

# **Strategic and Everyday Innovative Narratives: Translating Ideas into Everyday Life in Organizations**

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**ABSTRACT**

The aim of this article is to advance the concept of collaborative innovation by an interpretative approach to study the micro-level implementation process of innovation. The article explains the role of the translation of ideas, demonstrating how narratives play an important role for employees in making sense of innovative ideas in everyday practice. An empirical case is offered to demonstrate how two types of innovation narratives emerge: strategic and everyday narratives through involvement of spokespersons and employees. These findings suggest that an advanced understanding of the roles of different narratives is required in future studies of innovative organizations.

**Keywords:** Innovation, collaboration, organizing, strategic narratives, everyday antenarratives, spokespersons.

**Introduction**

Recent years have witnessed a proliferation of innovation studies focusing on how innovation theory consists of the production of ideas and the importance of generating new ideas (Johannessen et al., 2001; Flynn et al., 2003; Teofilovic, 2002). These studies attempt to map out various possibilities of idea generation, prototyping and the testing of these ideas in the public and private sectors. The argument in this article is that innovation literature needs to focus more closely on the implementation process of these new ideas. This perspective is especially relevant for innovation in the public sector, where service innovation is as important as product innovation (Osborne and Brown, 2005). Some researchers argue (Van de Ven et al., 1999; Robertson and Seneviratne, 1995) that public innovation does not differ much from private innovation, but change initiatives in public service organizations appear to be more conducive to improving performance when change programs are initiated (Robertson and Seneviratne, 1995:547). In this article we will present a case involving a public service innovation program that illustrates how service innovation is emerging through the translation of an idea into everyday organizational practice by narrative collaboration.

Much innovation research points out the various issues that might block change in the implementation process. Beer and Eisenstat (2000) list what they call 'the silent killers of organizational change' as e.g. ineffective senior management teams, poor vertical communication and unclear strategies. These scholars have focused on the balance between fostering an adaptive organization in which the organizational members accept and work with continual change. Morgan (1997) argues that focusing solely on the technical aspects ignores the social and informal aspects of organizational life and the opportunity to understand work resistance to change. Armenakis and Bedeian (1999) believe the failure to change occurs when a mismatch exists between the preferred change

strategy and the ability of organizational members to absorb and understand the effort. This mismatch and the resulting response among organizational members is the focus of this article, whose goal is to enhance our understanding of the implementation process by highlighting the interpretative aspect of the implementation process.

Interpretative approaches (Fischer and Forester, 1993; Yanow, 1996; Czarniawska-Joerges, 2004) examine the significant role of translating meaning as an important factor in the implementation process of innovation. A crucial factor for changing the everyday life in an organization is the organizational members' ability to make sense of the change process. One way to create sense is by generating narratives and having narrators, as this allows organizational members to tell stories about the change events in order to understand them. Consequently, the narrator also becomes an important actor.

Narrative theory is important because it looks at how meaning is structured through storytelling and how these stories guide how ideas are translated into local settings. Some narratives are more important than others in the innovation process due to their ability to create space for collaboration and interaction by persuading others to participate and make common sense of strategies. These narratives also create an environment of shared acceptance concerning the anxiety and frustration that inevitably arise when translating strategies into everyday practice. Narratives provide a given structure of meaning and not random interpretations. Furthermore narrative theory also describes the crucial role of the narrator as an external meta-storyteller and as a local storyteller in the organization, not to mention as someone who can create meanings in the local context. Our study aims to show how local innovation narratives influence the translation of ideas into everyday practices and how local spokespersons play a significant role in making these translations.

The development of the different innovation narratives in this article emerged from an intensive 6-month ethnographic field study involving an innovation case concerning the development and implementation of a formalized triage system in a hospital emergency ward. In a Danish emergency medical context, this system represents a new innovative program for determining and classifying the clinical priority of emergency ward patients. As a result of the new triage model, patients are assessed and subsequently categorized according to standardized, predefined criteria. The patient is assigned a triage level based on vital signs as well as an emergency symptoms and signs algorithm. The most urgent ranking level of the two determines the final colour-indicated triage level ranging from red (most urgent), orange, yellow and green to blue (least urgent). Before the program was introduced, incoming patients were selected by the visiting nurse.

