Currie, G. & Brown, A.D. 2003. A narratological approach to understanding processes of organizing in a UK hospital. *Human Relations*, 56, 5: 563-586.

INTRODUCTION

This paper provides an account of how individuals and groups seek to make sense of events in their working lives, and to define their work identities, through the authoring of narratives. The paper focuses specifically on how middle managers and senior executives in one UK NHS hospital defined, operationalized, and evaluated a series of executive-led interventions aimed at middle managers. The research draws on the wealth of literature which suggests that narrative is an appropriate interpretive lens for understanding organizations (Boje, 2001; Czarniawksa, 1997; Rhodes, 2001), and processes of organizing relating to, for example, socialization (Louis, 1980, 1983), strategic posturing (Landrum, 2000) micropolitical activity (Brown, 1998; Mumby, 1987) and change (McConkie and Boss, 1986; Skoldberg, 1994). Our case illustrates the value of narrative analyses in efforts to capture "the diversity and complexity" of processes of organization in ways which highlight "the discursive social nature" of organizations (Barry and Elmes, 1997, p.40). In particular, we argue that narratives are significant vehicles for the expression of political activity and one means by which ideas, practices and people are legitimated, especially during periods of change (e.g., Boje, 1991; Brunsson, 1989; Clegg, 1981).

A recognition that "language affects what we see and even the logic we use to structure our thought" (Thatchenkery, 2001, p.115) has crystallised a linguistic turn within the social sciences and humanities (e.g., Alvesson and Karreman, 2000; Bourdieu, 1990;

Gergen and Thatchenkery, 1996; Lyotard, 1984). In particular, there has been a resurgence of interest in narrative (Martin, 1986, p.7), and narratological approaches to understanding human relations, narratology being understood very generally to refer to "the theory and systematic study of narrative" (Currie, 1998, p. 1). Narratological perspectives now figure prominently in the work of, for example, folklorists (Georges, 1969; Robinson, 1981), anthropologists (Levi-Strauss, 1963, 1966; Malinowski, 1931), communication theorists (Burke, 1955, 1969), and sociologists (Ezzy, 1998; Maines, 1993). The community for whom narrative is variously an appropriate mode of representation, social epistemology and/or social ontology is diverse, and members of it subscribe to, and deploy, a range of different ontologies, epistemologies and methodologies (Fisher, 1985, p.350). This suggests that, rather than a narrative paradigm, we should instead refer to a narrative "metaparadigm" (Masterman, 1970, p.65; Laudan, 1984, p.68-69) that embraces diverse scholars "whose work is informed by or centres on narrativity" (Fisher, 1985, p.247).

Focussing just within organization studies, distinctively different narratological approaches such as living story (Clair, 1993), realism (Clark, 1972), formalism (Ford and Ford, 1995), pragmatism (Ginzburg, 1980), social constructionism (Cooperrider and Srivastava, 1987), post-structuralism (Martin and Knopff, 1997), critical theory (Alvesson and Willmott, 1996), and postmodernism (Hassard and Parker, 1993) have been identified by Boje and his colleagues (Boje, 2001; Boje, Alvarez and Schooling, 2001). These studies have tended to be predicated, either implicitly or explicitly, on the assumption that "man is in his actions and practice essentially a story-telling animal" (MacIntyre, 1981, p.201) and hence reasonably analyzed as *homo narrans* (Fisher, 1984, p.6). They have also drawn heavily on suggestions that, *inter alia*, narratives

stimulate the imagination and offer reassurance (Bettelheim, 1976), provide moral education (MacIntyre, 1981), justify and explain (Kemper, 1984; Levi-Strauss, 1966, 1978), inform, advise and warn (Van Dijk, 1975), and entertain (Campbell, 1975). *Narrative,* together with its cognates such as story (Gabriel, 2000), myth (McWhinney and Battista, 1988), legend (Wilkins and Martin, 1979), fantasy (Bormann, 1985) and saga (Clark, 1972) have been implicated in aspects of organizing relating to, for instance, uniqueness claims (Martin et al., 1983), individual-organization relationships (Gabriel, 1995), sensemaking processes (Weick, 1995), the elaboration of organizational theory (Czarniawska, 1997; Pentland, 1999), and sexual discrimination (Clair, 1993, 1994).

The narratological perspective adopted here suggests that organizations are socially constructed phenomena (Berger and Luckmann, 1966), sustained by means of social, political and symbolic processes (Pfeffer, 1981; Smircich, 1983). In a sense, organizations literally are the narratives that people author in networks of conversations (Ford, 1999), the intertextuality of which (Spivey, 1997) sustains an accumulation of continuous and (sufficiently) consistent story lines that maintains and objectifies 'reality' (Skoldberg, 1994, p.236). While some of these narratives are fully elaborated, complete with plot, characters, actions and events, most are better characterised as "fragments of stories, bits and pieces told here and there, to varying audiences" (Boje, 2001, p. 5). Within organizations there are centripetal forces that seek to centralize the production of meaning, and establish unitary versions of what is and what should be, excluding other possible realities (Gergen, 1995). Working against these are centrifugal forces that Rhodes (2001, p. 231), borrowing from Bakhtin (1981), refers to as heteroglossia, which "invoke… a multi-vocal discourse that opposes the centralising

imposition of the monological word". The storytelling organization is, then, one in which the dialogical exchange of narratives, and fragments of narrative, result in a Tamara-like (Boje, 1995) polyphony (Hazen, 1993) of simultaneously and sequentially occurring vocalities (Ford, 1995, 1999).

A narratological approach is particularly valuable for the light it sheds on aspects of individual and group sensemaking, sensemaking being understood to refer to those processes of interpretation and meaning production whereby people reflect on and interpret phenomena and produce intersubjective accounts (Leiter, 1980). One way in which we collectively seek to make sense of (or enact) our social world is through jointly negotiated narratives (Weick, 1995). At an individual level, not only is the "self [the] architect of [its own] reality" (Swann, 1985, p.100), but when faced with the necessity of "constructing and representing the rich and messy domain of human interaction" there is a tendency for people to "organize [their] experience and [their] memory of human happenings mainly in the form of narrative" (Bruner, 1991, p.4; see also Bartlett, 1932; Mandler, 1984; Polkinghorne, 1988). Shared narratives constitute collective frames for understanding that integrate a group's knowledge structures, place events in causal order, serve as mnemonics, permit inferential reasoning, and transmit and reinforce third order controls (Weick, 1995 p. 129). In short, individuals and groups author sense-making/constructing narratives which permit people to organize their experiences (March and Sevon, 1984; Weick, 1995) or "map their reality" (Wilkins and Thompson, 1991 p. 20) in ways which facilitate prediction, comprehension and control in organizations (Gephart, 1991; Martin, 1992; Robinson, 1981; Sutton and Kahn, 1987).

Relatedly, there is considerable support for the view that people author "life stories" (Polkinghorne, 1996) or "grand life stories" (Thorne and Latzke, 1996) that are identity constitutive (e.g., MacIntyre, 1981; Josselson and Lieblich, 1993; McAdams, 1996; Ricoeur, 1991). For McAdams (1996, p.301) "lives may be viewed as narrated texts", while in Ricoeur's (1991, p.77) terms "the narrative constructs the durable character of an individual, which one can call his or her narrative identity". Most attention has been focused on the identity-constitutive narratives of individuals (e.g., Maines, 1993; May, 1991). However, Rappaport's (1993, p.246) argument that "an important characteristic of a community is that it has a narrative about itself" suggests that the defining characteristic of a group may also be that it has its own collective identity-narrative. These narratives, both individual and shared, are an evolving product of conversations within ourselves (Polkinghorne, 1988, p.106) and with others (Heidegger, 1949, p.278). Ours, thus, is a view of identity in which our internal soliloquies of self are intimately linked to the stories of others who have lived, live now, and will live in the future (Bruner, 1991, p.19-20; Burke, 1968, p.16; Bakhtin, 1986). Such a perspective suggests that narrative "is a kind of cognitive and cultural ether that permeates and energizes everything that goes on" (Pentland, 1999, p.712; Foucault, 1977).

Sensemaking and identity narratives are authored within organizations that can be regarded as fractured and hierarchical locales, in which individuals and groups are implicated in reciprocal but often asymmetric power relationships (e.g., Clegg, 1981; Pettigrew, 1992; Pfeffer and Salancik, 1974). This is an important point because it suggests that rather than "sense" and "identities" always being consensually negotiated, they are arguably more plausibly depicted as contested, and, to an extent, imposed. Theorists interested in sensemaking have pointed out that although people prefer to

assume that they share common understandings, as a matter of fact there are often fundamental inconsistencies between the perceptions of individuals and groups (e.g., Leiter, 1980, p.78; Lynch, 1985). Rose (1989, p.1) is one of many authors who has argued that identity, individual and collective, is not just a private matter but rather "intensely governed" by social conventions, community scrutiny, legal norms, familial obligations and religious injunctions. Subjectively construed identity, (indeed all "reality"), is a power effect, a complex outcome of processes of subjugation and resistance that are contingent and perpetually shifting (Clegg, 1994, p.275; Foucault, 1977; Jermier, Knights and Nord, 1994, p.8). Language in all its forms, and narratives in particular, "are, at the same time, the ground on which the struggle for power is waged, the object of strategies of domination, and the means by which the struggle is actually engaged and achieved" (Westwood and Linstead, 2001, p.10).

The political role of organizational narratives as means by which asymmetric power relationships are initiated and maintained, and as boundary markers between various groups is well established (Cohen, 1974; Dandridge, Mitroff and Joyce, 1980; Pettigrew, 1979; Young, 1989). So too is the deliberate hegemonic use of narratives to differentially highlight, marginalize, privilege and legitimate certain interests at the expense of others (Boje, 1995; Rhodes, 1997). The concept of hegemony, originally employed by Gramsci (1971) to refer to a form of subtly masked and taken-for-granted ideological domination, is particularly pertinent to our research into how dominant groups seek to mobilise and reproduce the active consent of others in organisations (e.g., Baack and Prasch, 1997; Boje, Luhman and Baack, 1999; Clegg, 1989; Laclan and Mouffe, 1985). Legitimacy, too, is a key concept for us. The attribution of legitimacy to someone, group or thing has variously been described as implying a normative

acceptance of its rightness (Habermas, 1973), a recognition that it is reasonable and just (Della Fave, 1991), and a perception that it is desirable, proper or appropriate (Suchman, 1995). Our suggestion is that individuals and groups require legitimacy as a political resource that reinforces privileged power relations and secures the acquiescence and enthusiasm of others (Kamens and Sarup, 1980; Pfeffer, 1981; Stinchcombe, 1963). As we shall see, the implementation of a series of change initiatives provides a wealth of opportunities for those closely associated with them to author narratives which maintain the active consent of dominated groups and reinforce their claim as legitimately powerful members of an organization (e.g., Deetz, 1995, p.219; Salzer-Morling, 1998).

