

UNIVERSITY OF EASTERN FINLAND
Faculty of Social Sciences and Business Studies
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SENSEMAKING IN A CHANGING ENVIRONMENT:
“Finnish Social and Healthcare Reform and the Impact on Private and Public Sector
Middle managers’ Sensemaking process”
Case: Espoo City

Master’s Thesis, Health and Business
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April 2018

ABSTRACT

UNIVERSITY OF EASTERN FINLAND

Faculty of Social Sciences and Business Studies

Master's Program in Health and Business

ESHETE, BIRUHE: Sensemaking in Changing Environment: Finnish Social and Health care Reform and the Impact on Private and Public Sector Middle managers Sensemaking Process”

Master's Thesis: pages 71

Supervisor: Professor Hanna Lehtimäki

April 2018

Key concepts: Sensemaking theories; Managerial sensemaking; sensemaking properties; Finnish social and healthcare reform (SOTE)

The aim of this study is to explore the sensemaking processes of middle managers both from the private and public social and healthcare sectors regarding the ongoing Finnish Social and Healthcare Reform (SOTE). The reform plan creates uncertainties and potential change in organizational environment. Such circumstances stimulate anxiety and stress that hinder or even incapacitate middle managers' decision-making. Thus, sensemaking becomes exceptionally vital and challenging for middle managers. Sensemaking has an important role to understand ambiguous issues when actors in an organization face occasions of uncertainty. Thus, in time of change studying middle managers sensemaking is crucial as they are the key change agents in an organizational change.

On the basis of the theoretical and empirical discussions, the objective of this study is to gain a deeper understanding of the sensemaking process of both the private and public sector middle managers concerning the ongoing Finnish Social and Healthcare Reform. This study furthermore attempts to uncover the similarities and differences between the private and public sector middle managers sensemaking and the impact of the reform regarding the cooperation of these two.

An intensive multiple case study approach was utilized to conduct the empirical research. In order to achieve the purpose of this study a semi-structured interview was used as a method to collect the data from the private and public social and healthcare middle managers. In this study Weick's (1995) seven-sensemaking properties framework are adopted as a methodological tool for analyzing the interview data.

This study addresses the sensemaking process of middle managers based on the seven-sensemaking properties. The empirical findings highlighted the importance of each of the seven-sensemaking properties and a positive standpoint in the cooperation between the public and private sectors. Moreover, the findings indicate that the private middle managers sensemaking reflected a more positive outlook towards the reform when compared to the public middle managers. However, both the private and public middle managers sense threats from the reform, which create difficulties in constructing a clear identity and sensegiving to their subordinates. All in all, this study provides an understanding of social and healthcare reforms by broadening the empirical use of the sensemaking framework and highlighting the importance of middle managers sensemaking.

DEDICATED TO MY DAUGHTER

Fiona Ester Eshete

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1. INTRODUCTION

1.1 Managerial Sensemaking in a Changing Environment

This study examines the sensemaking process of middle managers in the private and public social and healthcare sectors concerning the Ongoing Finnish Social and Healthcare Reform (SOTE). Finland's social and healthcare system is undergoing a major structural reform aiming to create a novel service structure in the overall Finland's public social welfare and healthcare services. Fundamental changes as such a reform necessitate the need for organizational change as an inevitable and essential process (Drucker, 1999; Sturdy and Grey, 2003). Consequently, the change affects the organizations internal environment and increase uncertainty, anxiety and stress in employees (Conway and Monks, 2011; Weber and Weber, 2001).

This study is conducted while major political and public debate is undergoing concerning the proposed model of the social and healthcare service structure. Thus, this study is very interesting and important because the topic of this study is very current and suitable for exploring the sensemaking theory.

The structural change is the most significant reform in the social and healthcare sector in decades. A government bill for a new Social and Healthcare Arrangement Act came before the parliament on December 2014. The Act will reform the arrangement, production, administration, planning, funding and control of municipal social welfare and health care. The objective of the SOTE reform is the protection of equal, client-centered and high-quality social welfare and healthcare services throughout the country (Ministry of Social Affairs and Health, 2014b).

Different authors have studied organizational change and the importance of middle managers sensemaking in time of change. Kanter et.al (1992) pointed out that managing change is the vital managerial responsibility as organizations constantly engage in some form of change from shifting organizational boundaries, to shifting organizational structure and revising decision-making processes. As Lüscher & Lewis (2008) highlighted in such changing environments middle managers engage with sensemaking, communicating, and implementing change, which underline a constant struggle for meaning.

Additionally, previous studies have also emphasised the importance of middle managers in time of change by describing them as the keystone for organizational change. They are acting as intermediaries between the top management and the forefront subordinates, highlighting middle managers roles as models to other employees. Importantly middle managers must also communicate their understanding especially in the midst of organizational change in a way that provides their coworkers a workable certainty through “sensegiving” that seeks to influence subordinates’ interpretations (Huy, 2002; Labianca, Gray, & Brass, 2000; Maitlis, 2005). However change may raise intense cognitive disorder for middle managers, which stimulates misunderstanding, anxiety and stress that hinder or even incapacitate their decision-making (McKinley & Scherer, 2000). In such environments sensemaking becomes exceptionally vital and demanding for middle managers.

Nevertheless, even if the above authors underlined the importance of middle managers and their sensemaking in time of change, there is a research gap regarding middle managers sensemaking process in a changing environment and the use of sensemaking as a method of analysis is limited in existing literatures. This gap is highlighted by different authors as follows;

Maitlis (2005) emphasized the lack of studies concerning managerial sensemaking and change. In particular research offers limited insight into “how middle managers interpret change and sensemaking, and how their representations, or interpretive frameworks, develop and change” (Balogun & Johnson, 2004: 523). Moreover, Helms Mills et al. (2010) indicated that sensemaking is not extensively used as a method of analysis, as Weick himself suggested there is a need for empirical studies that make explicit use of the properties of sensemaking (Weick, 2005). In the other hand, irrespective of the challenges raised by the social and healthcare sectors, the reforms of social and healthcare systems are somewhat unexplored area in sensemaking literatures even though Denis et al. (2009) underscored reforms in this sector create new platforms for intensive sensemaking activities.

1.2 The purpose of the study

The purpose of this study is to gain a deeper understanding about the theory of sensemaking and middle managers sensemaking process concerning a changing environment from a managerial sensemaking perspective. Most importantly the aim of this study is to broaden the application of Weick's (1995) seven-sensemaking properties framework as analytical method to analyze how middle managers make sense of an ongoing reform. This study assumes that an ongoing reform triggers a drastic change that affects organizations and increase uncertainty, anxiety, stress that necessitates middle managers sensemaking in the shell of managerial sensemaking (Conway and Monks, 2011; Weber and Weber, 2001; Lüscher & Lewis, 2008).

Based on the purpose and aim of this study the following research question is addressed:

How do middle managers in the private and public social and healthcare sectors make sense of the ongoing Finnish Social and Healthcare Reform (SOTE)?

Sub-questions:

- *What kinds of assumptions middle managers have on the changes in cooperation between public and private social and healthcare services?*
- *What kinds of differences in sensemaking there are between the middle managers working in public and private social and healthcare services?*

The main approach to the topic is to find out how middle managers from both the private and the public social and healthcare sectors make sense of the ongoing Finnish social and healthcare reform and build up their cooperation. Therefore, the object of the study puts emphasis on individuals who are middle level managers both in the public and private social and healthcare sectors located in the case city. To gain a deeper understanding and to tackle the stated research questions, the following research objectives are addressed in this study:

- Existing theories of organizational change that are related to the different aspects of change in social and healthcare sectors are explored.

- The major triggers of change in social and healthcare sectors are distinguished.
- Theories of sensemaking, the seven sensemaking properties and managerial sensemaking are examined.
- The relationship between organizational changes, triggers of change, sensemaking theories and the seven sensemaking properties, and managerial sensemaking are illustrated through a theoretical framework. And finally;
- Private and public social and healthcare sector middle managers sensemaking process examined empirically by using Weick's (1995) seven-sensemaking properties framework as a method of analysis.

This study makes a contribution to the overall sensemaking research and practice. It elaborates the understanding of sensemaking theories and managerial sensemaking. Moreover, it displays the complexity and changing nature of the social and healthcare sector. This study also demonstrates the use of all the seven-sensemaking properties as a method to analyze middle managers sensemaking process during an ongoing change. And finally this study contributes to managerial sensemaking research by showcasing how middle managers interpret change and make sense of their changing environment (Balogun & Johnson, 2004: 523; Maitlis, 2005).

1.3 Key Concepts of the Study and Structure of the Thesis

The key concepts of this study are triggers of change in the social and healthcare sectors, organizational change, managerial sensemaking, theories of sensemaking and the seven-sensemaking properties. These are the central concepts to understand the sensemaking process of middle managers regarding the ongoing Finnish Social and Healthcare Reform.

As Briggs et al., (2012) pointed out social and healthcare reforms provide a productive platform for sensemaking studies. Thus, this study utilizes the Finnish Social and Healthcare reform as a platform to study the sensemaking processes of middle managers.

This study explored the *triggers of change in the social and healthcare sectors* to gain a deeper understanding of the Finnish social and healthcare reform and to grasp the reasoning behind how the middle managers in this sector construct their sensemaking process. The general views of social and healthcare sectors are recognized as open systems which must interact with their external environment. This interaction is essential when addressing the numerous and dynamic external influences such as a reform that affects the organizations (Scott & Davis, 2007).

The social and healthcare sectors are undergoing unprecedented changes due to several external and internal factors such as; demographical changes, technological advancements, funding reductions and efforts to improve cost efficiency can be mentioned as triggers of change. These changes create enormous demands in the organizations management and their employees (Woodward et al., 1999; Shortell et al., 1996; Charles et al., 2002; Shah, N., Irani, Z., & Sharif, A. M., 2017). Such triggers and fundamental changes as a reform necessitate the need for *organizational change* as an inevitable and essential process (Drucker, 1999; Sturdy and Grey, 2003). Consequently, it affects the organizations internal environment and increase uncertainty, anxiety and stress in employees (Conway and Monks, 2011; Weber and Weber, 2001).

Once the need for organizational change becomes certain active *managerial sensemaking* arises. Managing change has become the vital managerial responsibility as organizations constantly engage in some form of change from shifting organizational boundaries, to shifting

organizational structure and to revising decision making processes (Kanter, Stein and Jick, 1992). In such circumstances, middle managers engaged with interpretation, communication, and implementation of change face with an underlined constant struggle for meaning (Lüscher & Lewis, 2008).

Huy (2002) described middle managers as the keystone of organizational change, they are acting as intermediaries between top management and the forefront subordinates. Moreover, Labianca, Gray, and Brass (2000) also underlined middle managers roles as models Their findings show that employees watch their supervisors attentively being skeptical of management's commitment to change. In such contexts, sensemaking becomes exceptionally vital and difficult for middle managers. This study applied the above concepts because they emphasize the importance of middle managers and their sensemaking in time of organizational change.

In order to answer the research question previously formed, how do middle managers in the private and public social and healthcare sectors make sense of the ongoing Finnish social and healthcare reform, this study employed the *sensemaking concepts* and Weicks (1995) *seven sensemaking properties*. These as listed here: grounded in identity construction, retrospective, enactive of the environment, focused on and by extracted cues, driven by plausibility rather than accuracy, social and ongoing.. Sensemaking is the process through which people work to understand issues or events that are novel, vague, unexpected and confusing or in some other way infringe expectations. When actors in an organization face occasions of ambiguity or uncertainty, they seek to explain what is going on by extracting and interpreting cues from their environment, using these as the basis for a plausible account that provides order and “makes sense” of what has happened, and through which they continue to enact the environment (Maitlis & Christianson, 2014; Weick, 2005).

Structure of the thesis

Chapter 2 discusses the theoretical background and illustrates the interrelated nature of the key concepts. The theoretical discussion starts with the different aspects of change from the social and healthcare organizations perspectives. This chapter then continues to discuss major triggers

of change in social and healthcare sectors, sensemaking theories and the seven properties of sensemaking. Subsequently the chapter then proceeds to discuss organizational change and managerial sensemaking. Finally, based on these theoretical concepts the structure of the theoretical framework of the study is presented.

Chapter 3 introduces the methodological approach and the design of the empirical research. Furthermore, it discusses the qualitative method multiple-case design and the case selection. Additionally, the data collection method and the analysis of the study are discussed in this chapter.

Chapter 4 covers the results of the empirical research. The chapter first introduces the background of the SOTE reform and emphasizes the analysis of private and public sector middle managers sensemaking by using the seven-sensemaking properties. Comparative analysis between the private and public sector middle managers will be discussed further and finally summary of the key results is presented.

Chapter 5 presents the conclusion and recommendations of the study and brings the empirical results to the theoretical discussion. This chapter also provides reflections for future study and managerial implications as well as discusses the limitations of the study.