This article is structured as follows: First, interpretative theory highlighting the role of translations, next, a presentation of narrative theory and the role of spokespersons is given followed by a case and data description. An analysis is then given showing how two narratives are at play and the impact of these narratives on the way the innovative triage system was implemented. Finally, we offer our conclusion.

### **Interpretive theory and translation of ideas into everyday practice**

This section draws from existing literature to develop an understanding of how new ideas emerge and converge with everyday practice in organizations. We draw on literature from

public administration, sociology, network studies, technology of science, and organizational studies. Recently others have noted the need for broader, more integrative approaches to understand the relationship between innovation and organizations (Ven de Ven, 1999; Hernes and Koefoed, 2007). Accordingly, we adopt an approach which is more interpretative than the one much of the existing work on innovation and organization take. The aim is not to promote an all-encompassing theory, but to theorize the relationship between innovative ideas and implementation as organizational processes and refine it through empirical analysis of innovative and interpretative networks.

Networks can be defined as self-organizing, loosely-coupled, inter-organizational interactional units kept together by interdependency and negotiation (Kickert, Klijn and Koppenjan, 1997). Sørensen and Torfing (2005: 197) expand this definition, describing governance networks as a relatively stable, horizontal articulation of interdependent but operationally autonomous actors who interact through negotiation and intense power struggles that take place within an institutionalized framework that is self-regulating and contributes to the production of public purposes. In this study, collaborative innovation is defined as a process of micro-level collaboration in interpretative networks, where the collaboration is fostered by meanings and narratives. Generally a bottom-up approach (Bogason and Sørensen, 1998) is used to indicate that local micro networks are not automatically related to governance networks, but can function on their own, depending on the local context.

Many scholars of network theory have attempted to explain how it is possible to create mutual dependency by interpretative approaches. Some network scholars focus on the role of language in network studies and how dependencies are created as an interpretative process of language (Dryzek, 1982; Jennings, 1987; Yanow, 1996; Bevir and Rhodes, 2008; Fischer and Forester, 1993; Feldman et al., 2004). A significant part of this literature examines the role of interpretative studies. A study by Yanow (1996) that looks at the Israel Cooperation of Community Centers focuses on the ways policy meaning was created and communicated by looking at communicative rituals and organizational metaphors. In a more recent study, Bevir and Rhodes (2008) use stories in their studies of governance, pointing out how governance is a kind of pragmatic polyphony, with a ubiquity of voices representing the everyday practices of ministers, officials and doctors. Dodge, Ospina and Foldy (2005: 151) conclude that interpretative governance studies represent a struggle between explanatory research and interpretative research, with interpretative studies often addressing the important concepts of context, voice and perspective (constructivism) in social science research. Collaboration is thereby defined as context dependent, established by those involved, and as a common understanding of what is going on when innovative ideas are translated.

The term 'translation' denotes a distinctive element in innovation processes. Previous studies argue that innovative ideas are diffused by natural forces into the context of the organization (Rogers, 1962; Abrahamson and Rosenkopf, 1997) and the idea of translating has been deployed in a wide range of ways in the literature (Latour and Woolgar, 1986; Van de Ven et al., 1999; Czarniawska and Joerges, 1996; Akrich, Callon and Latour, 2002; Hernes and Koefoed, 2007; Sahlin and Wedlin, 2008). Drawing on Hepsø (2007), we show that innovation translations change the human understanding of innovation from understanding innovation as diffusion, with an inner force, towards describing how innovation must enrol new members and material elements in order to

spread. As a result, what is now seen as innovation is not something natural, but rather particular, resulting from the organizational context determined by relations, technologies and mobilization. Akrich, Callon and Latour (2002) define innovation as fragmented interactive networks of organizing, emphasizing that innovation occurs through local translations by 'innovation alliances' that support the emergence of new networks. This definition distinguishes innovation processes from innovation phases. Czarniawska and Joerges (1996: 23) proposed that translation is a process of humans, ideas and objects, which can be interpreted in many different ways. Our definition encompasses the translation of meaning, but also attempts to include specific ways of translating ideas into everyday practices by including both places and people in narratives of translation. This is an important departure from Czarniawska and Joerges, since it recognizes the context of innovation, the existence of tensions between old and new practices and that the processes of innovation affect many actors or networks of materials, people and places. This approach to innovation reflects the view that tension, resistance and contradiction (for example between frontline workers) can be just as important as translating innovative ideas by collaboration, trust and mutual dependence in everyday practice.

