The Critical Bricolage: Uniquely Advancing Organizational and Nursing Knowledge on the Subject of Rapid and Continuous Change in Health Care

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Abstract
Change in health care has become rapid and continuous. Much decision-making processes guiding change management are derived from organizational literature which is heavily reflective of managerial perspectives. These perspectives represent and aim to serve only a small subgroup of organizational members. However, change is complex, fragile, and has higher rates of success and sustainability when change management strategies reflect a multitude of organizational voices. There is a dearth of literature exploring the intersect between organizational and nursing discourses on the subject of rapid and continuous change in health care. Multitheoretical, multimethodological, and multidisciplinary informed approaches to methodological decision making are needed to link organizational and nursing discourses in ways that will offer alternative perspectives on the subject of change. Furthermore, critically guided multitheoretical, multimethodological, and multidisciplinary methodologies are timely and important in organizational research. Critically guided research seeks to analyze taken-for-granted assumptions and institutionalized practices seeking alternative perspectives and alternative sources of organizational knowledge. Exploring alternative perspectives from a critical lens recognizes the impact predominant discursive influences have on change management and the subsequent impact on organizational members’ working lives. This article will explore how Kincheloe’s discussions of the critical bricolage serve to support combining critical organizational methodologies (guided by Alvesson and Deetz) with a voice-centered relational method of data analysis (guided by Brown and Gilligan) to create a critical interpretive methodology that explores the voices of nurses as they experience rapid and continuous change in health care.

Keywords
nursing, nursing knowledge, organizational change, research methods, critical bricolage

The purpose of this article is to provide a discussion of my methodological journey throughout my (ongoing) doctoral work. The organizational phenomena framing my study and thus this article is that of organizational change. The aim of my study is to explore the nature of frontline nurses’ experiences of living with rapid, ongoing organizational change in a tertiary care health institution. Research questions framing this study are as follows: (1) What types of rapid, ongoing changes are nurses experiencing? (2) How are nurses experiencing rapid, ongoing organizational change? (3) What positively and negatively influences nurses’ experiences of rapid, ongoing organizational change? (4) How do perceived levels of power influence nurses’ experiences with rapid, ongoing organizational change? (5) How do rapid, ongoing organizational changes impact the way nurses conduct their work? (6) Do nurses’ discourses about rapid, ongoing organizational change reveal evidence of feelings and behaviors that may reflect elements of change fatigue as currently described in the non-nursing literature? Key concepts framing this study include organizational change, the experience of change, change fatigue, power, and voice. As I began exploring the issues around organizational change, I found very little nursing scholarship on the subject. This dearth of literature was accompanied by a lack of methodological diversity in published organizational studies. I quickly realized my research questions would not...
be answered by standard nursing research methods found in the majority of graduate nursing textbooks. I have since designed a study that incorporates theoretical and methodological guidance from outside the discipline of nursing to better understand nurses' experiences of organizational change. This kind of mixed approach is supported by Kincheloe's (2001, 2005) work on the critical bricolage. Kincheloe supports a toolbox approach (described as the critical bricolage) when it is philosophically and methodologically sound. This article will discuss the methodological decision making involved in utilizing a toolbox approach to conduct nursing research focused on organizational phenomena. I believe that to contribute uniquely to nursing knowledge, researchers must find unique ways to study the many phenomena that nurses experience. We not only need to publish our findings but share our methodological journeys as means of expanding and perhaps even challenging current methodological knowledge.

Conceptualizing Organizational Change: Driving and Dividing Research Methods

The way in which organizational change is currently conceptualized and understood is directly linked to the way organizational phenomenon has historically been researched. It is important to consider the historical construction of organizational knowledge, thereby situating historical events and phenomena; in doing so, the researcher is said to have heightened awareness of inconsistencies across time (Rowlinson, Jacques, & Booth, 2009). Researchers then have an enhanced ability to identify inherent problems with specific social systems as they have evolved over time (Rowlinson et al., 2009). By historically situating, the phenomena of organization change, I began to realize the inconsistent and often lack of nursing knowledge and thus nursing representation within health-care organizations discourses about change. Often such inherent problems within social systems like health-care organizations are identified through the use of multiple means of knowledge construction (Rowlinson et al., 2009). Utilizing multiples means of knowledge construction serves to increase representation of those underrepresented in dominant organizational discourses (Foster & Wiebe, 2010).