2. THEORETICAL BACKGROUND

2.1. The different aspects of change from the social and healthcare organizations perspective.

Organizations progressively have to manage and deal with prompt changes in technology, challenges to strategic capabilities and emerging trends in how employees as well as stakeholders including clients wish to engage with each other. Especially social and healthcare organizations are undergoing unprecedented changes due to many factors such as funding reductions, efforts to improve cost-efficiency, to be more client-centered and because of competition, demographical change, technological advancements and mergers and the re-engineering of work processes, that are pushing enormous demands on social and healthcare organizations and their employees (Woodward et al., 1999; Shortell et al., 1996; Charles et al., 2002; Shah, N., Irani, Z., & Sharif, A. M., 2017). Thus, the need for organizational change is indeed an ongoing, inevitable and essential process that the modern organizations must discern (Drucker, 1999; Sturdy and Grey, 2003). Putting these in practice however, one must realize such fundamental changes affect the organization internally through an increase in uncertainty, anxiety, stress and resistance (Conway and Monks, 2011; Weber and Weber, 2001). The main point of these employee-based factors are consequently critical to the success or failure of organizationally driven change programmes.

As Shah, N., Irani, Z., & Sharif, A. M., (2017) underlined that to this extent the dominant focus of change and how it is managed within organizations remains at the level of employee engagement who, in terms of accepting change may develop positive or negative attitudes, beliefs and intentions on the way to the organization as change is implemented. Other authors in terms of the previous aspects of change mentioned that there is a debate among practitioners and researchers on the development of employee attitudes towards behaviors such they are in fact interested towards organizational change (Bernerth, 2004; Elias, 2009; Holt et al., 2007; Shah and Shah, 2010).

Effective change management in social and healthcare organizations requires that managers acquire external and internal organizational perspectives. The generally recognized view of social and healthcare organizations is that they are open systems and that they must interact with their external environments. This is essential to obtain critical resources and address numerous and dynamic external influences that affect the organization (Scott & Davis, 2007).

In addition to the above mentioned, Shah, N., Irani, Z., & Sharif, A. M., (2017) draw that the research on employee readiness for organizational change has also sought to focus on experiences related to external organizational pressures, internal context enablers and personal characteristics. This can also be one of the major aspects of organizational change in social and healthcare organizations' internal environment as shown in the following figure (Figure 1).

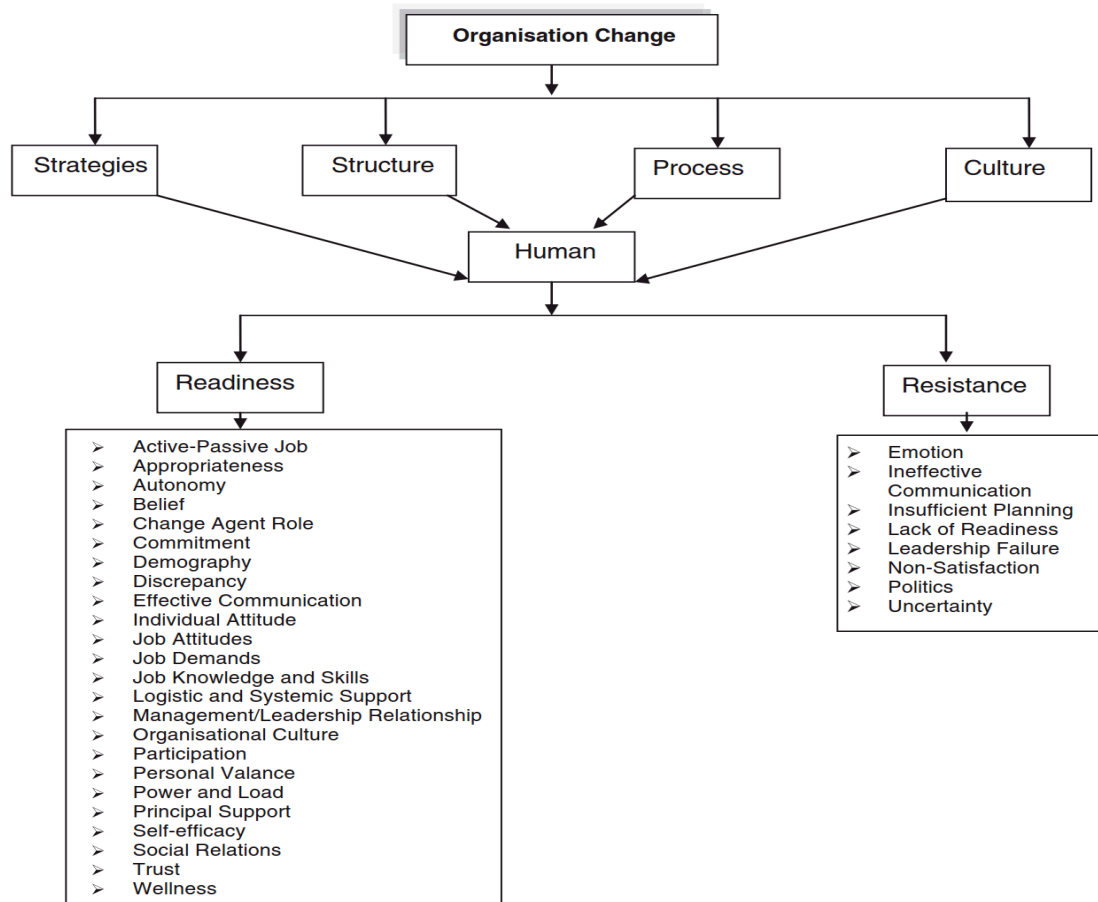


Figure 1. Organization change terminology (Shah, N., Irani, Z., & Sharif, A. M., 2017, 367)

The authors describe in Figure 1 the perspective of employees' readiness to change and the factors behind it. Employees with different awareness levels can envision the activities within their organization and environment by comparing past and anticipated future perspectives. Thus, in order to map successful organizational change strategies understanding employee attitudes and behaviors is useful, which can bring together contrasting yet related contextual drivers. It is proposed that employees' perceptions tend to be hypothesized with attitudinal and behavioral aspects towards the organization, which in turn can be based upon a number of different influencing factors both internal and external to the organization.

All in all, the reflection of the authors and figure 1 highlight that in order to the organizational change to be practical and effective the employees' awareness and knowledge about their working environment plays a significant role. Moreover, employees' engagement in organizational change is a key factor for the success of organizational change. That is why this thesis study represents employees who are middle managers as the object of this research and attempts to find out their interpretations in how they make sense of an ongoing change that affects their organizational environments.

2.1.1. Major Triggers for Change in Social and Healthcare sectors

As Hans et al. (2012) emphasized the increasing expenses forces the social and healthcare organizations to organize their process more efficiently and effectively. Moreover, the authors stressed that the way social and health care organizations are organized is perhaps most influenced by its external environment. In addition, Thompson (2010) stressed that external forces shape social and healthcare organizations and necessitate effective and proactive leadership by managers. As organizational theories propose that these organizations must comprehend how they can best anticipate and react to these outside influences and adapt their organizations accordingly within the dynamic external environment. Thus, this study chose to adapt a sample framework from Hans et al. (2012) that describes external environment analysis that influences the major triggers of change in social and health care sectors. These can be explained best through "STEEPLED" analysis. It is an extension of PESTEL analysis that suits best for these sectors and study.

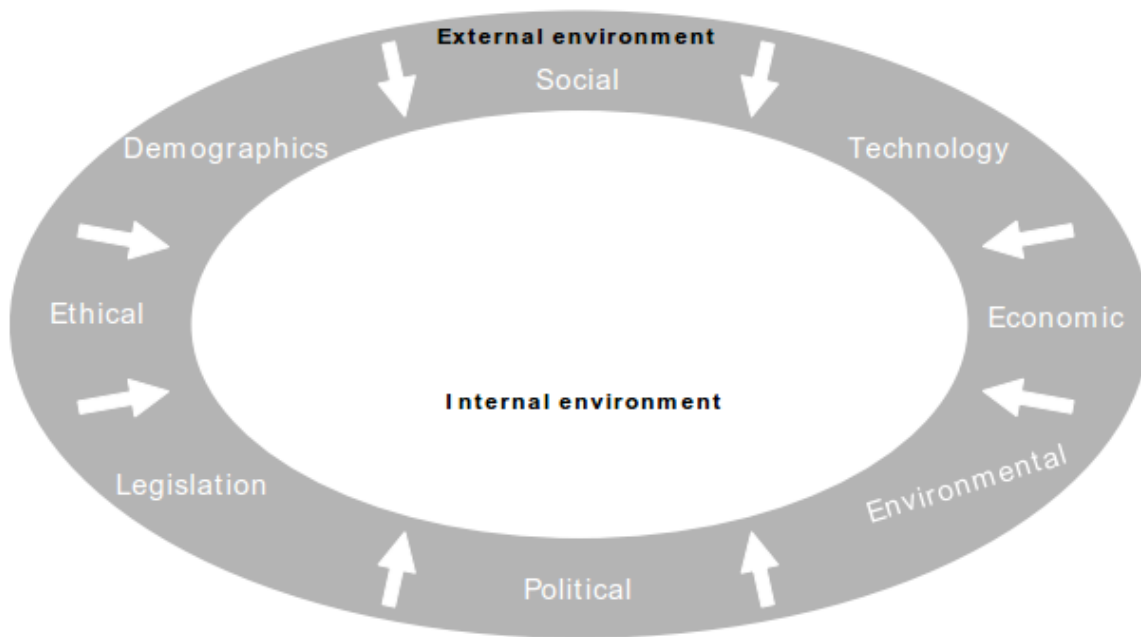


Figure 2. Organizations external environment STEEPLED (Hans et al. 2012, 12)

STEEPLED analysis is an abbreviation, which consists of Socio-cultural factors, Technological factors, Economic factors, Environmental factors, Political factors, Legislation/Legal factors and Demographics. These factors are explained as follows shortly;

Triggers for change can arise from Socio-cultural factors such as; education, social mobility, religious attitudes, change in family structure and other triggers that could be listed as socio-cultural factors influence the way social and health care organizations are set up, organized, run and managed as well as their capacity to attract people to work and cooperate with them.

Triggers for change can develop from Technological factors such as; technological based medical innovations, transport infrastructure, increased power of internet-based communications and other changes in the technological environments, which were overlooked as triggers for change, caused desolation in many organizations which were once thought unpretentious. As Hopia & Hakala (2015) stressed those technological tools, such as eHealth (electronic health) and mHealth (mobile health) applications will be increasingly integrated in supporting self-management in the social and healthcare sectors. Moreover, mobile health

applications will be useful in regulating self-management in long-term illnesses and also their findings stated that, eHealth solutions could particularly help patients to improve access to health care in sparsely inhabited countries such as Finland. More widely they mentioned that the future of healthcare in Europe report states the formation of eHealth technology as part of self-management in the social and healthcare environment will be one of the largest trends in 2030.

Triggers for change result from Economic factors such as; change in social and health care finance system, wage rates, income tax differences, corporation tax, and concern for competitors can be mentioned as triggers. Moreover, the private social and health care organizations are concerned how to generate money whereas, the public organizations are concerned in how to operate within the budgets. Thus, one of the major concerns of social and healthcare organizations come from the triggers for change in the economic environment.

Triggers for change comes from Political factors such as; change of government policy, privatization and other changes in political ideology bring requirements for new behaviors in social and healthcare organizations because of the changed constraints and opportunities within which they must operate. In addition, not only do changes in the political environment affect organizations directly, it also interacts with changes in the economic environment. Thus, changes rising from one sector of the environment are associated by their interaction with influencing factors from other sectors of the environment (Senior & Fleming, 2006).

Triggers for change arises from Demographics factors such as; aging population, life expectancy, obesity and child mortality can be mentioned as a triggers for change in the social and healthcare sectors. From the demographic factor especially the aging society is one of the biggest issues in the social and healthcare sectors at the moment. The elderly become the largest population category in Europe and especially in Finland. This phenomenon affects the shrinkage of labour force with in the nation that means less taxpayers which pushes and add up the triggers for change from economic factor. Constant increase in the health and social care costs will cause a challenging circumstances for the social and healthcare environment and the

day to day decision making of prioritization by the social and healthcare professionals (Hopia & Hakala, 2015).

Furthermore, triggers for change emerges from Environmental factors such as; to be more ecological, recycling, environmental friendly and strict corporate social responsibility can be mentioned as triggers for change from environmental factors. Finally, triggers for change can develop from Legislation/Legal factors and Ethical factors such as; business regulations, quality regulations, transparency, business ethics, confidentiality, safety, surveillance and data security can be mentioned as triggers for change (Hans et al., 2012).

All in all, these above mentioned factors could appear in any given time separately or together with one another as a major trigger for a change in the social and healthcare sectors.

2.2 Sensemaking Theory

Sensemaking is the process through which people work to understand issues or events that are novel, vague, unexpected and confusing or in some other way infringe expectations. When actors in an organization face occasions of ambiguity or uncertainty, they seek to explain what is going on by extracting and interpreting cues from their environment, using these as the basis for a plausible account that provides order and “makes sense” of what has happened, and through which they continue to enact the environment (Maitlis & Christianson, 2014; Brown, 2000; Maitlis, 2005; Weick, 1995; Weick, Sutcliffe, & Obstfeld, 2005).