By everyday practice we define everyday life as a process of poaching on the territory of others, using the rules and products that already exist in the culture, but seldom in the way were the rules intended. This means that every day practices are seldom as intended by the enrolment of the new ideas in the already existing culture of the organization. They change and become new phenomena as subject to interpretation. Innovations result within local processes of translation, where exchanges of meanings translate the innovative idea into a local context, i.e. into everyday practice, where the understandings, dreams, visions and frustrations of employees become an important element in the innovation. From this perspective, translations do not emerge in empty spaces in new networks, but meanings are translated by narratives and by narrators.

### **Narrative theory: innovative narratives and the role of the narrator**

Narrative theory highlights the role of narratives in creating meaning. Bruner (1990: 34) interprets the function of narrating in a dramaturgical sense, stating:

When we enter human life, it is as if we walk on stage into a play whose enactment is already in progress –a play whose somewhat open plot determines what parts we may play and toward what denouements we may be heading.

Narration allows individuals to enter the play via different narratives and, by story interplay, to make sense of it.

Although studies focusing on innovation narratives are generally scarce, there are numerous analyses of narrative in organizational studies (Humphreys and Brow, 2002; Czarniawska-Joerges, 2004; Gabriel, 2004; Boje, 2001, 2008). Gabriel (2004: 22) defines organizational stories as types of sense-making devices that focus on storytelling in a narrow sense with simple but resonant plots and characters, involving narrative skills, poetic tropes, and risk taking, all which combined are designed to entertain, persuade and win over. Gabriel explores the idea of narratives and how these may be used as an interpretive device for trying to understand the interaction between managers and employees and how they make sense of everyday organizational life. In the terminology

of Gabriel, collaboration is visible by stories only if they share an underlying meaning about an event in everyday life.

Recent studies of organizational narratives suggest that narratives are not to be conceived as stable structures; stories are not isolated elements. Boje (1991, 2001, 2008) analyzes the interaction of stories from the point of view of the organizational context. Boje's main point is that organizational stories are not isolated phenomena; they become part of other stories, integrating and mingling with them. Members of networks must reach consensus to ascribe importance and relevance to these stories and their collaboration and interaction in everyday life.

Boje (2001) further investigates this theme through definition of antenarratives as fragmented stories without a plot, pointing out how stories reflect the organizations in which they exist. Emerging and dynamic organizational forms, for instance, create incomplete stories, as people are only tracing story fragments, inventing bits and pieces to glue it all together, but never able to visit all the stages and see the whole (Boje, 2001: 5). In discussing the concept of antenarrative, Boje argues that an antenarrative should not necessarily be based on the wholeness of the event. Organizational antenarratives often differ from the classic literary ones that are the focus of narrative studies. Organizational antenarratives are often oral and highly coloured by the organizational context in which they are told.

Another focus in Boje's work is the notion of a storyteller. In a study of a company supply office (1991), he describes five storytelling qualifications related to the narrator: 1) attempts will be made to negotiate different interpretations into a story with one plot; 2) the details of a story are dependent on the audience if they already know the story; 3) storytelling rights will vary, i.e. some storytellers will have certain rights depending on experience, persuasive abilities and status; 4) storytellers will have different storytelling capacities, some being good at performing a story with passion and affection, others being less competent; and, finally, 5) some stories can seem legitimate to tell if they are related to already accepted discourses, e.g. how new public management (NPM) affected the hospital because accreditation is a topic that is easy to agree on. Thus, narrators, beyond the narrative itself, are an important part of performing a story. In other words, performing the story creates meaning. Akrich, Callon and Latour (2002), who have also done an innovation study on the role of the narrator, describe how an actor in the local network has to play an active part in the translation processes as a local spokesperson who can perform and advocate for the new ideas, thus creating alliances and networks that support the innovative ideas. This means that the meaning processes does not just happen by itself; it requires much work to translate ideas by creating shared meanings and allowing the new networks to become representative in the ordinary everyday practice in the organizational setting. As a result, we stress the role of the narrator in the translation, and how the narrator has certain storytelling qualifications to perform stories that can create meanings.