To summarize, this paper seeks to elaborate and exemplify a narratological perspective that conceives organisations as polyphonic, socially constructed verbal systems characterised by multiple, simultaneous and sequential narratives that variously interweave, harmonise and clash (Hazen, 1993; Rhodes, 1997, 2000). Individuals and groups make sense of actions and events through the authorship and mutual negotiation of narrative accounts. Subjectively, individual and collective identities are understood as constituted by the life-stories that people author in their efforts to read meaning into their lives, and these self-narratives are influenced and constrained by the dominating impact of discursive practices (Foucault, 1977; Lyotard, 1984). In specific terms, this paper offers a case study of two groups' narratives in an attempt to illustrate how those involved sought retrospectively to make sense of events in ways that bolstered the legitimacy of their actions and served their interests.

RESEARCH DESIGN

This paper presents the results of a qualitative research project conducted in Omega hospital, (a pseudonym), between March 1995 and September 1997. Adopting an interpretive approach the researchers sought immersion in the stream of organizational events (Evered and Louis, 1981) in a largely inductive effort to generate what Geertz (1973) has referred to as "thick description". The iterative methodology employed involved the identification of core themes from observations and interview transcripts and the subsequent generation of elaborative memos. These in turn led to new questions being raised and the emergence of new themes for analysis. This process, while systematic to an extent, was far from neatly sequenced. Rather, there was "a messy interaction between the conceptual and empirical world", with "deduction and induction occurring at the same time (Bechhofer, 1974, p.73; Bryman and Burgess, 1993). Thus while the resulting case is firmly grounded in the data from which it has been derived (Glaser and Strauss, 1967; Martin and Turner, 1986; Strauss, 1987), it is clear that it is also the result of craftwork (Mills, 1970, p.215) which has, (we hope), involved "imagination, flair, creativity and an aesthetic sense" (Watson, 1994, p.78).

The most valuable source of data from which the case has been constructed were fifty five semi-structured interviews of approximately sixty minutes duration, which were recorded on audio-tapes before being transcribed by the researchers and subject to analysis. Of those interviewed, just two of the senior executives had a clinical background (in nursing), while most of the middle management cohort had a clinical background (generally in nursing). Respondents seemed candid in their responses in the formal interviews, and in the many informal conversations during which themes from the project were discussed, reducing the possibility of systematic error and incompleteness. The interview data were supplemented by observations made while

shadowing middle managers at work, and while attending a variety of meetings, management development workshops, and development centres. Further valuable data were derived from a wealth of documentation - in the form of, for example, memos, minutes of meetings, business plans and letters – that were made available to the researchers. Overall, the research design was longitudinal (over two years), contextual and processual (Knights and Murray, 1992; Pettigrew, 1979).

Perhaps most importantly, we explicitly recognize that this paper is an example of what Fuller and Lee (1997) refer to as "textual collusion", in which we, as authors, and you, the reader, are deeply implicated in relations of power. As Rhodes (2001, p.3) has noted, "writing is not a neutral conduit of meaning" but "actively constructs" as it represents, and that "to write is to take control through text". A postmodern understanding that "All texts are personal statements" (Denzin and Lincoln, 1994, p.578), and that the researcher, as a writer, is appropriately thought of as a bricoleur who fashions meaning out of experience (Denzin, 1994, p.501; Levi-Strauss, 1966) has led to crises of representation and legitimation in ethnographic research (e.g., 1983; Conkling, 1975; Marcus and Cushman, 1982; Sanjek, 1990). A multiplicity of authors have pointed out that no matter how an author stages the text it is the author who speaks for others (Richardson, 1992, p.131), and that representation cannot easily be separated from manipulation (Geertz, 1995), or indeed domination (Deetz, 1995, p.219). In such circumstances, it is necessary for authors to be reflexive regarding their texts, rhetorical self-awareness being valuable in that it draws "attention to the constructions through which, as professionals, we have learned partly to read but which still mask many difficult and misleading assumptions about the purpose and politics of our work" (Myers, 1988, p.622).

In this paper we represent our data in the form of two group narratives that we attribute to senior executives and middle managers. These have been pieced-together by us, the researchers, in order to illustrate how those involved in several related change initiatives sought retrospectively to make sense of the events they experienced in ways that legitimated their actions and interests. The decision to adopt this mode of representation, and thus "to draw attention to the inherent story-like character of fieldwork accounts" (Van Maanen, 1988, p.8), reflects a concern to ensure that the "different meanings attached by research participants to their experiences" (Bartunek, 1994, p.40) were adequately incorporated into the case. This said, it should be observed that the narratives we have constructed are rhetorical constructs, and part of a broader authorial strategy designed to have a particular affect on our readership. The idea that researchers/authors are engaged in an artful process which results in tailored products that seek to persuade as well as to inform has a lengthy pedigree (e.g., Atkinson, 1990; Jeffcutt, 1994; Watson, 1994, 1995). In short, "the illusion that these groups speak for themselves is just that, an illusion" (Brown, 1998, p.40).

While the decision to represent our data in narrative form is consonant with our narratological approach to organizations, because this does not self-evidently conform to the genre rules of the field (e.g., Atkinson, 1990; Denzin and Lincoln, 1994), we will consider it in some detail here. A number of theorists have argued that not only is "the understanding of organizations…inseparable from the organization of understanding" (Jeffcutt, 1994, p.241), but that organization theory is a set of storytelling practices (e.g., Clegg, 1993; Czarniawska, 1999; Hatch, 1996). From this perspective, all case studies, however written, are narrative productions, and thus there is a prima facie argument for

drawing attention to the inherent narrative properties of case research (e.g., Brown, 1998; Ng and de Cock, 2002). For Witten (1993, p.100) narrative is a "singularly potent discursive form through which control can be dramatized". According to Rhodes (2001, p.32) a narrative approach is useful because it offers "a type of knowledge that accepts and exposes the mechanics of its own production". The narrative form valuably emphasizes notions of order and sequence (Barry, 1997 p.3), permits consideration and appreciation of the context in which action takes place (Tsoukas and Hatch, 2001, p.998-999), and is "A highly effective way of analyzing how identities are continuously constructed…fragmented, and…reconstructed" (Gabriel, 1999, p.196). It is in line with this reasoning that our case material is presented here in the form of two collective narratives.

CASE CONTEXT: THE UK NATIONAL HEALTH SERVICE

Towards the end of the 1980s, the Conservative Government led by Margaret Thatcher implemented a series of reorganizations of the NHS in what it labelled as an effort to make it more competitive and cost effective (Keen and Buxton, 1991; Levitt and Wall, 1992; Pettigrew, Ferlie and McKee, 1992). Central to this programme of reform was the break-up of what was then one giant organization into myriad separate purchasers and suppliers of health care, the introduction of a quasi-market-based system for internal resource allocation, and the creation of a general management structure (DHSS, 1983; DoH, 1989; DoH, 1990; Strong and Robinson, 1993). In this new structure, hospitals such as Omega were able to opt out of control by local administrative bodies and become independent self-governing Trusts, accountable directly to Government ministers. Omega had gained Trust status in 1992, and had subsequently structured its approximately 3000 staff into five clinical directorates led by an executive board.

The transformation of the NHS was rhetorically depicted by the Government as a movement from a "failed" bureaucratic model to a system of entrepreneurial governance that would help it to survive. This new paradigm for the public sector championed "enterprising qualities on the part of individuals and collectivities, characteristics such as responsiveness to users' desires and needs, keener personal ownership of one's work and the wider goals and objectives it contributes to and the ability to accept greater responsibility for securing certain outcomes efficiently" (du Gay, 2000, p.6). One key to achieving the cultural, structural and technological changes that entrepreneurial governance implied was the import of executives and managers from the private sector, and the re-training of existing NHS administrators, nursing and clinical staff in what the Government considered to be best private sector practice (Allsop, 1995; DHS, 1983; DoH, 1989; Ferlie et. al., 1996; Harrison et. al., 1989). While the principle of sectoral transferrence has received some (though qualified) support from scholars (e.g., Pettigrew, Ferlie, and McKee, 1992), most have argued that it is inappropriate to employ private sector practices in a public sector context without taking into account the distinctive characteristics of public sector organizations (Ackroyd, Hughes, and Soothill, 1989; Hood, 1991; Pollitt, 1990; Stewart and Ranson, 1988; Stewart and Walsh, 1992). These debates have extended into hospitals across the UK, where internal contests regarding the appropriateness and applicability of private sector practices have complicated the environment in which individuals and groups pursue their career projects while also seeking to present themselves and their policies as legitimate (Buren, 1962; Pfeffer, 1981).

Programmatic sectoral transference of this kind has had a tremendous impact on NHS middle managers, understood here as those people "*within* divisions directly involved in planning and co-ordinating the production of services that are specific to their own units" (Smith, 1997, p.23). This new environment, it has been argued, has reinforced perceptions of middle management as "the corporate turnkeys; anti-democratic, anti-change and ripe for culling" (Burrell, 1996, p.60; see also Wheatley, 1992 p.5) which in turn has led to this cohort experiencing considerable disillusionment and disaffection (Newell and Dopson, 1996; Thomas and Dunkerley, 1999; Thornhill and Gibbons, 1995; Thornill and Saunders, 1997). This said, it is also clear that within the NHS middle managers may wield considerable power due to the role they play linking small groups of executives with key constituencies such as clinicians, laboratory scientists, and other professional groups (Wooldridge and Floyd, 1990). Middle managers have not only benefited from a growth in their numbers (Ranade, 1997, p.106)[1], but an explicit Government agenda that "management must manage" (Griffiths, 1983), and that to do so they "must be informed, motivated and empowered" (NHSTD, 1992, p.20) within a decentralised decision making framework (Ham, 1997). This has led to suggestions that, despite recent cut backs and constant attacks on their merits (Hancock, 1994; Health Service Journal, 1994a,b; Wall, 1999, p.23) they are nevertheless able to exert influence over both strategy formation and its implementation (Burgelman, 1983a, 1983b, 1991, 1994; Dutton and Ashford, 1993; Floyd and Wooldridge, 1992, 1993, 1994, 1997; Schilit, 1987).

[1] The Department of Health (1995) reported that the number of 'managers, administrators and clerical staff' rose by 40.3 per cent 1982-1993 compared to a decrease in 'nursing staff' of 7.8 per cent over the same period.

