Resisting Change or Preserving Value: A Case Study in a Health Organization

James Conklin, PhD
Department of Applied Human Sciences
Concordia University
Montreal, Canada
jconklin@alcor.concordia.ca

Introduction

While reading the management literature on resistance to change, I encountered a representative story—cited as early as 1964 and as recently as 1999—that illustrates our enduring fascination and frustration with this puzzling social phenomenon (Ausman, 1999; Morison, 1964). The story goes like this.

After the fall of France during the Second World War, Britain prepared itself for a German invasion. Weaponry was in short supply, and consequently ancient field pieces, some from the Boer War, were brought back into service. A time-motion expert was asked to work with the coastal batteries to make sure they were getting the most from these venerable field pieces. He observed the gun crews firing the cannons, and noticed something odd. Just before the weapon was fired, two men would come to attention for about three seconds. He could see no purpose for this behaviour. Bewildered, he asked an experienced artillery officer to view his films and provide an explanation. The old Colonel was puzzled at first, but then it came to him. "They are holding the horses."

This story carries some of the enduring mythology that we have created about resistance to change. We are frustrated and curious about what appears to be an inescapable characteristic of human groups: why do people refuse to adopt new innovations and practices that would clearly bring benefits to them and to the clients they service, and why do people refuse to abandon old practices that no longer serve a useful purpose. Some oft-cited examples of this phenomenon in the health services literature include the forty-two year delay between the discovery that drinking lime juice could prevent scurvy and the implementation of the practice in the British navy (Glouberman, 2009), or the claim that as many as 45% of cancer patients do not receive the best-available care based on scientific evidence (Graham et al., 2006).

In this paper I consider resistance as a system-level phenomenon that has to do with the learning dynamic characteristic of specific task groups. I begin by reviewing the management literature on resistance, and suggest that many theorists and researchers portray resistance as a monolithic, unitary object that exists "out there" in the organization. This seam within the literature generally

takes the view that resistance is something to be overcome. I will also look at an alternative constructionist view that has been taking shape for approximately ten years, and that argues that resistance is constructed through the interactions that occur in specific organizational contexts. This seam within the literature sees resistance as a resource to be used. I will then describe a recent ethnographic study of workers in a long-term care home, to provide an example of how a learning dynamic might give rise to interactions that are labelled (by some people) as resistant to change. I will conclude with some reflections on the usefulness of the constructionist view of resistance.

The construction of a notion of resistance

The literature on resistance to change has prospered and grown since it first emerged in the mid-twentieth century. The prevalent narrative goes something like this. The world has changed, technology has advanced, people communicate more, distances have shrunk, competition has increased—and these "drivers" have created an urgent need for organizations to become more adaptive. In other words, organizations must change! But although organizations *must* change, they often try to change and fail. Why? The most common culprit in the change narrative is a familiar villain: resistance to change (del Val and Fuentes, 2003).

Resistance has been viewed in many different ways. People resist change, we are told, because they fear that their power and security might be threatened, because they are cynical or resentful, because their mental models won't accommodate the change, because they are defensive, and because they feel incompetent to handle the change (Bruckman 2008; Cutcher, 2009; Ford et al., 2002).

Some view resistance as a rationale phenomenon situated in the thoughts and behaviours of individual resisters. Trader-Leigh (2002) argues that resistance derives from the way that workers see their personal goals being impacted by a proposed change. Galpin (1996) says that people resist because they do not understand the change, they are not able to participate in the change, or they are not willing to cooperate. Del Val and Fuentes (2003) suggest that resistance can originate in an incorrect perception of the need for change, lack of motivation to change, or lack of a creative way of responding to the need for change. Washington and Hacker (2005) argue that managers who understand the rationale behind a proposed change are more likely to support the change.

Others see resistance as largely anchored in the inclinations and life experiences of individual employees. O'Conner (1993) attributes resistance to such things as an employee's age, learning style, background, and work habits. Randall and Procter (2008) see resistance as a failure to adapt to the ambiguity that is inherent in many change proposals. Barger and Kirby (1995) suggest that the way people respond to change is mediated by their personality type. Maurer

(1996) argues that resistance can take a variety of forms, including confusion, criticism, denial, compliance, sabotage, deflection, and silence. Bovey and Hede (2001a) claim that personal psychological factors, especially defence mechanisms, can give rise to resistance. They conducted a survey of 615 people that suggests that irrational ideas and emotion can explain up to 44% of peoples' intentions to resist an organizational change (Bovey & Hede, 2001b). Bareil et al. (2007) suggest that people exhibit both a predispositional response and a situational response to change, and that for most people the situational response outweighs the predispositional response.