Historically, the majority of organizational scholarship and associated discourses have conceptualized organizational change as linear, measurable, predictable, and void of any human components (Mckinlay & Starkey, 1998). This has resulted in organizational research that has utilized structured instruments, tested hypotheses and theories, produced quantifiable information, and strengthened the ability to predict the nature of organizational phenomena (Alvesson & Deetz, 2000; Orlikowski & Baroudi, 1991). This has produced narrow understandings of the impact of organizational change, where impact is portrayed as fiscal gain or loss (Axelsson, 2000; Daly, 2014; Kotter, 1995). The goal of rapid and continuous change is to maximize efficiency in health care (Berneth et al., 2011). Health-care organizations compete to deliver the fastest, most streamlined, and efficient health care (Daly, 2014). Organizations that meet these goals and targets are rewarded by funding agencies (Daly, 2014). Organizations then reward health-care staff members for meeting goals and targets (Daly, 2014). These ideas about change are continually supported by the use of structured and quantitatively driven indicators and measures of change initiatives. Essentially what we’re seeing here is mainstream organizational research that explores and explains systems, not the people within them (Alvesson & Deetz, 2000). Organizations are failing to explore the impact this research direction has on health-care providers. This reflects certain assumptions about the nature of knowledge (Alvesson & Deetz, 2000; Orlikowski & Baroudi, 1991) and in turn legitimizes certain forms of organizational knowledge.

An alternative conceptualization of organizational change as suggested by Barnett and Carroll (1995) provides a more dynamic understanding but is used less frequently in organizational research. This less frequently used conceptualization suggests that organizational change is a complex transformation aimed at changing the structures, roles, and procedures of organizations (Barnett & Carroll, 1995). Organizational change changes people (Barnett & Carroll, 1995) and is “inseparable from the ongoing and situated actions of organizational members” (Orlikowski, 1996, p. 67). Multiple dialogues and narratives are needed to understand the complexity of organizational change because it is a multiauthored and multivoiced phenomenon (Allan et al., 2014; Buchanan & Dawson, 2007). Little organizational literature addresses the complex human relationships and interactions embedded within the phenomenon of organizational change (Rashford & Coghlan, 1994; Reissner, 2008). The small amount of organizational research that does reflect the human components of organizations has primarily focused on the roles of management: how they ought to manage institutions and the outcomes management should obtain (Duberley & Johnson, 2009; Knights, 2004). This has created organizational knowledge that is not multiauthored and representative of only small subgroups of organizational members (Alvesson & Deetz, 2000).

We see the aforementioned unilateral representation reflected in health-care organizational research. Organizational change is currently affecting every aspect of health care and will continue to do so at increasingly rapid rates (Campbell, 2000; Dickson, Lindstrom, & Black, 2012), yet we know very little about the impact of rapid and continuous change on frontline nurses working in health-care organizations. There is a dearth of nursing knowledge utilization in mainstream organizational scholarship (Wall, 2010), change management, and even health-care management scholarship addressing organizational change (Kuokkanen et al., 2007). Frontline health-care staff experience organizational change differently when compared to management (Allan et al., 2014) and have different commitments that shape their experiences of organizational change. During periods of organizational change, nurse managers describe their commitments to ensuring financial accountability, where frontline nurses speak of the stresses experienced when attempting to keep their commitments to patients within financially driven corporate discourses (Allan...
The lack of frontline nursing representation is worrisome because it reflects a strong affiliation with a set of presumptions about what kinds of knowledge about organizational phenomena are desirable and acceptable (Kincheloe, 2001, 2005). Knowledge that is deemed desirable and acceptable influences the way organizations develop over time and impacts how people within organizations are expected to carry out their work (Thomas, 2009). The implications this has for nurses in regard to organizational change remains unknown because organizational research remains grounded in perspectives that represent the interest of management (Alvesson & Deetz, 2000). This unilateral representation influences what and who are or are not researched in organizations.