NARRATIVE CONSTRUCTIONS AND THE NEW POLICY INITIATIVES AT OMEGA HOSPITAL

This section provides an account of the group narratives of senior executives and middle managers as they relate to two sets of change initiatives. The narratives were not related to us in their entirety by any one member of each group. Rather, the data we collected yielded narrative fragments that we have pieced together into coherent stories. The decision was made to author each narrative from the point of view of the group from which it was culled, so that the term "we" always refers to the group whose views are being represented. This authorial strategy highlights the fact that "As a narrative production, interpretive writing is like fiction" (Denzin, 1994, p.507), and that all representational means are complexes of rhetorical devices designed to persuade a readership that the authors have *I-witnessed* events, and can be relied upon to give a reasonable account of what actually happened (Geertz, 1988; Marcus and Cushman, 1982; Sanjek, 1990).

The narratives we have constructed focus on the senior executives' and middle managers' perceptions of what they labelled *service development* and *management education*. These initiatives formed part of a general strategy the chief executive described as being to "*develop the necessary pro-activity from middle managers towards the external environment in which they operate, and towards the utilisation of resources in response to that environment*". Service development consisted of two separate sub-initiatives, *business planning* and *marketing*. *Business planning* referred to those activities, conducted on an annual basis, by which Omega Hospital sought to assess its capacity for health care provision before it entered into negotiations with health care purchasers. In this process the business development department produced a

template to which middle managers worked to devise a series of business plans which were then negotiated and agreed with other managers, in consultation with ward sisters, team leaders and clinical directors. *Marketing* referred to a series of marketing-oriented workshops that were delivered to middle managers by an external facilitator, and to the day-to-day advisory activities of a business development manager who worked closely with the middle manager cohort. *Management education* took multiple forms, such as one-to-one mentoring with an external consultant, issue-based and skills-based workshops, and counselling.

THE SENIOR MANAGERS' NARRATIVE

We favour the transfer of managerial practices from the private to the public sector. Moreover, we feel that middle managers should identify with a general management role, and concern themselves with the effective and efficient utilisation of limited resources across their directorate. This is substantially different from what this cohort was required to do in the near past. We are sensitive to the fact that just a short while ago their managerial duties formed only one part of their work, they were not required to be managerially proactive, and they were supposed to focus only on their individual case load. We have sought to engineer a major cultural change - that is on-going - and will eventually result in a transformation of the ethos of middle managers so that they come to think of themselves not as clinical-professionals but as general managers. New initiatives such as business development, marketing, and management education are key here. Only with this metamorphosis in attitudes and behaviours will these people be fully able to implement the strategies that we devise, and satisfy the requirements of Government policy.

Business planning is a rational decision-making system that shifts the focus from professional interests to patient interests, and recognises resource constraints within a longer time horizon than has traditionally been the case. It represents a framework that controls resource allocation through the middle management group so that the ends prescribed by us, the executive management, are met. This represents a radical departure from the past where:

> *"Resource decisions have been made by professionals on the basis of what is best for the individual patient in front of that clinician. As a result an expensive but unnecessary drug treatment could be prescribed, which further depletes a limited budget"* [Director of Nursing].

This mode of working is very new, but middle managers have in fact embraced business planning so that our corporate strategy is being realised. Furthermore, in embracing business planning, middle managers are responding to the wishes of those at local and national levels who fund clinical services:

> *"The development of an outreach clinic proposed in the business plan of Trauma and Orthopaedics has been supported on the basis of the argument from middle managers in the area that this was what GP fund-holders, the main group of purchasers within the health authority area, want" [Chief Executive]*.

> *"Managers in GUM (Genito-Urinary Medicine) have put forward a business case for extra resources in their business plan because they are aware of additional funding opportunities nationally for HIV/AIDS infection. Their awareness is helped because the GUM Manager spends a great deal of time attending network meetings outside the hospital that involve organisations outside as well as inside the NHS"* [Director of Business Development].

The cultural changes we are attempting to induce through processes of business planning are reinforced by our efforts to raise the profile of marketing activities. We want middle managers to view marketing both as a general perspective and as a set of tools which necessarily feature in public sector managerial life. In order to promote a marketing orientation among middle managers we have begun focusing on certain naturally receptive clinical directorates. For instance, a close working relationship has

been built with the general manager for surgical services on the basis that, "*there's room for competition in that area at least around the margins of our* [geographical] *boundaries"* [Business Development Manager]. However, the realistic scope for marketing activities in the context of accident and emergency is more limited since, as they claim, their service is "*led by whoever walks in the door and this is not controllable"* [Director of Business Development]. Despite this, a non-executive director has put pressure on us to develop the marketing orientation of the accident and emergency department, arguing that:

> *"It is the visible flagship of the hospital and therefore it is important that external stakeholders (such as the public or the host health authority) see it in a positive light"* [Business Development Manager].

We have taken this injunction seriously, and even with this most difficult of departments our efforts have been considerable:

> "*In A and E, after an Audit Commission report, we appointed Carol Bakewell, a marketing enthusiast, as General Manager. A project team of 'marketing champions' was set up. A greater customer orientation was encouraged via customer care programmes, awareness raising, teambuilding, communications improvements. I established a corporate identity and told them what the world was like in terms of market facts"* [Business Development Manager].

Supporting both business planning and our campaign for managers to be more marketing-aware is our extensive programme of management education. The aim of this initiative is to overcome the present situation in which, "*middle managers are saying the right things but they are not committed to the change of role"* [Organisation Development Manager]. To an extent we feel that the programme has been successful in that some middle managers are now exhibiting "*pro-activity in chasing efficiency gains and ensuring effectiveness of patient care by questioning how things are traditionally done"* [Director of Human Resources]. This said, it is clear that the courses have suffered a high drop-out rate, with participants claiming that they are of limited

utility[2]. We readily admit that in "*reading the tea leaves, based upon drop-out rates and informal conversations, we may have got it* [management education] *wrong*" [Organisation Development Manager]. We now feel that it was probably necessary for such a programme to exhibit more sensitivity to the unique features of the NHS context, and to differences between directorates within the hospital. Indeed, this may apply to all the management initiatives described above. For example, we have reduced the number of marketing workshops to suit a hospital setting where marketing activities are not always appropriate.

In sum, the present situation is one in which the middle managers are utilising the business planning framework to successfully develop additional services. Moreover, they have also adopted a marketing orientation and this has assisted our efforts to increase activity in those services that we have always offered. For example, besides those already mentioned, such as the Accident and Emergency Department, which is now recognised as 'excellent' with respect to national performance indicators, "*pathology, which was under threat from neighbouring trusts and private sector providers, has been successfully re-positioned"* [Director of Business Development]. And, "*OK, so the management education programme wasn't as successful as we might have hoped but you live and learn"* [Organisation Development Manager]. However, we now feel that we are offering both a better service to the patient in terms of what we offer and the speed at which it is offered. This is a fact, whether or not in the future we exist as a separate trust or are merged into a neighbouring trust[3]. As a result of our managerial interventions in business planning, marketing and management education, in the event of a merger "*we'll bring a lot to the party"* [Chief Executive].

[2] Only 2 of the original 35 participants successfully completed the programme

THE MIDDLE MANAGERS' NARRATIVE

We have doubts regarding the efficacy of some of the managerial initiatives implemented by the executive board. Our ethos is informed by our clinical/professional background, which leads us to focus on individual patient care. We see ourselves primarily as professionals who also happen to have a managerial responsibility. As professionals, with clinical knowledge and skills, we should have significant discretion in determining work activity in our areas. We feel that we ought to contribute to both the broad approach and specific detail of strategic change within Omega so that it fits with the operational context in which patient care is delivered. Unfortunately, this is not always the case. Instead, executive management transfer practices from the private sector to the hospital without taking account of the unique context of the NHS, or the distinctiveness of individual directorates within the hospital. These issues are illustrated in the cases of business planning, marketing and management education, all of which have, to an extent, failed.

Within the business planning cycle we have to produce a business plan to satisfy the requirements of the template prescribed by the executive board. This document is in effect used to control rather than assist us in the performance of our roles, with the result that we feel *"disempowered"* [General Manager: Medical Services]:

> *"There are so many things I have to refer back on and say, can I do this? I don't have any money where I can say, well I am going to make that decision to develop outpatient services"* [Service Manager 2: Medical Services].

In addition, it is apparent that executive management lacks an understanding of what goes on on the "*shop floor*" in drawing up a template for business planning. For

[3] After this research concluded Omega was merged with a neighbouring hospital trust. Most services were moved from the

example in Accident and Emergency, "*you don't know what is going to come through the door, particularly with the elderly in winter, for example*" [Service Manager: Accident and Emergency], yet the business plan asks for accurate predictions of service level on a monthly basis. As a result of variations in activity that the business plan cannot predict it is not a working document for us, "*Instead we confine it our bottom drawer*" [Service Manager 2: Medical Services][4]. Additionally, the internal market does not operate, as is assumed by the formal business planning process, with money following patients. "*In fact, money often doesn't follow patients*" [Floor Manager: Surgical Services], and, in the past, we have expanded activities with the result that purchasers have run out of money to pay us for increased levels of activity. In one instance, a ward in Surgical Services was closed down temporarily because we had expanded service activity levels dramatically in throughput terms, but GP fund-holders [local purchasers] had spent their budget by November. In this case, physical space and consultant time and expertise, remained largely under-utilised until the new financial year began in the following April which does not seem "…*very businesslike. The whole thing seems to be driven by private sector practices and the* [questionable] *assumption that allocating resources through the so-called market is best*" [General Manager: Medical Services].

Worse still, in recent times, our scope for discretion to develop new business and obtain extra funds has diminished as a result of financial constraints imposed by the Government, and intervention by our host health authority:

> *"We've been actively discouraged from taking any more GP direct access service business by the health authority. There's a limited pot of money and other*

Omega Hospital site to the other hospital.

[4] One interviewee illustrated this by opening her bottom drawer, shuffling through a pile of documents for some time, and then producing the current year's business plan.

directorates within our hospital or other hospitals lose out" [Service Manager 2: Trauma and Orthopaedics].

Central intervention, this time from corporate headquarters, is also a feature of the marketing orientation we are being encouraged to move towards. We view the tight prescription to which we are subjected as ill-advised. For example, as part of a drive to increase our marketing orientation, staff at corporate headquarters exhort us, through customer care training, to greet patients as 'customers' in a way that they might expect in any other service environment. It has resulted in the hospital becoming rather like 'MacDonalds':

> "*It makes you want say, oh, for Pete's sake, it sounds like another of those American things ... we'll be selling burgers next. It's like a 'have a nice day' concept and you feel 'pass the vomit box'. We provide health care to vulnerable people. It's serious. These marketing ideas aren't relevant*" [Service Manager 1: Medical Services].

