



PERGAMON

Scand. J. Mgmt. 17 (2001) 109–131

---

---

Scandinavian Journal of  
Management

---

---

www.elsevier.com/locate/scajman

# Sensemaking in organisations — towards a conceptual framework for understanding strategic change

Thomas Ericson\*

*Jönköping International Business School, Kyrkogatan 15, P.O. Box 1026, SE 551 11 Jönköping, Sweden*

Accepted 1 March 2000

---

## Abstract

When an organisation is facing dramatic change, shared and individual meanings are challenged and exposed to reconstruction. Thus, if we are to understand organisational change it is necessary to understand the meanings that prevail among the organisational members, as well as the processes whereby these meanings change and coincide. This paper develops a sensemaking perspective in order to generate a conceptual framework for increasing our understanding of strategic change in organisations. Four ideal types of meaning constitute the core of this framework. With the help of these ideal types, various meaning statuses that may be present within an organisation are described. In order to grasp the transformations from one ideal type of meaning to another, four processes of transformation are identified. A strategic change process in a university hospital is analysed. In this change process different ideal types of meaning are identified. A process of a transformation from one ideal type to another, driven by strong and powerful symbolic processes, is also identified. © 2001 Elsevier Science Ltd. All rights reserved.

*Keywords:* Sensegiving; Sensemaking; Strategic change

---

## 1. Introduction

One of the more animated debates within the field of strategic change concerns the relationship between the content of strategies and the strategy process itself. Pettigrew

---

\*Present address: The Swedish Agency for Public Management, Norra Riddarholmshamnen 1, P.O. Box 2280, SE-103 17 Stockholm, Sweden Tel.: + 46-8-454-47-60; fax: + 46-8-454-46-04.

*E-mail address:* thomas.ericson@statskontoret.se (T. Ericson).

(1992), for instance, argues that there has been an unfortunate demarcation between these two, the content and the process. Strategic activities have been treated primarily as intentional and as something that concerns a few people at the top of the organisational hierarchy, while implementation has been treated as something more or less unproblematic that follows upon the planning activities. As Chaffee (1985) has put it, strategy research has been largely characterised by a linear strategy model, assuming that strategies can be planned and executed in a rational manner.

In a critique of this linear — or rational — view on strategy, Pettigrew and Whipp (1991) argue that it gives rise to two problems. First, the importance of the internal operations of the organisation is underestimated. Second, the processual dimension is not taken into consideration. Similar arguments have been put forward by several other researchers. Melin and Hellgren (1994) and Melin (1998), for instance, claim that strategy research often ignores dimensions such as time and process, and that in the literature organisations are often treated as black boxes.

The critique of strategy research is obviously directed against the simplified view of strategic change, whereby very little attention has been paid to its complexity. Now, however, the view of strategic change has altered. The narrow focus on the content of strategies has been complemented with an increasing interest in the actual growth of strategies in organisations. This paper conforms with this interest in the processual aspects of strategic change. The point of departure is that strategic change cannot be treated as something that has to do exclusively with strategic content. Processual aspects also have to be considered.

To advocate such an approach is not to imply that the more rational or content-oriented view is irrelevant. What it does mean is that the processual view should be regarded as a complement to the planning-oriented view of strategic change. This means in turn that activities dealing with strategy formulation cannot be separated from strategy implementation, and vice versa (Bourgeois & Brodwin, 1984). These two, formulation and implementation, comprise two intertwined activities in the strategy process. Intentional and unintentional change cannot be viewed as two different types of change. On the contrary, they are as inextricably linked as the two sides of a coin (Newton & Johnson, 1998).

According to this way of reasoning strategies cannot be regarded as being formed by a small number of individuals; strategies evolve to a great extent inside organisations. Members of organisations should thus be treated as active translators of the planned strategies created by top management (Ericson, 1998; Ericson & Öhrström, 1999). The members of organisations play an active and important role in strategic change processes, just as strategic plans and visions do. This line of thought can be compared to the well-known typology in Mintzberg and Waters (1985), where strategy is described as something intended, emergent, and realised. Intended strategy stands for the planned, emergent for the unplanned and unpredictable. In the intersection between intended and emergent strategies, realised strategies are generated.

If we are to increase our understanding of the complex phenomenon of strategic change we need concepts capable of encompassing this complexity. Not least is the need for a more developed process vocabulary (Pettigrew, 1997). The purpose of this paper is thus to develop a conceptual framework for increasing our understanding of

strategic change. In order to accomplish this, a sensemaking perspective (e.g. Weick, 1995) is developed, that is to say I claim that our knowledge of strategic change can be enhanced if we focus on the way individuals create meaning and make sense of their organisational life (Stubbart, 1989; Newton & Johnson, 1998). A further elaboration of the sensemaking perspective is relevant in this context, because when an organisation is confronting dramatic change, meanings are exposed to reconstruction.

Although the purpose of the paper is theoretical, it includes both theoretical and empirical arguments. The empirical part consists of an extensive case study of a strategic change process in a large Swedish university hospital.

## **2. Methodology — approach to research and empirical fieldwork**

This piece of research is qualitative in character and is based on a social constructivist approach whereby the social world is assumed to be socially constructed by individuals contributing actively to its creation (Berger & Luckmann, 1967). My ambition has been to generate knowledge from theory and empirical fieldwork in combination. Consequently, although I already had a theoretical pre-understanding of strategic processes, it was necessary to keep an open mind in approaching the studied organisation. The effort to be open-minded during the fieldwork implied letting the studied organisation “talk to me”, and not forcing my framework on the subjects studied. This was the fundamental rationale for using in-depth interviews and direct observation as the primary empirical sources in the fieldwork. By keeping the interviews open-ended I could allow the interviewees considerably influence over what we discussed, although naturally the topics taken up were kept within the overall themes of the study. I used a semi-structured interview guide with open-ended questions as a means for steering the interviews into broad areas of interest. Further, the direct observations (attending various meetings) gave access to the change process as it was happening.

The following exposition is based on a longitudinal case study, during which a strategic change process at a large university hospital organisation was studied over a relatively long period. The fieldwork started in 1993 and continued until 1997. In the study I have had the opportunity to study both the sensegiving process at top management level as well as the subsequent sensemaking process by management at the middle level in the organisation (Gioia, Thomas, Clark, & Chittipeddi, 1994). Most of the work took place at the middle level, however, during an intensive study of one centre (division)<sup>1</sup> in the university hospital between the spring of 1994 and summer of 1995.

During a period of strategic change it is most interesting to study processes of meaning construction “between floors”, i.e. between different hierarchical levels (cf.

---

<sup>1</sup> In the studied hospital the new units were called centres. I will use this term when referring to the university hospital in focus, and the more general term division when describing the changes in Swedish university hospitals in general.

the centre level in the hospital case). This place is of special interest, since actors there have to make sense of the planned changes proposed by top management, while being expected at the same time to develop the ideas presented and make sense of them to the members of the organisation on lower hierarchical levels (Gioia et al., 1994). Moreover, the empirical study of middle-management levels has previously tended to be neglected (Czarniawska-Joerges, 1992), not least from a sensemaking perspective (Weick, 1995; Slawomir, 1997).