On the whole, analyses of organizational narratives and storytelling (Czarniawska and Joerges, 2004; Boje, 2001; Gabriel, 2004) also apply to innovation narratives. However, explicit analyses of the activities or forms of innovation narratives are few. Boutaiba (2004) elaborates on the role of narrative time in innovation through a narrative analysis of two entrepreneurial start-up companies that found that the companies live in two

different narrative time spaces. One of the companies lived in adventure time in an already defined future, while the other firm lived in a threshold time between the old and the new (Boutaiba, 2004). Another more recent study by Bartel and Garud (2009) demonstrates how innovation narratives can be conceived as provisory or structured, both traits helping coordination in processes of innovation. They define two kinds of innovation narratives: structured narratives, with plots and coherence; and provisory narratives, with a fragmented structure, both of which are an important part of innovation processes. Both narratives are stressing the narrative condition of creating coordination. Pedersen, Sehested and Sørensen (2011) have also pointed to the relevance of meanings and storytelling in practices of coordination.

By building on the concepts of Bartel and Garud, Boje, and Akrich, Callon and Latour, we have developed a vocabulary of different elements in innovation narratives that are important in the translation processes: the role of a spokesperson as a narrator and the role of both structured and less structured narratives. The empirical case study on an emergency ward at a hospital will be used to elaborate further on which narrative elements were important in a specific local innovation process.

### **The case and a description of the data**

The innovation in question in our research concerns the development and implementation of a formalized triage system in the emergency ward at Hillerød Hospital. In a Danish emergency medical context, this system is a new tool for determining and classifying the clinical priority of emergency ward patients. Different triage systems have been used for decades in emergency departments in e.g. the U.K., the U.S., Canada, Australia and Sweden, but the use of formalized triage systems in Danish emergency departments is quite a recent development (Brabrand, Folkstad and Hallas, 2010). This new development is to be seen in relation to recent national and regional guidelines on emergency care organization that focus on such concerns as centralization in health care, improvement of efficiency in resource coordination and utilization and quality standards (Capital Region of Denmark, 2007; National Board of Health, 2007).

As a result of the new triage model, patients are assessed and subsequently categorized according to standardized, predefined criteria. The patient is assigned a triage level based on vital signs as well as emergency symptoms and a signs algorithm. The most urgent ranking level of the two determines the final colour-indicated triage level ranging from red (most urgent), orange, yellow and green to blue (least urgent). This categorization is visualized by placing a magnet of the appropriate colour on a board, where all the patients in the ward are listed with e.g. time of arrival, name, cause of inquiry/working diagnosis and triage level indicated.

As a part of the implementation of the new triage model, the patient records used when receiving a patient in the emergency ward were redesigned to fit the new process. The record is designed to follow the processing of the patient in the ward from reception, observation, care, and treatment. The receiving nurse assigns the incoming patient a triage level based on vital signs and emergency symptoms and signs. The five vital signs are: respiration rate, pulse, oxygen saturation, blood pressure and temperature. The values of the individual measurements are evaluated according to preset intervals and an urgency-related colour is ascribed for each sign. Emergency symptoms and signs are

assessed based on 29 cards with different categories of complaints that can cause a patient to seek medical assistance in the emergency ward, e.g. chest pains, infection/fever or dyspnoea.

Qualitative interviews with employees in the emergency ward primarily make up the data this paper is based on. The interviews were conducted between February and April 2010, in parallel with the observation part of the study (see below). In total twenty-one semi-structured individual interviews were conducted with nurses, doctors and managers in the emergency ward at Hillerød Hospital. All interviews were conducted using a thematically arranged interview guide, where topics and issues to be covered were specified, though room was left to allow other relevant topics to surface and be explored during the interview. Each interview lasted 40-80 minutes and took place in the emergency ward. Interviews were recorded and subsequently transcribed for thematic coding and analysis.

One important issue concerning the workplace interview data is the fact that the interviews were carried out in the workplace. This setting could possibly have affected how boldly or frankly employees spoke about their workplace and it could have made sharing criticism more difficult. However, given the nature of the interviews and the outspokenness of the nurses involved, the setting did not seem to have had a significant influence on the interviewees in this study.