This is not to say that we see no merit in some marketing, merely that it must be tailored to suit Omega Hospital:

> "*Because we are not a profit-making organisation we have ethical and clinical dimensions of selling and promoting our services. But there are some concepts that are applicable to the NHS such as looking at market segments, what position you are in the market, are you the market leader, are you just somebody who bumbles along sort of bread and butter stuff, and being more articulate in that sort of way*" [General Manager: Trauma and Orthopaedics].

It is important to realize that there are many areas where marketing activity is inappropriate. There are, for example some clinical directorates here (such as neurology and dermatology) with poor external reputations that we can do nothing about. Further, you must recall that consultants who have developed expertise performing a particular procedure are likely to be resistant to the idea of doing something else even if there is a market for it. In short, there are huge constraints on what we can do in terms of marketing and making the hospital more 'business-like':

> "*It* [health care delivery] *is partly determined by consultants. We don't have a good position in neurology and dermatology and we are aware of that and we would improve on those areas if we could but we can't.* [Also] *if you have something you have been doing for a number of years with a consultant, such as vascular surgery, which is an expensive intervention and one for which the market is limited, they are going to be reluctant to drop it*" [General Manager: Medical Services].

Our experience of the management education programme has been extremely negative. We had concerns about the programme's general management (rather than specifically hospital management) approach from a very early stage. The programme facilitators gathered us together in a development centre and we were shown a video which exhorted the need for a so-called 'paradigm shift' which required us to assert ourselves as managers. Our response to the facilitators was that "y*ou've got to temper that sort of message* [about being a general manager in the private sector] *with the reality of managing professional groups with a significant amount of discretion in how they deliver patient care*" [Hospice Manager]. But this was not done. Major deficiencies with the programme were compounded by the facilitators' assumption that there are no essential differences between the private and public sectors, and their tendency to use examples from a manufacturing company:

> "*The management development programme encourages the ruthless manager but misses out on care for people*" [Service Manager 1: Medical Services].
>
> [Regarding the programme facilitators] "W*hat planet are these people on?*" [Maternity Services Manager].

Reviewing the business planning, marketing and management education initiatives in the light of recent events we feel that our initial concerns were well founded. Some of the participants on the management education programme have been made redundant as a consequence of central government directives that efficiency gains need to be made[5].

[5] Three participants were made redundant as part of the trust's efficiency gains towards managerial costs. However two were subsequently re-deployed in posts not significantly different to their previous post but which came under nursing costs.

This raises the question of whether "*general management is the way to go. On one hand they encourage us to be general managers but on the other, they make general managers redundant*" [General Manager: Medical Services]. This causes us to question the time and effort spent attending the management development programme and on business planning and marketing activities that could have been more usefully devoted to "*trying to improve services to the patient at the coal face*" [General Manager: Surgical Services].

COUNTER NARRATIVES: DISSONANT VOICES

The decision to represent the accounts of senior executives and middle managers as narratives is, arguably, problematic in that it de-emphasises tensions and conflicts within each cohort, and marginalizes minority views. As a result, the narratives are open to the charge of being totalizing and largely monological discursive constructs. While there was a high degree of consensus regarding the genesis, merits, and impact of service development and management education within each group, perceptions were far from homogeneous.

Almost all the senior executives voiced qualms about some aspects of the Government's entrepreneurial model for the NHS, and a few were directly critical of its impact on Omega. This was especially true of the Director of Nursing and Director of Medicine, both of whom had clinical, (in addition to general management), experience. Some criticism was made of the Government, which was accused of a lack of consistency. For example, the Director of Nursing claimed that "*Government requests half way through a financial year for efficiency gains have meant that we may as well rip up our business plans*". Criticism was also made of how Government initiatives were being

realised within Omega. All the senior executives expressed reservations regarding the management education programmes, especially once the high drop-out rates came to light. A variety of more specific strains and tensions among the senior executive cohort were also evident. The Director of Business Development, for instance, described a colleague with responsibility for marketing as "marketing mad", and did not actively support any of the marketing initiatives. Other executives expressed varying degrees of disappointment with the generic approach to marketing that Omega had adopted as it gradually became clear that different departments could not agree on who their customers were. This was symptomised by the discontinuation of the marketing workshops, the dis-engagement of an external marketing consultant, and the putative adoption of what most senior executives argued was a more context-sensitive use of marketing tools and concepts. The Director of Business Development also criticised the business planning process, suggesting that :

> "*Middle managers construct a business plan with an assumed level of service activity. However health authorities don't agree contracts at the same time. They do them later. What if they decide that there will be less money to pay for certain services or what if health authorities switch contracts to another provider? It can make the business plans nonsense*" [Director of Business Development].

Interestingly, while attitudes towards the general strategy initiatives seemed to have hardened amongst senior executives over time, those of middle managers had softened. Opposition to different elements of the entrepreneurial model among middle managers was consistently overwhelming, but not monolithic. A general manager in surgical services, for example, argued not that the marketing and business planning programmes were flawed or irrelevant, but that "*it's a case of tweaking the concepts*" so that they ensured "*a more efficient, effective and importantly, a customer-focused service*". A service manager in trauma and orthopaedics argued that the business planning mechanism was a reasonable means of allocating resources which prevented "*favoured*

consultants getting the money for their area and the rest of us not getting any", and described it as both "*more transparent and less political*" than what had occurred in the past. Two participants (out of thirty five) argued that the management development workshops had benefited them, and a few people claimed to have made effective use of the one-to-one mentoring scheme. As a final point, it is, perhaps, worth noting that it tended to be those (few) middle managers who had joined Omega from the private sector who perceived the change initiatives most favourably, and who were most likely to make comments in line with Government policy, such as:

> [We are] *"managers, not clinicians. Our job is to ensure resources are utilised efficiently*" [General Manager: Trauma and Orthopaedics].

DISCUSSION

To summarise, this paper has sought to re-construct the distinctive narratives authored by members of Omega hospital's senior executive team, and middle manager cohort, in their efforts to read meaning into their working lives. More generally, this study has elaborated a view of organizations as storytelling milieu, in which narratives play important collective sensemaking, identity-defining, hegemonic, and legitimatory roles. In this discussion, the two narratives are re-examined in the specific institutional context of the UK NHS, and then used to illustrate how a narratological approach can assist researchers in their attempts to theorise processes of organizing.

A comparison of each groups' narrative suggests a number of significant contrasts (see figure 1). Senior executives expressed more favourable attitudes towards imported private sector practices, which they associated with improved efficiency and effectiveness. They also seemed to view middle managers as non-reflexive policy-implementors, and argued that while some positive outcomes had been achieved at

Omega, these had been mitigated by the ignorance and intransigence of (some of) the middle managers. Middle managers voiced more scepticism toward the principle and practice of sectoral transferrence, and suggested that all such practices should be tailored to fit the unique context of a hospital. They argued that the initiatives were ideologically rather than pragmatically driven, considered that as middle managers they should have a clearly-defined strategy formation role, and argued that at Omega resources had been wasted by the senior executives on largely inappropriate policies that they had quite rightly resisted. This said, there was some evidence to suggest that not only were there tensions and divisions within each group, as symptomised by dissonant voices, but, over time, the senior executives enthusiasm for the initiatives had waned while that of the middle managers had increased. As a result there was, it seemed, increasing scope for a constructive dialogue between the two groups.

FIGURE 1 ABOUT HERE PLEASE

The differences between the group's accounts may, in part, be explained by their different relationship with the Government. Senior executives liased closely with Government officials, and were privy to a variety of policy documents and guidance notes which ensured that they had a detailed understanding of Government policy. In addition, their NHS careers were, to an extent, dependent on the views that Government ministers and senior civil servants formed of their abilities. For these reasons, (greater understanding combined with careerist-pragmatism), senior executives may have been more motivated to reproduce an entrepreneurial culture in Omega hospital than middle managers, who were relatively information-deprived, and whose individual careers were invisible to ministers and civil servants. Also relevant in this respect was the fact that a

higher proportion of senior executives than middle managers had been recruited from outside the NHS, and their different backgrounds, (in the private and public sectors), may have influenced their perceptions of what constituted good management practice. The evidence for convergence in their narratives may partly be accounted for by reference to a common recognition that Government policy was somewhat inconsistent. This was particularly the case with respect to the quasi-market which was de-emphasized as a means of allocating resources under John Major's Government, and which has been increasingly "managed" by the Labour Government under Tony Blair (DoH, 1997; Ham, 1997).

In theory terms, we have used our case to implicate an understanding of organizations as pluralities of stories, and story interpretations, "in struggle with one another" (Boje, 1995, p.1001). Predicated on the argument that people "are by nature storytellers" (Brown, 1986, p.73) we have argued that narratives are one symbolic category through which people create or enact (Weick, 1995) the 'reality' of organizations (e.g., Blumer, 1969; Louis, 1980). This view of organizations is consonant with March's (1996, p.286) claim that "The basic technology of organization…is a technology of narrative, as well as a technology of production", and Mumby's (1987, p.113) assertion that "Narratives provide members with accounts of the process of organizing" (see also Czarniawska, 1998; Rhodes, 2001). Our approach explicitly embraces the idea that narratives play important sensemaking, identity-defining, hegemonic and legitimatory roles for both individuals and groups. As Salzer-Morling (1998, p.116) asserts, "In the fabrication of meanings lies a desire to offset heterogenization in meanings with homogenization, and thereby control and integrate people in the organization". This, we contend, makes a narratological approach a particularly interesting means of seeking

to understand processes of change in organizations (e.g., Czarniawska, 1997; Skoldberg, 1994). These arguments require further amplification and analysis.

Theorists such as Deetz (1986, p.171) have suggested that it is language systems in general that "provide an important interpretive frame for organizational perception and decision making" (see also Westwood and Linstead, 2001). For example, symbolic forms such as sagas (Bantz, 1981; Clark, 1972), fantasy themes (Bormann, 1972), metaphors (Koch and Deetz, 1981), legends and folklore (Brunvald, 1980; Kreps, 1981) have all been attributed sensemaking functions. Many scholars, however, have argued that it is narrative, in particular, that is "the primary form by which human experience is made meaningful" (Polkinghorne, 1988, p.1; MacIntyre, 1981). In our case, senior executives and middle managers told their different and partial narratives in order to make their experiences relevant, to contextualize occurrences, and to make connections between events in ways which made them seem coherent, unifying, and complete (Bateson, 1979; Goffman, 1974). The stories, and story fragments, that our respondents related to us in interviews were means by which they engaged in "the never-ending construction of meaning" (Ng and de Cock, 2002, p.25), and which were both emotionally involving and attention-provoking (e.g., Bormann, 1983; Wilkins, 1979). These narratives were "interesting forms of passing on knowledge" (Harfield and Hamilton, 1997, p.67) between members of each group, that may have given their sensemaking perceptions a certain "sharpness and richness" (Brown, 1986, p.79). Perhaps most significantly, the fact that each group adhered to a different version of events suggests that the practice of narrative sensemaking involves both discovery and choice. As Fisher (1987, p.65) notes, "The world as we know it is a set of stories that must be chosen among in order for us to live life in a process of continual re-creation".