I have participated in more than 30 meetings at different hierarchical levels in the organisation, and I have been able to interview all those whom I considered relevant to the study (approximately 40 interviews), many of whom I met on two or more occasions. I have interviewed members of the top management team, centre managers, senior physicians as well as people outside the organisation who were involved in the change process. It is important to emphasise that I was able to talk to many actors representing different perspectives in the organisation, as well as participating as an observer when actors from different perspectives came together at meetings.

### **3. Studying strategic change in a university hospital from a sensemaking perspective**

The aim of this paper is thus primarily to generate a conceptual framework that can be used to promote our understanding of strategic change processes. The approach adopted to accomplish this will be both theoretical and empirical. The idea is to show how this combined approach has contributed to the generation of the framework. This means that the paper tends to focus on conceptual issues, and is thus theoretically oriented. But since I also hope to show that the framework is useful and relevant to our understanding of change processes in organisations, the aim goes beyond the generation of the conceptual framework, and seeks to demonstrate — or “test” — the applicability of the framework and the contribution it can make to our understanding of strategic change processes.

The following discussion is divided into sections in which the case description, the theoretical framework, and the case analysis are presented continuously. First, the hospital change process and the sensemaking perspective are briefly described. The sensemaking in the early phase of the hospital change process is then analysed. From this analysis the first part of the conceptual framework emerges. Proceeding from the framework, it is concluded that somewhat different meanings are assigned to issues appearing on the hospital agenda. Next, the framework is used in order to analyse the subsequent progress of the hospital change process. In the analysis we will find a shift in “meaning status” in the hospital, as a result of strong and powerful symbolic processes. On the basis of this part of the analysis the conceptual framework is then further developed. It is also shown that the more elaborate framework now emerging can explain why the hospital change process did not fall out the way it was planned. It is thus demonstrated that the sensemaking processes in the hospital had a powerful impact on the outcome of the strategic change process there.

### *3.1. Changes in the Swedish health care organisations call for a sensemaking perspective*

Many Swedish university hospitals have recently been facing quite dramatic changes, leading them towards decentralisation and clinical integration. The specialised clinical department has been challenged and has acquired another meaning since a wave of divisionalisation has swept over many big hospitals (Ericson, 1998). A general idea behind this change has been that the responsibility and authority to make certain strategic decisions were to be decentralised, transferring from the top level of the hospital to a new hierarchical level, comprising the hospital divisions. It was intended that the management on this new organisational level should exert considerable influence over activities within the division, on both medical and administrative issues and concerning strategic and operational decisions. Consequently, the management at this new level had acquired a prominent and central role in the development of the hospital as a whole.

When organisations find themselves facing dramatic change, as several of the Swedish university hospitals did during the 1990s, shared and individual meanings and beliefs are all challenged. Various prevailing meanings, constructed earlier, are now exposed to reconstruction. It is thus interesting to study sensemaking processes in change processes like these (Gioia, Donnellon, & Sims, 1989). A crucial point of departure in studying sensemaking processes, is that organisation members spend a lot of time negotiating among themselves an acceptable version of what is going on (Weick, 1979, p. 6).

From a perspective of sensemaking and meaning systems, organisations are seen as constituted by systems of meanings and social processes of making sense, during which meanings are assigned to things and events. Understanding an organisation means understanding how meaning is constructed and destructed (Gray, Bougon, & Donnellon, 1985; Weick, 1995). Accordingly, if we are to understand organisational change, it is also necessary to understand the organisation members' own subjective meanings as well as the processes by which these meanings shift and coincide.

In the following sections the change process at a Swedish university hospital that has undergone a dramatic process of change will be presented and analysed from a sensemaking perspective. Naturally, the implementation of new strategic ideas, such as the implementation of a new organisation structure in a hospital, can also be approached from other theoretical perspectives. For instance, we could regard the change process as a process of legitimisation, whereby new organisational identities are created. From this perspective the freedom of action for a new organisational unit (such as a division) would be seen as depending on the legitimacy that the organisational actors assign to it (Ashforth & Gibbs, 1990). A political perspective, where the focus is on power dimensions and peoples' interests etc. could be another useful theoretical perspective (Pettigrew, 1985). In the present paper, however, a sensemaking perspective will be adopted and developed, since this perspective is one that needs further conceptualisation in the field of strategic change.

### *3.2. The creation of a new organisational structure in a university hospital*

In July 1992 it was decided that the so-called centre structure was to be implemented at the university hospital to be focused here. This was in fact the first among the university hospitals in Sweden to embark on the first phase in moving towards this kind of organisational structure (Ericson, 1998). The manager of the hospital, i.e. its chief executive, made the decision to implement the new structure after several meetings and discussions with various groups among the staff. In particular, the manager tried to involve the medical profession before the decision was made to implement the new ideas.

Previously, this hospital consisted of about 50 relatively autonomous and specialised clinical departments, all reporting direct to the hospital manager. Each clinic was headed by one person who was responsible for medical matters and for administrative issues concerning the clinic. The heads of the clinics were all physicians, who commanded great legitimacy within the medical profession.

The decision to create a new structure was based on several quite specific objectives. Three main objectives in particular could be identified. Firstly, as a result of the new structure the organisation was to become more patient-oriented. This objective was the one to be expressed most clearly in the early phase of the change process. It was intended that this patient orientation should be accomplished by the composition of the new centres: by gathering together several specialised clinics that were related to each other it would be easier to focus on the patients in the curing and caring process. In other words the centres were meant to be created according to a closer operational model, whereby the departments integrated into a new centre would be organised around the patient instead of the patients having to move around between different departments. Clinics associated with the same or related physical organs were to become closely integrated and co-ordinated within the centre. The hospital manager explained the idea behind the changes as follows:

When they [i.e. the clinics] start to cooperate there should be extensive mutual empowerment. That is actually the whole idea.... that they enrich each other. To benefit from each other's experience and in that way to develop a better health care as a whole. It is not an administrative move — gathering the clinical departments into centres — even if it looks like that when the clinical preserve breaks down.

Hospital manager

For instance, a thoracic centre where thoracic surgeons and cardiologists were organised together was formed. The idea was to create centres around the patient, and whatever specific problem the patient might be suffering from. Moreover, in addition to this “patient-centred view”, there was also a pure medical side to the system. With greater professional integration it should be possible to achieve a certain medical cross-fertilisation, as the meeting of different medical sub-professions may stimulate the development of new methods, competencies, and so on.

Although the most powerful driving force behind the changes was originally to place the focus more firmly on the patient, as time passed the second main objective grew in importance. At the beginning of the 1990s the Swedish health care sector was in a state of severe financial decline. The management of the hospital believed that the new structure had the potential to create financial gains, to be accomplished by larger-scale production based on the integration of different clinical functions, by a more rational use of personnel, and so on. It was obvious that the “old” structure, based on specialised clinics, could not generate the necessary financial savings, particularly if at the same time the quality of the health care service was to be maintained. At this point it became clear to the hospital management that a new logic was needed as regards the way things ought to be organised, if the quality of the caring activities and the offering of “health care products” were to be retained at the same or a higher level.