In addition to the semi-structured interviews, observation methods were also employed during fieldwork, primarily in the form of place-based and person-based shadowing (Czarniawska, 2007). The observations included a participatory element consisting mainly of questioning and reasoning together with the nurses in their triage work and of performing simple, practical tasks in relation to general nursing in the ward. Most of the observations took place during daytime hours in the emergency ward, although observations were also conducted to a lesser extent during evening and nightshifts.

In addition to these methods, data from a theatre workshop has also been included in the data material. The purpose of the theatre workshop was to contribute to a large research program on public innovation, CLIPS ([www.clips.ruc.dk](http://www.clips.ruc.dk)), which this hospital case study is a part of. The hospital case served as the innovation case at the workshop, allowing the collection of important data material. The theatre workshop was held as an explorative approach to discussing innovation in healthcare with participants from different parts of the Danish healthcare system: politicians, professionals, representatives from interest groups, patient organizations, academics and representatives from different levels of government (municipal, regional and the National Board of Health). The theatre workshop was videotaped and some of the discussions were subsequently transcribed and analyzed for use in this paper. The involved participants gave their consent for the data/material to be used for research purposes.

### **Results: innovation narratives in the emergency ward**

This part of the article focuses on how innovative collaboration is performed by illustrating how the triage model is translated into everyday life in the hospital organization. The analysis explores how ideas are translated and negotiated through narratives. The narratives of the spokesperson will be looked at first.



### ***A spokesperson's strategic narratives of better treatment***

In the emergency ward, the spokesperson of the idea was not a member of the formal management team (head doctor or head nurse), nor a clinical nurse or doctor. The spokesperson was a project nurse i.e. a project manager who came up with the idea of bringing the Swedish triage system to the ward. The project nurse held a middle position between the management team and the employees, and could thereby interact with both groups. His engagement, commitment to the idea and his belief that it was possible were extraordinarily crucial factors. When asked about his role, the spokesperson pointed to the management as important actors in supporting him:

It [the support from the management team] has been undaunted and focused and nothing has been said from the management team without it reflecting some kind of agreement. It was a completely formal agreement, also outwardly, that the management team backed up my strategy. And I didn't just make decisions without their support (Development Nurse, Theatre Workshop Interview).

The spokesperson was able to exercise formal power over the process e.g. by getting nurses who were against the idea fired. This meant he had a strategic position in the ward, partly as a manager and partly as a project consultant. Almost all of the employees talked about the major role the development nurse (spokesperson) played in the process.

Who was the pioneer? It was [Name of the spokesperson], no doubt about that. I've also worked under him as a nurse and already then he had these visions, visions of wanting to introduce triage in our emergency ward (Nurse, Interview 8).

The spokesperson had strong narrative capacities (Boje, 1991) that involved persuading and capturing listeners, commitment and speaking about the triage model – both to other departments and to the ward itself. This involved presenting the necessity, trouble and opportunities involved in the triage journey. The narratives of the triage journey were told many times, in house and at external workshops and in everyday life, both by the management team and by frontline workers. After a while it became a more structured narrative.

The plot of this narrative became an epic plot about victories, struggles and recognition (today many other hospitals visit this ward for inspiration concerning their triage system). Thus, the narratives formed like an epic narrative about the search for victory and, after struggles, celebrating the victory (Gabriel, 2004). The idea emerged from a need to change, because the whole hospital area was changing. The project group could see the acute ward would have more patients in the future and wanted to make patients' pathways to care more efficient:

A new hospital plan arrived and we could see we would get more patients in the future, so we visited several places. We went to Beth Israel in Boston and Karolinska in Stockholm, and around Denmark. We spent six months, 2-3 people, and translated a Swedish triage manual from Stockholm into Danish and included recommendations from the medical associations (Development Nurse, Theatre Workshop Interview).

But the spokesperson also talked about how challenges and persistence appear in relation to changing the work conditions by introducing colour codes. When the colour codes are

viewed as standardization tools, they are conceived as challenging personal autonomy and professional judgment:

Health professionals think they can just look at patients to see if they are pale, sweaty and breathing quickly. So we can just look at them; we don't have to measure them. They say: 'I have been a nurse here for 25 years. I can see if a patient has low blood pressure. You can't come here and tell me about how things are'. But it's a long implementation process. We are open 24-hours, seven days a week, so I have to see if we are making mistakes and work more evidence-based, so we can correct our mistakes. I came in one morning after a nightshift. When I left at 10:30 pm, the triage system was working perfectly. When I came in the next morning, not one patient was marked with a colour. The entire nightshift had simply decided I was a fool (Development Nurse, Interview 16).