Moreover, sensemaking can also defined as an effort to create logical and coherent understandings that enable change (Weick, 1995) or an ongoing achievement through which people create their circumstances and actions and try to make them sensibly accountable to themselves and others (Weick, 2001). The process of sensemaking is most often initiated in organizations when individuals confront situations that are unexpected or confusing for them (Gioia & Thomas, 1996; Weick, 1995). In the time of change people in organizations exchange gossip, stories, rumors, and accounts of past experiences, and they take note of symbolic behaviors and actions (Gioia & Chittipeddi, 1991). Thus, sensemaking emerges as a conversational and descriptive process through which people create and maintain an

intersubjective world (Brown, 2000; Gephart, 1993, 1997; Watson & Bargiela-Chiappini, 1998). Moreover, sensemaking exceeds beyond interpretation and encompasses the active authoring of events and frameworks for understanding, as people play a role in constructing the very situations they attempt to comprehend (Sutcliffe, 2013).

As Maitlis & Christianson, (2014) mentioned that within the organizational literature, there is a rapidly growing body of research on sensemaking which is examining how sense is made in organizations and also the impact sensemaking has on a variety of key organizational processes, including strategic change and decision-making, innovation and creativity and organizational learning. This shows the importance of sensemaking as a central activity in organizations, and as one that lies at the very core of organizing. Thus, the topic and research question of this study can relate strongly to the above-mentioned theories especially in the context of strategic change highlighting the importance of sensemaking as a central activity in organizational change. That is why the theory of sensemaking was chosen to understand the complexity of the social and healthcare reform and to understand how employees that are middle level managers make sense of the ongoing change. Moreover, how the public and private social and healthcare providers build their relationship and cooperate.

Weick (1995), proposed a framework that offered an explanation for how individuals and organizations make sense of their environment. This research will use his framework as analytical tool for understanding how middle managers make sense of the ongoing social and healthcare reform and its complex environment. His approach moved the study of sensemaking beyond the individual experience and into the realm of organizations and organizing. He discusses sensemaking and organization as a phenomenon that is mutually constituted and people make sense of their environment through the influence of seven interrelated socio-psychological properties. These properties provide a way of understanding how individuals make sense of their complex situations. The seven properties of sensemaking are explained in the following section.

2.2.1. The Seven Properties of Sensemaking

According to Weick (1995), people make sense of their environments through the influence of seven socio-psychological properties. These properties provide the way of understanding how individuals make sense of their complex environment. These properties are explained as follows.

1. Grounded in identity construction:

This property underlines who we are and what factors have shaped our lives influence how we see the world. Our identity is continually being redefined as a result of experiences and contact with others in different kinds of environment, for example, parents, friends, religion, where we went to school, where we work and what type of job we do all affect how we view certain situations (Weick, 1995).

2. Retrospective:

We rely on past experiences to interpret current events. First people act and after that make sense of their action. Therefore, sensemaking is a comparative process. In order to give meaning to the “present” we compare it to a similar or familiar event from our past and rely on the past event to make sense (Helms Mills et al., 2010; Weick, 1995).

3. Focused on and by extracted cues:

In this property the sensemaking process comprises focusing on certain elements, while utterly ignoring others, in order to support our interpretation of an event. Since sensemaking is retrospective, past experiences, including rules and regulations, dictate what cues we will extract to make sense of a situation (Weick, 1995).

4. Driven by plausibility rather than accuracy:

Driven by plausibility rather than accuracy means that we do not rely on the accuracy of our perceptions when we make sense of an event. Instead, we look for cues that make our sensemaking seem conceivable. Therefore, we may distort or exclude what is accurate and potentially rely on incorrect decision-making in determining what is right or wrong (Helms Mills et al., 2010; Weick, 1995).

5. Enactive of the environment:

This property suggests that sensemaking is about making sense of an experience within our environment. When individuals speak it helps them to understand what they think and organize their experiences and to control and predict events. Thus, our sensemaking can be either inhibited or created by the very environment that it has created. Similar to a self-fulfilling prediction, this property maintains that the environment that has been created by the sensemaker reinforces his or her sense of credibility (Helms Mills et al., 2010; Weick, 1995).

6. Social:

This property acknowledges that the sensemaking process is depending on our interactions with others, whether physically present or not. We make sense for ourselves and we make sense for others as human thinking and social functioning are crucial aspects of one another. As well, an organization's rules, routines, symbols, and language will all have an impact on an individual's sensemaking activities and provide routines or scripts for appropriate conduct. But when routines or scripts do not exist, the individual is left to fall back on his or her own ways of making sense (Helms Mills et al., 2010; Weick, 1995).

7. Ongoing:

The process of sensemaking is a chronological process that never stops because sensemaking flows are continual. Although this seems to contradict, the statement that sensemaking is triggered by shocks or uncertainty. As Weick argues that we are constantly making sense of what is happening around us but that we separate moments and cues from this continuous sensemaking to make sense of the current situation, which we will be strained to attend to because of a break in the routine (Helms Mills et al., 2010; Weick, 1995).

Primarily, Weick (1995) claimed that the interrelated properties were equally important to the sensemaking process, although one or another could be more dominant according to the sensemaking event. More recently, he has acknowledged some of the criticisms and limitations of sensemaking, including the suggestion that some properties may be more crucial than others (Jean Helms et al, 2010).

Related to the above mentioned and as a main back up reference to this study, authors Lammassaari & Hiltunen (2015) in their research “Making sense of the health business in the Finnish healthcare reform” used Weick’s (1995) sensemaking theory as a tool to find out how an actor in the private health sector makes sense of the health business in the Finnish health care reform. Their research results show that from all the sensemaking processes the identity construction is the most essential one when actors in the private sector try to construct their role in the complex environment. Thus, in this research it will be significant to find out how the results will differ from private sector actors sensemaking to the public sector actors sensemaking or will it be the same concerning the Finnish healthcare reform and the entire complex environment.

2.2.2. Organizational Change and Managerial Sensemaking

As change becomes continuous in organizational life, middle managers charged with interpreting, communicating, and implementing change is a constant struggle for meaning (Lüscher & Lewis, 2008). Managing change has become the vital managerial responsibility as organizations constantly engage in some form of change from shifting organizational boundaries, to shifting organizational structure and to revising decision making processes (Kanter, Stein and Jick, 1992).

As Balogun & Johnson (2004) emphasized that even though top management and executives design projects and change, middle managers play a vital role in helping as critical change agents. Middle managers maneuver change initiatives, in that way aligning their units to executive mandates. Moreover, Huy (2002) described middle managers as the keystone of organizational change because they are acting as intermediaries between top management and the forefront subordinates. His study illustrates middle managers’ need to implement change while managing subordinates’ emotions, for change can spur devastating anxiety and resistance to change. Labianca, Gray, and Brass (2000) also underlined middle managers roles as models. Their findings show that employees watch their supervisors attentively and skeptical of management’s commitment to change. In such contexts, “sensemaking” becomes exceptionally

vital and difficult for middle managers. According to Weick (1995), sensemaking signifies efforts to interpret and create an order for events.

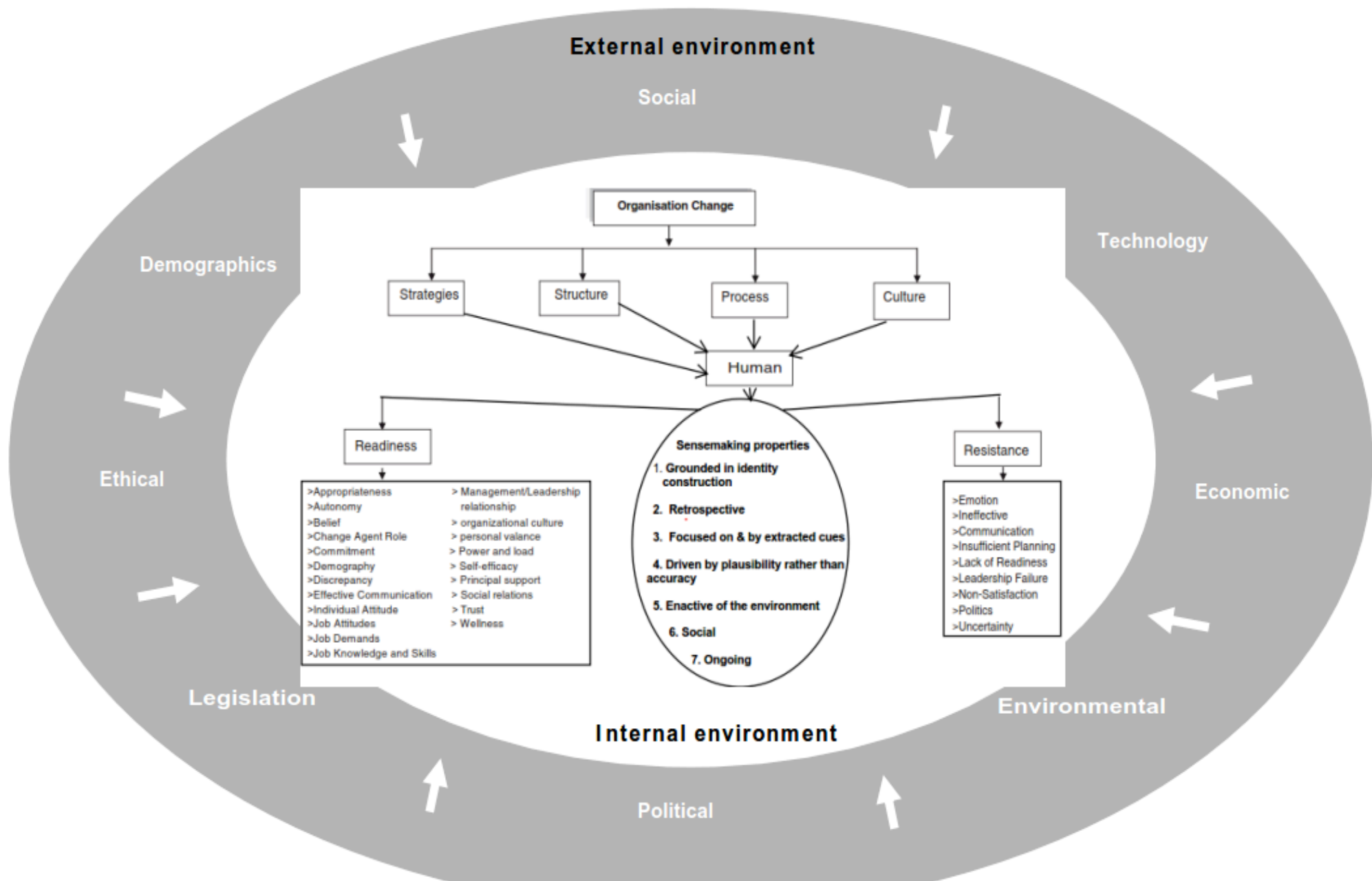
Nevertheless, middle managers must also communicate their understandings, especially in the midst of organizational change, in a way that provides their coworkers with workable certainty. Such “sensegiving” seeks to influence subordinates’ interpretations (Maitlis, 2005). However change may raise intense cognitive disorder for middle managers (McKinley & Scherer, 2000). Such circumstances spur misunderstanding, anxiety, and stress that hinder, or even incapacitate, decision making. Certainly Huy (2002) accused ineffective changes in organizations is due to managers’ incapability to cope with shifting organizational anticipations that dramatically change their cognitive and behavioral interactions with the world around them. Balogun and Johnson further explained that middle managers “have the challenge of grasping a change they did not design and discussing the details with others equally uninvolved from the strategic decision making” (2004: 543).

Unfortunately, studies of managerial sensemaking and change are rare (Maitlis, 2005). In particular, research offers limited insight into “how middle managers interpret change and sensemaking, and how their representations, or interpretive frameworks, develop and change” (Balogun & Johnson, 2004: 523). As Weick himself recently suggested that there is a need for empirical studies that make explicit use of the properties of sensemaking (Weick, 2005). That is why this study attempts to fill the gap by collecting the empirical data from middle managers, which are one of the significant parts of organizational change as mentioned above with different authors. This study also attempts to answer the main research question on how middle managers in public and private social and healthcare sectors make sense of the ongoing change in the Finnish social and healthcare reform. More recently Weick has suggested that there is a need for empirical studies that make explicit use of the properties of sensemaking (Weick, 2005).

2.3 Theoretical framework of the study

Figure 3, illustrates the theoretical framework of this study. The theoretical approach is entirely based on the preceding discussions on the theoretical background. Thus, the paradigm of the

framework is covered in the prior section of this chapter. The overall context of the framework is organizational change and this study strongly relies on the basis of the fact that change is inevitable in any organizational environment especially in the social and healthcare sector. The framework consists of three major constituents of the theoretical discussion; that are the internal environment of an organization, the external environment of an organization and sensemaking properties.