Both as individuals, and as members of groups, our "sense of personal continuity is grounded in the continuity created in the self-narratives one generates" (Slugoski and Ginsburg, 1989, p.51). Not only do "…we make sense – or fail to make sense – of our lives by the kind of story we can – or cannot - tell about it" (Dunne, 1995, p.146), but storytelling literally is "…the permanent re-elaboration of our identities" (Wallemacq and Sims, 1998, p.129). According to Baumeister (1996, p.322-325), in order to "satisfy the basic requirements of life's meaning", self-narratives should permit people to attach themselves to what they consider to be desirable ends, think well of themselves in moral terms, support needs for autonomy and control, and promote feelings of self-worth. In our case, these needs seemed to have been met relatively fully by the self-narrative of the senior executives (here reconstructed), who depicted themselves as formally rational, in command, and responsible for significant positive change in the NHS. In contrast, the middle managers told a much more equivocal narrative, (again, as we have constructed it), in which they were distracted from serving the real needs of patients and lacked the authority to make decisions. The middle manager narrative may thus be thought of not just as identity-defining, but as an oppositional strategy that both psychologically distanced them (Gabriel, 1999, p.191) from the new policy initiatives through the expression of cynicism and detachment (see also. Kunda, 1992; Watson, 1994), and which created an emotional and symbolic space from which they could critique their superiors (e.g., Collinson, 1994; Jermier, Knights and Nord, 1994).

Organizations are socially constructed arenas in which groups struggle to maintain and protect their perceived interests through the active deployment of meaning. This is often referred to as the extension of hegemony, where hegemony "involves the

successful mobilization and reproduction of the *active* consent of dominated groups" (Clegg, 1989, p.160; Bocock, 1986; Hall, 1985; Whitt, 1979). Narratives are one means by which people seek to achieve hegemony, thus constituting other groups such that they are written out of particular scenes of power, resulting in their silence and inaction. As Mumby (1987, p.113) notes, "…narratives not only evolve as a product of certain power structures, but also function ideologically to produce, maintain, and reproduce those power structures" (see also Witten, 1993). In this instance, the efforts of the Government to gain acceptance of the entrepreneurial model for the NHS, and of the senior executives in Omega hospital to promote private sector practices, were only partially effective. Rather than unquestioning acceptance of sectoral transference as natural and fixed, journalists, academics, and hospital workers have authored a range of counter-narratives that have placed definite limits on successive Governments' attempts to extend hegemonic control in this regard (e.g. du Gay, 2000). For example, complementing the narrative resistance of the middle managers in Omega hospital are the various injunctions of scholars to recognize that entrepreneurial governance constitutes a "one best way" framework that is arguably problematic (Elcock, 1995) and which may "produce perverse results" (Self, 1997, p.17).

The narratives authored by the senior executives and middle managers, (or, perhaps, versions of them), were also means by which each group sought to legitimate its actions and interests. The point is that narratives "may have as much to do with the self-legitimation of their narrators as with the relay of the information such narratives maintain" (Zelizer, 1993, p.205). For example, patient care was almost universally regarded as a central value within Omega, and the fact that both groups' narratives represented themselves as motivated by it reflected an unsurprising effort to draw on

characteristics of their shared culture to legitimate their actions (Conrad, 1983). The new policy initiatives were of particular importance to the senior executive team, for whom they were a vehicle for establishing the range of their legitimate authority by redefining what it meant to be a competent middle manager in an efficient and effective hospital, i.e. an implementor of centrally-imposed policies using a set of pre-defined management practices. They were also of considerable significance to the middle managers, whose position as legitimate formulators of strategy with operational discretion was, they perceived, under threat. Our analysis suggests that while the legitimacy of the senior executive team was reasonably secure, that of some of the new policy initiatives was overtly questioned. It is tempting to speculate that the senior executive group may have been more successful in garnering support for sectoral transference at Omega had their narrative been less monolithic, more open to the juxtaposition of differing ideas and approaches (Barry and Elmes, 1997, p.444), and more amenable to the negotiation of "alternative interpretations" (Boje, 1991, p.124). The senior teams of organizations tend to appropriate a space "claimed as truth", but the claim to definitive authority is fragile, always threatened by alternatives, always temporary, and as our case suggests, "never [wholly or] *permanently* realized" (Linstead, 1993, p.64; Westwood and Linstead, 2001).

Finally, it is worth observing that a narratological perspective provides us with another lens for understanding aspects of organizational change which complements approaches which emphasise problems and solutions (e.g., Braybrooke and Lindblom, 1963; March, 1981), individual change agents (e.g., Alderfer, 1977; Argyris, 1982), systems (e.g., Mintzberg, 1983; Miller & Friesen, 1984), and paradigm shifts (e.g., Starbuck, 1983; Shrivastava & Schneider, 1984). A focus on reconstructed group narratives enriches the

study of change by inviting the researcher to tell a multi-vocal story of stories that captures what are often radically different versions of the "same" events to which different respondents adhere. It also permits an analysis of respondent narratives using various literary schemes. For instance, according to Skoldberg's (1994) reading of Frye (1973) we can distinguish three genres useful in the analysis of the two narratives: tragedy, the tale of a transition from a nonregulated to a regulated state of affairs; romance, which highlights individual emancipation and self-realization; and satire, in which the point of a drama comes to be recognized as ambiguous or even absent. Using this framework we might suggest that the senior executives told an essentially optimistic romantic narrative, the middle managers authored a largely pessimistic tragic narrative, with satire an omnipresent threat to both in the face of rumours that the hospital might be closed down (see also Czarniawska, 1997). These accounts may be contrasted with the epic/heroic narratives authored by successive governments, in which politicians have rhetorically depicted themselves as rescuing and redeeming the NHS (Czarniawska, 1997; du Gay, 2000; Jeffcutt, 1994).

CONCLUSION

At a time when the linguistic turn in organization studies is attracting increasing attention (e.g., Alvesson & Karreman, 2000), a narratological approach valuably and "naturally situates language at the heart of understanding organization" (Westwood and Linstead, 2001, p.3). The view of organizations outlined here has drawn on tropes such as Boje's (1995) Tamara metaphor and Rhodes (2001) deployment of Bakhtin's notion of heteroglossia in order to theorise organizations as sites of plural meaning. In particular, following Giddens (1979, p.188), we have sought "To analyse the ideological aspects of symbolic orders…to examine how structures of signification are mobilized to

legitimate the sectional interests of hegemonic groups" (see also, Mumby, 1987; Mumby and Stohl, 1991). Our approach has led us to incorporate three of the different ways in which narrative generally "enters organizational studies""(Carnizawska, 1997, p.26): the paper has been written in a storylike way (Denzin, 1994), two "tales of the field" (Van Maanen, 1988) have been represented, and organizations have been depicted as story-authoring social entities. This accords with our view that ethnographic research of this kind, and the theories of organization on which it builds and to which it contributes, must be seen as practices of storytelling (Rhodes, 2001, p.25; Clegg, 1993; Czarniawska, 1999; Hatch, 1996).

In writing this paper we have sought to draw attention to the vital role of researchers/authors in producing their texts, the rhetorical means by which texts seek to establish their own verisimilitude, and the necessity for readers to be sceptical and questioning of supposed research findings. This is in line with Lather's (1991, p.124) advice that texts should "foreground their own constructedness" (see also Chia, 1995). Evidently, in crafting our story it is our voice, not those of our respondents, that has been most privileged. This is inevitably the case because telling a story is "always a matter of social choice and selective reappropriation", and, despite appearances, there never is just one whole story "except in a hegemonic sense, meaning that one party has imposed their story onto another" (Boje, Luhman and Baack, 1999, p.343). Stories are also one of the few representational strategies we have in our efforts to drown out the "bureaucratic monologue" (Hazen, 1993, p.23), expose "the intersubjectivity of organizational life" (Rhodes, 1997, p.12), and to investigate the claim that "the main source of knowledge in the practice of organizing is narrative" (Czarniawska, 1997, p.5-6).

REFERENCES

ACKROYD, S, HUGHES, J.A. and SOOTHILL, K (1989). 'Public sector services and their management'. *Journal of Management Studies* **26**, 3, 603-619.

ALDERFER, C. (1977). 'Organization development'. *Annual Review of Psychology*, **28**, 197-223.

ALVESSON, M. and KARREMAN, D. (2000). Taking the linguistic turn in organizational research, challenges, responses, consequences. *Journal of Applied Behavioral Science*, **36**, 136-158.

ALVESSON, M. and WILLMOTT, H. (1996). *Making sense of management: A critical introduction*. London: Sage.

ARGYRIS, C. (1982). 'How learning and reasoning processes affect organizational change'. In P.E. Goodman et al., (Eds), *Change in organizations. New Perpsectives on theory, research, and practice*. San Francisco, CA: Jossey-Bass. 47-86.

ATKINSON, P. (1990). *The ethnographic imagination*. London: Routledge.

BAACK, D. and Prasch, T. (1997). 'The death of the subject and the life of the organization, implications of new approaches to subjectivity for organizational analysis'. *Journal of Management Inquiry*, **6**, 2, 131-141.

BAKHTIN, M. M. (1986). *Speech genres and other late essays*. Translated by C. Emerson. Minneapolis: University of Minnesota Press

BANTZ, C. (1981). 'Interpreting organizational cultures: A proposed procedure, critiera for evaluation, and consideration of research methods'. Paper presented at the SCA/ICA conference on interpretive approaches to organizational communication. Alta, Utah.

BARRY, D. (1997). 'Telling changes: from narrative family therapy to organizational change and development'. *Journal of Organizational Change Management*, **10**, 30-46.

BARRY, D. and ELMES, M. (1997). 'Strategy retold: Toward a narrative view of strategic'. *Academy of Management Review*, **22**, 429-453.

BARTLETT, F. C. (1932). *Remembering*. Cambridge: Cambridge University Press.

BARTUNEK, J. M. (1994). 'Wanted: a more participative role for research participants'. *Organization*, **1**,1, 39-43.

