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## The discourse of midwives and the strategies of politicians

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### Abstract

This paper examines the way that midwives have responded to and attempted to shape the redesign of maternity services in remote areas of Scotland. From a longitudinal study of midwifery units, data were collected on the lived experience of midwives and the significance of context and forms of involvement on individual and group attitudes and perceptions. Our focus is on the ways in which midwives seek to accommodate their own and community needs whilst also relating to the expectations and demands of central policy. From drawing on findings from a study of six health care sites in remote and rural Scotland, we demonstrate how the orchestration of narratives of change are not conducted by a single and remote political arm but are variously composed and reconfigured by the strategies of politicians, the financial narratives of central policy and the local sense-making and stories of midwifery groups. We illustrate how a different types of change narrative can emerge from midwives, managers, local communities, politicians, policy documents and the media, and how these can shift in meaning and emotionality over time. Multiple stories are 'voiced' that compliment and compete in the alignment, misalignment and realignment of a movement between two emerging 'dominant' change narratives.

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# **The Discourse of Midwives and the Strategies of Politicians**

Paper for *EGOS* 2008 sub-theme 37

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# **The Discourse of Midwives and the Strategies of Politicians**

## **Abstract**

This paper examines the way that midwives have responded to and attempted to shape the redesign of maternity services in remote areas of Scotland. From a longitudinal study of midwifery units, data were collected on the lived experience of midwives and the significance of context and forms of involvement on individual and group attitudes and perceptions. Our focus is on the ways in which midwives seek to accommodate their own and community needs whilst also relating to the expectations and demands of central policy. From drawing on findings from a study of six health care sites in remote and rural Scotland, we demonstrate how the orchestration of narratives of change are not conducted by a single and remote political arm but are variously composed and reconfigured by the strategies of politicians, the financial narratives of central policy and the local sense-making and stories of midwifery groups. We illustrate how a different types of change narrative can emerge from midwives, managers, local communities, politicians, policy documents and the media, and how these can shift in meaning and emotionality over time. Multiple stories are ‘voiced’ that compliment and compete in the alignment, misalignment and realignment of a movement between two emerging ‘dominant’ change narratives.

In our example of maternity service redesign, the two dominant narratives comprise: first, an account that centres on the financial and economic feasibility of maintaining services in remote locations; and second, a view that maintains that the need to maintain social-economic activity in remote communities in Scotland should be the main rationale for change. From these contrasting positions, we can see that if our

focus is financial efficiencies and the high costs of maintaining remote maternity services (compared to urban units), then our storylines highlight financial and resource issues based around an economic model of change – the logical outcome being to rationalise and reduce services with a greater focus on central hubs of expertise. However, if we promote a narrative that highlights the social and political need to support remote communities and their development in Scotland – we move the issue from one simply about key performance indicators and costs (an economic model) - towards broader social concerns in which the politics of decision-making in terms of the NHS, the Scottish Executive and the positioning of certain MSPs - linked with the role of the media and local communities - can all significantly influence outcomes. The discourse of midwives and the strategies of politicians both influence and are influenced by media stories, the response of local community groups and the lobbying of doctors in the creation and reformulation of policy and the development of strategies that espouse to ‘sustain’ remote maternity services in Scotland.

## **Introduction**

This article reports on the findings from a study of six health care sites in remote and rural Scotland. Our central aim is to demonstrate the importance of stories to understanding processes and outcomes of change. We argue that a compelling story can be both a major driver for change and a major vehicle for resistance, as well as an ‘after-the-event’ account of the change process. For us, change comprises multiple and ever-changing stories that emerge, are re-written, compete and variously shape and are shaped by those experiencing change. Our research into change in remote maternity services illustrate how different accounts of the change experience emerge from midwives, managers, local communities, politicians and the media, and how

these can shift in meaning and emotionality over time (see also, Heracleous and Barrett, 2001). This leads us to a position that is critical of monological change accounts in arguing for a greater accommodation of polyvocal narratives (see, Hazen, 2006; Tsoukas and Hatch 2001).

Like many other researchers carrying out longitudinal fieldwork on change (see, Pettigrew 1990) we seek to cross-reference and validate data from multiple sources. In conducting case study research, triangulation through the use of different data sources is often used to validate and substantiate certain versions of event sequences over others. We argue, however, that the idea of plurivocality, which is viewed as an essential element of organizational discourse (Hardy et al 2005: 803), is often missing or underplayed in contextual case study write-ups of company change (Dawson and Buchanan: 861-863). As such, we draw on elements of narrative theory in furthering our analysis of the role and place of stories in understanding change processes (Boyce, 1996; Pentland 1999). We contend that one of the strengths of a narrative approach is that it gives explicit recognition that accuracy, in any 'objective' sense, is not possible because there will always be multiple and conflicting interpretations of change (Leitch and Davenport 2005). This in turn highlights how change stories and the role and influence of story tellers, offer a source of insight that may be lost through conventional case study analysis that promotes a single, if composite, version of events (Stutts and Barker 1999: 213). We therefore advocate the development of rich contextual case studies that can combine the temporal elements of change (processual research) with the polyvocal character of change processes (narrative analysis) and in so doing; provide a more complete understanding of the complex dynamics of change (see also, Tsoukas and Chia 2002). Although there is nothing

new in these individual elements (in being well represented in their separate fields of study), there is something novel in the way that they can be brought together to further our knowledge and understanding of processes of organizational change (see also, Marshak and Grant, 2008).