This theoretical framework supposes that, successful and comprehensive implementation of organizational change should be approached through the employees of an organization.

Most importantly, through middle managers who are the bridge between the higher management and basic employees. Accordingly, the framework portrays how the internal environment and external environment of an organization reflected by employees through sensemaking properties.

The major point of the theoretical framework is understanding and recognizing the interrelation and intertwined link between factors that are triggers of change from the internal and external environment of organizations and how these triggers of change are recognized and addressed through sensemaking properties.

As Scott and Davis (2007) highlighted to have an effective organizational change management in social and healthcare organizations, managers should obtain external and internal organizational perspectives. Moreover, social and healthcare organizations are thought to be open systems and that they must interact with their external environments. This is essential to obtain critical resources and address numerous and dynamic external influences that affect the organization. In addition to that authors, Hans et al. (2012) stressed that the way social and health care organizations are organized is perhaps most influenced by its external environment.

Consequently, the need for organizational change is indeed an ongoing and an inevitable and essential process, which the modern organizations must discern (Drucker, 1999; Sturdy and Grey, 2003). However, putting these into practice one must realize such fundamental changes affect the organization internally through an increase in uncertainty, anxiety, stress and resistance (Conway and Monks, 2011; Weber and Weber, 2001). These employee-based factors are consequently critical to the success or failure of organizationally driven change programmes.

Therefore, based on the above discussion the theoretical framework of this study argues that for successful implementation of organizational change; theories of sensemaking, managerial sensemaking and properties of sensemaking are essential tools for employees and managers in the time of organizational change to put things in perspective. This shows

that the importance of sensemaking as a central activity in organizations, and one that lies at the very core of organizing.

As the above authors stressed fundamental organizational changes affect the organization internally through an increase in uncertainty, anxiety, stress and resistance. Thus, it proves that the seven-sensemaking properties can be a good tool for employees and managers to understand and make sense of the change and create some certainty.

Sensemaking is the process through which people work to understand issues or events that are novel, vague, unexpected and confusing or in some other way infringe expectations. When actors in an organization face occasions of ambiguity or uncertainty, they seek to explain what is going on by extracting and interpreting cues from their environment, using these as the basis for a plausible account that provides order and “makes sense” of what has happened, and through which they continue to enact the environment (Maitlis & Christianson, 2014). Moreover, sensemaking exceeds beyond interpretation and encompasses the active authoring of events and frameworks for understanding, as people play a role in constructing the very situations they attempt to comprehend (Sutcliffe, 2013).

In this regard the strong connection between organizational change and sensemaking are evident. Moreover, as Balogun & Jhonson (2004) emphasized that even though top management and executives design projects and change, middle managers play a vital role in helping as critical change agents. Middle managers maneuver change initiatives and in that way aligning their units to executive mandates. Huy (2002) described middle managers as the keystone of organizational change, they are acting as intermediaries between top management and the forefront subordinates. His study illustrates middle managers’ need to implement change while managing subordinates’ emotions, for change can spur devastating anxiety and resisting a change. Labianca, Gray, and Brass (2000) also underlined middle managers roles as models. Their findings shows that employees watch their supervisors attentively, skeptical of management’s commitment to change. In such contexts, “sensemaking” becomes exceptionally vital and difficult for middle managers.

As Balogun & Johnson (2004) mentioned that research offers limited insight into “how middle managers interpret change and sensemaking, and how their representations, or interpretive frameworks, develop and change”. That is why this study attempts to fill the gap by collecting the empirical data from middle managers that are one of the significant parts of

organizational change as mentioned above with different authors. And answers the main research question how middle managers in public and private social and healthcare sectors make sense of the ongoing change in the Finnish social and healthcare reform. Most importantly, from the seven properties of sensemaking which one of them has significant impact in how middle managers in the public and private social and healthcare sectors make sense of the ongoing SOTE reform?

3. RESEARCH METHODOLOGY

3.1 Methodological Approach

The aim of the empirical study is to find out how middle managers make sense of the ongoing reform by using the seven-sensemaking properties. In this study qualitative research method is applied and more specifically, case-study methodological approach is utilized as this method reflects a natural research design (Yin, 2009). Yin (2003) described case study as a research approach that is applied to understand complex social phenomenon in actual events. Case study also defined as the study of one or many cases where the main objective is to define, analyze and solve the case. The studied case plays as a crucial role that is described by the research question and methodological selections. Furthermore, the research question of this study supports the case study approach as “why”, “how” and “what” questions are seen as conditions to select this approach (Eriksson & Koistinen, 2014).

This study conducts the empirical research by using intensive multiple case study approach. As in the Eriksson & Kovalainen (2008) definition, intensive case study research aims to understand and explore the case from the inside and develop understanding from the perspectives of the people involved in the case through contextualized and thick description of one or a few cases. And most importantly why the intensive multiple case study approach selected in this study is because it helps to highlight the interpretation and understanding of the case, as well as elaboration of cultural meanings and sense-making processes of middle managers in this study context (Eriksson & Kovalainen, 2008).

3.2 Research context

In this study the research context relies on middle managers both from the private and public social and healthcare sectors at Espoo city.

Espoo city social and healthcare department consists of quite big different service sectors to the citizens. In short description it consists of:

- General Health (GP) services: such as, healthcare centers, dental care service, mental health and substance abuse clinics
- Services for disabled people
- Elderly people's services: such as, homecare sheltered housing or elderly people's homes.
- Immigrant services
- Families with children: such as, neuvola, child protection.
- Social welfare and income support services (espoo.fi)

From the above mentioned different social and healthcare service lines this research will focus on more to the ones, which have the most public-private service providing cooperation. Thus, based on pre-collected information this study gathered the empirical data from the three most crucial service sectors that are widely used in practice in terms of cooperation between the public and private sectors. These are; the general health services especially the families with children, mental health and substance abuse and then elderly services. The above-mentioned category provided a clear picture and focus to conduct consistence information both from the private and public sector middle managers that are engaged in the activities of private and public social and healthcare cooperation.

3.3 Data Collection

The aim of conducting the empirical data in this study was to gain a deeper understanding of middle managers sensemaking process concerning their changing environment. Interviews are widely used in academic research and very popular in qualitative research methodology (Eriksson & Kovalainen, 2008; Seidman, 2013). The interview method was used as an important method for primary data collection in a case study where the research is by its

nature exploratory (Bhattacharjee 2012, 96). Thus, interview as a data collection method is selected in this study.

In this study six middle managers in total were interviewed. Three interviewees are from the public social and healthcare sector and the other three from the private social and healthcare sectors who have cooperation inside Espoo city (Table 1).

Table 1. Data collection

Interviewees	Method of data collection	Number of participants	Date of interviews	Duration/ minutes	Transcribed pages
Private-Sector Middle managers	Face-to-face interviews	3	03/11/2016-09/11/2016	31-56	24
Public-Sector Middle managers	Face-to-face interviews	3	24/02/2016-01/11/2016	30- 66	31
Total		6			55

There were a total of 55 transcribed pages of data and the interviews duration were between 30 to 66 minutes.

This study used semi-structured in-depth interviews method. This method guides the interview to the direction where the research question is intended to find out but it also gives the interviewee a chance to express his/her opinion more in a more relaxed and not restricted way. This allows new ideas to be brought up during the interview, which might not be realized if the interview is fully structured (Eriksson & Kovalainen, 2008). Moreover, it allows the interviewers to explore deeply in to social and personal matters (DiCicco-Bloom & Crabtree, 2006). Especially, face-to-face interviews create advantages to recognize social cues, such as voice, intonation and body language in which interviewee can give to interviewer a great amount of extra information that can be added to the verbal answer of the interviewee on a question (Opdenakker, 2006). Thus, based on the above evidence this study chose semi-structured interview as the right method to collect the empirical data.

All the interviewees were asked similar questions by the interviewer in a certain order to keep the flow of questions smooth but in a flexible manner. That way it guided the interviewees to explain their answers coherently and gain knowledge about the studied phenomena (Brewerton & Millward, 2001; Qu & Dumay, 2011).

Ethical issues in this study are well recognized and respected. The interview process consisted few ethical issues, which needed to be taken in to consideration. DiCocco-Bloom and Crabtree (2006) highlighted four ethical issues related to the interview process: reducing the risk of unanticipated harm, protecting the interviewees' information, effectively informing interviewees about the nature of the study, and reducing the risk of exploitation. Accordingly, the mentioned ethical issues are addressd in this study and most of all the anonymity of the interviewees' was kept confidential. Furthermore, before the actual interview date the purpose of the study is addressed to the interviewees' as a cover letter to keep the transparency of the study and prepare the interviewees'.

3.4 Analysis of the Data

Deductive content analysis approach was applied in this study in order to analyse the collected qualitative data. Deductive content analysis is used when the structure of analysis is operationalized on the basis of previous knowledge and the purpose of the study is theory testing (Elo & kyngäsh, 2008). Deductive approach reflects using existing theories to analyze and outline the data (Mark et al., 2009). Consequently, the data of this study was analyzed using a theory driven content analysis framework derived from previous literature in sensemaking theory and managerial sensemaking. Moreover, theory-driven coding categories applied through each of Weick's (1995) seven sensemaking properties.

In this study Weick's (1995) the seven sensemaking properties framework are adopted as a methodological tool for analysing the interview data. Even if the sensemaking framework is not widely applied as a method of analysis Helms Mills et al. (2010), this study used this analytical tool to analyze the collected data. Based on Weick (1995), people make sense of their environments through the influence of seven Socio-psychological properties. These properties provide a way of understanding how individuals make sense of their complex situations.

Although some authors as Thurlow and Helms (2009, p.462) pointed out that not all the seven properties may be noticeable in the process of sensemaking, this study applied all of the seven sensemaking properties to gain a broad understanding concerning the sensemaking process of middle managers both from the private and public social and healthcare sectors.

First the interviews were recorded. Recording facilitates capturing the entire interview data and makes it easier to fully focus on the interview. Moreover, a recording makes it simple to access any specific information from the interview afterwards (Krueger and Casey, 2000). Next, the recorded interviews data was transcribed in to a written form. Outsourced professional transcription service provider did the transcription to save time and keep the transcription accurate.

After acquiring the transcribed interview data the data was read several times and examined the data for a clear understanding before the coding started. Coding, which is commonly used approach, means tagging segments of texts and then sorting text segments with similar content into separate categories for a final refinement into major themes (DiCocco-Bloom & Crabtree, 2006). In this study the meanings of the data content summarized and categorized based on the pre-selected theory-driven coding categories. Then, the meaning of the data structured and distributed according to the categories. Structuring of meanings applied when data consists narratives (Mark et al., 2009).

4. EMPIRICAL EVIDENCE OF MIDDLE MANAGERS SENSEMAKING

In this chapter the study presents the background of the Ongoing Finnish Social and Healthcare Reform and the results of the empirical analysis. First, the study explains the purpose of the Ongoing Finnish Social and Healthcare Reform for a better understanding of the reform objectives and the middle managers sensemaking of the reform.

Secondly, the study aims to analyze how the private and public sector middle managers from the social and healthcare sectors make sense of the ongoing reform through the seven-sensemaking properties. The analysis is anchored to the interviews with direct quotations from the interviewees' answers to signify the analyzed facts clearly. The structure of the analysis presented the interpretation first, then the example quotations and detailed explanations. The analysis is majorly based the example quotations and expressions from the interviews. The quotations are indented from the body text and written with *italics*. In the quotations the name of the companies mentioned are replaced with XYZ.

4.1. Background of the Ongoing Finnish Social and Healthcare Reform

As the Ministry of Social Affairs and Health in Finland stated the social and healthcare reform aims to create a novel service structure in the overall Finland's public social welfare and health services. A government bill for a new SOTE (Social and Health care) arrangement Act came before Parliament on December 2014. The Act will reform the arrangement, production, administration, planning, funding and control of municipal social welfare and health care. The objective of the SOTE reform is the protection of equal, client-centered and high-quality social welfare and healthcare services throughout the country. The citizens currently receive different level services depending on their location of residence and whether they use municipal or occupational healthcare services provided by the employer.

The major two reasons why the SOTE reform is needed are that the Finnish healthcare system is socio-economically unequal and biased in favor of high-income groups. Inequalities are due to the long waiting lists for public healthcare, fast lanes for occupational healthcare, as well as regional differences in access to and quality of care. Second, due to population aging healthcare expenses are rising rapidly. Healthcare spending in relation to the GDP increased from 6.9% (€14 billion in fixed 2014 prices) in 2000 to 9.6% (€21

billion) in 2015; this is marginally higher than the OECD average 9.1%. The main objectives of the reform are to reduce social and geographical inequalities in access, and concurrently to combat the cost expansion. The reform is expected to save €3 billion annually by the year 2030 (Kalliomaa-Puha & Kangas, 2016).