Finally, the third main objective behind the changes was to reduce the span of control in the organisation. To have about 50 clinical departments reporting directly to the hospital manager had proven very difficult for him to handle. After the restructuring, the span of control under the hospital management was reduced to 15 units, i.e. the new centres.

Thus we see here a change process in which the vision of becoming a more patient-oriented organisation was the most clearly articulated objective behind the changes of the organisation. As I see it, the hospital management wanted to influence the meaning construction of the organisational members with the help of an appealing vision, thus getting them to start favouring a particular interpretation of how to change the organisation.

The evolution of shared meanings is often seen as the outcome of interactions between individuals (Langfield-Smith, 1992). According to Gray et al. (1985), shared meanings begin to coincide as the members of a group begin to favour one subjective interpretation over others in the course of regular social interaction. Many researchers have become interested in the way the members of an organisation can be intentionally influenced so that they come to share meanings. The concept of “the management of meaning” has been used in the literature to capture this aspect of management (e.g. Smircich & Morgan, 1982). In order to distinguish between the type of influencing process on the one hand and sensemaking, on the other, the concept of “sensegiving” is sometimes used in the literature. Sensegiving is the process whereby managers seek to influence the sensemaking and meaning construction of others toward a preferred redefinition of organisational reality (Gioia & Chittipeddi, 1991). For instance, a vision may function as a unifying force and a sensegiving tool in such a process (e.g. Westley & Mintzberg, 1989; Collin & Porras, 1991). Thus, from this perspective the hospital manager’s ambition to use a vision in order to influence the organisational members’ construction of meaning in the change process, seems logical.

The question is then whether the vision presented by the hospital manager could get the members of the organisation to develop shared meanings, by way of a sensegiving process. In order to answer this question we will have to look into the change process in the hospital to find out what happened to the vision when it came to be implemented. Thus we will now follow the process whereby the management team of one

new centre tried to make sense of the vision, to see if the sensegiving efforts were met by a corresponding sensemaking process.

### *3.3. The centre management team and the sensemaking of the vision underlying the changes*

As noted earlier a new middle level — the centre level — was created in the hospital. A manager was selected for each centre in order to handle its further development. All the new centre managers were physicians in the hospital. An administrative staff was also appointed to deal with management control and human resources in the separate centres, with a view to creating a similar administrative function in them all. Further, a management team that meets twice a month was created for each centre. The teams consist of the heads of the clinics in the centre, the administrative staff (1–2 persons), and the centre's general manager. An advisory board was also established to support the centre manager in the strategic development of the centre.

It is important to emphasise that the new structure was not fully implemented at this stage of the change process. The idea was that the centre manager and his management team should have the final say as regards the way the structural change affected decisions on medical and administrative issues. The management teams were thus expected to develop and implement the new structure, or in other words to transform the initial ideas about change (the vision behind the overall changes) into a new concrete way of organising things.

At this time the centres were thus under pressure to change. From the beginning the ambition of the manager of the studied centre was to create a management team in which consensus should prevail about meanings before any decisions were made. I therefore assume that efforts were made to develop shared meanings in the centre's management team on issues connected with the strategic change process. One crucial question, then, was whether the vision behind the overall changes presented by the hospital management could get the organisation members to develop shared meanings on the question of how to change the organisation.

As was noted earlier, the hospital manager tried to “give sense” to the organisation members by presenting a vision built on the idea of creating a more patient-oriented organisation. After the presentation of the vision the organisational members seem to have found it difficult to develop shared meanings on this issue in the centre management team. On the contrary, several different meanings were expressed about the vision by the various members of the team. For instance, the heads of two of the clinics in the centre made this very clear:

I found it quite difficult to present any arguments since it was hard to see what was so good about the idea. The only thing I did understand was that it was impossible to have so many organisational units reporting to the hospital manager.

Head of a clinic in the centre

One person can't have lots of varied occupations. This is why we have clinics and, consequently, boundaries between them. For the same reason we have different



areas of competence. You can't rub all that out, just because you want to create an organisation built on a centre structure.

Head of a clinic in the centre

Some of the members of the centre's management team showed a negative attitude towards the idea. Some of the others revealed a more positive attitude, however, although their reaction was based on different grounds. The centre manager, for instance, could see several good things about changing the structure of the organisation, such as:

Perhaps we feel a need for better contact between knife and pen [i.e. between surgeons and medics]. Actually, we have quite good contact, and from the point of view of the patient it doesn't matter if surgical or medical treatment cures him. The objective is the same, to get the patient cured.

Centre manager

Obviously the different actors in the management team seem to have assigned different meanings to the vision behind the changes. The centre manager, for instance, had quite a different view compared to some of the clinic heads in the centre. The literature on sensemaking offers some help in understanding this phenomenon. Weick (1995) among others argues that sensemaking requires three elements: a framework, an issue, and a connection between the framework and the issue.<sup>2</sup> According to Weick (1995) it is not until a connection has been made between a framework and an issue that meaning can be created. Hence, making sense means creating order and understanding among experiences by applying a mental framework. The process of connecting a framework to an issue, which has been introduced into the mind (i.e. bracketed), is at the very core of making sense.

In the hospital case it appears that the members of the management team at the focused centre had no problem in connecting the issue at hand (i.e. the vision behind the changes) to their framework. But when it came to applying their framework, the meanings assigned to the vision differed. These differences in meanings can be understood with the help of the concept of the cognitive scheme. A cognitive scheme is a mental structure that helps individuals to make sense of the world and thus to assign meaning to issues (e.g. Lord & Foti, 1986; Hellgren & Löwstedt, 1997). The cognitive schemes then represent rules that direct information processing, that guide the individual's attention and memory towards "scheme-consistency", and that fill in "white spots" where information is missing (Gioia & Poole, 1984). Every individual has several cognitive schemes and one individual's set of cognitive schemes constitutes a complete mental framework.

---

<sup>2</sup> The term "issue" used here is somewhat tricky, since different terms are used to capture the "things" that can be put in relation to a framework. For instance, we find concepts such as cue (Weick, 1995), stimuli (Fiske & Taylor, 1984), and sign (Morgan, Frost, & Louis, 1983). However, analysing this particular strategic change process means that I am interested in the different issues on the agenda. In the empirical context I thus find it relevant to use the term *issue* when I refer to the "things" that can be assigned meaning.