Some believe that resistance is best understood as an attempt to protect valued workplace identities (Cutcher, 2009; van Dijk & van Dick, 2009). Others consider change in relation to rhetorical or dramaturgical frameworks. Fronda and Moriceau (2008) suggest that resistance can be studied as the collision of opposing narratives. Beech and Johnson (2005) make use of Goffman's dramaturgical metaphor (Goffman, 1959), and suggest that one can view resistant interactions as identity construction and role playing. McCormick (2007) also offers a dramaturgical analysis, arguing that people in organizations put on performances, and that resistance is a clash between managers exerting "expressive control" and opponents staging scenes to express opposition.

Some authors offer complex, multi-dimensional frameworks for understanding resistance. Piderit (2000) argues that resistance to change has cognitive, emotional, and intentional components. Oreg (2006) locates resistance within individuals and within the workplace context, and suggests that it is caused by factors in a person's personality that predispose them to change (favourably or unfavourably), as well as by factors in the organization. Resistance, he says, takes affective, behavioural, and cognitive forms, and correlates with job satisfaction, intentions to quit, and commitment to continuing in the job. Smollan (2006) also suggests that people respond to change on cognitive, affective, and behavioural levels. He sees the change event triggering a cognitive assessment of the change, which yields a cognitive response, which in turn yields an emotional response. These cognitive and emotional responses give rise to behaviours. This overall process will be influenced by the individual's personality, disposition, experiences, and life situation, as well as by the change leader's character and abilities and by the organization's culture and adaptability.

Most of these authors view resistance as a workplace problem that must be overcome, and they offer ideas on how change leaders can combat resistance. Bruckman (2008), for example, recommends that change leaders work with the group's history and abilities, directly confront the fear of change, understand peoples' attachment to the status quo, create trust, avoid manipulation, encourage the group to take ownership of the change, and display personal integrity. Aladwani (2001) recommends that managers identify the attitudes of key individuals and groups, and then develop strategies to overcome resistance.

Barger and Kirby (1995) use the Myers Briggs Type Indicator as a tool to identify common patterns of resistance and to advise change leaders on techniques to overcome resistance.

These authors view resistance as a "thing" that exists "out there" in the organization. It is a monolithic and puzzling barrier that prevents modern leaders from implementing much-needed changes that would allow their organizations to continue to grow and thrive in a changing world. When a change leader finds that her/his initiative has failed due to resistance, this means that much of the blame lies with somebody else—the resisters. Considerable focus in change management is thus on assessing readiness to change, preparing organization members for imminent change, and reducing the impact of inevitable resistance. Resistance is something that must be located, analyzed, and obliterated.

Recently, an alternative view has emerged. Some authors have begun to view resistance as both a natural part of change in human systems and as a useful input into the change process. Rather than looking at ways to overcome resistance, many of these authors suggest ways of engaging with managers and employees to work collaboratively on improvements and changes. Resistance is seen as a system phenomenon constructed through the interactions of system members. Resistance is thus not viewed as an objective reality that exists somewhere in the organization, but rather as a socially constructed reality forming part of a system of meanings and interpretations created and sustained by managers and employees.

Dent and Goldberg (1999), for example, suggest that the term "resistance to change" has become a kind of management orthodoxy that allows managers to blame the failure of change efforts on the less powerful members of the system. Waddell and Sohal (1998) argue that the usefulness of resistance is generally overlooked. They point out that resistance promotes organizational stability, which fosters the development of processes and competencies. They recommend that employee participation should be used to include all system members in the redefinition and implementation of the organization's reality.

Ford et al. (2002) argue that resistance to change is a socially constructed and systemic phenomenon located within interactions and conversations in the workplace. They suggest that resistant conversations fall into three patterns. These conversations can be complacent, resigned, or cynical. To change resistance, one must change what is said in these conversations.

More recently, Ford et al. (2008) argue that change is usually seen as "good," and resistance as "bad." Moreover, change agents are usually seen as rational, unbiased organizational actors, and "resistance" is treated as an objective, relatively uniform, and irrational phenomenon that happens "out there" in the organization. They suggest an alternative view that sees resistance as a process of

interpretation and sensemaking. According to this view, change agents are part of the complex system of interactions occurring in the organization, and their own attitudes, statements, actions, and omissions contribute to the organization's experience of resistance. They also suggest that resistance can be an important resource for change. They see the organization as home to an array of intersecting conversations held together through unifying patterns, and call for the introduction of new conversations to transform the current conversational patterns.