Moreover, the main purpose is to strengthen basic social welfare and healthcare services and create smooth services and care chains. This will enable new ways of providing services efficiently and cost-effectively. At present about 317 different municipal organizations are responsible for organizing social welfare and healthcare services and providing them. From those seven municipalities have already outsourced all of their services to private service providers and an additional 16 are currently considering the same path. This is due to municipalities struggling to brawl a tight funds for the services and it will be expected to continue in the future. Municipalities are anticipated to enter 10 to 20 years of contract with private service providers to outsource and secure the future of their health care centers even with in the ongoing reform that holds full of uncertainties. Such contracts will later complicate the implementation of the reform or related changes, the objective of which is to rationalize the provision of services and to check the increase in health care costs in areas larger than a single municipality (Helsinki times, 06 March 2015).

The proposed reform will separate the arrangement and the production of the services. Five social welfare and health care regions will be responsible for organizing the services and municipality or a joint municipal authority will be responsible for producing the services. It is planned that the new regions responsible for healthcare services will begin to run from 1st January 2017. The reform forms a productive platform for innovations in constructing the new structure (Lammassaari & Hiltunen, 2015).

However, very recently the government announced after a parliamentary committee that the proposed Social and Healthcare Reform would be against the Finnish constitution. Parliament's Constitutional Law committee has presented a report that rejects a broad reform of health and social care that has been in the works for several years. The committee articulates that the proposals will need considerable changes to comply with the constitution (Yle News, 25.2.2015). The committee says that such radical changes cannot be brought in through the normal legislative procedures. The constitutional issues arise, according to the committee, from the new system's administration and financing models. The designed

models run counter to municipalities' right to self-administration and democratic decision-making (Yle News, 25.2.2015).

The chairman of the committee stated that the administration is constructed based on an unwieldy, split-level structure. These huge joint administrations are an unprecedented size, with an average of 60 municipalities each. These are problematic from a democratic perspective, as an individual citizen's voice would not have enough weight in the upper levels of social and healthcare decision-making. The proposed model stated that around half of municipalities' income would be transferred to the five SOTE regional authorities, which would then transfer that cash to the 19 service provider regions. Finnish municipalities currently fund themselves and their services by levying an income tax of between 16 and 24 percent on residents, but the rate can vary and the committee believes that differences under the SOTE model could increase. The committee believes that upward pressures on municipal taxation are now so great that the whole funding model is unconstitutional. Even after adjustments in the system, the changes in the SOTE model would double the differences in tax rates between municipalities. That is already too much from a constitutional perspective (Yle News, 25.2.2015).

Based on the above mentioned reasons and many other public debates the fate of the social and health care reform is pushed and will be decided by the next government which will be in position shortly. The minister of health and social Laura Rätty and the Minister of Social Services Susanna Huovinen both agreed that the SOTE reform issue should be addressed as soon as the next government takes office (Finland Times, 27 Mar 2015).

All in all, the proposed SOTE-reform is still far from finished until the final submission of this study year 2018. Nevertheless, the ambitious aim is still alive even if the actual date of implementation was targeted for January 2017. Conversely, the public and private social and healthcare cooperation is still ongoing even in these vague, unclear and exasperating circumstances.

This study emphasizes on the complexity of the social and healthcare management and decision making in the social and healthcare reform from the perspective of public and private sector social and healthcare cooperation. Thus, this research answers, how do middle level managers in public and private healthcare sectors make sense of the ongoing Finnish Healthcare Reform? And furthermore, make a long-term plan and decisions with in this full

of uncertainties. To find out how the middle managers make sense of the ongoing change this study depicts sensemaking theory, managerial sensemaking and the seven-sensemaking properties framework by Weick (1995) for the analysis part of the study.

Based on the above-mentioned uncertainties this study suggests that the environment of ongoing reform and change produce a situation of complexity among organizational members. Irrespective of the challenges raised by the social and healthcare, the reforms of social and health care systems are relatively unexplored area in sensemaking literature (Denis et al., 2009). Thus, this thesis analyzes the sensemaking process of middle level managers both from the public and private social and healthcare sectors concerning the SOTE (Social and Healthcare) reform from the perspective of a changing environment.

4.2. Empirical Evidence of Middle Managers Sensemaking through the Seven Sensemaking Properties

4.2.1. Grounded in identity construction:

This property, as one of the seven sensemaking properties, underlines who we are and what factors have shaped our lives influence how we see the world. Our identity is continually being redefined as a result of experiences and contact with others in different kinds of environment, for example, parents, friends, religion, where we went to school, where we work and what type of job we do all affect how we view certain situations (Weick 1995).

Private sector middle managers

The private sector middle manager explained his identity, in which he is part of the private social and health care providers and thus emphasized with in the SOTE reform their representation will have as equal power and opportunities as the public social and health care providers:

“We are in the position, as a private provider, it's always the public organization who is telling that, we have this much money, that we are paying you, and this is the service that you have to provide, and then we are doing as they are telling us. But now, if this plan is going to happen, then, I believe that there would be much more integration and co-operation between public providers and private providers, and, in many senses, they would be more equal than we are today. We are talking about these partnerships, and there are examples about partnerships that public and private have done together,

but it's more or less so that the public sector is the one who says what we are-, what we have to do. Okay, we are in a partnership, but the power is there, where the money is”

The fact that the public sector is in control of arranging, producing and deciding in how to provide social and health care services in the country has an effect on how the private sector social and healthcare providers build their identity and specific role in the sector. However, they anticipate that the SOTE reform will give equal opportunity to be part of the whole process.

Moreover, the private sector middle manager grounded the approach towards client-centered care and efficiency as their identity (private sector) and made a comparison against the public sector as follows:

“[...] In some areas, it's very unproductive and expensive, but then there are also areas where it's effective and costs are in good control. But it depends very much. If we look at the municipalities, I think that they still have quite much administrative stuff, and the focus is not always on the customer or the end user, but it's more on the organization itself. And there are people who are doing just work for the organization itself, not for the customer. Then in the private sector, we always have to think about the actual end customer, because we are a service provider, we try to always think about the end customer first, and we try to, in order to be cost effective and lean organization, we try to get rid of all extra administration.”

In addition to the above mentioned, the other private middle manager point out efficiency and quality services for the client as they will be enhanced through the SOTE (social and healthcare) reform:

“Hoping that the Sote would bring more efficiency. [...] But mainly hoping that it would bring something good. And efficiency that the private sector has always been highlighting, [...]. But perhaps Sote will now bring the same efficiency and good service to the whole health and social sector, and not only the private sector”.

The above both discussions by the private sector middle managers reflect their identity construction on how the private sector social and healthcare providers aim to be effective

and client-centered compared to the public sector social and health care providers. They hope the SOTE reform will bring standard requirements and measurements that focus on client-centered care, well organized and quality service to the entire social and healthcare providers in the country.

Public Sector Middle managers

Concerning the proposed SOTE reform the public sector middle manager formed an identity as part of their office member and make sense of the ongoing change as follows;

“[...] It brings some sort of anxiety and, maybe not fear, fear is a bit too strong a word. But still, to not know what it's going to mean for us, what it's going to mean for our office here, our workers, and how it's going to affect. But then on the other hand, I feel that it's such a big reform that we, in this office, don't really have that much say on the issues. That it's kind of just waiting, what will happen. Someone will let us know how it's going to affect. [...] Other smaller issues that we have to deal with right now. So it's still-, even it's not that far away, it just seems kind of a big and far away issue that doesn't affect every day work here.”

The public middle manager explained how the ongoing change in SOTE reform created some sort of anxiety and ambiguity within their working place. Moreover, not knowing what it means to their office and how it is going to affect their working environment make it difficult to construct a clear identity. However, the public middle manager as a coping mechanism makes sense of the ongoing reform as a big change that it is beyond their control and just focus on what is needed at the moment and expecting someone as a sensemaker to explain how will it affect them.

4.2.2 Retrospective:

We rely on past experiences to interpret current events. Consequently, sensemaking is a comparative process. In order to give meaning to the “present” we compare it to a similar or familiar event from our past and rely on the past event to make sense. First people act and afterwards make sense of their actions (Helms Mills et al., 2010; Weick, 1995).

Private sector middle managers

In the retrospective process the private sector middle manager reflects and makes sense of the reform process from 10 years experience in the social and healthcare sector as follows:

“Because I started ten years ago in this sector myself, I know that there are many studies that have been done about the effectiveness of the public sector service provisioning. But, it's so dominant, the public sector, that they always try to keep those studies out of the slide, like, they don't exist. Because the facts are, often they are very ugly.

[...] For example, in this Helsinki [terveyskeskus], these public health care centers, a doctor meets, in average, seven to eight patients per day, if we take all the doctors, they have 500 doctors in health care center They meet only seven to eight patients per day, in average, over a year. And that's a very small number. If we take our health care centers, the doctors, they meet 15 – 20 patients per day, which is double. But it's also related to the salary models, for example. They have fixed salary, and then there is no, like, productivity related elements in the salary and so on”.

With this discussion he made a point of a comparative process how the public social and health care services overlooked in terms efficiency and effectiveness in the past. Even if there is a study that shows a gap in results comparing to the private sector there has not been any significant action taken to enhance the services and incorporate innovation. This is because of a monopolistic power from the public sector, lack of motivation and productivity from the professionals. Moreover, the private sector middle manager also points out the following:

“Generally, I'm quite positive about the objectives. Because Finland has been very, kind of, segmented and fragmented in this sector, because the municipalities have been responsible for organizing and providing the services to the citizens. And we have too many municipalities in Finland, it is over 300 and not all of them have enough capabilities to provide these, sometimes quite complex services, and they have many different levels, and so on. So, I think the objective is very good. And, of course there is a big difference, if we are talking about basic level health care services or special level social care services, or... So, we have different types of services that are included in the sector. So they cannot be, kind of, taken as one whole thing, but have to be considered separately. And then somehow connected to each other, because today, the

system is too, as I said, it's too fragmented. So it needs some co-ordination, but it needs also different solutions in different areas”.

The private middle manager also stressed in the above discussion, the past way of addressing social and healthcare services are quite fragmented and ineffective. Thus, he has a positive outlook in the objectives of the SOTE reform that separates the arrangement and the production of the services. And a bit more centralized social welfare and health care regions that will be responsible for organizing the services and municipality or a joint municipal authorities will be responsible for producing the services.

Public Sector Middle managers

The public middle manager makes sense of the ongoing change in social and healthcare in a retrospective experience of working 16 years in their institution;

“Well, I have get used to it, because I have been working in Espoo, like, sixteen years [...] So, I'm used to it, that the changes, that our managers and leaders maybe know them earlier, but somehow they are often failing to prepare others to that changes.”

In this discussion the past experience of working more than 16 years in the same institution in time of change helped the public middle manager to make sense, prepare and accept the coming change in the SOTE reform. However, the public middle manager point out the lack of sensegiving from their managers and leaders to the employees to prepare them to the coming change.

4.2.3 Focused on and by extracted cues:

In this property the sensemaking process comprises focusing on certain elements, while utterly ignoring others, in order to support our interpretation of an event. Since sensemaking is retrospective, past experiences, including rules and regulations, dictate what cues we will extract to make sense of a situation (Weick, 1995). Organizations may disregard other cues from the environment in order to stay on track by targeting on key elements of their strategic plan. Thus, the sensemaking process could allow individuals to interpret cues, or features of a map, in ways that support their opinions (Helms Mills et al., 2010).

Private sector middle managers

The private middle manager uses some of the cues of the proposed SOTE reform objectives to justify their position as a private sector social and health care provider comparing with public sector. And also how it will be the cooperation between them:

“Yeah. It's a little bit difficult to say at this point, how it will, in practice, impact. But I think that in child welfare specifically, now we have hundreds of municipalities who are ordering these services. But then in the future, it would be less organizations, and they would be much bigger organizations who would be ordering the services from us. So I think that in the future there would be-, if we have bigger organizations, ordering the services from us, they would have more a professional type of approach for ordering the services, like compared to the small municipalities, who often, they lack some knowledge about the procurement things, and buying services from private providers. So I think that we would get more standardized type of quality requirements and service level requirements than in the current situation”.

Moreover, the private middle manager underlined the rules and regulations as a cue from the proposed SOTE reform plans and anticipated certain requirements and standard rules in how to provide services and cooperate with the public sector explained as follows:

[...] In a way, it is good for the service providers that the order organizations are not that strong, but on the other hand, because they are unprofessional, it's also difficult because we don't know what they are expecting and wanting from us, and it changes from one municipality to another. And we have 300 different customers So, in the future [...] the requirements would be a little bit higher maybe, or quite likely. But, it would also be much simpler because we don't have that wide spectrum of different kind of requirements. So that's, I think, the key, from our perspective. And, there would be pluses and minuses, but in this sector, I think it would be neutral or even a little bit positive to us as a big service provider”.