An individual's cognitive schemes are constructed from earlier experiences (Marcus & Zajonc, 1985), and are thus strongly influenced by sensemaking processes over time (Daft & Weick, 1984). Through these sensemaking processes people develop interpretation reservoirs, unique to each individual. It is therefore difficult to direct a change in an individual's cognitive schemes externally, particularly in the short term (e.g. Lord & Foti, 1986). From this it follows that cognitive schemes are shaped by the life story of each individual, i.e. youth, life experience, career pattern, personality. For instance, two surgeons — one female and one male — may have developed cognitive schemes that differ to some extent because of the effect of the social construction of gender. Thus, as I see it, the differences in meanings among the members of the centre management team is very much an effect of differences in the cognitive schemes that are used in assigning meaning to the vision behind the changes.

Shared meanings on this issue had thus not developed in the management team; consequently, the vision presented by the hospital management did not gain a foothold in the organisation at this point in the hospital's change process. Taking the management team as a whole as my point of departure I therefore conclude that the team seems to have had a heterogeneous *cognitive profile* regarding this issue. By cognitive profile I mean the cognitive schemes of several individuals, that is to say the concept refers to the group level and corresponds to the concept of the cognitive scheme at the level of the individual.

#### 3.4. *The management team, and making sense of the further development of the centre*

The changes in the centre did not proceed as expected. According to some of the management team members, the change process came to a stop when the strategic ideas were supposed to be developed and implemented in the rest of the organisation.

To be honest, there's not been very much action here [i.e. in the centre]. What happens is that documents going up or down in the hierarchy are constantly being delayed. We also produce different kinds of documents, statements etc that are common for the centre. But I'm sorry to say we've not had a good change process in the centre.

Head of a clinic in the centre

The only thing I've seen as a result of the new centre structure is that we're putting all the income statements into a common document.

Centre administrator

At this point in the change process, the clinics in the studied centre were located at different places, i.e. they were geographically dispersed. One task for the centre's management team was to see how the clinics could be moved together. However, some of the team felt that the changes had too many negative sides, and they aired their opinions when these moves were being discussed. Some people argued that there was no overriding idea behind the further development of the centre.

We're searching ... Maybe it's because we don't know where we're going.

Head of a clinic in the centre

The centre manager should put more strategic pressure on the clinic chiefs. If he made it clear that we're striving towards a strategic goal it would be possible to work in a different way.

Head of a clinic in the centre

These quotations show that some members of the centre management team felt that the geographical rearrangements were being discussed out of context. They argued that moving clinics geographically ought to mean something more than just a physical rearrangement. Some members of the team thus obviously had difficulty in seeing the idea behind the further development of the centre, an idea (an issue) that could be assigned a meaning. But the centre manager did not agree. He claimed that he could see the driving idea behind the further development of the centre, and that he communicated this idea whenever he could:

From the very beginning, my picture of the new organisation was that there should be more co-operation around the patients. The other possibility is that when people possessing different competencies come together [i.e. integrating clinics], new competence is created.

Manager of the centre

Talking to the administrators in the management team I found that they were able to understand the centre manager's idea behind the further development of the centre, but they saw it as good not only for the patient but also for the administration of the centre organisation, i.e. they assigned a slightly different meaning to the idea than the centre manager did. Thus, in view of the cognitive profile of the group as regards this issue, I conclude that different meanings were assigned to the further development of the centre, just as different meanings appear to have been assigned to the vision behind the changes. In the issue "the idea behind the further development of the centre", however, another phenomenon also appears: it seems that some of the actors in the management team found it difficult to even see this issue. In other words, some of the clinic heads found it hard to make sense of the situation, since they could not see what the centre manager was thinking about. We have noticed how they argued that there was a lack of strategic direction while at the same time the centre manager thought that the strategic direction was being clearly articulated.

In order to understand this phenomenon, i.e. that some of the management team were unable to grasp this issue, we must consider the process whereby issues are introduced into individuals' minds (e.g. Fiske & Taylor, 1984). I argued above that sensemaking requires a framework, an issue, and a connection between the framework and the issue. In the present case it seems that when it came to the issue of the further development of the centre some team members did not see it, and so could not connect it to their framework. In seeking to explain how issues come into an individual's mind, Weick (1979, 1995) speaks of individuals "bracketing" issues. Meaning obviously cannot be assigned to an issue until the issue in question has been bracketed. Or, to put it another way, an individual cannot "look at" and "examine" an issue until the issue has been introduced into the individual's mind.

According to this way of reasoning, it is by reflecting upon issues that have been bracketed that people can create meaning and understanding. Looking at sensemaking in this way, it is often said that sense is being made in retrospect (e.g. Gioia, 1986; Weick, 1979, 1995). To illustrate the phenomenon of retrospective sensemaking, Weick (1979, p. 5) writes, “... how can I know what I think until I see what I say?” The point is that in order to make sense, we first need to bring into our minds whatever it is that we are to make sense of. Consequently it is not possible, for instance, to make sense of an act before the act has been carried out, since an act that has not been carried out cannot be bracketed.<sup>3</sup>

From the above discussion, I conclude that some management team members failed to bracket the idea behind the further development of the centre, which meant that they were not clear about what issue they were discussing. When arrangements were discussed for moving the clinics together, it seemed that different individuals tended to discuss different issues. Some of the centre management team claimed there was no overarching idea behind the changes in the centre’s organisation, and argued that the geographical rearrangements should not be discussed out of context. However, the centre manager and the administrators did not agree with them. When he talked about the geographical rearrangements the manager incorporated it with the whole idea behind the further development of the centre. Consequently, the idea behind the further development of the centre as the manager saw it, seemed not to have been bracketed by some of the management team members. The centre management team as a whole thus had no common point of departure for their discussions, and were consequently talking at cross-purposes.

Looking at the team as a whole, I conclude that the *bracketing degree* of the group was quite low, when it came to the idea behind the further development of the centre. In the same way as the concept of cognitive profile mentioned about, the concept of bracketing degree refers to the group level, and corresponds to the concept of bracketing at the level of the individual. Moreover, those who did bracket this issue seemed to assign it slightly different meanings, due to the heterogeneous cognitive profile of the group. Generally speaking, some members of the centre management team did bracket the issue but assigned different meanings to it, while others failed to bracket it and thus assigned no meaning to it at all.

#### **4. Elaboration of a conceptual framework**

We have been considering the sensemaking processes in the management team of a new centre in a university hospital. It has emerged that the team found it difficult (1)

---

<sup>3</sup> It is possible, however, to make sense of an act before the act has been carried out. In order to explain how this can be done, Weick (1979, 1995) introduces the concept of “future perfect thinking”, and Schutz (1967) that of the “future perfect tense”. These authors argue that individuals can think of an act “as if it has happened”, i.e. an individual can imagine that he/she has performed an act. It is then possible to bracket the imagined act and to assign meaning to it. Thus, the notion of retrospective sensemaking is still there even though the sense that is made is made of an imagined act.

