional logic to managerial logic (Greenwood et al., 2011). This finding differs from Apker (2004) study, in which hospital nurses generated sensemaking through collaboration grounded primarily in their caregiving role. As Apker (2004) argues, the strong presence of professional logic leads nurses to view managed care with a great deal of ambiguity. However, we found that nurses attempted to clarify ambiguity by drawing on managerial logic over and above professional logic in their sensemaking. Thereby, we argue that through nurses' sensemaking, new practices in organisational work arose, involving restrictions in nurses' ability to exercise professional control according to budgets. However, this does not mean that the nurses denigrate professional logic in all aspects of organisational work, as became clear in the second theme.

Within the second theme, we found increased use of documentation. Through nurses' sensemaking, we found that increased documentation, in addition to being viewed as a reproduction of managerial logic, became a strategic instrument underpinning their professional logic. Based on nurses' fear of acting against their professional logic, documentation provided a rationale to promote professional aspects in organising their work. Consistent with the study of Allen (2014), the findings indicate that nurses clarified the institutional misalignments between managerial logic and nurses' professional understanding through documentation. In addition to using documentation to clarify issues in daily care, as demonstrated by Allen (2014), our study shows that through sensemaking, nurses were encouraged to document deviations in care with the aim of transferring financial and quality responsibility higher up to the level of politicians. This understanding indicates that nurses' adjustment to documentation requirements is based more on professional logic than on managerial logic. However, whether such an establishment of new documentation routines can be regarded as a form of resistance to managerial demands or a reproduction of managerial logic is not clear. Perhaps one needs to consider managerial logic as a reference object with respect to the ability to identify and formulate a professional logic in addition to managerial logic. In this manner, professional logic will not always be in opposition to the pursuit of managerial logic. Indeed, both logics can be served simultaneously. Thus, we observed that nurses, through sensemaking, adjust their documentation routines in organisational work. This observation reveals a co-existence of contradicting logics within new aspects of organisational work relative to the studies of Arman et al. (2014) and Reay and Hinings (2009). In addition, such co-existence of competing logics shows that the nurses cannot be considered passive recipients in implementing managerial demands. This argument is consistent with the findings of Jensen et al. (2009), who observe that doctors appear to be active players in adapting information systems to safeguard their professional logic. Consistent with Weber and Glynn (2006), we find that the influence of managerial demands also flows in the other direction, which aids in implementing professional logic.

Within the third theme, we found increased workloads and individual responsibility at work. We found that nurses, through sensemaking, clarified the incongruous situation by working harder. The sensemaking process was based on nurses' moral responsibility as female professionals and on their loyalty to their immediate supervisor and colleagues. All of these elements speak to a professional logic in which nurses are professionals with

expert knowledge who are trained to handle uncertainty in care. By contrast, the sensemaking processes also constructed an image of the nurses as powerless, conscientious and subordinate, with the risk of acting as a flexible and almost invisible resource in nursing care; we found that staff nurses in particular exhibited instances in which they declined to accept the managerial logic. Staff nurses had begun to seek support and approval for their priorities from their immediate supervisor as a collaborative strategy to be able to make decisions about what to do and what to ignore in organising care. Such collaboration in the establishment of clarification routines is consistent with the study of Reay and Hinings (2009) in which physicians and managers developed mechanisms of collaboration to manage conflicting logics. However, compared with Reay and Hinings (2009), the maintenance of separate identities in this collaboration was less clear within our findings. Instead, we argue that collaboration was a response to the increased workloads and individual responsibility among staff nurses. Thus, more need for consulting with the immediate supervisor made sense because it helped nurses to legitimise the minimum standards in care. In this manner, the sensemaking process helps to enrich the circle of obligations between the nurse managers and staff nurses, which we believe is more aimed at developing a common identity rather than a separate identity. However, when the collaboration involves supporting a common identity of increased individual self-discipline at work, the danger is that the professional logic may be undermined because it can lead to a growing lack of confidence in one's professional competence, as shown by Evetts (2009). Thus, we argue that through nurses' sensemaking, whether it involves working harder or clarifying individual responsibility through collaboration, there is a danger of minimising the professional logic in favour of the managerial logic.