### **The use of stories in understanding change processes**

The use of narrative and narrative analysis has become increasingly popular within the social sciences as a whole (Butler 1997; Pentland 1999) and within the field of organization studies (see, Phillips 1995; Rhodes and Brown, 2005; Tsoukas and Hatch 2001). This growing interest in narrative approaches to the study of organizations is reflected in the work of Boje (2001), Brown (1998), Czarniawska (1998) and Gabriel (2000). The narrative form enables sensemaking (MacIntyre, 1981) and stories are a way of explaining complex events (Gabriel, 2000). The plot of a story provides movement over time from 'an original state of affairs, an action or an event, and the consequent state of affairs' (Czarniawska, 1998: 2). Stories provide meaning and a sense of coherence to complex sets of events in enabling temporal connection and in reducing the 'equivocality of organizational life' (Brown and Kreps, 1993: 48).

Within the literature, although most would agree that the concept of narrative and story are closely aligned (Rhodes and Brown, 2005: 170), this conceptual overlap has been the focus of much discussion, debate and disagreement among narrative researchers. In a study of an office supply firm, Boje (1991) used interview transcripts to uncover the character of stories and the way individuals and groups rewrite the past to make sense of the present. These stories are partial and open to change, they do not reflect the stories found in novels with plots and characters, but

are socially constructed narratives that seek to make sense of the world in which people live. In contrast, Gabriel (2000) cautions the liberal use of the term 'story' and suggests that it should not be applied to all forms of narrative. For Gabriel, the narrative craft of storytelling is about creating and sustaining meaning as well as providing a vehicle to discredit other worldviews. Storytelling is not simply about description but about emotional engagement with an audience, it is about entertainment (Gabriel, 2000: 6-28):

Stories interpret events, infusing them with meaning through distortions, omissions, embellishments, and other devices, without, however, obliterating the facts...Entertainment distinguishes stories from other narratives...I believe that it is necessary to distinguish between description which deals with facts-as-information and stories, which represent facts-as-experience for both tellers and listeners...In fact, the narrative test for a story is relatively straightforward: would a listener respond by challenging the factual accuracy of the text.

Gabriel argues for the distinction between narratives that embellish and restructure story lines to engage the audience and narratives that provide a chronology of events (attempt to be factual even if they are not). This leads him to focus on organizational folklore and stories that have clear characters and plots and are used to variously reassure, justify and explain, advise and warn, or to provide a form of moral education. These stories entertain (they are recreational) and in the telling of the story, the storyteller seeks to stimulate the imagination of the audience. There is some overlap here with the political process by which individuals and groups construct



stories to influence organizational decision-making. In this case, the aim is not to entertain but to persuade. The storyteller seeks to engage the audience with their interpretation of events and these may be put forward as a rational explanation of the 'facts', as a 'logical' strategy for change. Whilst the storyteller may promote a 'facts-as-information' account, these stories are selective in the 'facts' they use and mindful of the way they are used (refined, adapted and so forth) to influence their target audience. These stories or 'facts-as-tools for persuasion', may be challenged by the audience and by other competing stories. On this count, Boje (1995: 1000) identifies the importance of stories that are partial, partisan or political whilst recognising that there can be pluralistic co-construction of different stories, performed by different storytellers in different contexts over time, as well as the potential push within organizations for a 'grand narrative' that silences the voices of others. But as he states:

Organizations cannot be registered as one story, but instead are a multiplicity, a plurality of stories and story interpretations in struggle with one another.

People wander the halls and offices of organizations, simultaneously changing storylines.

(p.1001)

His definition of story differs from Gabriel (2000) in putting forward the view that:

By a story, I mean an oral or written performance involving two or more people interpreting past or anticipating experience. In this definition, stories do not require beginnings, middles, or endings, as they do in more formal and

restrictive definitions (Bruner, 1990: 43-59). Stories are referenced with a nod of the head, or a brief “You know the full story”.