This paper builds upon the work of these constructivist authors by viewing resistance as a complex social phenomenon involving the sensemaking patterns of change recipients and change agents. Resistance is located not in the psychological processes of resisters, but in concrete, observable behaviour that unfolds in the workplace. Change agents and recipients alike are seen as implicated in the construction of resistance. Moving forward with a change involves conversation and interaction between change agents and recipients that alters the prevailing organizational patterns.

Methods

To provide an example of how resistance can be viewed as a system-level phenomenon whose meaning is constructed in different ways by organizational actors, I will use the data gathered through a qualitative study in a Canadian long-term care home (Conklin 2009; Conklin 2010). The purpose of the study was to reveal the meaning-making dynamic among frontline workers in a specific practice (here the practice was represented by the day shift that provided basic care in the home), and to juxtapose these patterned interactions against an effort to introduce a significant change into the workplace.

The study made use of ethnographic and case study methods, including participant observation, informal and formal interviews, and document analysis. The ethnographic component revealed the social learning and problem solving processes that allowed members of the day shift to complete their arduous task list each day, while the case study component focused on a specific change program that could be contexted against the ethnographic findings. Ethnographic and case study methods provided the exploratory approach needed to permit a direct encounter with the phenomenon being studied, and to create a "thick description" of the phenomenon (Creswell, 1998; Denzin & Lincoln, 2003; Fetterman, 1998; Hammersley & Atkinson, 1995; Hopson, 2002; Lincoln & Guba, 1985; Merriam, 1988).

Data was gathered on 33 separate days (156 hours) over a period of three months. I began most observational sessions by attending the morning "report" meeting at which the clinical team discussed how they would work together during the shift. I would spend the rest of the day in the central hallway, observing

staff interactions. Observational data was gathered by taking brief notes on index cards, which were later (on the same day) used to create complete field notes in a word processing file. The field notes were organized in a structured format, based on recommendations from the literature on ethnographic methods (Fetterman, 1998; Hammersley & Atkinson, 1995; Lincoln & Guba, 1985). Entries would begin with a narrative description of what had been observed and heard; this was followed by emerging impressions and interpretations; and entries concluded with reflections on the research design and methods. I also conducted seven brief informal interviews during which I would ask from two to five questions to clarify my impressions of the interactions that I had observed, and fifteen formal interviews (most of which were used to gather data for the case study portion of the project). I also gathered a variety of documents, such as strategic plans, work schedules, job descriptions, and daily planning documents. Through these data gathering methods, I assembled 192 pages of field notes, 60 pages of interview transcripts, and approximately 520 pages of workplace documents.

Trustworthiness of the data and findings were assured through data and methodological triangulation and member checking. Data analysis included procedures to create a clear description of the interactions in the workplace, a structured analysis to reveal explanatory patterns within the interactions, and interpretations related to the research questions (Creswell, 1998; Hammersley & Atkinson, 1995; Lincoln & Guba, 1985; Merriam, 1988; Wolcott, 1994). As is common in qualitative inquiry, I began the analytic process before data gathering was complete. Five weeks into the research I began to review the field notes and transcripts, and wrote a series of analytical memos. When data gathering was complete, I employed a coding and theming procedure described in standard qualitative texts (Creswell, 1998; Hammersley & Atkinson, 1995; Lincoln & Guba, 1985; Merriam, 1988). I then used procedures recommended by Argyris (1993) to identify the systematic interactions characteristic of the meaning-making patterns in this workplace.

The research site

The River Lodge (my pseudonym for the research site) is a well-established long-term care (LTC) home in a Canadian city. The Lodge is part of a larger healthcare facility, and occupies two floors from which it provides care to 80 residents whose average age is 83. The Lodge specializes in providing care to the frail elderly, especially people with mobility problems or cognitive impairments.

The frontline caregiving team at the Lodge during the day shift consists of one Registered Nurse (RN), four Registered Practical Nurses (RPNs), and ten Health Care Aids (HCAs). Technically, all of these people report to the facility's Director of Care; but in fact the reporting relationships are complex and are mediated by "scope of practice" rules established by the governing bodies of healthcare professions. In essence, members of each occupational group are expected to act

autonomously within their scope of practice, and to refer to the level above (i.e. the HCAs would refer to the RPNs, the RPNs would refer to the RN, and the RN would refer to a physician) for decisions on health-related matters that fall outside their occupational scope.