6. Conclusion and implications

In this article, we explored how nurses made sense of contradicting logics when organising daily work. We combined the institutional logic perspective and sensemaking to ensure greater explanatory power in understanding how and why competing logics influence nurses' organisational work. Our empirical study demonstrates that managerial logic challenged the previously dominating professional logic. We observed that incongruous events triggered a need for sensemaking. Through the sensemaking process, we found that nurses were coping with efficiency demands while still attempting to comply with the professional logic. This situation involved a continuous reorientation in various aspects of nurses' organisational work, whereby managerial logic co-existed with professional logic by following budget restrictions, documenting issues and working harder. Such adjustments in organisational work involved the incorporation of new managerial logic in an already existing practice that was simultaneously changing. Thus, the implementation of new managerial logic did not occur automatically but was shaped through nurses' sensemaking. Hence, we argue that nurses' sensemaking plays a critical but often invisible role in determining how contradicting logics influence organisational work.

The study adds new knowledge to previous research on sensemaking and organisational changes in health care by showing how nurses adjust and adapt their organising work through sensemaking. Furthermore, the study shows how nurses' sensemaking reproduces managerial and professional logics through various modes of action that permit rather than constrain contradicting logics to co-exist in nursing homes. By illustrating nurses' sensemaking processes, this study offers a new understanding of contradicting logics in nurses' organisational work. The

description of nurses' sensemaking processes indicates important requirements for implementing new managerial demands in various aspects of organising work in nursing homes. In addition, by combining the institutional logic perspective with sensemaking, this study adds to previous knowledge in the institutional literature by showing how contradicting logics are sustained in organisational work through sensemaking.

Based on the small number of nursing homes in the study, it is unclear whether the new patterns observed in nurses' organisational work are common in other healthcare organisations. Thus, we propose that more research combining institutional logic and sensemaking is needed to identify other sensemaking processes in healthcare practices that support the co-existence of contradicting logics.