(p.1000)

From this perspective, there are a number of different stories that are being enacted over time in different contexts and sites that provide multiple meanings (plurivocality) of change that allow different groups to interpret what is going on in different ways (Thatchenkery, 1992: 231). In employing Boje’s broader definition of story – that more closely equates with the broader concept of narrative – our focus is on the way people makes sense of the unfolding of change events and associated experience of change over time. Multiple change narratives co-exist and as individuals seek to make sense of their collective experience, they may script stories about themselves and others that are not simply descriptive, but reflect different vested interests and power struggles between and within different groups (Clegg, 1989). These stories are crafted for a particular audience and certain types of information may be presented to one group and not to another in an attempt to persuade and gain agreement (Brown, 1985). In their appraisal of narrative research, Rhodes and Brown (2005: 172) point out how experience is reflexively reconstituted and made meaningful through narratives and how stories can be the ‘blood vessels’ for change, both in terms of legitimating change outcomes and in the provision of counter stories that can serve to resist change strategies. As they state:

Another critical contribution of narrative research to the study of change has been an examination of how people in organizations construct their own narratives about change that can be inconsistent with those storylines centrally

promulgated (Rhodes 2000; Vaara, 2002). This suggest that the meanings attached to change are not fixed or determined, but rather that people are reflexively engaged in developing their own interpretations of, and reactions to, change...It has also been demonstrated that stories can serve as means to provide legitimacy for organizational change that might otherwise have been considered illegitimate, irrational or unnecessary.

(p.173-174)

These sense-making and sense-giving properties are central to understanding the power of stories to not only influence behaviour but, also, reflective experiences and emotions about change over time. For example, in his study of a can manufacturing company in New Zealand, Kolb (2003) asked employees to tell stories about the history of the organization, revealing that a change in shiftwork patterns, described by senior management as 'dramatic', was seen by many employees as a return to a previous system. Vendela (1998) demonstrates how corporate 'reputation narratives' shape customer beliefs about knowledge, expertise, capability, and attractiveness as a supplier. Collins and Rainwater (2003) offer a 're-view' of change at Sears, Roebuck and Company, relating this story first as an 'heroic epic tale' of triumph over adversity, then as a 'tragedy' involving downtrodden workers, injury and self-promotion, and ultimately as a 'comedy' depicting vanity, foolishness, confusion, and arrogance leading to misfortune and loss of status. Each story has the potential to influence audience evaluation and understanding, they can capture emotionality in the telling and promote a particular version of events or meaning. As a tool for managing meaning, stories are therefore an essential resource that is surprisingly absent from traditional frameworks of power (French and Raven 1958; Raven and French, 1958;

Benfari et al 1986), given that the ability to tell a good story can be as valuable as other power bases in shaping processes of change (see, Dawson and Buchanan, 2005; Hardy and Clegg 1996). Vaara and Erkama (2005: 19) illustrate the power of stories in their discussion of the ‘darker side of industrial restructuring’ in which they conclude that:

While our cases clearly illustrate that the media coverage pushes forward both legitimating and de-legitimizing views, it is important to note how powerful some of the legitimating strategies are. First and foremost, it is alarming to see that the public discussion seems to most often portray shutdowns as an inevitable and natural part of contemporary globalization. This obviously provides a very natural justification for any future shutdown case.

The rationality, inevitability and need for such change is relayed in a media story that intends to influence public response and opinion and focus attention away from the personal and social costs of shutdowns towards engagement in a broader meta-narrative that naturalizes and depoliticises this essentially political process. As such, stories are not neutral but reflections of ongoing processes of negotiation and power struggles as individuals and groups seek to gain dominance of their interpretations and accounts. In other words, the polyphonic narratives that emerge, compete and develop over time highlight the pluralistic character of people in organizations. In the sections that follow, we draw on data from our study to examine the role and influence of stories in securing options in the redesign of remote and rural maternity services in Scotland.

## **Remote maternity services in Scotland**

Our programme of research into remote maternity service provision sought to explore issues of managing change towards the achievement of new models of service. The study took place in the North of Scotland and the Scottish islands and all case study sites have been given pseudonyms as agreed at the outset of the research. A processual case study design was used and data were collected through a series of semi-structured interviews with staff and community informants as well as through non-participant observation, documentary review and a summary and analysis of media articles and reports. The study was longitudinal with data collection commencing January 2004 and being completed April 2005. Drawing on the processual approach, the majority of study participants were interviewed repeatedly. Interviews were conducted with the same staff and community representatives at three different stages during change, whilst managers responsible for the units were interviewed on one occasion. Of 135 planned interviews, 131 (97%) were conducted. Where interview were not conducted, this was due to illness, annual leave or work commitments. Most interviews (116) were complete in face-to-face contact, for the small number that this proved impracticable then telephone interviews were conducted.

The semi-structured interviews lasted between 30 and 60 minutes and with permission, were audiotaped. All interviewees were assured confidentiality and formal written consent was obtained. Interviewees were asked to reflect on the reasons for change and how change had unfolded locally and to illustrate through drawing on their own experiences of the change process. All interview data were

transcribed verbatim. Conceptual analysis was conducted to identify strands in the data that were 'clustered' to construct broader themes (Miles and Huberman, 1994). Existing evidence about health service change and evidence about rural service change provided a framework against which to compare study findings. Contextual data were collected through observational site visits and informal discussions that were ongoing throughout the study. Essentially, our intention was to draw out multiple narratives (the polyvocality) of change with a focus on issues relating to rurality and remoteness.