The audience was laughing as the spokesperson told the story about the good intentions and the difficult problems of implementing the triage into everyday practices.

Two events are crucial in the plot setting: 1) why triage is a good idea; and 2) why they should use it in the ward. The arguments the spokesperson used with the employees about the good intentions were created by illustrating improvements for the patients and by following a storyline of a safe and faster flow:

If an elderly person comes in who fell on the street and got a hip fracture and she doesn't have heart or mental problems, then you can implement a very impressive process. We can make an optimized flow, where many patient flows look alike, and then we can be more prepared.(...) So it's easier for us to standardize these processes in the hospital and also make room and space for more complex patients (Development Nurse, Interview 6).

The new way of making visitations is an improvement on earlier processes, where a good deal of time was used to perform tests and wait for test results and treatment plans. Through examples from patients, employees can connect to their values of improved patient care. The spokesperson also had an explanation as to why the triage model is a better way of organizing the work in the ward than earlier practices:

Earlier, I would spend a lot of time telling the doctor about all of the test results, but now the test results are in categories, so the patient gets a colour, so Jakob [the doctor] automatically knows what the vitals are, when, say, it's a green patient. We can talk more about why the patient is here, which means the standardization model can speed the process up, and we can communicate in a safer way (Development Nurse, Theatre Workshop Interview).

The development nurse talked about the triage process, which presents a standardization of the visitation work that can make the process of emergency visitation more effective and the collaboration between nurse and doctor easier.

This narrative places the innovation process in an intention-based framework, with particularly structured ways of relating the story, thus revealing the intentions of the idea, the challenges and the victories. The spokesperson is a performer and is making sense of the triage idea for both the internal and external surroundings as a common audience. Bartel and Garud (2009) describe how innovation-structured narratives allow for a

holistic presentation of ideas in ways that are generative to listeners, making it possible for them to actively reconstruct these ideas, allowing them to see their potential value and viability. By using examples of patient pathways the narrative of the spokesperson created the opportunity to see the promise of the triage system. Thus the narrative is strategic, with the goal of persuading others to believe that triage (the faster, safer treatment of patients) is a good idea, also for frontline workers (by introducing colour codes).

In the next section, we explore the employees' less closely knit situational narratives about the good idea of triage and the everyday implications for the everyday practices of frontline workers.

### ***The many voices of the employees: everyday antenarratives of contradiction and unintended consequences***

All the employees in the ward who had to translate the idea of the triage into everyday practice told narratives about the translation process. Two types of narratives were more important than others due to their ability to create a common understanding by the employees of the translation process as a difficult process involving contrasting feelings and unintended consequences.

Both narratives were antenarratives, i.e. fragmented stories not structured by a plot, but simple and still able to express meanings. One type of antenarrative dealt with the contrasting feelings of linking the triage system to a good idea, but at the same time hating to implement it. One nurse described her ambivalent feelings toward the triage system:

I think the teaching has been good, also from a Swedish nurse who has worked with it [triage] in Sweden. But compared to how they described it, it hasn't at all become like that here. So, the intentions are awfully good but in practice it doesn't work (Nurse, Interview 4).

This small antenarrative is one example, of which we heard many that were similar, dealing with the controversies of sharing the idea, but not loving the translation of it. The following statement is another example of a typical antenarrative filled with contradictions:

I felt like I was being split apart; I liked participating and selling the idea because it was really good idea, but I had a foot in both camps because I was also an ordinary nurse. My frustrations dealt with wondering how we would ever make it work when the key person's function didn't ever work... The first day the key function has to start [a key person was to guide the others through the new processes], none of the key people were at work (Development Nurse, Interview 5).

Many of these citations can be defined as contrasting antenarratives, depending on personal polyphony, when the personal narratives include many voices – the triage as both a good idea and as a system that does not work. These everyday antenarratives illustrate how the nurses interpreted and translated the visitation idea by contracting antenarratives and talking about the positive improvements while simultaneously mentioning negative implications.