The above statement explains how difficult it is to cooperate with the public sector because of the lack of professionalism and not knowing what services need to be procured from the

private sector. Moreover, the needs and expectation varies from one municipality to another. Thus, the private middle managers hope within the proposed SOTE reform objective is to centralize the regions to fewer numbers easing their work and will have some standard requirements that will help the cooperation between the public and private social and health care service arrangement and delivery. Furthermore, the private sector middle manager reflects his point of views in how the small private service providers fit in the proposed SOTE reform as follows:

“And talking about small service providers, I think that, there will be room for small providers, if they are specialized and focused on certain type of services and groups. But of course, in the future, it might be more difficult for small service providers if the requirements go high, and are more difficult, and there will likely be some requirements for, for example, quality management systems, and so on. So, it takes a lot of resources to respond to all those requirements”.

In the above discussion the private middle manager reflected an idea from the proposed SOTE reform in how the small private service providers should prepare themselves to fit in on the ongoing change and sustain their businesses by focusing and specializing in certain areas. However, it might be difficult for small service providers if the standards and requirements to provide services are very high.

Public Sector Middle managers

The public middle manager extracted cues from the current experience in their office and make sense of the impact of the ongoing SOTE reform in their institution as follows;

“Well, for our office, it has changed. Or has affected, [...] concerning our new office space move. We're supposed to move in the end of this year. And then, we have this new, new rule, or what it's called, that we can't lease it for ten years that was supposed to be because of [...] Sote is coming up. So we can't make long-term arrangements within child welfare because we don't know how it's going to be [...]

The above discussion highlighted how the public middle manager extracted cues from the recent experience in their office. Such cues as, the difficulty to lease office space for a longer period of time and challenges to make long-term plans because of the reform. Thus,

the public middle manager makes sense of the ongoing SOTE reform as a hindrance to having long term plans because of the uncertainty and vagueness it created.

Moreover, the public middle manager explained how the SOTE reform would impact the cooperation that they have with the private sector as follows;

“I think it's going to be [...] more private sectors. It's something that we can see already here, that a few years back, it was more that our own-, or Espoo provided the services, and now we're buying more and more services from outside, from private sector companies. So I think that's the trend that is going to grow. There is good aspects that we have more services available. Clients don't have to wait, there's no queues any longer for our services. They get the services much faster.”

The public middle manager makes sense of the ongoing SOTE reform by taking cues from the current cooperation with the private sector social and healthcare providers. Currently their city procures more and more services from the private sector. Thus, the middle manager believes there will be more private sectors giving services when the reform is in practice. Accordingly, the availability of services will be improved; clients get services quicker and do not have to queue longer to get services.

4.2.4 Driven by plausibility rather than accuracy:

Driven by plausibility rather than accuracy means not relying on the accuracy of our perceptions when we make sense of an event. Instead, we look for cues that make our sensemaking seem conceivable. Plausibility is an impression that something makes sense and feels right. It is strongly associated with “pragmatics, coherence, reasonableness, creation, invention, and instrumentality” (Weick 1995, 57). Therefore, we may distort or exclude what is accurate and potentially rely on incorrect decision-making in determining what is right or wrong (Helms Mills et al., 2010 Weick, 1995).

Private sector middle managers

The private middle manager drives plausible reason thinking that the recent decision made by their company is because of the proposed SOTE reform plans as discussed as follows:

“So, probably because of the coming Sote reform, XYZ was a small individual company before and probably because of this Sote, it made the decision that they are

going to merge with this bigger company which is now called XYZ. And, the main reason to make that decision was that they were anticipating that small companies will not succeed after the Sote reform comes. So they merged with another one”.

The private middle managers sensemaking of the ongoing change in their company is to merge with bigger company is guided by cues from the proposed SOTE reform that plans to create five social welfare and health care regions that will be responsible for organizing the services. The plan of centralizing the regions necessitated for the small companies to strengthen their capacity by merging with bigger companies to succeed when the SOTE reform is implemented. The logic of the private middle manager can be applied for other small companies to strengthen themselves and collaborate with other companies to sustain their businesses when the SOTE reform is implemented.

In addition to that other private middle manager constructs plausible risk factors that could happen to their business by taking cues from the proposed SOTE reform objectives of having big regions:

“Yeah. What I've been thinking is that, [...] if we will have these regions, that have much more power than they have today, because several municipalities will be combined in this big region, and if there is not clear enough division between the buyer and the provider side, there is a risk that some of the buyers, if they are too close to the existing, like, public service provisioning, there is a risk that they will create public monopoly around some services. The risk is that some of the regions start to think, that, okay, now we are strong enough that we will do everything ourselves. [...] We don't need anyone else. [...] There is a risk that there will be a big chaos for some years if it's not well managed and coordinated But of course, sometimes you need a chaos in order to get something better out of that”.

The private middle manager’s sensemaking which is based on the cues from the proposed SOTE reform of making bigger regions might not only create opportunities but also threats to their business as a private service provider if there is no clear buyer and provider segment. Supposing when one region contains tens of municipalities it might strengthen the capacity of the regions that might develop an interest of providing services only by the public service

providers and create a monopoly. In the context of a business entity assessing the risk factors, the explanation of the private sector middle manager should be plausible.

Public Sector Middle managers

The public sector middle manager constructs plausible challenges that might come from the proposed SOTE reform objectives aiming at clients free choices to services and explained it as follows;

“[...] Well, I think that, in now, the system has it that, we have professionals who are investigating the families' situations and deciding together with the families or the clients, which services are applying for the families and for the clients. And I think that it should [...] remain that the professionals will make the decisions, last decisions of what kind of services. And families cannot choose them by themselves, all by themselves. And that is something that we are slipping into, that now, in the system [...] But the families cannot know that, at the same level that the professionals can, you know, evaluate, what you need. So, that is something that we have to stick to that. But the Sote reform is a little bit leading to other side, that the clients and the, families can choose the services by themselves.”

The public middle manager's sensemaking is grounded by cues from the proposed SOTE reform objectives which aim for free choice of services by the client. The public middle manager thinks the mentioned objective would create a challenge to clients to choose the right services for themselves especially in the social care services. Hence, as the social care services are more complicated there should be a professional guidance to choose the right services and make the decision for clients. The explanation of the public middle manager ought to be plausible for other actors especially for clients in social care.

4.2.5 Enactive of the environment:

This property suggests that sensemaking is about making sense of an experience within our environment. When individuals speak it helps them to understand what they think and organize their experiences and to control and predict events. Thus, our sensemaking can be either inhibited or created by the very environment that it has created. Similar to a self-fulfilling prediction, this property maintains that the environment that has been created by the sensemaker reinforces his or her sense of credibility (Helms Mills et al., 2010; Weick, 1995).

Private sector middle managers

The private middle manager creates sense from the working environment and company strategy in how their existence as a private service provider will evolve when the proposed SOTE reform is implemented:

“[...] We try to be very pragmatic in this situation. We have at least two years before this new legislation will become effective. Maybe even more, let's see. But we think that, now we have two years, [...] make very good services to the end customers and make our position even stronger than it is currently. [...] I think that only that way, we can try to ensure that we are also a strong player in the future. [...] We have a lot of customers who are in a very high need of the services. So, those people can't be, like, let out in day one when the Sote starts. [...] There has to be some continuity. Then, the stronger we are, the better chances we have to be strong also in the future. So, we are developing ourselves, like, to be ready in the next phase”.

The private middle manager reflects that the existence of their company in the implementation of SOTE reform majorly depends on how they give client-centered services and satisfy the end users. Thus, having more satisfied clients and several clients would secure a position for their company in the future.

Public Middle manager

The public middle manager makes sense of the SOTE reform and the possible impacts it might create to their organization by comparing it with another reform that is ongoing in their working environment;

“I think it's still, even though it's not that far away in the future, I think we have more pressing issues, like the new social welfare act, that is already coming into effect, and it still, it hasn't really organized as yet. And I think there is still a lot to do with that one. So, I think Sote is maybe just a bit, it's still further away and maybe not so much involves us, sort of middle management people, that we haven't talked about it really that much”.

The public middle manager sensemaking concerning the impact of the SOTE reform is based on what is going on in their working environment. The fact that there is another reform presently in practice and engaging in their working environment makes the public middle manager able to make sense of the SOTE reform as such a latter issue even if it is not that far away in the future. However, the middle manager wants to know the involvement of their city and hoping to get more information about the impacts of SOTE reform;

“Sometimes, yeah. I would like to know maybe more about Espoo's involvement in it. Because we get the general idea of it from media and these different groups that work on it, and... But then from Espoo's involvement, who are they that are maybe, hopefully someone from Espoo. And we get every now and then a little information, but not as much as I would like to, like to know where it's going”.

Besides, the above statement implies the public middle manager's keenness to know the involvement of their city in the SOTE reform. Nevertheless, there is a lack of information, sensemaker and unclearness to know more about the reform and its prospects.

4.2.6 Social:

This property acknowledges that the sensemaking process is depending on our interactions with others, whether physically present or not. We make sense for ourselves and we make sense for others as human thinking and social functioning are crucial aspects of one another. As well, an organization's rules, routines, symbols, and language will all have an impact on an individual's sensemaking activities and provide routines or scripts for appropriate conduct. However, when routines or scripts do not exist, the individual is left to fall back on his or her own ways of making sense (Helms Mills et al., 2010; Weick, 1995).

Private sector middle managers

The private middle manager explained how in their organization they try to make sense of the ongoing SOTE reform as follows;

“We are trying to address this very issue in all the situations that where it's relevant. And we are trying to make people understand where we are going and where we are standing and how is it likely to impact us. We try to make people feel safe that okay, it's not going to be a big change, and so on [...]”.

The private middle manager sensemaking is constructed on the interaction with other actors and also acted as a sensemaker to make people comfortable in the process of the SOTE reform.

Additionally, other private middle manager sensemaking of the ongoing SOTE reform are explained as follows;

“[...] I think I’m, like a person, I’m open-minded but it gives this certain insecurity because there are many open questions and we have to all the time remember that and keep this discussion going on. We have once a month these team meetings with our workers and then we have once a month meetings with my supervisor’s. In every meeting we go through these discussions, that if someone has heard something or someone has some question in mind, [...] they are allowed to ask and they tease things and thoughts to discussion. We can’t give the answers but we can give the space to discuss it.”

The above discussion illustrates how the private middle manager makes sense of the ongoing SOTE reform with his colleagues and supervisors. However, because of the uncertainty and ambiguity of the proposed reform it is hard to plan and give an answer in what is going on or what to happen next. Due to that it created certain anxiety to the private middle manager and his colleagues.

Public Middle manager

The way public middle manager makes sense of the proposed SOTE reform impacts within their organization and their effort to be a sensemaker is explained as follows;

“[...] From our workers here, they of course have questions and anxiety and how is it going to affect them, and this, the whole organization and everything. And then I'm in the, sort of in the middle of it, [...] I don't have the answers, I don't know. [...] That's maybe the only anxiety, or the stressful thing. That I feel like I should have more answers, but I don't get them from my managers, so I don't have them. And I have to face all the people here and say that, I don't know. [...] The only thing that we can do is just to take day by day and say that [...] other people are figuring it out and we'll

tell, every information that we get, we tell them. So, we keep them well informed. Or as well as we are informed. That's about it, what we can do.

In the above discussion the public middle manager attempts to make sense of the ongoing SOTE reform with higher managers and other colleagues and tries to act as a sensemaker. However, because of the unclearness and uncertainty of the SOTE reform, the lack of information and sensemaking from higher managers it makes it difficult for the middle manager to answer questions for colleagues. This, in turn creates anxiety and stress for the public middle manager and his coworkers.

4.2.7 Ongoing:

The process of sensemaking is a chronological process that never stops because sensemaking flows are continual. Although this seems to contradict with the statement that sensemaking is triggered by shocks or uncertainty. As Weick argues, we are constantly making sense of what is happening around us but that we separate moments and cues from this continuous sensemaking to make sense of the current situation, which we will be strained to attend to because of a break in the routine (Helms Mills et al., 2010; Weick, 1995).

Private sector middle managers

The private sector middle manager explains how their experience of coping up with a constant change in their company helps them to prepare for the ongoing change in SOTE reform as follows;

“So we have been doing that for the past five years. We have been growing a lot, and we are still growing. So, we have been, kind of training this integration within our company. Because we have tens of different companies that have come together, and joined together, we have different cultures, different practices in different companies, different systems and so on. So we have been integrating and harmonizing within our company [...] so, we are doing it all the time, we are preparing for the future.”

Other private middle manager reflects the ongoing change in SOTE reform from the personal point of view as follows;

“[...] Things change so quickly that I have been used to it... Yeah, things are open and I'm just relying on it and it's going to work somehow. [...] And then I feel that those are things that I can't do anything, what's happening there and what they are deciding but I can just be open and see where it will go”.

In the above discussion the private middle managers explained how to prepare themselves for the coming change in the reform. Acknowledging the ongoing nature of sensemaking the private middle managers make sense of the coming change constantly based on their past experience working in a changing environment. Even if, the SOTE reform is unclear and there are arguable objectives' that affect the political decision-making, the private middle managers are ready to challenge the change.