Bracketing degree	High	<b>Disparate meaning</b> “Vision behind the overall changes”	<b>Collective meaning</b>
	Low	<b>Fragmentary meaning</b> “The idea behind the further development”	<b>Enclave-meaning</b>
		Heterogeneous	Homogeneous
<b>Cognitive profile</b>			

Fig. 1. Four ideal types of meaning, and two of the issues dealt with by the centre's management team.

to develop shared meanings regarding the issues on the agenda, due to their heterogeneous cognitive profile, and (2) to bracket these issues due to their low bracketing degree. Starting from this analysis I will now develop a conceptual framework for understanding change in organisations, after which I will return to the case again and will find a change in the meaning status of the centre's management team.

We have seen that the concepts of *bracketing* and *cognitive scheme* are crucial to an understanding of sensemaking (cf. Gioia, 1986; Weick, 1995). However, since analysing organisations means analysing collectives, not only the individual but also the collective dimension is interesting and has to be considered. In the first-order analysis of the case, I introduced the concepts of the *cognitive profile* and the *bracketing degree*. I will now use these concepts in order to identify two dimensions — or axes — of a matrix, whereby four ideal types of meaning can be identified for describing different meaning statuses that can appear in an organisation.

The first axis of the matrix is associated with the cognitive profile of a group, where the profile consists of the cognitive schemes of several individuals. I argue that the cognitive profile of a group can be either heterogeneous or homogeneous, which means that it is individuals who have cognitive schemes. However, the heterogeneity or homogeneity of the cognitive profile of a group can only be analysed when the cognitive schemes of several individuals are compared to each other.

The second axis of the matrix is associated with the degree of bracketing associated with issues. I argue that the individuals in a group may tend to bracket an issue or not to do so. The bracketing degree of a group, which is the second axis of the matrix, refers to the number of individuals in a group who do bracket a specific issue. The bracketing degree of a group may be either high or low, such that if only a few individuals in a group bracket a specific issue while others in the same group do not do so, then it can be said that the bracketing degree of the group is low.

The four ideal types of meaning are presented in Fig. 1. Further, the meaning status in the issues dealt with by the centre's management team are put into place in Fig. 1. Each of the ideal types will be discussed below.

I have designated the first ideal type *collective meaning*. Collective meaning arises when the cognitive schemes of individuals exhibit the same characteristics, i.e. the

cognitive profile of the group is homogeneous. A precondition for collective meaning is that individuals have a tendency to bracket the issue with which their individual cognitive schemes are associated, i.e. the bracketing degree of the group is high. A group with a high bracketing degree and a homogeneous cognitive profile results in the ideal type of collective meaning. The rationale behind collective meaning is that there is some kind of “overlap” between the meanings of several individuals (e.g. Lindell, Ericson, & Melin, 1998), i.e. meanings are shared in such a way that interaction can occur without the constant interpretation and re-interpretation of meaning (Smircich, 1983). It follows that there must be some degree of shared meaning among the individuals in an organisation, since concerted action depends to a certain extent on shared values and understandings of how things are done. Consequently, there are shared intersubjective mental maps that affect the behaviour of the organisation as a collective entity. Collective meaning does not have to be limited to a group or an organisation, however. Certain beliefs and values can also be shared by individuals belonging to different organisations but within the same profession, or by individuals belonging to organisations that are operating in the same industry (e.g. Porac, Thomas, & Baden-Fuller, 1989; Hellgren & Melin, 1992). In the present case I have found it difficult to identify any issues in which collective meaning was present, but this was probably due to my focus on issues connected with the organisational change process. If my focus had been on issues connected with the caring and curing activities of the hospital I would probably have found issues that were assigned a collective meaning.

Unlike collective meaning, *disparate meaning* is present when the bracketing degree of the group is high (as for collective meaning) and the cognitive profile of the group is heterogeneous. Consequently, a high bracketing degree together with a heterogeneous cognitive profile results in the ideal type of disparate meaning. Thus, whereas collective meaning arises from the “overlap” between the meanings of several individuals, disparate meaning does not. Altogether this means that groups and organisations can develop meanings that are disparate, just as they can develop meanings that are highly collective. It follows that several identities, cultures, and cognitive spheres could exist in an organisation at one and the same time (Alvesson, 1993; Salzer, 1994). In the present hospital case the centre’s management team clearly revealed a disparate meaning when it came to the vision behind the overall changes, due to its heterogeneous cognitive profile.

Like disparate meaning, *fragmentary meaning* is present when the cognitive schemes of the individuals are heterogeneous, i.e. the cognitive profile is heterogeneous. However, fragmentary meaning also presupposes that individuals within a group tend not to bracket the present issue, i.e. the bracketing degree in the group is low. Consequently, the particular issue is not accessible to the assigning of meaning by all individuals. Thus a heterogeneous cognitive profile combined with a low bracketing degree in the group results in fragmentary meaning. If fragmentary meaning is present, some individuals, namely those who do bracket the issue, will show disparate meaning. However, those who do not bracket the issue will not assign any meaning at all to that issue. As we have seen, this applied when the further development of the centre was discussed by the centre’s management team.

Finally, when *enclave meaning* is present the issue at hand tends not to be bracketed, as was the case for fragmentary meaning, i.e. the bracketing degree of the group is low. This differs from fragmentary meaning, however, in that the cognitive profile is homogeneous. When enclave meaning is present, those people who bracket the relevant issue will develop a collective meaning, while those who do not bracket it will not assign any meaning to it at all. This ideal type implies a situation in which an “enclave” of collective meaning can be found within the group or organisation.

Having identified and discussed the core concepts in the conceptual framework it is now time to return to the management team of the centre. As we shall see, the meaning status in the team will shift over time, due to an increasing degree of bracketing. It will in fact be possible to identify a specific shift, or transformation process, whereby disparate meaning develops at the expense of fragmentary meaning.

## **5. The change process — towards disparate meaning**

As has been shown above, the members of the centre’s management team in this case had difficulties not only in assigning the same meanings to the strategic issues under discussion (e.g. the vision behind the overall changes), but also in bracketing some of the issues (e.g. the idea behind the further development of the centre). Disparate meaning and fragmentary meaning have thus both been identified as being present in the management team. It is now time to look into the subsequent course of the hospital change process.

After a while the centre manager made it clear that the approaching changes were not just a question of a geographical rearrangement of the clinics. He declared that a more comprehensive change had to be accomplished if the vision behind the overall changes was to be realised. Consequently, he introduced to the management team a new type of organisational structure for the centre. The type of structure proposed was based on a matrix idea that, according to the manager, was the right way to proceed if the centre was to be able to realise the vision behind the overall changes and to cope with its troublesome financial situation.

According to the matrix structure presented by the centre manager, beds were to be separated from the clinics. One or two care-units comprised one of the dimensions of the matrix, and within each one of these several care-teams were to be created. The remaining parts of the clinics comprised the second dimension of the matrix. The clinics were gathered together in several expert-units, which were supposed to “buy” services from the care-units that had the beds and the nursing staff (Fig. 2).