Two other types of central everyday antenarrative for the nurses and employees working with the triage concern unintended consequences and visible work practices. Previously, the selection of patients, the division of patients between the nurses and doctors, and the amount of time patients waited were a private decision not visible to fellow employees. After implementation of the triage system, the employees' decisions became visible to everyone. One nurse explains:

It's a good tool to show that [name] needs some help because she actually has two orange patients. And it's also a good tool to show that the other nurse has three patients, so it looks as if she is busy. But, well, she has three *green* patients and she's actually finished, so she can take some more [patients] (Nurse, Interview 9).

The antenarratives describe how the practice of colour coding had unintended consequences for changing the nurses' work relations and their ability to plan their own work. The triage system made visitation easier due to the level of the workload required for each category. Simultaneously, however, more social control emerged regarding the workload of the frontline nurses. This is an example of an unintended consequence in relation to collaboration and workload, but intended in relation to prioritizing patients according to the level of acuteness. As a result, the everyday antenarratives of unintended consequences play a significant role in creating meaning. The triage ideas represent a difficult change that meant adjustments in more than just one aspect of the emergency ward's everyday practices. Several practices changed, thus requiring the creation of many narratives in the attempt to understand all of the changes taking place.

Another antenarrative of unintended consequences that arose involved standardization in contrast to experience, because a key feature of the triage system is that it standardizes certain practices. This purpose also led to the creation of unintended consequences:

But it [work flow] has also been changed by the fact that you also take competence into account.

Interviewer: How?

If you expect an orange patient and you have some idea of why he is orange, then, as coordinating nurse, you might not give that patient to the youngest or most newly appointed nurse. You can always re-evaluate later, when he is actually stable; then it's all right. So in that way, you take competence into account (Nurse, Interview 13).

This antenarrative deals with the complexity of the prior system of visitation, where experience was an important competence in selecting patients. The narrative describes how experienced nurses can still use their knowledge when they have many patients with the same classification, a context in which they can still rely on individual competencies to prioritize among patients.

The third example of the antenarrative of unintended consequences involves the nurses' practice of interviewing patients about their problems in the public hallway:

I think it went wrong when there were a lot of patients. There is no discretion regarding the patients. We have to ask them everything while they're sitting right next to each other and I can't take it. There, the ethics are gone, and that's wrong. And you can say, we didn't do that before. Then, we looked more at the patient and said 'Does this patient look ill or is it okay for him to wait and can this patient wait while we receive this other patient?' (Nurse, Interview 4).

This antenarrative illustrates how this new practice is regarded as unethical because patients are forced to describe their problems in a hallway where everyone can hear what is being said. Several of the employees describe a clash between ethics, which are perceived as a core value in nursing, and other values such as quick treatment and quality of care parameters. This was explained due to the lack of congruence between the physical surroundings in the ward and the reorganization of their work according to the triage model; the physical space was not optimally suited for the workflow prescribed by the idea.

All these everyday antenarratives illustrate how contrasting and unintended antenarratives do not necessarily create order and coordination as argued by Bartel and Garud (2009). The nurses' antenarratives are told not only to us, but also to each other. This pattern leaves room for dynamic counter-narratives to be shared in the process. A crucial aspect of antenarratives is that they allow for contradictions and contrasts, and create space for the nurses to generate critical meanings in the experience of translating the triage processes.

Everyday antenarratives define the translation process as fragmented, contradictory and unintended. These antenarratives make room for the nurses to deal with problematic issues and involve more than just telling the good stories. The antenarratives provide a forum that allows them to have a common understanding of the difficulties in the process. These narratives do not have to persuade; instead, they are polyphonic and grant acceptance of many different voices, perspectives and experiences.

### **Strategic and everyday innovation narratives**

In the innovation process at the emergency ward many different narratives emerged, but not all of them are equally important. From this field study two types of innovation narratives played a specific role in creating common meanings in translating the idea into everyday practice. These common meanings served as a basic condition for collaboration and interaction in the ward.