References

- Abbott, A. (1988). *The system of professions. An essay on the division of expert labour*. Chicago: The University of Chicago Press.
- Allen, D. (2014). *The invisible work of nurses: Hospitals, organisation and healthcare*. Abingdon, Oxon: Routledge.
- Apker, J. (2004). Sensemaking of change in the managed care era: a case of hospital-based nurses. *Journal of Organizational Change Management*, 17(2), 211–227. <http://dx.doi.org/10.1108/09534810410530629>.
- Arman, R., Liff, R., & Wikström, E. (2014). The hierarchization of competing logics in psychiatric care in Sweden. *Scandinavian Journal of Management*. <http://dx.doi.org/10.1016/j.scaman.2014.01.001> in press.
- Carvalho, T. (2012). Managerialism and professional strategies: a case from nurses in Portugal. *Journal of Health Organization and Management*, 26(4), 524–541.
- Clarke, J., Gewirtz, S., & McLaughlin, E. (2000). *New managerialism new welfare?* London: SAGE Publications Ltd.
- Creswell, J. W. (2007). *Qualitative inquiry and research design. Choosing among five approaches*. California: Sage Publications.
- DiMaggio, P. J., & Powell, W. W. (1983). The iron cage revisited: institutional isomorphism and collective rationality in organizational fields. *American Sociological Review*, 48(2), 147–160. <http://dx.doi.org/10.2307/2095101>.
- Dooren, W. V., Bouckaert, G., & Halligan, J. (2010). *Performance management in the public sector*. Abingdon, Oxon: Routledge.
- Ericson, T. (2001). Sensemaking in organisations—towards a conceptual framework for understanding strategic change. *Scandinavian Journal of Management*, 17, 109–131.
- Evetts, J. (2009). New professionalism and new public management: changes, continuities and consequences. *Comparative Sociology*, 8, 247–266. <http://dx.doi.org/10.1163/156913309X421655>.
- Evetts, J. (2013). Professionalism: value and ideology. *Current Sociology* 1–19. <http://dx.doi.org/10.1177/0011392113479316>.
- Freidson, E. (2001). *Professionalism: The third logic*. Cambridge: Polity Press.
- Friedland, R., & Alford, R. R. (1991). Bringing society back in: symbols, practices, and institutional contradictions. In W.W. Powell, & P.J. DiMaggio (Eds.), *The new institutionalism in organizational analysis* Chicago: University of Chicago Press.
- Greenwood, R., Raynard, M., Kodeih, F., Micelotta, E. R., & Lounsbury, M. (2011). Institutional complexity and organizational responses. *The Academy of Management Annals*, 5(1), 317–371. <http://dx.doi.org/10.1080/19416520.2011.590299>.
- Harvath, T. A., Swafford, K., Smith, K., Miller, L. L., Volpin, M., Sexson, K., White, D., & Young, H. A. (2008). Enhancing nursing leadership in long-term care. *Research in Gerontological Nursing*, 1(3), 187–196.
- Hernes, T., & Maitlis, S. (2010). *Process, sensemaking and organizing*. United Kingdom: Oxford University Press.
- Ingstad, K. (2010). Working conditions in Norwegian nursing homes – ideals versus realities. *Nordic Journal of Nursing Research & Clinical Studies/Vård i Norden*, 30(2), 14–17.
- Jacobsen, F. F. (2005). *Cultural discontinuity as an organizational resource: Nursing in a Norwegian nursing home*. Bergen: NLA-Forlaget.
- Jacobsen, F. F. (2013). Continuity and change in Norwegian Nursing homes: an example from a long-term study in an urban home. *Paper presented at the paper for the 8th International Conference in Critical management studies* The University of Manchester.
- Jensen, T. B., Kjægaard, A., & Sveivig, P. (2009). Using institutional theory with sensemaking theory: a case study of information system implementation in healthcare. *Journal of Information Technology*, 24(4), 343–353. <http://dx.doi.org/10.1057/jit.2009.11>.
- King, N. (1998). Template analysis. In G.S.C. Cassell (Ed.), *Qualitative methods and analysis in organizational research: A practical guide* (pp. 118–134). Thousand Oaks, CA: Sage Publications Ltd.
- Lounsbury, M. (2007). A tale of two cities: competing logics and practice variation in the professionalizing of mutual funds. *The Academy of Management Journal*, 50(2), 289–307. <http://dx.doi.org/10.2307/20159855>.
- Lounsbury, M. (2008). Institutional rationality and practice variation: new directions in the institutional analysis of practice. *Accounting, Organizations and Society*, 33(4–5), 349–361. <http://dx.doi.org/10.1016/j.aos.2007.04.001>.