On each shift, the RN would spend most of her/his time working with residents with serious health issues. RPNs dispense medications, attend to minor medical issues, and help the HCAs. HCAs are responsible for providing basic care to the residents, which involves a difficult regimen of tasks in a reduced 6.5 hour shift. Basic care involves waking residents in the morning, washing and dressing them, escorting them to the dining room for breakfast (and feeding some of them), bathing them at least twice a week, toileting them (residents are often incontinent), changing clothes, helping residents to move about, getting them ready for special recreational or therapeutic activities, providing snacks, and serving them lunch. HCAs and other staff also are expected to provide emotional support to residents throughout the day, though most staff say that their duties leave them with little time to interact informally with residents.

The arrival of the new: temporary replacement workers

Two characteristics of the Lodge became apparent over the research period. First, the caregiving team contends with a heavy workload. HCAs work with seven or eight residents each day (a ratio much higher than in other healthcare environments). I often saw HCAs walking briskly, or even running, between tasks. Interactions were brief and direct, and HCAs and RPNs often appeared tired and frustrated. These observations are consistent with the findings of a 2002 study commissioned by the Ontario Public Service Employees Union and the National Union of General and Public Employees, which found that 32% of unionized LTC staff are unable to complete their daily tasks at least half of the time (Armstrong & Daly, 2004). The task most often set aside is informal interaction with residents; staff also say they often cannot give emotional support to residents (Armstrong & Daly, 2004). Ross et al. (2002a; 2002b) investigated workloads in LTC environments, and found that LTC staff experience both high levels of personal accomplishment and high levels of emotional exhaustion. Their study confirmed that staff feel compelled to focus on completing tasks rather than interacting with residents.

The second characteristic of the Lodge that became apparent was that the day shift is often shorthanded. The day shift often find themselves working with a newcomer unfamiliar with the floors and, sometimes, with the work routine of LTC. I was told that staff shortages were a common occurrence. Staff call in sick; they take holidays; the heavy workload results in staff occasionally taking an extended leave to cope with burnout; and there is a general, overall nursing shortage in Canada. Staffing shortages mean that new, inexperienced workers regularly appear on the floors. Permanent staff usually fail to integrate newcomers

into the team, and have to devise makeshift plans for coping with the heavy workload when experienced teammates are absent. One consequence of these shortages is a tendency to neglect the emotional needs of residents, so basic needs (such as feeding, bathing, etc.) can be met.

New HCAs, who work on an on-call basis for the healthcare institution that houses the Lodge, have a difficult time at the Lodge. These HCAs receive the prescribed college training, and then enter the workforce through the institution's orientation process. A new HCA receives one day of orientation at the Lodge, and then waits for the first call to work an actual shift. When a new HCA arrives, the regular HCAs expect them to work with minimal support. This, however, is not possible. The new HCAs cannot learn the entire work routine in a single day of orientation, and retain that information until being called to work on a shift. This means that in addition to delivering care to residents, regular staff also contend with the uncertainty of newcomers.

The arrival of the new: transforming the culture

The research included focus on an attempt to introduce a significant change into the workplace. This change was a new social model of care, the Eden Alternative, that is intended to make the LTC home less like a hospital and more like a private home.

The Eden Alternative calls for the creation of a more humane environment in LTC homes (Sawyer & Rurak, 2004; Thomas, W.H., 1996). Dr. William Thomas developed the philosophy to address the loneliness experienced by many LTC residents. The Eden Alternative wants to change hierarchical, task-based LTC homes into environments of empowerment and autonomy. Eden homes are full of pets, children, and plants. Eden residents are encouraged to care for their peers, share in the work of maintaining their homes, and participate in day-to-day decision making. Eden caregivers work in empowered teams that handle an assortment of tasks (beyond what is permitted by the Lodge's scope of practice rules). Caregivers interact with residents in a friendly way that alleviates the loneliness, boredom, and hopelessness experienced by LTC residents.

The Eden Alternative is not without critics. A report from the Canadian Union of Public Employees states that Eden can negatively impact the work environment in an LTC home (CUPE, 2000). The report states that for the Eden Alternative to be properly implemented, more staff must be hired. Otherwise, workloads will increase and staff will find that they spend less time interacting with residents.