Public Sector Middle manager

The public middle manager makes sense of the ongoing SOTE reform by taking cues from the reform plan and the practicality of the reform as follows;

“Yeah. I think if it's well organized and it goes okay, then it's good. But I think at least the transfer period is going to be very difficult and confusing. And also, if it's a lot bigger, then also how is it organized, and if it's going to be more bureaucratic than already is, that's not maybe the best idea”.

Considering the ongoing nature of sensemaking, the public middle manager underlined that if the reform is well organized it might create a good outcome. However, Simultaneously the public middle managers project that there will be difficulty and challenge in the implementation period and fear for the probability of creating a more bureaucratic system than what exists now. Furthermore, the public middle manager took another cue from the SOTE reform objectives stating to be cost effective and make sense of the reform by comparing it with the current system;

“In some aspects, yeah. I do agree that it is costly, and maybe too much bureaucracy. But I don't know if it's going to-, if this is going to help it, or make it even more complicated. But I think the goal of it is good, because we all know that we have a limited amount of resources and we have to give our services to people. So I think the goal is good.”

The public middle manager admits the bureaucracy and inefficiency of the existing system. However, doubting if the SOTE reform will help the situation and afraid it might even make it more complicated.

4.3 Summary of the Research Results

The research findings indicate that both the private and the public social and healthcare sectors middle managers make sense of the ongoing SOTE (Social and healthcare) reform through the seven-sensemaking properties driven from (Weick, 1995).

The findings illustrate that there are some similarities and differences between the private sector middle managers and the public sector middle managers sensemaking concerning the SOTE reform. More in depth the way the private and the public sector middle managers make sense of the reform differs in some of the seven-sensemaking properties. To gain a deeper understanding of the research results a comparative analysis is presented from the empirical findings. The comparative analysis goes through each of the seven-sensemaking properties to demonstrate clearly the similarities and differences of the private and the public sector middle managers sensemaking of the reform. The research result of the comparative analysis is presented as follows.

4.4. Results from Comparative Analysis between the Private and Public sector Middle Managers Sensemaking.

In the property of grounded in identity construction the private sector middle managers make sense of the SOTE reform as an opportunity to construct and reflect their identity as efficient and client centered service providers compared to the public sector. However, there is a challenge to the private sector to build their identity and specific role because the public sector is arranging, producing and deciding in how to provide social and health care services in the country. Despite the fact that the private middle managers constructs an identity through the SOTE reform that will enable them to gain equal power and opportunities to engage in the whole social and healthcare procedures.

On the other hand in the property of grounded in identity construction the public sector middle managers make sense of the SOTE reform as a challenge that created some sort of anxiety and ambiguity in their working environment. Not knowing what it means for them and how it affects their working environment makes it difficult to construct a clear identity. However, they tried to construct their identity and make sense of the SOTE reform as a big change and far away issue that is beyond their control and focus on current issues. In fact expecting a sensemaker to clarify what it means and how it will affect them.

Both the public and private sector social and health care middle managers found it hard to construct a clear identity in the SOTE reform. However, there is some more identity construction by the private sector middle managers compared to that of the public sector middle managers. As at least they are trying to build their identity under the circumstances whereas the public middle managers seem to be more of leaving the issue in the air and waiting for a sensemaker to clarify the reform.

In the second sensemaking property Retrospective the private middle managers make sense of the SOTE reform from a past experience working 10 years in the social and healthcare sector. Relying on research results and past experience they validate how the public social and health care sectors lack efficiency and effectiveness comparatively from the private sector. Consequently, due to the monopolistic power of the public sector there has not been any significant action taken to enhance the services and incorporate innovation. Moreover, the private middle managers point out that the past way of addressing social and healthcare services are quite fragmented and ineffective. Thus, the private middle managers' sensemaking has a positive outlook in the objectives of the SOTE reform that separates the arrangement and the production of the social and healthcare services and aims to be more efficient.

Comparatively the public middle managers make sense of the ongoing change in SOTE reform in a retrospective experience of working 16 years in their institution. Thus, having the past experience of working 16 years in the same institution in time of change helped the public middle managers to make sense, prepare and accept the coming change in the SOTE reform. However, the public middle manager pointed out the lack of sensegiving from higher managers and leaders to the employees to prepare them for the coming change.

Both the private and the public middle managers make sense of the SOTE reform based on their past experience working in the social and health care sectors. The private middle managers make sense of the SOTE reform goals as a positive opportunity to create efficiency comparing it to the public social and healthcare sector fragmented and inefficient system. On the other hand, the public middle managers used their past experience going through different changes which helped them to make sense, prepare and accept the coming change in the SOTE reform. Nevertheless, they highlighted the lack of sensegiving from higher managers to the employees in the public social and healthcare sectors.

Concerning the third sensemaking property focused on and by extracted cues, the private middle managers make sense of the SOTE reform by taking cues from the reform objectives to justify their position as a private sector social and health care providers and comparing themselves with the public sector. The lack of knowledge from the public sectors in the form of not knowing specifically what kind of services to procure from the private sector and the widely different requirements from different municipalities has been a challenge for the private sector service providers. Thus, by taking cues from the reform objectives such as, centralized regions (less municipalities) the private middle managers expect from the reform a better cooperation and clear procurement process, and more standardized requirements that helps them to do their work efficiently.

Conversely, the public middle managers make sense of the SOTE reform by extracting cues from the recent experience in their office. Such cues as the difficulty to lease office space for a longer period of time and challenges to make long-term plans are triggered by the ongoing SOTE reform. Thus, the public middle manager makes sense of the ongoing SOTE reform as a hindrance to have long term plans because of the uncertainty and vagueness it created in their working environment.

In other hand the public middle managers underlined the possible impact of the SOTE reform in their cooperation with the private sector and make sense of the reform by taking cues from their current cooperation. Currently their city procures more and more services from the private sector. Thus, the public middle managers suppose there will be more private sectors giving services when the reform is in practice. Accordingly, the availability of services will be improved; clients get services quicker and there will not be longer queues to get services.

Both the private and public middle managers make sense of the SOTE reform by extracting cues focused on their different experiences and point of views to support their understanding concerning the reform. Based on the SOTE reform objectives the private middle managers expect a better cooperation with the public sector, clear procurement process and more standardized requirements. In spite of that, based on their recent experience in their working environment the public middle managers perceive the SOTE reform as a challenge to have long term plans because of the uncertainty and vagueness of the reform. Regarding their cooperation with the private sector the public middle managers forecast more of private sector social and healthcare service providers when the reform is implemented. Thus, the availability of services will be improved; clients get services quicker and lesser queues to get services.

In the fourth sensemaking property driven by plausibility rather than accuracy, the private middle managers sensemaking relies on plausible reason that the recent decision made by their company is because of the proposed SOTE reform plans. The ongoing change in their company to merge with a bigger company is guided by cues from the proposed SOTE reform that plans to create five social welfare and health care regions responsible for organizing the services. The plan of centralizing the regions necessitated for the small companies to strengthen their capacity by merging with other companies to succeed when the SOTE reform is implemented. The rationale of merging of the private middle managers could be a plausible way for other small companies to strengthen themselves and collaborate with other companies to sustain their businesses when the SOTE reform is implemented.

Furthermore, the private middle managers also constructed plausible risk factors that could happen to their business by taking cues from the proposed SOTE reform plans of having bigger regions. Their sensemaking based on the cues from the reform making bigger regions might not only create opportunities but also threats to their business as a private service provider if there is no clear buyer and provider segment. Assuming when one region merges tens of municipalities it might strengthen the capacity of the regions that could develop an interest of providing services only by the public service providers and create a monopoly. In the context of a business entity assessing the risk factors, the explanation of the private sector middle managers should be conceivable.

On the other hand, the public sector middle managers construct possible challenges and make sense by taking cues from the proposed SOTE reform objectives that aim on free choice of services by the client. They think that the mentioned objective would create a challenge to clients to choose the right services for themselves especially in the social care services. The fact that the social care services are more complicated there should be a professional guidance to choose the right services and make the decision for the clients. The explanation of the public middle managers could be plausible for other actors especially for clients in social care.

Both the private and the public sector middle managers make sense of the SOTE reform by constructing reasonable challenges that are grounded by cues from the proposed reform plans and objectives. The private sector middle managers sensemaking is based on cues from the proposed reform plan to have five bigger regions forced their company to merge with bigger companies to strengthen themselves to succeed when the reform comes in practice. In addition to that they construct plausible threats from the plan of bigger regions in the reform that might strengthen the power of the regions and create a monopoly to provide services only by the public sector. Their reasoning is conceivable to other private sector social and healthcare providers to prepare themselves to the coming change and assess the opportunities and threats of the reform. Comparatively, the public sector middle managers sensemaking is constructed by cues from the reform objectives aiming free choice of services by the client. They reflect this objective would create a challenge to the clients to choose the right services for themselves because of the complicated nature of the social care services. Thus, they suggest there should be a professional guidance to choose the right services and make the decision for the clients. The reasoning of the public middle managers should be plausible for other actors especially for clients in social care.

When it comes to the fifth sensemaking property enactive of the environment the private middle managers created sense from their working environment and company strategy in how their existence as private sector service providers evolve when the proposed SOTE reform is implemented. They suppose the existence of their company in the implementation of SOTE reform majorly depends on how they give client-centered services and satisfy the end users. Thus, having more satisfied clients and several clients would secure a position for their company in the future.

In this property the public middle managers make sense of the SOTE reform and the possible impacts it might create to their organization analyzed by comparing it with another reform that is ongoing in their working environment. Their sensemaking concerning the impact of the SOTE reform is based on what is going on in their working environment. The fact that there is another reform presently in practice and engaged their working environment makes the public middle managers to make sense of the SOTE reform as such a latter issue even if it is not that far away in the future. However, the public middle managers want to know the involvement of their city and hope to get more information about the impacts of the reform, but there is a lack of information, sensemakers and unclearness to know more about the reform potential prospects.

Both the private and the public sector middle managers sensemaking of the SOTE reform is constructed by making sense of an experience in their working environment and company strategy. The private middle managers suppose that as a company strategy giving client-centered services and having satisfied clients would help them to have more client groups that will assure the existence of their company when the SOTE reform is implemented. Comparatively, the public middle managers sensemaking concerning the impact of the SOTE reform is based on what is going on in their working environment. The experience of having another reform currently in practice and engaged their working environment drives the public middle managers to make sense of the SOTE reform as such a latter issue even if it is not that far away in the future. Though, the public middle managers want to know the involvement of their city and eager to get more information about the impacts of the reform, however there is a lack of information, sensemaker and unclearness to know more about the reform potential prospects.

In the sixth sensemaking property Social, the private sector middle managers sensemaking of the possible impacts of the SOTE reform constructed on the interaction with colleagues, supervisors and other actors. Moreover, they played the role of a sensemaker to their colleagues and other actors explaining the possible impacts the reform might brings to some extent to make people comfortable in the process of the SOTE reform. However, because of the uncertainty and ambiguity of the proposed reform it is difficult for the private middle managers to plan and give an answer in what is going on or what to happen next. Due to that it created certain anxiety to the private middle managers and their colleagues.

On the other hand, the public sector middle managers sensemaking of the possible impacts that might bring from the SOTE reform grounded from the interaction with their colleagues and higher managers. The public sector middle managers acted as sensemakers explaining to coworkers some other people are figuring out what might be the possible impacts to them by creating an assumed sensegiver, even if there is no valid explanation. Nevertheless, because of the unclearness and uncertainty of the SOTE reform, and lack of information and sensegiving from higher managers makes it difficult for the middle managers to answer questions raised from their colleagues. Thus, it creates anxiety and stress for the public middle managers and coworkers.

Comparatively both the private and public sector middle managers sensemaking of the possible impacts that might come from the SOTE reform constructed from the interaction with colleagues, supervisors, higher managers and other actors. Moreover, both the private and public middle managers played the role of a sensemaker to explain the possible impacts to their colleagues. However, it was very difficult for both the private and public middle managers to give a concrete answer because of the uncertainty and ambiguity of the proposed reform. In addition, even more challenging to the public sector middle managers because there is a lack of information and sensegiving from higher managers. Therefore, it created anxiety and stress for both private and public middle managers and their colleagues.

In the last and the seventh sensemaking property Ongoing, the private sector middle managers make sense of the ongoing SOTE reform constructed by cues from their experience of coping up with a constant change. Acknowledging the ongoing nature of sensemaking the private middle managers make sense of the coming change constantly based on their past experience working in a changing environment. Even if, the SOTE reform is unclear and there are an arguable objective's that affect the political decision-making, the private middle managers are ready to challenge the change.

In a different point of view the public sector middle managers make sense of the ongoing SOTE reform by taking cues from the reform plan, practicality and comparison with the current social and healthcare system. Considering the ongoing nature of sensemaking, the public middle managers underlined if the reform is well organized it might create a good outcome and they acknowledge the bureaucracy and inefficiency of the existing system. However, they are anticipating a difficulty and challenge in the implementation period of the

reform and doubt if the SOTE reform will help the situation. Public middle managers are also afraid of the probability of more complicated and bureaucratic system than what exists now.