The write up from this type of research and analysis usually takes the form of a case study (post-analytical story) that tells the researcher's tale of change. Although different perceptions and attitudes can be captured in these change stories, many versions are absent as the author typically seeks to maintain some coherency to their analysis of change. The focus is generally on explaining the way individuals and groups shape change rather than on the way change stories are constructed and re-written to influence the processes they are describing. Thus we contend that by combining some of the insights of the narrative approach with processual research we can further our knowledge and understanding of processes of organizational change. Central to this is our claim that stories can be both outside the process - in providing explanatory accounts - whilst also being a part of the process in shaping change.

### **The redesign of remote maternity services: the economic and social imperative for change**

The two main models that dominate in policy discussions centre on notions of consultant or midwifery led units. For example, a report was published by the Expert

Group on Acute Maternity Services (EGAMS) that stated that low risk women in remote areas could be catered for by local midwifery led units, while those at higher risk should use consultant led services at centralised specialised referral units. Although remote maternity units were being remodelled in line with this policy, a tie in with this position was never made by any of the managers in our study. The common notion behind the policy drive for change was the idea that all maternity services were working towards achieving a ‘sustainable’ service and in practice, this meant a move towards a greater role for midwives in local deliveries at remote units. Interestingly, this concept of ‘sustainability’ is highly prominent in health policy and provides useful ambiguity in sidestepping more contentious and politically sensitive issues of closure. Policy documents talk of remodelling, safety and appropriateness rather than explicitly advocating the shutting or removal of remote services to more centralised hubs. This focus - on how to remodel services to achieve sustainable practice – was the basis from which discussions with the local community occurred. A number of focus groups and meetings were held at various sites with varying success in turnout and participation. As one interviewee noted in respect to Duncanland:

The attendance in Duncanland was very good, there was over 100 at that one, and that was an opportunity. All the sort of top people from the health board were up and they were giving their side of the story, if you like, about why they thought change was necessary and it gave the public the opportunity to ask questions. So they covered the county quite well and the thing was chaired independently and I thought that was excellent...As a result of these meetings things have moved on slightly, I wouldn't say the public were

convinced of the (changes proposed) but they seem to think there is another option that has presented itself as a result of these meetings (Health Councillor).

Most staff who commented thought that it was important to involve the public right at the start of thinking about redesign, not simply to consult them once decisions or options had been determined. Although there is general agreement that the service model required for remote areas differs from metropolitan areas, there remains a 'push' for a common design that accommodates a centralised framework and mirrors the characteristics of a dominant service model. As a community representative from Stuartisle commented: 'I mean its good because they get everybody involved, there's doctors and nurses and midwives and users and health council and stuff, but I get the impression there's an awful lot of discussion but maybe not a lot of action'.

Interviews with community members highlighted the import of these services to sustaining communities in remote areas and in making them attractive places to live. It was argued that running down such services would have a multiplier effect in making rural Scotland unattractive to younger people who were looking for work and also thinking about starting a family. As one health councillor commented:

I would like to see Cameronisle, not only Cameronisle but any remote area, having just a small unit that women could feel that they didn't have to travel hundreds of miles to go and have their baby. I would not like to see the remote maternity services being centralised in some large unit that can be impersonal. I don't want to be derogatory about the large unit because they



have their role to play, but I am speaking very much as an islander and want to see a vibrant progressive community and to be able to sustain that type of community. I am maybe looking at it too broadly, but I think you must, you can go down to the specifics of your unit but you must look at the broader issues. And to be able to keep communities alive and vibrant then I think, you need to have a well-resourced maternity unit. (Health Councillor, Cameronisle)

From a central framework perspective, remote services are very costly to provide and raise questions about financial viability. Counter to the National Health Service (NHS) story for rationalisation and closure of remote expensive health provision, communities have mobilised key stakeholders to ensure that alternative change strategies are considered. But with problems of recruitment and the tightening of budgets, concerns over service provision have also arisen among local staff. There is a level below which services are not sustainable in the sense that they may put patients in an ‘unacceptable risk’ position, especially in cases where clinical difficulties arise. On one side, there is a story based around efficiency, good financial management of the NHS, monitoring of costs, and regular reviews and evaluation of national health provision. From this perspective, many remote services appear prohibitively expensive given the scale of service they provide and the number of patients they deal with. On the other side, there is a story about community needs that is centred on the view that if you are going to maintain services in remote and rural areas then you need to ensure that they are adequately resourced. It is not ‘acceptable’ to simply maintain an under-resourced service to prevent public and media outcry over the closure of local health facilities.