An animated discussion started when the centre manager brought up the matrix issue. The proposal met with strong negative reactions from several members of the centre management team, especially those with a medical background. At the crucial meeting one of the clinic heads said that the manager dropped a “bomb” when he presented the new structure. Such a complex and controversial issue could not be introduced like this, the chief argued. Several management team members agreed that the matrix proposal had been presented in rather a strange way, as if it had been decided that it was to be implemented without any further discussion. Several

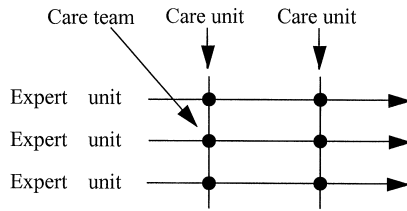


Fig. 2. An outline of the proposed matrix structure.

members of the team pointed out that an extensive dialogue was necessary before any such proposals could be placed on the management team's agenda.

The reason for these strong reactions was that the implementation of a matrix structure implied the disappearance of the traditional clinics, as their activities were to be more integrated and co-ordinated. Such a breakdown of the boundaries between the different clinics simply did not make sense, especially to the medical personnel: breaking down the boundaries between the clinics was not in line with their values.

It would mean that if you [the centre management] decide that it is better to cut down the present activities and put them together with other activities, there would be major changes in the whole approach to the work, the way-of-thinking, attitudes to research and development etc.

Head of a clinic in the centre

It is obvious that the breakdown of the traditional clinic boundaries was a crucial issue among the medical staff. As one of the centre's administrators put it:

Today they [the medical staff] feel greater solidarity with the clinic than with the centre. Most clinics have existed for a long time, so their loyalty is to that unit. The centre is looked upon as an administrative thing.

Centre administrator

When the centre manager had presented his idea for implementing a matrix structure for the centre, the members of the management team started to realise what he was really hoping to accomplish as regards the further development of the centre. The change was not only intended to introduce a new formal structure and a physical rearrangement of the different clinics within the centre, but the clinics were actually going to be more closely integrated. The traditional organisation built on relatively autonomous clinics was going to disappear in favour of a fundamentally new way of organising the caring and curing activities within the centre.

Thus, as I see it, the members of the management team had started to bracket (see Weick, 1995) the centre manager's idea behind the further changes in the centre during discussion of the matrix structure. I therefore claim that the matrix structure presented by the centre manager was a vehicle for the greater degree of bracketing regarding the idea behind the further development of the centre, as its manager saw it. In the following pages I will further claim that this is so primarily because the matrix had a strong symbolic meaning for the management team.



The implementation of a matrix type of structure had been discussed earlier among the members of the management team (some months before I started my empirical study). During these discussions the management people agreed (at least they thought they had agreed) that a matrix type of structure was not the right way to tackle the challenges facing the centre. The arguments against the structure were very much the same as they were when the same kind of structure was presented later (i.e. resembling the arguments described above). For instance, the clinics heads argued then that the matrix structure was a product generated by the administrative staff, i.e. the suggested structure was not grounded in the caring and curing activities.

I believe that the earlier discussions of the matrix issue powerfully affected the discussions of the same issue later on. Since the matrix structure had been discussed before, the actors in the management team had developed an attitude towards this type of organisational structure, that is to say they had assigned many powerful meanings to the matrix structure at an earlier stage in the change process. Consequently, I claim that this issue had a strong symbolic value for the members of the management team. And this strong symbolic meaning had evolved because the implementation of such a structure implied the disappearance of the traditional clinics.

Fiske and Taylor (1984, p. 184) point out that: “People do not attend evenly to all aspects of their environment. They watch [bracket] some things closely and ignore others altogether.” In the case of the matrix structure it is obvious that the management team members had bracketed the issue. One important reason for this probably stemmed from their surprise that the issue had come up on the agenda once more (e.g. Louis, 1980), and that it possessed great significance for them (e.g. Eoyang, 1983). Consequently, I suggest that the symbolic meaning of the matrix issue explains why the management team bracketed the matrix issue so easily.

Moreover, when the matrix structure was presented by the centre manager the team members could see where he was intending to go, that is to say the idea behind the further development of the centre as the manager saw it became clear to them. Thus, according to my interpretation, the symbolic meaning of the matrix issue helped the management team to comprehend the centre manager’s further intentions. In this way the matrix issue had functioned as a means whereby the team members could grasp the idea behind the further development of the centre as their manager saw it.

In conclusion I suggest that the issue of the further development of the centre underwent a transformation, from fragmentary to disparate meaning, as a result of strong and powerful symbolic processes. Disparate meaning developed as, with the help of the matrix issue, the management team members had started to bracket the issue. This occurred because the degree of bracketing increased at the same time as different meanings were assigned to the issue, due to the heterogeneous cognitive profile of the management team. A change in meaning status had thus been taken place in the management team. As we shall see later, this change in meaning status powerfully affected the change process.

## 6. A further elaboration of the conceptual framework

In brief, early in the change process there seems to have been a tendency for the idea behind the further development of the centre not to be bracketed by some of the management team. In terms of our theoretical framework, the degree of bracketing in the group was low. Moreover, those who did bracket the issue seem to have assigned different meanings to it. That is to say, the cognitive profile of the group was heterogeneous. From this I concluded that besides the disparate meaning regarding some issues, there were also fragmentary meaning as regards others. However, as time passed there was a shift away from fragmentary meaning and towards disparate meaning. Over time the members of the management team tended to bracket the idea behind the further development of the change process. That is to say, the degree of bracketing in the group became higher with regard to this issue. The meanings that were assigned to the issues were very different however; in other words the cognitive profile of the group was still heterogeneous. I therefore suggest that disparate meaning developed at the expense of fragmentary meaning.

We have thus seen a transformation from one ideal type to another: “the idea behind the further development of the centre” moved from fragmentary to disparate meaning. This transformation was an effect of the team members’ concentration on one and the same issue, and this process is thus designated as a *concentration* process. A concentration process is present when the degree of bracketing in the group increases over time. The concentration process can be described as a process in which an issue comes into the minds of the members of the group. Consequently, a concentration process occurs when an issue that at a certain point tends not to be bracketed (the degree of bracketing in the group is low), becomes an issue that tends to be bracketed (the degree of bracketing in the group increases).

With the identification of this transformation process, the conceptual framework has been further elaborated (a processual concept has been added). In the same way it should be possible to identify, however tentatively, three more transformation processes that can be added to the conceptual framework. Starting from the four ideal types of meaning presented above, four transformation processes can now be identified. In Fig. 3 the transformation processes are presented together with the other concepts in the conceptual framework.

A second process of transformation could then be labelled *diffusion*. This process is the reverse of concentration and it refers to a process in which the degree of bracketing in the group decreases over time. Thus it should be possible for an issue which has once been bracketed by a group to become less salient to the group over time. A third process of transformation is *homogenisation*, which means that the cognitive profile becomes increasingly homogeneous over time. Finally, the opposite of homogenisation is *heterogenisation*. Heterogenisation is a process in which the cognitive profile becomes increasingly heterogeneous over time.

## 7. What happened to the further development of the centre?

Having concluded that disparate meaning was present in the management team, it can be interesting to find out what happened to the further development of the centre.