BATESON, G. (1979). *Mind and nature*. New York: Dutton.

BAUMEISTER, R. F. (1986). *Identity: cultural change and the struggle for self*. New York: Oxford University Press.

BECHOFER, F. (1974). 'Current approaches to empirical research'. In J. Rex (Ed), *Approaches to sociology: an introduction to major trends in British sociology*. London: Routledge & Kegan Paul.

BERGER, P. and LUCKMANN, T. (1966). *The Social Construction of Reality*, New York, Anchor

BETTELHEIM, B. (1976). *The uses of enchantment: The meaning and importance of fairy tales*. London: Thames & Hudson.

BLUMER H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall.

BOCOCK, B.J. (1986). *Hegemony*. London: Tavistock.

BOJE, D. M. (1991). 'The Story-telling organisation: a study of story performance in an office supply firm', *Administrative Science Quarterly*, **36,** 106-126.
.
BOJE, D. M. (1995). 'Stories of the storytelling organization: A postmodern analysis of Disney as "*Tamara*-Land"'. *Academy of Management Journal*, **38**, 4, 997-1035.

BOJE, D.B. 2001. *Narrative methods for organizational and communication research*. London: Sage.

BOJE, D. M., LUHMAN, J.T., and BAACK, D.E. (1997). Hegemonic stories and encounters between storytelling organizations. *Journal of Management Inquiry*, **8**, 4, 340-360.

BOJE, D.B., ALVAREZ, R.C. and SCHOOLING, B. 2001. Reclaiming story in organization: Narratologies and action sciences. In R. Westwood & S. Linstead (Eds), *The language of organization*. London: Sage. 132-175.

BORMANN, E.G. (1972). 'Fantasy and rhetorical vision: The rhetorical criticism of social reality'. *Quarterly Journal of Speech*, **58**, 396-407.

BORMANN, E.G. (1983). 'Symbolic convergence: Orgaqnizationa communication and culture'. In L. Putnam and M. Pacanowsky (Eds), *Communication and organizations: An interpretive approach*. Beverley Hills, CA: Sage. 99-122.

BORMANN, E.G. (1985). *The force of fantasy: Restoring the American dream*. Carbondales, Il: Southern Illinois University Press.

BOURDIEU, P. (1990). *The logic of practice*. Trans. R. Nice. Stanford, CA: Stanford University Press.

BRAYBROOKE, D. and LINDBLOM, C.E. (1963). *A strategy of decision. Policy decision as a social process*. New York: Free Press.

BROWN, A. D. (1998). 'Narrative, politics and legitimation in an IT implementation'. *Journal of Management Studies*, **35**, 1, 35-58.

BROWN, M.H. 1986. Sense making and narrative forms: Reality construction in organizations. In L. Thayer (Ed), *Organization communication: Emerging perspectives*. Norwood, NJ: Ablex Publishying Corporation. 71-84.

BRUNER, J. (1991). 'The narrative construction of reality'. *Critical Inquiry*, **18**, 1-21.

BRUNSSON, N. (1989). *The organization of hypocrisy: talk, decisions and actions in organizations*. Chichester: Wiley.

BRUNVALD, J. (1980). 'Heard about the solid cement cadillac or the nude in the camper?' *Psychology Today*, 14, 50-62.

BRYMAN, A. and BURGESS, R.G. (1993). *Analysing qualitative data*. London: Routledge.

BUREN, (1962). Cited in E. Harvey and R. Mills (1970). 'Patterns of organizational adaptation: a political perspective'. In M.N. Zald (Ed), Power in organizations. Nashville, TN: Vanderbilt University Press. 181-213.

BURGELMAN, R. A. (1983a). 'A model of the interaction of strategic behaviour, corporate context, and the concept of strategy'. *Academy of Management Review* **8**,1, 61-70.

BURGELMAN, R. A. (1983b). 'A process model of internal corporate venturing in a diversified major firm'. *Administrative Science Quarterly*, **28**, 223-244.

BURKE, K. (1968). Definition of man. In K. Burke (Ed), *Language as symbolic action: Essays on life, literature, and method*. Berkeley, CA: University of Southern California Press. 3-24

CAMPBELL, J. (1975). 'Folkloristic commentary'. In P. Colum (Ed), *The complete Grimm's fair tales*. London: Routledge.

CHIA, R. (1996). 'The problem of reflexivity in organizational research: Towards a postmodern science of organization', *Organization*, 3, 1, 31-59.

CLAIR, R.P. (1993). The use of framing devices to sequester organizational narratives: Hegemony and harassment. *Communication Monographs*, **60,** 113-136.

CLAIR, R.P. (1994). Resistance and oppression as a self-contained opposite: An organizational communication analysis of one man's story of sexual harrassment. W*estern Journal of Communication*, **58**, 235-262.

CLARK, B.R. (1972). The organizational saga in higher education. *Administrative Science Quarterly*, **17**, 178-184.

CLEGG, S. M. (1981). 'Organizations and control'. *Administrative Science Quarterly*, **26**, 545-562.

CLEGG, S.R (1989). *Frameworks of power*. London: Sage.

CLEGG, S.R. (1993). 'Narrative, power and social theory'. In D.K. Mumby (Ed), *Narrative and social control: Critical perspectives*. Newbury Park: Sage. 16-45.

CLEGG, S.M. (1994).'Power relations and the constitution of the resistant subject'. In J.M. Jermier, D. Knights and W.R. Nord (Eds), *Resistance and power in organisations*. London: Routledge. 274-325.

COHEN A. (1974). *Two dimensional man: an anthropology of power and symbolism in complex society*. London: Routledge and Kegan Paul.

COLLINSON, D. (1994). 'Strategies of resistance: Power, knowledge and subjectivity in the workplace'. In J. Jermier, W. Nord, and D. Knights (Eds), *Resistance and power in organizations*. London: Routledge.

CONKLING, R. (1975). 'Expression and generalization in history and anthropology'. *American Ethnologist*, **2**, 239-250.

CONRAD, C. (1983). 'Organizational power, faces and symbolic forms'. In L.L. Putnam and Pacanowsky (Eds), *Communication in organizations, an interpretive approach*. Beverly Hills: Sage. 173-194.

COOPERRIDER, D.L. and SRIVASTAVA, S. (1987). 'Appreciative inquiry in organizational life'. *Resaerch in Organizational Change and Development*, **1**, 129-169.

CURRIE, M. (1998). *Postmodern narrative theory*. New York: St. Martin's Press.

CZARNIAWSKA, B. (1997). *Narrating the organization, dramas of institutional identity*. Chicago: The University of Chicago Press.

CZARNIAWSKA B. (1998). *A narrative approach to organization studies*. Thousand Oaks, CA: Sage.

CZARNIAWSKA, B. (1999). *Writing management: Organization theory as a literary genre*. Oxford: Oxford University Press.

DANDRIDGE, T. C., MITROFF, I. and JOYCE, W.F. (1980). 'Organizational symbolism: a topic to expand organizational analysis'. *Academy of Management*, **5**, 1, 77-82.

DEETZ, S. (1986). Metaphors and the discursive production and reproduction of organization. In L. Thayer (Ed), *Organization communication: Emerging perspectives*. Norwood, NJ: Ablex Publishying Corporation. 168-182.

DEETZ, S. (1995). 'Representational practices and the political analysis of corporations: Building a communication perspective in organizational studies'. In B. Kovacic (Ed), *New approaches to organizational communication*. New York: State University of New York Press. 211-243.

DELLA FAVE, R. L. (1991). 'Ritual and the legitimation of inequality'. S*ociological Perspectives*, **34**, 1, 21-38.

DENZIN, N.K. (1994). ‘The art and politics of interpretation’. In N.K. Denzin and Y.S. Lincoln (Eds), *Handbook of qualitative research*. Thousand Oaks, CA: Sage. 500-515.

DENZIN, N.Y. and LINCOLN, Y.S. (1994). *Handbook of qualitative research*. London: Sage.

DEPARTMENT OF HEALTH (DoH) (1989a). *Working for Patients (White Paper).* London: HMSO.

DEPARTMENT OF HEALTH (DoH) (1989b). *Caring for People : Community Care in the Next Decade and Beyond.* London: HMSO.

DEPARTMENT OF HEALTH (DoH) (1990). *National Health Service and Community Care Act*. London: HMSO.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY (DHSS) (1983). *NHS Management Inquiry (Griffiths Report)*. London: HMSO.

DU GAY, P. (2000). *In praise of bureaucracy*. London: Sage.

DUNNE, J. (1995). Beyond sovereignty and deconstruction: the storied self. *Philosophy and Social Criticism*, **21**, 137-157.

DUTTON, J. E. and ASHFORD, S.J. (1993). ‘Selling issues to top management’. *Academy of Management Review* **18**, 3, 397-428.

ELCOCK, H. (1995). ‘The fallacies of management’. *Public Policy & Administration, 10*, 1, 34-48.

EVERED, R. and LOUIS, M.R. (1981). ‘Alternative perspectives in the organizational sciences: "inquiry from the inside" and "inquiry from the outside"’. *Academy of Management Review*, **6**, 385-396.

EZZY, D. (1998). ‘Theorizing narrative identity: symbolic interactionism and hermeneutics’. *Sociological Quarterly*, **39**, 2, 239-252.

FERLIE, E., ASHBURNER, L., FITZGERALD, L. and PETTIGREW, A.M. (1996). *The New Public Management in Action.* Oxford: Oxford University Press.

FISHER, W. R. (1984). ‘Narration as a human communication paradigm: the case of public moral argument’. *Communication Monographs*, **51**, 1-22.

FISHER, W.R. (1985). The narrative paradigm: An elaboration. *Communicaton Monographs*, **52,** 347-367.

FISHER, W. (1987). *Human communication as narrative: Toward a philosophy of reason, value, and action*. Columbia, SC: University of South Carolina Press.

FLOYD, S.W. and WOOLDRIDGE, B. (1992). 'Middle management's strategic influence and organisational performance'. *Journal_of Management Studies* **34**, 3: 465-485.

FLOYD, S.W. and WOOLDRIDGE, B. (1994). 'Dinosaurs or dynamos? Recognising middle management's strategic role'. *Academy_of Management Executive* **8**, 4: 47-57.

FLOYD, S.W. and WOOLDRIDGE, B. (1997). 'Middle management's strategic influence and organisational performance'. *Journal of Management Studies* **34**, 3: 465-485.

FORD, J.D. (1999). Organizational change as shifting conversations. *Journal of Organizational Change Management*, **12,** 480-500.