The Need for Complex Inquiry Approaches

Organizations are increasing in complexity, yet methods of organizational inquiry are slow to expand (Knights, 2004). The uses of qualitative methodologies are slowly increasing with the emergence of hermeneutic studies to a larger extend, and critical studies to a smaller extent (Knights, 2004). However, there is still work to be done and many alternative perspectives to explore. Scholarship could benefit from exploring organizational life in ways that are guided by alternative perspectives, methods, and theoretical lenses. Historically, organizational scholarship has sought to describe organizations as they are, according to Argyris (1999) “the most powerful norms in research are around describing the world as is” (p. xii), where “the idea of designing new or rare worlds is not rewarded significantly” (p. xii). Organizational concerns and issues are regularly described however the production of “actionable knowledge” (Argyris, 1999, p. xii), knowledge that suggests how to address organizational concerns and issues is minimal. It is, according to Argyris (1993), actionable knowledge that will challenge organizational status quos, a very fitting suggestion for any researcher seeking to challenge the status quo. The capacity to envision what organizations could be, rather than what they are, will produce the knowledge required to change organizations in ways that address the gap between what is and what could be (Argyris, 1987). In the context of health-care organizations, I suggest it is frontline staff who have the experiences and tacit knowledge required to produce actionable knowledge (Argyris, 1993), however the representation of frontline staff in health-care organization literature remains minimal at best (Rankin & Campbell, 2006; Wall, 2010). So what is the importance of attempting to expand our knowledge of organizations and why are novel methods of inquiry needed to do so? Because any one perspective “brought to the study of organization and management, while capable of creating valuable insights, is also incomplete, biased and potentially misleading” (Morgan, 1997, p. 5). No one perspective will ever be complete or free of bias therefore what is needed is multiple perspectives that work to challenge each other and the multiple truths that exist within organizations. It is the hope that bringing such ideas into the realms of health-care research will challenge the powerful norms and discourses that currently shape the realities of nurses’ work within health-care organizations.

Alternative organizational perspectives may be explored by utilizing multitheoretical, multimethodological, and multidisciplinary informed approaches to research designs (Kincheloe, 2001, 2005). Using a plurality of perspectives is important in advancing organizational scholarship because it will foster knowledge from multiple frames of reference. Doing so will facilitate increased understandings of the complexities of organizations and the people within them. It is in these complexities that troubling and challenging situations within organizations are discovered (Kincheloe & McLaren, 1998). Through recognition, exploration, and the deconstruction of troubling and challenging situations, for example, the rapid and continuous implementation of change initiatives, work may be done to create organizations that more equally serve the interests of all organizational members (Kincheloe & McLaren, 1998). The critical bricolage is a research approach that can foster knowledge development, that reflects multiple organizational members and their experiences (Kincheloe, 2001, 2005).

The (Critical) Bricolage

The concept of bricolage was introduced into qualitative research discussions in 2000 by Denzin and Lincoln. The term was adapted from the French anthropologist Levi-Strauss who discussed the bricolage in the savage mind (1966). Historically, the French word bricoleur described handywomen and handy-men who utilized tools from tool kits to complete their work. For Levi-Strauss (1966), the savage mind was the one that constructed things using whatever materials were at hand, the savage mind was what he called the bricoleur. Denzin and Lincoln (2000) describe the bricolage as a multimethod mode of conducting qualitative research that challenges researchers to reach beyond standardized methods of inquiry. The goal of a bricolage framework is to encourage researchers to engage in innovative research that will stimulate unique knowledge development. Kincheloe (2001, 2005) crafted Denzin and Lincoln’s (2000) bricolage to reflect a critical orientation aligning with the philosophical assumptions and values of critical theory. Kincheloe’s work drew from a number of theoretical traditions with analyses focused on social, cultural, political, economic, and cognitive dynamics that contextualized contemporary teaching and learning. Kincheloe’s multifaceted ideas about critical scholarship are of paramount relevance in organizational studies, as there is very little critical scholarship that addresses organizational health-care research within a nursing context (Rankin & Campbell, 2006; Wall, 2010). One such study conducted by Copnell and Bruni (2006) explored critical care nurses’ experiences of change in an acute care hospital in Australia between 1996 and 1998. Data were analyzed using a Foucauldian post-structuralist framework focusing on the deconstruction of discourse.

Copnell and Bruni (2006) found that organizational changes greatly impacted how nurses understood their work.
and their subjectivity. Dominant organizational change discourses challenged nurses to rectify their experiences that were in stark contrast to mainstream organizational knowledge. Nurses’ attempts to rectify those experiences and associated feelings perpetually silenced them. Organizational changes challenged nurses in numerous ways, which were rarely voiced and to some extent not even readily acknowledged by nurses. Copnell and Bruni (2006) concluded that organizational change was a complex phenomenon because the relationship between proposed changes and the discursive contexts they are located within encompass a multitude of discourses that inform changes that are both heavily mediated by relations of power and discourses of authority. Copnell and Bruni (2006) advocated for research that contextualizes change in ways outside of dominant discursive frameworks and that would engage nurses in discussions about organizational changes in their places of work.