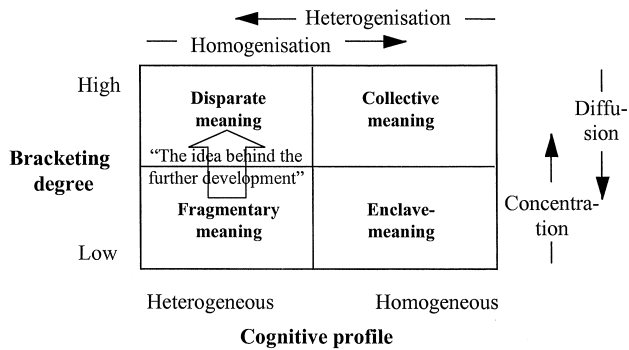


Fig. 3. Four transformation processes and the development of ideal types of meaning over time in the centre management team.

At this point in the hospital change process the tension between the members of the management team became increasingly visible, obviously as a result of the disparate meaning in the team combined with an even more fraught financial situation in the centre. Thus, a direct effect of the presence of disparate meaning in the management team was that the different meanings became more visible to the team members. This situation led to conflict within the team. Since the matrix structure was regarded (by the centre manager and by some other dominant actors outside the management team) as the single most important factor in making the business more effective, the irresolution of the management team led to even more pronounced pressure to change.

The disagreement among the team members became very obvious. For instance at one meeting between the centre management team and the rest of the centre organisation, several different meanings were expressed by the management team members. Some argued that the problems in the centre management team were a result of the democratic configuration of the group. The centre manager, for instance, said that several of the team members found it difficult to adopt the perspective of the centre instead of the perspective of the specific clinic, that is to say they were looking after their own special interests.

As time passed the financial situation of the centre became even more fraught, which meant that the management team was exposed to even more pronounced pressure to change. Among others the hospital manager intervened, declaring that the centre management team had to show results. In order to get the change process off the ground, external consultants were hired. The consultants analysed the “deadlock” in the centre’s management team and also became involved in the development of the future organisational structure of the centre. They pointed out the vital importance of developing a new organisational structure for the centre, arguing that this was the only way of getting the centre out of its difficult financial situation.

The irresolution of the management team persisted, however. Several members of the team were unable to accept changing the organisation in the way suggested. To get the change process going, the consultants and the centre manager presented a fresh

proposal for a new organisational structure, which was much like the matrix structure discussed before. The members of the centre management team again reacted very strongly against the proposal. Since they refused to accept the matrix structure, the hospital manager intervened, making it clear that the matrix structure was going to be implemented, even if there was resistance to it.

From this point on, due to the deadlock in the management team, the role of the team was toned down and the work was handled by other constellations. The intensive phase in my empirical fieldwork ended when the new matrix structure began to be implemented in the centre as a whole. By this time a number of members of the centre's management team had left the team, due to the demanding and sometimes frustrating situation that faced them.

It was obvious that the troublesome situation in which the centre found itself was due to the lack of any collective meaning (see Fig. 3) in its management team. In other words the team could not agree on several of the strategic issues facing them. The lack of a collective meaning during organisational change will be further problematised in the concluding section of this paper.

## **8. Concluding remarks and implications**

We have noted above that different meanings were present in the empirical setting, and that the meaning status of the management team changed over time. I argue here that the complexity that characterises strategic change processes in organisations is made visible with the help of the conceptual framework developed in this paper, and that the framework can thus also contribute to our knowledge and consequently our understanding of such change processes.

The usefulness of the framework can be justified on several grounds. Firstly, it has been generated by starting from the sensemaking of individuals as a means for generating concepts relevant to the analysis of whole collectives such as organisations, groups, etc. This bridging between the individual and the collective levels adds a crucial element to the contribution of the research. Secondly, the concepts associated with the bracketing of issues are of special interest, since earlier research has not paid them much attention. The concepts of bracketing degree, fragmentary meaning, enclave meaning, diffusion, and concentration make it possible to see “new” aspects of organisations. Thirdly, the fact that the framework has been generated in the course of empirical fieldwork in combination with theoretical studies in a continuous process is crucial, since it further underpins its relevance to our understanding of change processes in organisations.

This paper opened by emphasising the need to recognise the complexity of strategic change. Strategies cannot be treated as though they are concerned exclusively with planning. The processual aspects must also be considered. Consequently, strategies cannot be regarded as the creation of a few individuals, since to a great extent they actually evolve inside organisations. To be a strategist means being involved not only in the making of plans and visions but also in the complex processes inside the organisation during times of change. In such complex processes it is important to be

aware of the meaning status in the organisation. For instance, the words “we are going to divisionalise our organisation” can be assigned different meanings. To one person they might mean that a new hierarchical level is introduced and that the distance grows between top management and the lower hierarchical levels of the organisation. To another person it might mean that you try to decentralise the organisation. Consequently, being able to influence other people’s sensemaking means being sensitive to different meaning constructions. Another aspect that has to be considered, however, concerns the attention paid to different issues (e.g. bracketing) by the organisational members. Since strategic change processes are often more or less chaotic it is not unlikely that different people’s attention will be directed towards different issues, i.e. meaning may not be assigned to the same issues. It is thus important that a strategist should be sensitive to the direction and objects of the organisational members’ attention, just as much as to the way they assign meaning.

It has also been pointed out that the whole organisation should be involved in, and feel responsible for, organisational change processes. If, for example, disparate meaning is present in an organisation on crucial issues (as was the case in the university hospital), and if the ambition is to develop collective meaning, then the organisational members have to be open-minded. People representing diverse meanings must learn more about the meanings held by other actors. In line with Ericson and Melin (1999) I suggest that the implementation of radical change in organisations is dependent upon genuine dialogue. In such genuine dialogue the understanding of different meanings may be enhanced by a tolerant and empathetic attitude. Thus, by talking about “dialogue” I do not simply mean that people should talk to each other: dialogue involves social processes whereby people try to understand other people’s arguments and meanings.

From the above discussion it emerges more or less implicitly that collective meaning is needed in order to accomplish radical organisational change. However, in order to be creative and thus to be able to initiate change, organisations also need people who challenge the taken-for-granted. A commendable ambition should therefore be to create a mix or balance between the two extremes described here.

## References

- Alvesson, M. (1993). *Cultural perspectives on organizations*. Cambridge: Cambridge University Press.
- Ashforth, B. E., & Gibbs, B. W. (1990). The double-edge of organizational legitimation. *Organization Science*, 1, 177–194.
- Berger, P. L., & Luckmann, T. (1967). *The social construction of reality*. New York: Anchor Books.
- Bourgeois III, L. J., & Brodwin, D. R. (1984). Strategic implementation: Five approaches to an elusive phenomenon. *Strategic Management Journal*, 5(3), 241–264.
- Chaffee, E. E. (1985). Three models of strategy. *Academy of Management Review*, 10(1), 89–98.
- Collin, J. C., & Porras, J. I. (1991). Organizational vision and visionary organizations. *California Management Review*, 34(1), 30–52.
- Czarniawska-Joerges, B. (1992). *Exploring complex organizations — a cultural perspective*. Newbury Park: Sage.
- Daft, R. L., & Weick, K. E. (1984). Toward a model of organizations as interpretation systems. *Academy of Management Review*, 9(2), 284–295.