FORD, J.D. and FORD, L.W. (1995). The role of conversations in producing intentional change in organizations. *Academy of Management Review*, **19**, 756-785.

FOUCAULT, M. (1977). *Discipline and punish: The birth of the prison.* New York: Vintage.

FRYE, N. (1973). *The anatomy of criticism: Four essays*. Princeton, NJ: Princeton University Press.

FULLER, G. and LEE, A. (1997). 'Textual collusions'. *Discourse: Studies in the Cultural Politics of Education*, **18**, 3, 409-415.

GABRIEL, Y. (1995). ' The unmanaged organization: stories, fantasies, and subjectivity'. *Organization Studies*, **16**, 3: 477-501.

GABRIEL, Y. (1999). Beyond happy families: A critical reevaluation of the control-resistance-identity triangle. *Human Relations*, **52**, 179-203.

GABRIEL, Y. (2000). *Storytelling in organizations, facts, fictions, and fantasies*. Oxford: Oxford University Press.

GEERTZ, C. (1973). *The interpretation of cultures.* New York, Basic Books

GEERTZ, C. (1988). *Works and lives: the anthropologist as author*. Cambridge: Polity Press.

GEERTZ, C. (1995). *After the fact: Two countries, four decades, one anthropologist.* Cambridge: Harvard University Press.

GEORGES, R. A. (1969). 'Toward an understanding of storytelling'. *Journal of American Folklore*, **82**, 313-328.

GERGEN, K. and THATCHENKERY, T. (1996). 'Organization science as social construction: Postmodern potentials'. *Journal of Applied Behavioral Science*,**32**, 4, 356-377.

GEPHART, R. P. (1991). 'Multiple methods for tracking corporate social performance: insights from a study of major industrial accidents'. *Research in Corporate Social Performance and Policy*, **12**, 359-383.

GERGEN, K.J. (1995). Global organization: From imperialism to ethical vision. *Organization*, **2**, 519-532.

GIDDENS, A. (1979). *Central problems in social theory*. Berkeley: University of California Press.

GINZBURG, C. (1980). The cheese and the works: The cosmos of a sixteenth-century miller. Translated by John and Anne Tedeschi. Baltimore: John Hopkins Unviersity Press.

GLASER, B.G. and STRAUSS, A. (1967). *The discovery of grounded theory: Strategies for qualitative research.* New York: Aldine.

GOFFMAN, E. (1974). *Frame analysis: An essay on the organization of experience*. New York: Harper & Row.

GRAMSCI, A. (1971). *Selections from the prison notebooks*. London: Lawrence and Wishart.

HABERMAS, J. (1973). *Legitimation crisis*. Boston: Beacon Press.

HALL, S. (1985). 'Signification, representation, ideology: Althusser and the post-structuralist debates. *Critical Studies in Mass Communication*, 2, 91-114.

HAM, C. (1997). *Management and Competition in the NHS*. Oxford: Radcliffe Press.

HANCOCK, C. (1994). 'Managers out for the count'. *Health Service Journal* **105**, 5384: 17.

HARFIELD, T. and HAMILTON, R.T. (1997). 'Journeys in a declining industry: stories of footwear manufacturing'. *Journal of Organizational Change Management*, **10**, 61-70.

HASSARD, J. and PARKER, M. (1993). 'Postmodernism and organizatinoal analysis: an overview'. In J. Hassard and M. Parker (Eds). *Postmodernism and organizations*. London: Sage. 1-24.

HATCH, M.J. (1996). 'The role of the researcher: An analysis of narrative position in organization theory'. *Journal of Management Inquiry*, **5**,4, 359-374.

HAZEN, M.A. (1993). 'Towards polyphonic organization'. *Journal of Organizational Change Management*, **6**, 5, 15-26.

HEALTH SERVICE JOURNAL (1994a). 'Experts warn against lack of leadership in the NHS'. *Health Service Journal*, **104**, 5427, 3.

HEALTH SERVICE JOURNAL (1994b). 'The first lesson for Margaret Beckett'. *Health Service Journal*. **104**, 5427: 15.

HEIDEGGER, M. (1949). *Selections, existence and being*. Chicago: H. Regnery Co.

HOOD, C. (1991). 'A public management for all seasons?' *Public Administration* **69**, 1, 3-19.

JEFFCUTT, P. (1994). 'From interpretation to representation in organizational analysis: Postmodernism, ethnography and organizational symbolism'. *Organization Studies,* **15**, 2, 241-274.

JERMIER, J.M., KNIGHTS, D. and NORD, W.R. (1994). *Resistance and power in organisation,* London, Routledge.

JOSSELSON, R. and LIEBLICH, A. (1993). *The narrative study of lives*. Newbury Park, CA: Sage.

KAMENS, D.H. and SARUP, G. (1980). 'Departmental organization, legitimacy and faculty militancy: Structural sources of pro union sentiment in a public university'. *Research in Higher Education*, 13,**3**, 243-259.

KEMPER, S. (1994). 'The development of narrative skills: Explanations and entertainment'. In S.A. Kuczaj I.I. (Ed), *Discourse development: Progress in cognitive development research*. New York: Springer-Verlag.

KNIGHTS, D. and MURRAY, F. (1992). 'Changing spaces: the disruptive impact of a new epistemological location for the study of management'. *Academy of Management Review*, **17**, 3, 514-536.

KOCH, S. and DEETZ, S. (1981). 'Metaphor analysis of social reality in organizations'. Paper presented at the SCA/ICA conference on intrpretive approaches to the study of organizational communciation, Alta, Utah.

KREPS, G. (1981). 'Organizational folklore: The packaging of company history at RCA'. Paper prsented at the SCA/ICA conference on interpretive approaches to the study of organizational communication, Alta, Utah.

KUNDA, G. (1992). *Engineering culture*. Philadelphia: Temple University Press.

LACLAN, E. and MOUFFE, C. (1985). *Hegemony and socialist strategy, towards a radical democratic politics*. London: Verso.

LANDRUM, N. (2000). *A quantitative and qualitative examination of the dynamics of Nike and Reebok storytelling as strategy*. Unpublished PhD, New Mexico State University

LATHER, P. (1991). *Getting smart: Feminist resarch and pedagogy with.in the pstmodern*. New York: Routledge.

LAUDAN, L. (1984). *Science and values: The aims of science and their role in scientific debates.* Berkeley, CA: University of California Press.

LAUGHLIN, R. (1991). 'Can the information systems for the NHS internal market work?' *Public Money and Management* **11**, 37-41.

LEITER, K. (1990). *A primer on ethnomethodology*. New York: Oxford University Press.

LEVI-STRAUSS, C. (1963). *Structural anthropology*. London: The Penguin Press.

LEVI-STRAUSS, C. (1966). *The savage mind*. London: Wiedenfeld & Nicolson.

LEVI-STRAUSS, C. (1978). *Myth and meaning*: The 1977 Massey lectures. London: Routledge.

LINSTEAD, S.A. (1993). 'Deconstruction in the study of organizations'. In J. Hassard and M. Parker (Eds), *Postmodernism and organizations*. London: Sage. 49-70.

LOUIS, M. R. (1980). 'Surprise and sensemaking: what newcomers experience in entering unfamiliar organisational settings'. *Administrative Science Quarterly*, **25**, 226-251.

LOUIS, M.R. (1983). 'Organizations as culture-bearing milieu'. In L.R. Pondy, P.J. Frost, G. Morgan, & T. Dandridge (Eds), *Organizational symbolism: Monographs in Organizational and Industrial Relations* Vol.1 Greenwich, CT: JAI Press. 39-54.

LYOTARD J.F. (1984). *The postmodern condition.: A report on knowledge*. Translated by G. Bennington and B. Massumi. Manchester: Manchester University Press.

MACINTYRE, A. (1981). *After virtue: A study in moral theory*. University of Notre Dame Press

MAINES, D. (1993). 'Narrative's moment and sociology's phenomena'. *The Sociological Quarterly*, **34**, 17-38.

MALINOWSKI, B. (1931). 'Culture'. In E.R.A. Seligman (Ed), *Encyclopedia of the social sciences*. Vol.4. New York: Macmillan. 621-646

MANDLER, J.M. (1984). *Stories, scripts and scenes: Aspects of schema theory*. London: Lawrence Erlbaum.

MARCH, J.G. (1981). 'Footnotes to change'. *Administrative Science Quarterly*, **26**, 4, 563-577.

MARCH, J.G. (1996). 'Continuity and change in theories or organizational action'. *Administrative Science Quarterly*, **41**, 278-287.

MARCH, J.G. and SEVON, G. (1984). 'Gossip, information and decision-making'. *Advances in information processing in organizations*, **1,** 95-107.

MARCU, G.E. and CUSHMAN, D. (1982). Ethnographies as texts. *Annual Review of Anthropology*, 11, 25-69.

MARTIN, J. (1992). *Cultures in organizations*. New York: Oxford University Press.

MARTIN, J., FELDMAN, M.S., HATCH, M.J. and SITKIN, S.B (1983). 'The uniqueness paradox in organizational stories'. *Administrative Science Quarterly*, **28**, 438-43.

MARTIN, J. and KNOPFF, K. (1997). 'The gendered implications of apparently gender-neutral theory: re-reading Weber. In E. Freeman and A. Larson (Eds), *Ruffin lecture series, V.3 Business ethics and women's studies*. Oxford: Oxford University Press. 30-49.

MARTIN, P. and TURNER, B.A. (1986). 'Grounded theory and organizational research'. *Journal of Applied Behavioral Science*, **22**, 2, 141-157.

MARTIN, W. (1986). *Recent theories of narrative*. Ithaca & London: Cornell University Press.

MASTERMAN, M. 1970. The nature of a paradigm. In I. Lakatos & A. Musgrave (Eds), *Criticism and the growth of knowledge*. Cambridge: Cambridge University Press. 59-89.

MAY, R. (1991). *The cry for myth*. New York: Norton.

MCADAMS, D., P. (1996). 'Personality, modernity, and the storied self: A contemporary framework for studying persons'. *Psychological Inquiry*, **7**, 295-321.

MCCONKIE, M.L. and BOSS, R.W. (1986). Organizational stories: One means of moving the informal organization during change efforts. *Public Administration Quarterly*, **10**, 189-206.

MCWHINNEY, W. and BATISTA, J. (1988). How remythologizing can revitalize organizations. *Organizational Dynamics*, **17**, 46-58.

MILLER, D. and FRIESEN, P.H. (1984). , in collaboration with Henry Mintzberg. *Organizations: A quantum view*. Englewood Cliffs, NJ: Prentice-Hall.

MILLS, W.C. (1970). *The sociological imagination*. Harmondsworth: Penguin.