From these competing stories on the need and direction of midwifery service redesign, we get a number of different accounts of what constitutes a sustainable service in remote areas. At a central policy and governmental level, the dialogue on sustainability largely centred around a financial-economic narrative and the story for change promotes a scenario of: providing less specialised services at lower overall cost, of closing local centres that are viewed to be prohibitively expensive, or of ‘downgrading’ or closing some centres and using some of the released resources to bolster other units (a type of localised centralisation and rationalisation of services). At a community level, the dialogue on sustainability extends beyond the cost issues of maintaining midwifery services to broader issues of how to secure the necessary services to sustain the socio-economic viability of these remote communities. For the most part, there was little national media coverage over the service redesign in these remote areas, although in the case of Fraserland, the ‘plight of mums’ was captured by the media and this in turn, prompted the attention of politicians. The heightened medial attention to Fraserland was in part coincidental of the timing of the proposed changes that aligned with a wave of Scottish protest against hospital cuts. As news reporters raised public awareness of these issues, a number of senior staff at Highland NHS Board made some inappropriate statements (or insensitive gaffes) that served to further public, political and local interest and response. Of all the units, Fraserland was the only one that was considering radically changing its staffing from three specialist medical staff to none. This proposal was reported as undermining what was already a fragile community by making this area unattractive to younger people who may be looking to establish roots and build a family. As such, the political punch of supporting the community and opposing this policy option was raised and hence, for

some politicians it became a political imperative to oppose redesign. As media interest was further fuelled by political engagement with the issue, Members of Scottish Parliament (MSPs) of all political hues were reported in the press commenting on the Fraserland redesign. Propoents 'for' and 'against' the change process at Fraserland were reported in both local and national media outlets. Local media set up an oppositional dynamic between, on the one hand, NHS senior managers and the Scottish Executive; and on the other, local people, a lobby group set up to oppose change, the local council, local MSPs and the church. A 'conspiracy' situation was often implied and sometimes overtly suggested in reporting on the comments of those who opposed change. For example, it was reported that the NHS Board had already made up their minds about service redesign even though they were consulting the public. Suggestions that change was about cost cutting were frequently reported. Ill-considered remarks made by NHS Board executives were reported, as were allegations of closed decision-making by sacked staff. In this story, NHS executives were demonised and change was viewed as an ill-considered cost-cutting exercise being implemented behind closed doors.

Within the national newspapers, local people were represented as heroic underdogs, with 'mums'' stories of traumatic births and resignations of local councillors 'for the cause' being reported. Overall, the situation could be described as contrasting 'what the local people want' against 'what senior officials want', with local people wanting access to services, a sustainable community and raising an ethical debate about equivalence of service provision across Scotland. In a number of media reports it was implied that, although senior managers of the NHS ostensibly said that their main concern was safety, their real motivation was in cutting costs cutting and achieving a

more economically efficient model of service. As with all good stories – and the media stories are generally well crafted to capture public interest and stimulate political debate - the media aimed to write for their audience in covering the heroes, victims and villains of change, to use words such as ‘mum’ with its emotional connotations, to engage the public and to draw the issue to the attention of politicians. In this case, the media provided a powerful outlet for stories that raised the ‘voice’ of the less powerful and influenced political discussion. These stories both sought to capture key change issues and create controversies (compelling stories) that in the event shaped the very process that they were reporting on.

### **The redesign of midwifery services: the discourse of midwives**

The problem of limited resources was a recurrent theme at all sites. For example, some staff at Buchanisle (who embraced change) argued that they had become victims of their own success, as they now require more staff to cover on-calls. Staff shortages and lack of resources mean that a number of staff are working more hours than they should. The continued enthusiasm of staff about their new service is called into question if they have to cover on-call and find that their workloads have increased. From the perspective of midwives, change has resulted in pressurised situations, especially for lead midwives. Lead midwives described having to take on more work, of having difficulties in liaising with senior management, and with feeling responsible to the community and staff about the decisions they made. In fact, five of the units studied described how staff shortages pressurised existing staff to take on more on-call duties. Staff described how those leaving or on maternity leave were not replaced or how replacements were delayed. Local management also seemed to have a

difficult role, caught in the middle between having to motivate staff to change, often with limited resources to do so - and interacting with the local community:

Yes, I live in the community, but well I try to keep unemotional and factual, as consistent as I possibly can. I mean I've certainly had the local people shout at me you know in my village, when I'm going to the local post office having the postmaster roaring at me in front of his customers and all that. (Manager, Fraserland)

Community members interviewed also recognised the difficult position of local managers in having to make decisions with limited resources. For example, one manager described the difficulties of dealing with local staff and politicians who told different stories depending on their audience. This often resulted in a situation where the manager felt a decision had been agreed only to find that the situation had changed. At most sites, NHS board management were regarded as being far too distant and there was a general perception that geographically remote management did not understand local issues or staff concerns. Fraserland used to have its own hospital trust and this was perceived as much better at handling local needs than the current situation with a distant NHS Board. Where NHS Board management teams were new and where cost-cutting had been identified as necessary, management were perceived as not understanding the difficulties of teams on the ground or the extent to which change had already been achieved:

I don't know. I would like them to give us a bit longer to establish the integration before changing anything more. I don't feel we have had time to

consolidate this...I don't feel that we have had time to develop it. There is maybe not a recognition of the change that has already happened... And that, yeah we have to make savings but what do you want us to stop doing? And, if you ask us to stop doing elements of the job, how does that fit with the national workforce planning group, and the work they are taking forward...Cameronisle apparently has the highest percentage savings to make and although it is maybe not a massive budget on the scale of Grampian, if you are having to save, I think it might be 30% actually, it is quite a lot. So everybody is having to look at their area, the services, what they are providing and how they are providing it. So although we are coming in within budget doesn't mean that we are immune from being asked to find more.... And we are used to a very high-quality service, we want to maintain that...We feel that we are thrifty anyway. We don't waste resources. (Lead Midwife, Cameronisle)

In the redesign of maternity services there were different experiences relayed by midwives and others on the place of consultant-led maternity units and midwifery-led facilities. For example, there were some concerns that midwives at consultant-led units would be reluctant to assume certain duties and skill areas if there was a move to a midwifery-led model of care, perhaps due to lack of confidence or belief that these skills areas were outside midwives' professional remit. However our data was mixed with some respondents advocating that a movement away from consultant-led care was timely: 'I feel the consultants are too dominant, that midwives don't have enough autonomy in this unit. The consultants, I appreciate have to have guidelines, we have

to, I am not saying I don't want to follow their instructions but they use us like handmaidens.'

Midwives at consultant-led units generally argued that it was women in the local community that wanted consultant-led models and that a change to a midwifery-led service would drive more women to have their babies at distant referral units. In contrast, midwives at the midwifery-led units felt that there was a demand for local deliveries and that good experiences relayed through the local community further supported such developments:

We were compelled to increase the local delivery rate, home births in the unit. We thought it might take about a year to get the numbers up but in actual fact in the first six months it has gone up quite dramatically. The number of women who are choosing to deliver locally. And I suppose it's just worked in nice if somebody has a delivery here, has a good experience...I mean it's a better service; the midwives are focusing purely on the midwifery. They have got the time to spend with the women and are giving them the appropriate information to enable them to make choices. (Lead Midwife, Buchanisle)

Typically, staff at midwifery-led units expressed their enthusiasm in their extended role and their desire for additional skills. As one lead midwife noted:

I mean it is a big responsibility for them but no, they all seem quite relaxed and confident. Confidence is increasing because, you know, they are using

their skills more now and we have been having training and that's increasing their confidence as well. (Lead Midwife, Buchanisle)

In the cases where external midwifery teams were charged with driving change, responses were generally positive. This contrasted with units run with GPs and obstetricians, where it was found that these health professionals were less willing to concede to decisions that arose from group discussions. Typically, obstetricians and GPs were resistant to suggested changes in areas where they viewed that their authority (expertise and views) should not be questioned. A loss of control in writing the script of change, of potential ways of doing things, threatened the power base of some and resulted in some rather aggressive encounters. As a Manager recounted: 'Certainly the GP who was there who was quite angry about it just said, right actually sod this, I'm not wasting my time with it.' And a midwife commented: 'We had the [obstetrician] from [x] turn up who is or was, a very nice person. He really went for the jugular ...I got quite angry about that...he was actually quite awful.'

In cases where midwives were involved, there was a high level of enthusiasm, especially in discussions that sought to make-sense of current ways of doing things in considering options for the future development of sustainable maternity services. Ambulance service personnel were also positive where they were involved in change processes. However, getting the involvement of GPs and obstetricians proved more problematic as their participation varied and was often associated with rather rude and aggressive behaviour at intervention sites. These individuals were not seen as unfriendly on a personal day-to-day basis, but in the context of developing and engaging in the shaping of a redesigned service, they expected their position to be



unquestioned and felt threatened by a movement of opinion (the emergence of new stories) that levelled the playing field in seeking sustainable scenarios and new potential courses of action for the delivery of remote health services.

### **Discussion: maintaining polyphony and keeping options open**

The data presented above illustrates how competing stories not only emerge across different stakeholder groups at the same sites, but also within stakeholder groups at different sites. The story relayed by the midwives at Buchanisle contrasts with some of the concerns expressed by midwives at other sites. In presenting a positive account of a midwifery-led service it not only reports experience of change, it also serves to sustain the direction and shape of ongoing change at the local level. A dialogue with the financial and economic narrative of sustainability is always evident and yet, stories that can build on the social-community narrative provide an alternative view and enable redesign options to remain open. It is important to maintain these alternative stories for change and not to seek closure through identifying a mono-story to this complex issue of how best to maintain remote maternity services. Brown (2003) provides a fascinating example of how a story can be written to silence other voices and views in bringing some form of closure on what are areas of major public concern. He used the example of the formal inquiry report and the case of the Piper Alpha oil platform disaster in Scotland. For Brown, the Piper Alpha inquiry report serves to legitimate social institutions and depoliticize disaster events in using various forms of ‘verisimilitude’ to present the story (hegemonic influence over our reading and interpretation of events) of how we should make sense of what has happened. As Brown (2003: 100) states:

My understanding of verisimilitude suggests that its attribution implies three related perceptions: that a text conforms to the rules of its genre, that it offers a vicarious experience, and that it provides good reasons for the events it describes. First, a text must convey ‘the appearance or semblance of reality’...Second, a text must elicit an acknowledgement that the narrative it contains offers a vicarious experience that is memorable, powerful, and permits us to understand the world from the perspective of others. Third, a text must prompt recognition that the narrative it offers provides us with ‘good reasons’ for occurrences that both support our biographical sense of self and our relationships with others...the object of (successful) narrativization is the ‘achievement of coherence, livability and adequacy’ (quoting Bruner 1990: 112).

Brown argues that storytelling is an essential feature of our existence and that whilst numerous narratives co-exist (fragmented, multivocal, et cetera); the inquiry report is interesting as it attempts to present a univocal and coherent view. In this way it aims to extend hegemonic influence in seeking ‘active consent’ that things did happen the way reported. In many ways, health policy also seeks to present a rational and coherent strategy for future developments and as authors of case studies, we may also seek to present our own ‘scholastic’ and ‘objective’ account of the way things happened. However, Hazen (1993: 22) advocates that in order to enrich understanding of organization processes, the reporting of polyphony, capturing multiple simultaneous dialogues, expressing ‘harmony, dissonance, clash, counterpoint, silence’, in addition to the narratives of the loud, articulate, and powerful, must all be made available (see also, Hazen, 2006). In our case example, it

is the existence and maintenance of these different stories that offers options for change and highlights the problem of trying to identify single comprehensive solutions to complex contextual-based issues. However, promoting alternative stories and ensuring that they are listened to and understood by those in more powerful positions is not an easy task, but as we shall illustrate, public issues, such as providing services in remote areas, can offer useful material for the media who are perhaps better placed to influence the view of senior managers and politicians.

From our analysis, a key question around the development of maternity services in remote Scotland is how 'best' to change to meet local 'needs' in different contextual settings that would also gain the 'support' of different stakeholders and 'adequate resourcing' from the NHS. From the many different 'voices' that expressed their views and evaluations, there is always a tendency to move towards the more dominant stories that emerge and take precedence over the 'voices' of the less powerful. Within these more dominant change accounts, we often find that the detail of change is simplified, a clarification of alternatives often rests on two or three potential scenarios and that there is often a justification for why a particular route to change is more feasible and economically practical than others. For example, a mixture of statistical financial measures (often not specified but alluded to) with efficiency arguments may be linked with broader policy issues in promoting a compelling story of why particular changes need to be implemented in particular circumstances. For example, in a local paper, the Chief Executive of Stuartisle health board outlined the problems of recruiting medical staff to her unit and outlined a series of alternative back-up plans. When Stuartisle could not recruit under their first plan, they had a longstanding rationale for moving to another model that did not involve specialist medical staff.

The way change was ‘spun’ in NHS Board press releases was also important. While the NHS Board responsible for Fraserland were reported as stating that change was needed because current services were unsafe and unsustainable, the Ferguslie health authority described their redesigned model of service as ‘an innovative plan that will buck the national trend of closing rural services’ in their local newspaper. Each story provides a justification and legitimation of change (see, Brown 2005 and 2003), either in the form of a celebration of success (bucking national trends of closure) or in playing to public fears and anxieties (unsafe so no recourse but to ‘downgrade’).

### **Conclusion: the power of stories to shape change**

The power of a story to persuade is based on the extent to which it engages the audience, it is credible, it plays to our fears, anxieties and hopes (our emotions) and yet it also allows the audience to identify with and make sense of what is being said. In our health care example, the persuasive power of a story is also influenced by the position and status of those presenting the story, for example, consultant-doctors tend to carry a higher level of credibility in influencing public views than midwives; although if you are a midwife, you are more likely to subscribe to the views and interpretations of other midwives when they conflict and/or compete with the position taken by other professional health groups. The persuasive power of a good story has been well documented within the literature (Kearney, 2002) yet as we demonstrate, some stories have greater influence on change than others and this reflects not only the storyteller but also the story. For example, mainstream newspapers employ skilled journalists to craft engaging storylines are well positioned to influence public opinion through the writing of media stories. In the case of maternity service redesign, the multiple and competing narratives of change resulted in the emergence