During my site visits I learned that the Lodge had been implementing the Eden Alternative for five years, and proponents of the change considered the Lodge to still be in the "beginning phase." To facilitate the introduction of Eden, three staff attended training in the method, an implementation committee was formed to

oversee the introduction of Eden practices, and information was made available on bulletin boards and in binders. Committee members included the Director of Care, three RPNs, and two HCAs—though I was informed that the HCAs almost never attended the committee meetings. To move forward with Eden, residents were allowed to bring personal items (including furniture) into their bedrooms, a rooftop garden was created, some walls in public areas were painted what was felt to be a warm colour, and teacups were used for afternoon tea once a week on one of the floors.

Two Eden narratives are evident in the workplace, one emanating from the proponents of the change who are not members of the frontline caregiving team, and the other emanating from the HCAs and RPNs who deliver basic care to residents. The Eden champions claim that the biggest barrier to the implementation is the attitude of staff. One explanation was that staff have always done the same work in the same way, and they are not interested in altering their work routines.

Most members of the caregiving team tell a different story. They say that they like Eden's focus on the needs of residents, but they are concerned that Eden could require them to take on additional duties such as washing dishes and looking after pets and plants. This could mean that they have less time to provide emotional support for residents, and they see this as an unwise consequence of implementing Eden.

A knowing and learning dynamic

On the surface, then, resistance in the Lodge takes the form of a clash between two narratives. The champions of the Eden Alternative claim that staff possess poor attitudes, that they resist change, and that they are unduly attached to their familiar work routine. Frontline caregivers, on the other hand, say that they value the time they spend with residents, and that Eden will add new tasks to their workload and thus make it more difficult for them to provide emotional support to residents. These two narratives may appear to be nothing more than the result of rational, conscious choices made by individuals. However, at least in the case of the frontline caregivers who provided most of the data for my study, further analysis indicates that their attitudes are consistent with a meaning-making dynamic that allows them to succeed at their work and cope with the challenges of their workplace.

Analysis of the qualitative data reveals that caregivers in the Lodge have developed a meaning-making dynamic whose function is to support the work that takes place on the floors. Meaning-making allows members of the day shift to get their work done, and to create an experience of this harried workplace that is at least bearable and is sometimes fulfilling. The dynamic is adapted to the fast moving work routine and the heavy workload of the Lodge, but this has meant

that little time is available for planning and reflection. Meaning-making succeeds when staff encounter specific problems or ambiguous situations on the floor that must be quickly resolved so work can continue; it is less successful in dealing with problems that call for lengthy consultation, conversation, and reflection (such as the best way to integrate newcomers into this busy practice, or the best way to support the implementation of a new philosophy of care).

This meaning-making dynamic is evident in the action-oriented oral culture of the workplace that prioritizes immediate problems and situations. Basic care must be provided every day, without interruption and without failure, so problems are occasions for rapid and expedient action. Information is shared through brief, task-focused exchanges. The dynamic is also evident in the loyalty that staff feel toward each other and toward the residents they serve. This loyalty, expressed in specific interactions throughout the day, serves to create a modicum of stability within this volatile workplace. The way they work, and who they work with, create a sort of *status quo* that is valued because it is seen as permitting them to deliver basic care and to provide brief moments of emotional support.

To support them as they work in this fast-paced environment, staff devise a way of knowing that I labeled *knowing the floor*. This term implies a way of knowing that focuses on what is of immediate relevance within their workplace. Knowing the floor implies detailed knowledge of the residents, the other staff, the work routine, and the physical environment. Knowing the floor is tacit, and is manifest through an oral culture that includes the ongoing construction of shared understandings and plans, and the construction of narrative accounts and explanations. This meaning-making dynamic allows staff to handle the daily workload, solve problems, and share important information with teammates.

Instability, however, constantly threatens task achievement. Instability takes the form of the constant movement and turnover of people, and attempts to bring new ideas and practices onto the floors. Turnover occurs at all levels, and creates confusion over priorities and direction (which reinforces the focus on the here and now) as well as confusion in the workplace as newcomers cannot integrate with and provide support to the core team. Staff are encouraged to mentor and support newcomers, and staff know that this is important; however, the sanctioned methods for including newcomers often fail, and staff become suspicious of these methods and of newcomers. Staff also are suspicious of improvement initiatives, and this suspicion is labeled by change agents as "resistance to change." Though this resistance is usually attributed to staff attitudes, it appears to derive more from the heavy workload, the limited information flow, and the worry that change may diminish the workers' sense of purpose and identity.