MINTZBERG, H. (1983). *Power in and around organizations*. Englewood Cliffs, NJ: Prentice-Hall.

MUMBY, D.K. (1987). The political function of narrative in organizations. *Communication Monographs*, **54**, 113-127.

MUMBY, D. and STOHL, C. 1991. Power and discourse in organization studies: Absence and dialectic of control. *Discourse and Society*, **2,** 313-332.

MYERS, F. (1988). 'Locating ethnographic practice: Romance, reality, and politics in the outback'. *American Ethnologist*, **15**, 609-624.

NATIONAL HEALTH SERVICE TRAINING DIRECTORATE (NHSTD) (1991). *Bureaucracy to Enterprise*. London: NHS Training Directorate.

NEWELL, H. AND DOPSON, S. (1996). 'Muddle in the middle: Organizational restructuring and middle management'. *Personnel Review* **25**, 4, 4-20.

NG, W. and DE COCK, C. (2002). Battle in the boardroom: A discursive perspective. *Journal of Management Studies*, **39**,1, 23-49.

PENTLAND, B.T. (1999). 'Building process theory with narrative: From description to explanation'. *Academy of Management Review*, **24**, 711-724.

PETTIGREW, A.M. (1979). 'On studying organizational cultures'. *Administrative Science Quarterly*, **24**, 570-581.

PETTIGREW, A. 1992. On studying managerial elites. *Strategic Management Journal*, **13**, 163-182.

PETTIGREW, A.M., FERLIE, E. and MCKEE, L. (1992). *Shaping Strategic Change*. London: Sage.

PFEFFER, J. (1981). 'Management as symbolic action: the creation and maintenance of organisational paradigms'. In *Research in organisational behaviour*, L.L. Cummings and B.M. Staw (Eds), **3**: Greenwich, CT, JAI Press. 1- 52

PFEFFER, J. and SALANCIK, G.R. 1974. Organizational decision making as a political process: the case of a university budget. *Administrative Science Quarterly*, **19,** 135-151.

POLKINGHORNE, D.E. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York.

POLKINGHORNE, D.E. (1996). Explorations of narrative identity. *Psychological Inquiry*, **7**, 363-367.

POLLITT, C. (1990). *The New Managerialism and the Public Services: The Anglo-American Experience*. Oxford: Basil Blackwell.

RANADE, W. (1997). *A Future for the NHS? Health Care in the 1990s*. London: Longman.

RAPPAPORT, J. (1993). Narrative studies, personal stories, and identity transformation in the help context. *Journal of Applied Behavioral Science*, **29**, 239-256.

RHODES, C. (1997). The legitimation of learning in organizational change. *Journal of Change Management*, **10**, 1, 10-20.

RHODES, C. (2001). *Writing organization, (Re)presentation and control in narratives at work*. Amsterdam: John Benjamins.

RICHARDSON, L.L. (1992). 'The consequences of poetic representation: Writing the oher, rewriting the self. In C.Ellis and M.G.Flaherty (Eds), *Investigating subjectivity: Research on lived experience*. Newbury Park: Sage. 125-137.

RICOEUR, P. (1991). 'Narrative identity'. *Philosophy Today*, **Spring**, 73-81. Translated by Mark S. Muldoon.

ROBINSON, J.A. (1981). 'Personal narratives reconsidered'. *Journal of American Folklore*, **94**: 58-85.

ROSE, N. (1989). *Governing the soul, the shaping of the private self*. London: Routledge.

SALZAR-MORLING, M. (1998). As God created the earth… A sage that makes sense? In D. Grant, T. Keenoy & C. Oswixk (Eds), *Discourse and organization*. London: Sage. 104-118.

SANJEK, R. (1990). 'On ethnographic validity'. In R. Sanjek (Ed), *Fieldnotes, the makings of anthropology.* Ithaca: Cornell University Press. 385-418.

SCARBOROUGH, H. and BURRELL G. (1996). 'The axeman cometh: the changing roles and knowledges of middle managers'. In S. Clegg and G. Palmer, (Eds). *The Politics of Management Knowledge*. London: Sage.

SCHILIT, W.K. (1987). 'An examination of the influence of middle level managers in formulating and implementing strategic decisions'. *Journal of Management Studies,* **24,** 271-293.

SELF, P. (1997). 'What's happened to administrative theories?' *Public Policy & Administration*, **12**, 1, 8-20.

SHRIVASTAVA, P. and SCHNEIDER, S. (1984). 'Organizational frames of references'. *Human Relations*, 37, 795-809.

SKOLDBERG, K. (1994). Tales of change: public administration, reform and narrative mode. *Organization Science*, **5**, 219-238.

SLUGOSKI, B. and GINSBURG, (1989). 'Ego identity and explanatory speech'. In J. Shotter and K. Gergen (Eds), *Texts of identity*. London: Sage. 36-55.

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. 55-65.

SPIVEY, N.N. (1997). *The constructivist metaphor*. San Diego, CA: Academic Press.

STARBUCK, W.H. (1983). 'Organizations as action generators'. *American Sociological Review*, **48**, 91-102.

STEWART, J.D. and RANSON, S. (1988). 'Management in the public domain'. *Public Money and Management,* **8**, 2: 13-19.

STEWART, J.D. and WALSH, K. (1992). 'Change in the management of public services'. *Public Administration* **70**, 499-518.

STINCHCOMBE, A.L. (1963). 'Some empirical consequences of the Davis-Moore theory of stratification'. *Administrative Science Quarterly*, **28**, 582-600.

STRAUSS, A. (1987). *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.

STRONG, P. and ROBINSON, J. (1986). *New Model Management: Griffiths and the NHS*. Nursing Policy Studies Centre: University of Warwick.

SUCHMAN, M.C. (1995). 'Managing legitimacy: Strategic and institutional approaches'. *Academy of Management Review*, **20**, 3, 571-610.

SUTTON, R.I. and KAHN, R.L. (1987). 'Prediction, understanding, and control as antidotes to organizational stress'. In Lorsch, J.W. (Ed), *Handbook of Organizational Behavior*. Engelwood Cliffs, NJ: Prentice-Hall. 272-285.

SWANN, W. (1985). 'The self as architect of social reality'. In B. Schlenker (E.), *The self and social life*. New York: McGraw-Hill.

THATCHENKERY, T.J. (2001). Mining for meaning: Reading organizations using hermeneutic philosophy. In R. Westwood & S. Linstead (Eds), *The language of organization*. London: Sage. 112-131.

THOMAS, R. and DUNKERLEY, D. (1999). 'Middle managers experiences in the downsized organization'. *British Journal of Management,* **10**, 2, 157-169.

THORNE, A. and LATZKE, M. (1996). 'Contextualizing the storied self'. *Psychological Inquiry,* **7**, 372-376.

THORNHILL, A. and GIBBONS, A. (1995). 'The positive management of redundancy survivors: issues and lessons'. *British Journal of Management,* **7**,3, 5-12.

THORNHILL, A. and SAUNDERS, M. (1997). 'Downsizing, delayering – but where's the commitment?' *Personnel Review*, **26**, 2, 14-22.

TSOUKAS, H. and HATCH, M.J. 2001. Complex thinking, complex practice: The case for a narrative approach to organizational complexity. *Human Relations*, **54**, 979-1013.

VAN DIJK, T.A. (1975). 'Action, action description, and narrative'. *New Literary History*, **6**: 275-294.

VAN MAANEN, J. (1988). *Tales of the Field: on writing ethnography*, Chicago, The University of Chicago Press.

WALLEMACQ, A. and SIMS, D. (1998). The struggle with sense. In D. Grant, T. Keenoy & C. Oswick (Eds.), Discourse and organization. London: Sage. 119-133.

WATSON, T.J. (1994). *In search of management, culture, chaos and control in managerial work*. London: Routledge.

WATSON, T.J. (1995). 'Shaping the story: rhetoric, persuasion and creative writing in organizational ethnography'. *Studies in Cultures, Organizations and Societies*, **1**, 301-311.

WEICK, K.E. (1995). *Sensemaking in organisations*, Sage, Thousand Oaks CA.

WESTWOOD, R.and LINSTEAD, S. (2001). Language/organization: Introduction. In R. Westwood & S. Linstead (Eds), *The language of organization*. London: Sage. 1-19.

WHEATLEY, M. (1992). *The future of middle management*. London: British Institute of Management.

WHITT, J.A. (1979). 'Towards a class-dialectical model of power: An empirical assessment of three competing models of political power'. *American Sociological Review*, **44**, 81-100.

WILKINS, A.L. (1979). *Organizational stories as an expression of management philosophy: Implications for social control in organizations*. Unpublished PhD, Stanford University.

WILKINS, A. and MARTIN, J. 1979. *Organizational legends*. Unpublished research paper #521. Graduate School of Business, Stanford University.

WILKINS, A. and THOMPSON, M.P. (1991). 'On getting the story crooked (and straight)'. *Journal of Organisational Change Management*, **4**, 3, 18-26.

WITTEN, M. (1993). Narrative and the culture of obedience at the workplace. In D.K. Mumby (Ed.), *Narrative and social control: Critical perspectives*. Newbury Park, CA: Sage. 97-118.

WOOLDRIDGE, B. and FLOYD, S.W. (1990). 'The strategy process, middle management involvement, and organisational performance'. *Strategic Management Journal*, **11**, 231-241.

YOUNG, E. (1989). 'On the naming of the rose: interests and multiple meanings as elements of ` organizational culture'. *Organization Studies*, **10**, 2, 187-206.

ZELIZER, B. (1993). American journalists and the death of Lee Harvey Oswald: Narratives of self-legitimation. In D.K. Mumby (Ed), *Narrative and social control: Critical perspectives*. Newbury Park, CA: Sage. 189-206.

FIGURE 1

THEME	EXECUTIVE MANAGEMENT NARRATIVE	MIDDLE MANAGEMENT NARRATIVE
Stance on Generic transfer	Private sector practice offers a reasonable model to improve efficiency & effectiveness in the NHS	Private sector practices must be tailored to suit the NHS
Role of the Middle Manager	Implement strategies determined by the senior executives	Key 'linking pins' in the development & implementation of strategy
Rationale	Generic transfer will improve efficiency & effectiveness of patient care	Generic transfer is an ideologically driven based upon an assumption that the market should allocate resources & that private sector management practice is best
Outcomes	Implementation of best private sector practice has been unjustly resisted	Resources have been wasted on top-down initiatives which have been successfully & rightfully resisted
Diagnosis	Failure of initiatives as a result of middle managers being professionally blinkered	Failure of initiatives due to the crude attempt at transfer from the private sector