- Eoyang, C. (1983). Symbolic transformation of belief systems. In L.R. Pondy, P.J. Frost, G. Morgan, T.C. Dandridge (Eds.), *Organizational symbolism*. Greenwich, CT: JAI Press.
- Ericson, T. (1998). *Förändringsidéer och meningsskapande — En studie av strategiskt förändringsarbete*. Linköping Studies in Management and Economics, Dissertations, No. 37, Linköping University.
- Ericson, T., & Melin, L. (1999). Strategic change in hospital organizations — the role of actors' ways-of-thinking. *Management ed economia sanitaria*, 8(31), 109–117.
- Ericson, T., Öhrström, P. (1999). *Kvalitetsarbete som översättarprocess - Behov av nya perspektiv för förnyelse och utveckling av offentlig sektor*. Paper presented at the Kvalitet 99 conference, Gothenburg.
- Fiske, S. E., & Taylor, S. T. (1984). *Social cognition*. California, MA: Addison-Wesley.
- Gioia, D.A. (1986). Symbols, scripts, and sensemaking. In H.P. Sims, D.A. Gioia (Eds.), *The thinking organization: dynamics of organizational social cognition*. San Francisco: Jossey Bass.
- Gioia, D. A., & Chittipeddi, K. (1991). Sensemaking and sensegiving in strategic change initiation. *Strategic Management Journal*, 12(6), 433–448.
- Gioia, D. A., Donnellon, A., & Sims, H. P. (1989). Communication and cognition in appraisal: a tail of two paradigms. *Organization studies*, 10(4), 503–530.
- Gioia, D. A., & Poole, P. P. (1984). Scripts in organizational behavior. *Academy of management review*, 9(3), 449–459.
- Gioia, D. A., Thomas, J. B., Clark, S. M., & Chittipeddi, K. (1994). Symbolism and strategic change in academia: the dynamics of sensemaking and influence. *Organization Science*, 5(3), 363–383.
- Gray, B., Bougon, M. G., & Donnellon, A. (1985). Organizations as constructions and destructions of meaning. *Journal of Management*, 11(2), 83–98.
- Hellgren, B., & Löwstedt, J. (1997). *Tankens företag — Kognitiva kartor och meningsskapande processer i organisationer*. Stockholm: Nerenius och Santérus.
- Hellgren, B., Melin, L. (1992). Business system industrial wisdom and corporate strategies. In R. Whitley (Eds.), *European business systems: Firms and markets in their national contexts*. London: Sage.
- Langfield-Smith, K. (1992). Exploring the need for a shared cognitive map. *Journal of Management Studies*, 29(3), 349–368.
- Lindell, P., Ericson, T., & Melin, L. (1998). Collective thinking in strategic change processes. In M. Hitt, J. Ricart, R. Nixon (Eds.), *New managerial mindsets: Organizational transformation and strategy implementation*. London: Wiley.
- Lord, R.G., Foti, R.J. (1986). Schema theories. Information processing and organizational behavior. In H.P. Sims, D.A. Gioia (Eds.), *The thinking organization: Dynamics of organizational social cognition*. San Francisco: Jossey Bass.
- Louis, M. (1980). Surprise and sensemaking — what newcomers experience in entering unfamiliar organizational settings. *Administrative Science Quarterly*, 25(2), 226–251.
- Markus, H., Zajonc, R.B. (1985). The Cognitive Perspective in Social Psychology. In G. Lindzey, E. Aronson (Eds.), *The Handbook of Social Psychology*, vol. 1 (3rd ed.). New York: Random House.
- Melin, L. (1998). Strategisk förändring — Om dess drivkrafter och inneboende logik. In B. Czarniawska (Eds.), *Organisationsteori på svenska*. Malmö: Liber.
- Melin, L., Hellgren, B. (1994). Patterns of strategic processes: Two change typologies. In H. Thomas, D. O'Neal, R. White, D. Hurst (Eds.), *Building the strategically-responsive organization*. Chichester: Wiley.
- Mintzberg, H., & Waters, J. A. (1985). Of strategies: Deliberate and emergent. *Strategic Management Journal*, 6(3), 257–272.
- Morgan, G., Frost, P.J., & Louis, R.P. (1983). Organizational symbolism. In L.R. Pondy, P.J. Frost, G. Morgan, T.C. Dandridge (Eds.), *Organizational Symbolism*. Greenwich Connecticut: JAI Press.
- Newton, J., Johnson, G. (1998). Bridging the gap between intended and unintended change: The role of managerial sensemaking. In M. Hitt, J. Ricart, R. Nixon (Eds.), *New managerial mindsets: Organizational transformation and strategy implementation*. London: Wiley.
- Pettigrew, A.M. (1985). Examining change in the long-term context of culture and politics. In J.M. Pennings (Eds.), *Organizational strategy and change*. San Francisco: Jossey Bass.
- Pettigrew, A. M. (1992). The character and significance of strategy process research. *Strategic Management Journal*, 13(winter), 5–16.

- Pettigrew, A. M. (1997). What is a processual analysis?. *Scandinavian Management Journal*, 13(4), 337–348.
- Pettigrew, A. M., & Whipp, R. (1991). *Managing change for competitive success*. Oxford: Basil Blackwell.
- Porac, J. F., Thomas, H., & Baden-Fuller, C. (1989). Competitive groups as cognitive communities: The case of Scottish knitwear manufacturers. *Journal of Management Studies*, 26(4), 297–416.
- Salzer, M. (1994). *Identity across borders — a study in the IKEA-world*. Linköping Studies in Management and Economics, dissertations, No. 27, Linköping University.
- Schutz, A. (1967). *The phenomenology of the social world*. Guildford Surrey: Biddles Ltd..
- Slawomir, J. M. (1997). The making and unmaking of sense. *Organization Studies*, 18(2), 317–338.
- Smircich, L. (1983). Organizations as shared meanings. In L.R. Pondy, P.J. Frost, G. Morgan, T.C. Dandridge (Eds.), *Organizational symbolism*. Greenwich, CT: JAI Press
- Smircich, L., & Morgan, G. (1982). Leadership: The management of meaning. *Journal of Applied Behavioral Science*, 18(3), 257–273.
- Stubbart, C. I. (1989). Managerial cognition: A missing link in strategic management research. *Journal of Management Studies*, 26(4), 325–347.
- Weick, K. E. (1979). *The social psychology of organizing*. California MA: Addison-Wesley.
- Weick, K. E. (1995). *Sensemaking in organizations*. London: Sage.
- Westley, F., & Mintzberg, H. (1989). Visionary leadership and strategic management. *Strategic Management Journal*, 10, 17–32.