The meaning-making dynamic evident in the Lodge is well-suited to handling task-related issues that arise in the daily flow of activity, but is less suited to handle long-term and system-wide issues—particularly those associated with the

arrival of new people and/or new ideas. As a result, meaning-making breaks down. These breakdowns are occasionally addressed through efforts to create new capacity in the form of training or the creation of work structures such as the Eden Implementation Committee. However, training, when it takes place, usually focuses on new standards and regulations rather than on new ways of organizing and working. Moreover, the Eden Committee does not represent the entire social system on the floors, and its work has come to focus on implementing small, homey touches rather than on implementing a new philosophy of care. The focus on action and on tacit knowledge means that large problems are reframed in terms of small, concrete issues (whether to use china teacups rather than Styrofoam cups) or in terms of "off-the-shelf" human relations interventions (conflict management, teambuilding) which are chunked into pieces that are possible to deliver in the busy environment. The existing meaning-making dynamic reduces big breakdowns into small solutions; the big breakdowns tend to recur.

Donald Schön (1983) shows that when a practitioner confronts a challenge, the first step is to frame the challenge as a problem that can be solved. However, framing a challenge as a solvable problem may reshape the challenge, diverting attention away from vital issues. This is what happens when Lodge staff confront problems requiring a reconsideration of underlying constraints and assumptions. Funding shortages have led to a shortened shift and heavy workload. This in turn encourages a focus on immediate tasks. An efficient handling of immediate tasks promotes the development of a meaning-making dynamic that is inadequate for deeper changes, such as the cultural transformation required by the Eden Alternative. This results in the Eden implementation being reduced into small tasks such as the occasional use of china teacups instead of Styrofoam cups.

Resisting change or preserving value:

In papers dealing with resistance to change, it is customary to conclude with prescriptions for overcoming resistance. Perhaps not surprisingly, I will resist this temptation. Instead, I offer the following reflections.

In this paper I have argued that resistance to change can be attributed to conflicting narratives in a workplace, which in turn may be consistent with a meaning-making dynamic that is embedded in the day-to-day experience of a frontline practice. Stacey points to the "iterated patterns of repetition" that are evident in groups of interdependent people, such as members of a frontline practice, and suggests that learning can be seen as "the emerging shifts in the patterning of human communicative interaction and power relating" (p. 325). The emerging shifts evident among frontline caregivers at the Lodge are vital to their ability to complete their daily task regime, but are insufficient to incorporate the new (new people, new ideas) into their workplace.

My analysis offers support to the earlier work of Tucker et al. (2002), who examined problem-solving behaviour among nurses in a hospital, and found that problem solving routines that focus on solving immediate problems can distract practice members from more significant opportunities for learning and change. These authors suggest that the barriers to deeper problem solving are systemic, and a first step toward removing these barriers would be to allow for more time for communication among nurses, and between nurses and other decision making groups.

My own inclination is to look at the interaction pattern in the Lodge not as a problem solving routine but more as a process of meaning making or social learning that is situated in a workplace practice. Learning through experience has been conceived of as a cyclical process that includes periods of action, reflection, analysis, and planning, followed by further action (Kolb, 1984; Mumford, 1997). It becomes apparent that among caregivers in the Lodge there is considerable action, but little reflection, analysis, or planning.

Finally, the views I have presented here can perhaps be used to make a slight adjustment to the conclusions reached by Ford et al. (2002), who say that change agents should conceive of their task as one of changing the prevailing conversations of resistance. During my time at the River Lodge, I came to see the flow of work in the Lodge as an ongoing conversation that served as a vital resource for the Lodge's caregiving teams. It also seemed to me that the change agents attempting to introduce the Eden Alternative into the Lodge were acting as though their task is to disrupt and change this conversation. It struck me that these change agents were attempting to impose a confusing topic onto an urgent conversation that is already underway.

In a sense, the central meaning-making technology among Lodge caregivers is conversation. Change agents could thus make a substantial contribution to the practice of organizational change by developing ways to leverage the power of the existing conversations that unfold during a shift. These conversations, the living form of the oral culture that creates the means for carrying out the work, are, in a very real sense, the ways in which staff *know the floor*. Since this is the knowledge that allows the work to be accomplished, it is vital that this knowledge be sustained and shared. Perhaps the key point for change agents to remember is that a conversation is already underway in the workgroup, and this conversation is experienced by group members as vital to their survival and success. To succeed, the change agent must find a way of joining the conversation that is unfolding, rather than simply drowning it out with the announcement that something new and better has arrived.

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