of two dominant stories. The first story for change was based on financial and economic feasibility of maintaining services in remote locations. The second story used the need to sustain social-economic activity in remote communities in Scotland as the main rationale for change. From these contrasting positions, we can see that if our focus is financial efficiencies and the high costs of maintaining remote maternity services (compared to urban units), then our story highlights financial and resource problems based around an economic model of change – the logical outcome being to rationalise and reduce services with a greater focus on central hubs of expertise. However, if we promote a story about the social and political need to provide the necessary support to sustain remote communities and their development in Scotland – we move the issue from one simply about key performance indicators and costs (an economic model) - towards broader social concerns in which the politics of decision-making in terms of the NHS, the Scottish Executive and the positioning of certain MSPs - linked with the role of the media and local communities - can all significantly influence outcomes. Thus authors of change stories - in crafting a story that aims to influence others in certain preferred ways - seek to engage their audience through emotional content, presentation technique, choice of genre and the framing of meaning to influence reader interpretations. However well crafted the story or robust and compelling the theoretical statement, audiences may respond with combinations of support, reinterpretation, misinterpretation, modification, criticism, and rejection (Latour 1990: 91). In this sense, readers are not passive but perceptive and informed interpreters and active co-creators of meaning (Latour and Woolgar 1986). Audiences also act as ‘multi-conductors’ (Latour 2003) and thus, if it is in their interest to support a story, they may align with the account, enhancing its status. While the subversion of meaning by readers may never be fully tamed, it is clearly in the

author's interest to select a genre commensurate with audience expectations and preferences. Recalling Gabriel's (1998) observation that the point is more important than the accuracy of the story, readers of change intervention stories may be advised to identify the position from which the author speaks, the genre in which the account is articulated, and the theoretical and practical implications coloured by those choices. However, readers are not fully informed, as in the selective retelling, it is never clear what information, what perspectives, what accounts the author has decided to de-emphasize, or to omit. In addition to genre-awareness, therefore, and being alert to the persuasive properties of a compelling story, audiences should be advised to approach change stories with a sceptical and inquisitive eye for the sidelined, the silenced, the concealed, the ignored, and the excluded, that is for the material, issues, and voices that sit outside the frame of the story presented.

Essentially, our argument is that compelling stories not only explain what happened in the past, they are able to shape our understanding of the present and influence how change unfolds in the future. By explaining what happened, and anticipating what should happen next, stories are post-hoc theories, and before-the-event determinants, with the potential to be causal factors in the ongoing change process (Barry and Elmes 1997; Fincham 2002). Gioia and Chitipeddi (1991) and Gioia and Thomas (1996) analyse the senior leadership role in terms of prospective sense-making, replacing existing interpretive schemes to facilitate change by projecting aspirational images of the organization's future. This sense-making perspective is echoed by Isabella (1990) who observes how frames of reference evolve with change, by Humphreys and Brown (2002), who analyse shared narratives as interpretive sense-making frames identifying with or resisting the management narrative, and by Fincham (2002) who notes that

narratives are ‘persuasive rhetorics’ which legitimize courses of action and mobilize support. In our analysis of change interventions in remodelling maternity services in remote Scotland, we illustrate how competing and inconsistent accounts serve to maintain options and prevent closure towards a prescribed dominant model that services all sites. This finding also questions the universal validity of techniques, such as, triangulation, that attempt to handle inconsistent and unstable data. For example, should the researcher use techniques, such as triangulation, in search of *the* account of change or should they use analytical techniques in a way that accommodates *multiple* versions of events? Many company stories are definitive in describing, for example, the IBM or HP way (see, Liker 2004) and even with the more critical research, academics tend to present an account of change (Winch 1983; Clark 1993). However, Boje (2001: 2) is critical of this ‘counterfeit coherence’ and Holgate (2005: 466) calls for the need to listen to the voices that are often silenced (see also, Hazen, 2006). Bedeian (1997) argues that the conventional journal article is inherently fraudulent, a ritualized fiction designed to confer credibility, legitimacy and authority to the author, by concealing and misrepresenting the processes that led to findings being presented in that manner. As change is proposed, communicated, interpreted, debated, implemented, and assessed primarily through multiple narrative accounts, attempts to triangulate a singular story of events provides at best a partial and partisan perspective, forcing the researcher to align with the sense-making, impression management, and political agendas of particular respondents. Although comparing and contrasting data from different sources and attempting to cross-validate findings from the use of multi-methods is appropriate, we contend that it is not always appropriate to use triangulation in the search for a singular account of change. Presenting the authentic story of change in our example would be a bankrupt

perspective, deflecting attention from data to an understanding of outcomes that can be used to prescribe a single dominant model for maternity care. In contrast, we argue that contradictory evidence should be accommodated and not overlooked, and stress the importance of polyphony (in the voicing of views as well as the silence and silencing that occurs) and the process by which multiple stories emerge, develop, compliment and compete as the dynamics of change unfolds. From this position, we contend that the power of stories to persuade is a critical component in maintaining choice and deflecting the imposition of a single simple solution (grand narrative) to what are complex context-based issues that change over time.

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