- Lægred, P., Roness, P. G., & Rubecksen, K. (2006). Performance management in practice: the Norwegian Way. *Financial Accountability & Management*, 22(3), 251–270. <http://dx.doi.org/10.1111/j.0267-4424.2006.00402.x>.
- Lægred, P., Roness, P. G., & Rubecksen, K. (2007). Modern management tools in state agencies: the case of Norway. *International Public Management Journal*, 10(4), 387–413.
- Maitlis, S., & Christianson, M. (2014). Sensemaking in organizations: taking stock and moving forward. *The Academy of Management Annals*, 8(1), 57–125.
- Meagher, G., & Szebehely, M. Marketisation in Nordic elderlycare: A research report on legislation, oversight, extent and consequences (vol. 30). Stockholm Studies in Social Work. 2013.
- Meyer, J. W., & Rowan, B. (1977). Institutionalized organizations: formal structure as myth and ceremony. *American Journal of Sociology*, 83(2), 340–363. <http://dx.doi.org/10.2307/2778293>.
- Muzio, D., & Kirkpatrick, I. (2011). Introduction: professions and organizations – a conceptual framework. *Current Sociology*, 59(4), 389–405. <http://dx.doi.org/10.1177/0011392111402584>.
- Næss, A., Havig, A. K., & Vabø, M. (2013). Contested spaces – the perpetual quest for change in Norwegian nursing homes. In A. Hujala, S. Rissanen, & S. Vihma (Eds.), *Designing wellbeing in elderly care homes* (pp. 68–83). Helsinki: Aalto University publication series.
- Olsvold, N. (2012). Sykehusarbeidets organisering og profesjonenes arbeids – og ansvarspraksis. In A. Tjora (Ed.), *Helsesosiologi* (pp. 406–425). Oslo: Gyldendal akademiske.
- Orvik, A., Vågen, S. R., Axelsson, S. B., & Axelsson, R. (2013). Quality, efficiency and integrity: value squeezes in management of hospital wards. *Journal of Nursing Management*. <http://dx.doi.org/10.1111/jonm.12084> in press.
- Patriotta, G., & Brown, A. D. (2011). Sensemaking, metaphors and performance evaluation. *Scandinavian Journal of Management*, 27(1), 34–43. <http://dx.doi.org/10.1016/j.scaman.2010.12.002>.
- Rankin, J. M., & Campbell, M. L. (2006). *Managing to nurse inside Canada's health care reform*. Canada: University of Toronto Press.
- Reay, T., & Hinings, C. R. (2009). Managing the rivalry of competing institutional logics. *Organization Studies*, 30(6), 629–652. <http://dx.doi.org/10.1177/0170840609104803>.
- Scott-Cawiezell, J., Schenkman, M., Moore, L., Vojir, C., Connolly, R., Pratt, M., & Palmer, L. (2004). Exploring nursing home staff's perceptions of communication and leadership to facilitate quality improvement. *Journal of Nursing Care Quality*, 19, 242–252.
- Scott, W. R. (2000). *Institutional change and healthcare organizations: From professional dominance to managed care*. Chicago: University of Chicago Press.
- Scott, W. R. (2008). *Institutions and organizations: Ideas and interests*. Thousand Oaks, Calif: Sage Publications.
- Starbuck, W. H., & Milliken, F. J. (2013). 'Executives' perceptual filters: what they notice and how they make sense'. In D.C. Hambrick (Ed.), *The executive effect: Concepts and methods for studying top managers* (pp. 68–83). Greenwich, Connecticut: JAI.
- Suddaby, R., & Viale, T. (2011). Professionals and field-level change: institutional work and the professional project. *Current Sociology*, 59(4), 423–442. <http://dx.doi.org/10.1177/0011392111402586>.
- Thornton, P. H., Ocasio, W., & Lounsbury, M. (2012). *The institutional logics perspective. A new approach to culture, structure and process*. Oxford: Oxford University Press.
- Venturato, L., Kellett, U., & Windsor, C. (2007). Nurses' experiences of practice and political reform in long-term aged care in Australia: implications for the retention of nursing personnel. *Journal of Nursing Management*, 15(1), 4–11. <http://dx.doi.org/10.1111/j.1365-2934.2006.00610.x>.
- Weber, K., & Glynn, M. A. (2006). Making sense with institutions: context, thought and action in Karl Weick's theory. *Organization Studies*, 27(11), 1639–1660. <http://dx.doi.org/10.1177/0170840606068343>.
- Weick, K. E. (1995). *Sensemaking in organizations*. Thousand Oaks, CA: SAGE Publications, Inc.
- Weick, K. E., Sutcliffe, K. M., & Obstfeld, D. (2005). Organizing and the process of sensemaking. *Organization Science*, 16(4), 409–421. <http://dx.doi.org/10.2307/25145979>.