First, the *strategic narratives* of a spokesperson as a structured and solid narrative taking the form of a strategy are an important part of spreading the good intentions of the idea. Akrich, Callon and Latour (2002: 219) describe how trust defines our relations with others and leads to regarding as legitimate the spokespersons with whom an innovation project is to be negotiated. In our field study the spokesperson formulated strategies designed to persuade others to see the good intentions. Strategic spokesperson narratives are thus important in creating coherence and meaning with new ideas and to persuade others of the good intentions of the idea.

*Everyday antenarratives* are unstructured narratives typically told by the many voices of the employees translating the idea in everyday practice. These antenarratives capture many different voices surrounding the innovation idea, stressing both positive and negative elements in their sense-making processes (Hazen, 1993; Kornberger, Clegg and Carter, 2006; Boje, 2008). Such antenarratives describe the translation process and make interpretations of this process fragmented, situational, conflicting and unintended.

After collecting many different narratives in this field study, we argue that both strategic and everyday narratives are a crucial part of the translation processes because they create meanings with the innovative ideas and the translation process. Thus, we stress that both translating the concept into a good idea (by the spokesperson) is an important process, but also that further translation of the good idea into everyday practice (by the employees) is an important process. The first process is a significant part of creating common meanings of the good idea, while the subsequent process is a vital part of creating fragmented meanings of the difficulties of translating the idea into everyday practices. Both types of interpretations are essential to the innovation process and both processes require collaboration, here defined as interactions through sense making and narratives. The strategic spokesperson narratives require an employee audience willing to create meanings, while the fragmented everyday antenarratives need a responsive management audience that allows these kinds of antenarratives to be legitimate and outspoken innovation narratives.

### **Discussion of the contribution of narratives in collaborative innovation**

The case presented here illustrates three points. First, the idea of the triage was translated by both strategic narratives and everyday antenarratives. Both types of narratives are important to make it possible for employees to make interpretations of an innovative idea and to interact with changes in everyday life. Overall, one can argue that strategic narratives exist in the development group. These narratives were typically built on an epic plot in an attempt to create shared meaning with the triage idea. The everyday antenarrative existed among the employees, fulfilling interpretative roles in their everyday work. Consequently, the everyday antenarratives played another role in the innovation process as a generative memory serving as a problem generator and a solution maker by allowing contradictions between multiple participants.

Our analysis also illustrates how networks of micro interactions and interpretations embed, dis-embed and re-embed everyday practices, similar to replanting a plant in new soil, where it can develop in a new way. These micro level innovation networks rely on macro governance networking in two areas. One area is the steering style of the management, which is open and allows the existence of everyday antenarratives and acknowledges the importance of spokespersons as playing a key role in translating innovation concepts into good ideas in the ward. The second area involves how the innovation idea is often legitimate in relation to macro governance trends. In this case the triage system is a part of a transparent, qualitative NPM-wave and therefore seen as a necessary step by the local organizational members.

The last issue we would like to point out references the power of narratives and the illustration of both strategic narratives and everyday antenarratives. As discussed by Bartel and Garud (2009), innovation narratives exist in different forms, i.e. structured and provisional narratives differ in their level of 'finishedness.' We argue that different innovation narratives exist at various levels in the organization and do not necessarily facilitate coordination and order. They can also be understood as a type of backstage opposition or as a way for the nurses to gain a sense of agency in a situation of perceived chronic change. Frustration and insecurity can dominate the lives of employees undergoing a long period of organizational change. To gain a sense of control or stability

under these conditions, narratives can act as meaning-creating mechanisms. Both types of narratives are important in an innovation process, since they contribute to different elements of the process. The structured and strategic innovative narratives create order, while the same can be said about the everyday antenarratives *because* they leave room for disorder and polyphony at the employee level of the organization. This relates to the concepts of convergent and divergent forces discussed by Van de Ven et al. (1999:184-214), but differ since the sequential ordering of the convergent and divergent forces in distinct phases does not emerge in this case. In this case, it was the *coexistence* in time and space of both ordering and disordering narratives that helped to create the desired order.

## **Conclusion**

The purpose of this article was to investigate how an idea is translated into everyday practices by collaborative innovative narratives and to look at the role of spokespersons. Our case study illustrates how innovation processes need both strategic structured narratives by local spokespersons who share persuasive narratives about the good idea as well as more fragmented everyday antenarratives that allow unintended and contrasting meanings to become part of the translation process when new practices enter into old practices.

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