Comparatively, both the private and public sector middle managers recognize the ongoing nature of sensemaking. The private sector middle managers make sense of the SOTE reform from their experience of working in a changing environment and they are ready to face the coming change even if the reform is unclear. Inversely, the public sector middle managers make sense of the SOTE reform by comparing it with the current system and the reform plan feasibility. Even though, they acknowledged the bureaucracy and inefficiency of the existing system, they doubt if the SOTE reform will solve the problems. They stressed if the reform is well organized it might create a good outcome however; they are anticipating a difficulty and challenge in the implementation period of the reform. Further the public middle managers worried that the reform will bring more complicated and bureaucratic system than what exists now.

5. DISCUSSIONS AND CONCLUSION

5.1 Discussion and Summary of the Results

The main goal of this study was to find out about the sensemaking process of middle level managers both from the private and public social and healthcare sectors concerning the ongoing Finnish Social and Healthcare Reform. As Briggs et al., (2012) pointed out Social and healthcare reforms provide a productive platform for sensemaking studies.

The theoretical framework of this study consists of triggers of change, organizational change and managerial sensemaking; theories of sensemaking and Weick's (1995) the seven-sensemaking properties. Triggers of change in the social and healthcare sectors majorly rise from external factors, such as; socio-political factors, demographic factors, economic factors, technological factors and so on. As Hans et al., (2012) emphasized that the increasing expenses forces the social and healthcare organizations to organize their process more efficiently and effectively.

The Ongoing Finnish Social and Healthcare Reform was utilized as an input in this study to find out how middle level managers make sense of the reform as it creates change in their organizational environment. The reform will affect both the private and public social and healthcare sectors and the cooperation between them.

A social and healthcare reform triggers a drastic change that affects the public and private social and healthcare organizations function. It causes an increase in uncertainty, anxiety, stress and resistance that necessitate managerial sensemaking (Conway and Monks, 2011; Weber and Weber, 2001). As change becomes evident in organizational life, middle managers charged with interpreting, communicating, and implementing change creates a constant struggle for meaning (Lüscher & Lewis, 2008).

Balogun & Johnson (2004) highlighted the importance of middle managers in time of change; they play a vital role in helping as critical change agents and maneuver change initiatives. Moreover, Huy (2002) described middle managers as the keystone of organizational change, they are acting as intermediaries between top management and the forefront subordinates. Middle managers must also communicate their understandings,

especially in the midst of organizational change, in a way that provides their coworkers with a workable certainty. Such “sensegiving” seeks to influence subordinates’ interpretations (Maitlis, 2005). However change may raise intense cognitive disorder for middle managers (McKinley & Scherer, 2000). Such circumstances spur misunderstanding, anxiety, and stress that hinder, or even incapacitate, decision making. Thus, sensemaking becomes exceptionally vital and challenging for middle managers.

As stated above by multiple authors, in time of change the importance of middle managers and their sensemaking is vital. Thus, it validates this study choosing middle managers for the empirical analysis as important actors to investigate their sensemaking concerning the SOTE reform. This study also answers the research questions through the seven-sensemaking properties.

Weick, (1995) defined sensemaking as an effort to create logical and coherent understandings that enable change and it can be perceived as a process through which it is conceivable to explain how individuals make sense of ongoing organizational activities and circumstances. Furthermore, sensemaking is the process through which people work to understand issues or events that are novel, vague, unexpected and confusing or in some other way infringe expectations. When actors in an organization face occasions of ambiguity or uncertainty, they seek to explain what is going on by extracting and interpreting cues from their environment, using these as the basis for a plausible account that provides order and “makes sense” of what has happened, and through which they continue to enact the environment (Maitlis & Christianson, 2014).

This study applied Weick’s (1995) the seven sensemaking properties as an analytical tool to examine and answer the research question: *“How do middle managers in the private and public social & healthcare sectors make sense of the ongoing Finnish Social and Healthcare Reform?”* furthermore, to answer the sub-questions:

- *What kinds of projections middle managers have on the changes in cooperation between public and private social and healthcare services?*
- *What kinds of differences in sensemaking there are between the middle managers working in public and private social and healthcare services?*

The research findings indicate that the seven-sensemaking properties show some similarities and differences between the private and public sector middle managers sensemaking concerning the reform. There are similarities in the properties of *identity construction*, *enactive of the environment* and *Social*, both the private and public middle managers found it difficult to create a clear identity from the reform plan and both make sense of the reform from their working environment and interaction with their colleagues. On the other hand, there are differences in the properties of *retrospective*, *by extracted cues* and *ongoing*, the private sector middle managers past experience concerning the social and healthcare services are inefficient and unorganized thus, expecting efficient and organized services from the reform. From the extracted cues it was deduced that the private sector middle managers expect an opportunity from the reform to expand their services. The public middle managers retrospective experience and cues made them to see the reform as a challenge to make long term plans but the past experience helped them to cope up with the change.

Furthermore, based on the empirical analysis the findings of this study indicate that both the private and public middle managers projected a positive outlook in the cooperation between the public and private social and healthcare sectors and more of private social and healthcare sectors involvement within the reform.

5.2 Key Results of the Study

This study examined and presented the sensemaking process of middle level managers through the seven-sensemaking properties during an ongoing Finnish Social and Healthcare reform. All the seven sensemaking properties contributed as a platform to the private and public sector middle managers sensemaking to construct their role and perception in the changing environment. In this case the Finnish Social and Healthcare Reform.

Different authors suggested the importance of middle managers sensemaking when a changing environment occurs. Studies of managerial sensemaking and change are rare (Maitlis, 2005). In particular, research offers limited insight into “how middle managers interpret change and sensemaking, and how their representations, or interpretive frameworks, develop and change” (Balogun & Johnson, 2004: 523). Moreover, Helms Mills et al. (2010) indicated that sensemaking is not extensively used as a method of analysis, as

Weick himself recently suggested there is a need for empirical studies that make explicit use of the properties of sensemaking (Weick, 2005). Thus, this study contributes to sensemaking research and practice, as it demonstrates the sensemaking process of middle managers in time of a changing environment and utilizing each of the seven-sensemaking properties for the empirical study.

The study findings indicate that the private middle managers sensemaking through the seven-sensemaking properties reflected a more positive outlook towards the reform than the public middle managers sensemaking of the reform. However, both the private and public middle managers indicated challenges and threats from the reform.

The private sector middle managers make sense of the reform plan as an opportunity to *construct and reflect their identity* as efficient and client centered service providers compared to the public sector. The public sector middle managers tried to construct their identity and make sense of the SOTE reform as a big change and far away issue that is beyond their control and focus on current issues. They perceived the reform as a challenge that created some sort of anxiety and ambiguity in their working environment, in fact expecting a sensemaker to clarify what it means and how it will affect them. However, both the private and public middle managers found it hard to construct a clear identity because of the uncertainty and unclearness of the reform.

In a *retrospective property*, based on their past experience the private middle managers underlined the past way of addressing social and healthcare services as quite fragmented and ineffective. Thus, they support the reform objective that separates the arrangement and the production of the social and healthcare services which would in turn create efficiency. On other hand, the public middle managers past experience in time of change helped them to make sense, prepare and accept the coming change. However, public middle managers stressed the lack of sensegiving from higher managers and leaders to the employees to prepare them better for the coming change.

Concerning the sensemaking property *focused on and by extracted cues*, the private middle managers make sense of the reform plan to centralized regions as an opportunity for better cooperation and clear procurement process with the public sector, and more standardized requirements which would help them to do their work efficiently. Conversely, the public

middle manager makes sense of the reform as a difficulty to have long term plans because of the uncertainty and vagueness it created in their working environment. Furthermore, they underlined the possible impact of the reform in their cooperation with the private sector. Currently their municipality procures more and more services from the private sector. Thus, by taking this cue they suppose there will be more private sectors giving services when the reform is in practice. Accordingly, the availability of services will be improved; clients get services quicker and there will not be longer queues to get services.

When it comes to *driven by plausibility rather than accuracy* the private middle managers see a threat from the reform. Assuming when one region merges tens of municipalities it might strengthen the capacity of the regions that could develop an interest of providing services only by the public service providers and create a monopoly. Similarly, the public middle managers see a difficulty from the reform objectives stating free choice of services by the client. They think the mentioned objective would create a challenge to clients to choose the right services for themselves especially in the social care services. The facts that the social care services are more complicated the public middle managers suggested a professional guidance to choose the right services and make the decision for the clients.

Regarding the property of *enactive of the environment*, the private middle managers created sense from their working environment and company strategy. Giving client-centered services and having satisfied clients would help them to have more client groups that will assure the existence of their company when the SOTE reform is implemented. Relatively, the public middle managers sensemaking concerning the impact of the reform is based on what is going on in their working environment. The fact that there is another reform presently in practice and engaged their working environment they make sense of the reform as such a latter issue even if it is not that far away in the future. However, they want to know the involvement of their city and hoping to get more information about the impacts of the reform, but there is a lack of information, sensemaker and unclearness to understand more about the reform potential prospects.

In the property of *Social*, both the private and public middle managers sensemaking of the possible impacts of the reform are constructed from the interaction with colleagues, supervisors, higher managers and other actors. Moreover, both the private and public middle managers played the role of a sensemaker to explain the possible impacts to their colleagues.

However, it was very difficult for both the private and public middle managers to give a concrete answer because of the uncertainty and ambiguity of the reform. In addition, even more challenging to the public middle managers because there is a lack of information and sensegiving from higher managers. Due to that, it created anxiety and stress for both private and public middle managers and their colleagues.

In the last property *ongoing*, acknowledging the ongoing nature of sensemaking, the private middle managers make sense of the coming change constantly based on their past experience's working in a changing environment. Even if, the SOTE reform is unclear and there are an arguable objective's that affects the political decision-making, the private middle managers are ready to challenge the change. In a different point of view the public middle managers make sense of the reform by taking cues from the reform plan, practicality and comparison with the current social and healthcare system. Considering the ongoing nature of sensemaking and acknowledging the bureaucracy and inefficiency of the existing system they expect a good outcome from the reform if it is well organized. However, they are anticipating a difficulty and challenge in the implementation period of the reform and doubting if the reform will help to solve the mentioned problems. Further, they also expressed fears for the probability of more complicated and bureaucratic system that might develop from the reform than what exists now.

The study findings reveal that lack of information and unclearness, and lack of sensemaker from higher managers concerning the reform encountered from the public middle managers explanation. Even if, an existing literature by Maitlis (2005) highlighted middle managers role as a key sensegiving actors communicating their understandings and seeks to influence subordinates' interpretations, the findings of this study reflects inversely. Both the private and public social and healthcare middle managers expressed the difficulty of a clear sensegiving to their colleagues and subordinates concerning the Finnish social and healthcare reform.

5.3. Evaluation of the study, future study and managerial implications

This study examined the sensemaking process of middle managers both from the private and public social and healthcare sectors concerning the Finnish Social and Healthcare Sectors. The major limitation in this study arises from the theoretical aspect lacking abundant

literature related to this study. As different authors underlined, studies of managerial sensemaking and change are rare (Maitlis, 2005). In particular, research offers limited insight into “how middle managers interpret change and sensemaking, and how their representations, or interpretive frameworks, develop and change” (Balogun & Johnson, 2004: 523). Moreover, Helms Mills et al. (2010) indicated that sensemaking is not extensively used as a method of analysis.

Limitations from the empirical part such as; the imbalance of the interviewee’s title as a middle manager might differ the power and responsibilities it consists in the private sector middle managers than the public sector, this could reduce the validity of this study. Moreover, the limited number of interviews can be considered as a limitation and further studies would be useful to explore the topic in-depth. The interviews were wisely designed and implemented, but the researcher’s inexperience could affect the quality of the data obtained. Furthermore, the prejudice and bias of both the interviewer and the interviewees were taken into account. The anonymity of the participants was highlighted at all stages, which together increase the validity of this study.

The social and healthcare reforms offer a wide area for studies related to organizational sensemaking, managerial sensemaking and organizational change literatures. Future studies could explore the impact of public-private partnership in the social and healthcare sectors. Moreover, comparative analysis of middle managers sensemaking in the social and healthcare sectors could be an interesting research area.

The results of this research could be useful for higher managers to understand and utilize the sensemaking process of middle managers as they have a key role in organizations in time of change. This study provides an understanding to the practitioners in the public social and healthcare sectors, especially for political actors who have the decision making power regarding the private and public sector middle managers sensemaking and perception of the reform. Moreover, this study contributes for the reform planners to gain ideas from the middle managers point of views concerning the reform as they have a key role as a change agent and change management. The study also reflects on how the uncertain situation in the social and healthcare reform creates anxiety and stress in the middle managers both from the private and public social and healthcare sectors. That can be an important indication to higher managers to act as a sensemakers and create a platform that engages middle managers

and employees to discuss the reform issues and create a less stressful working environment that enhance productivity in the organizations.

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