Exploring critical theory’s potential for unique knowledge development requires a toolbox approach to conducting research (Kincheloe & McLaren, 1998). Kincheloe (2001, 2005) called this tool box approach the critical bricolage. Kincheloe’s (2001, 2005) conceptualization of the critical bricolage was built upon an acute awareness of the relationship between power/knowledge. According to Kincheloe (2005), within these power/knowledge relations certain individuals or groups of individual’s narratives and voices may become overlooked. Here we see how Kincheloe (2005) incorporated the work of Michel Foucault (1979) into his construction of the critical bricolage. While Kincheloe’s personal assumptions about the nature of knowledge aligned strongly with the work of Foucault, Kincheloe also emphasized the importance of pulling from a wide range of perspectives and ideas to address issues of power when creating methodological designs (Kincheloe, 2005). Kincheloe’s acute awareness of power relations strongly shaped his ideas about who he deemed appropriate to utilize the critical bricolage.

### The Critical Researcher

Knowledge in organizations can be created by both outsider and insider perspectives (Evered & Lewis, 1981). Insider research involves researcher presence and immersion and the researcher as an active participant in knowledge creation. From the insider perspective, knowledge is experiential, and data are contextual and open to interpretations (Evered & Lewis, 1981). Kincheloe and McLaren (1998) place immense importance on insiders (Evered & Lewis, 1981) as critical organizational researchers, referring to the insider as the bricoleur (Kincheloe, 2001). Kincheloe and McLaren (1998) suggest that critically driven research will best advance critical scholarship when those who work at the frontlines begin to conduct their own research. Kincheloe and McLaren’s (1998) perspective is relevant in organizational research, as it is frontline workers who remain underrepresented within organizational literature (Alvesson & Deetz, 2000; Reissner, 2008).

### The Frontline Worker as the Critical Researcher

The role of the critical bricoleur is to explore power relations embedded within discursive practices as means to better understand how such power relations mediate who can speak and what can be said in certain situations (Kincheloe, 2005). The methods of conducting critical bricolage research should not be explicit or prescribed but rather should evolve as seen fit by the researcher and as needed for the study (Kincheloe, 2005). The methodological design guided by the critical bricolage framework should be interdisciplinary at philosophical, epistemological, ontological, and methodological levels (Kincheloe, 2005). Innovative knowledge is gained by utilizing analytical frameworks from outside the chosen discipline of inquiry (Kincheloe, 2005). The critical researcher is one who “moves beyond the blinds of particular disciplines and peers through a conceptual window to a new world of research and knowledge production” (Kincheloe, 2005, p. 323). Engaging other disciplines is important for Kincheloe (2001) who suggests doing so will stimulate the researcher to ask compelling questions about the nature of knowledge development both within and beyond their disciplines. This will challenge the researcher as well as those receiving such questions to think alternatively about the nature of knowledge development.

### An Epistemology of Complexity

Kincheloe (2001, 2005) grounds his thinking in an epistemology of complexity. The role of the researcher is to deconstruct the complexities of social theory and uncover relations of power and further document the nature and influence of power relations. Kincheloe’s (2001, 2005) ideas about the nature of research and associated relations of power align strongly with a small body of critical organizational scholarship (Alvesson & Deetz, 2000; Knights, 2004, 2009; McKee, Ferlie, & Hyde, 2008; Perrow, 1986) collectively referred to as critical management studies. Critical management studies (CMS) may offer valuable insight and alternative perspectives when used to explore organizational life within health-care organizations. Utilizing Kincheloe’s (2005) toolbox approach is a way to bring together critical organizational scholarship and nursing scholarship in a way that will uniquely contribute to both organizational and nursing knowledge.

### Critical Management Studies (CMS)

CMS is collectively understood as organizational scholarship from a group of academics who theoretically ground their work in critical theory (Alvesson, Bridgeman, & Willmott, 2009). The fundamental role of critical theory in organizational science is to investigate the dynamic and complex interplay of the social structures of organizations (Kincheloe, 2005). Critical methodologies analyze taken-for-granted assumptions and institutionalized practices in search of alternative perspectives and alternative sources of knowledge (Scherer, 2009). Critical organizational philosophy embraces the notion of totality
where in no-thing exists (Orlikowski & Barouid, 1991). Things (in the philosophical context of an object, being, or entity) only exist “in the context of the totality of relationships of which it is a part . . . and they are bound by interdependence” (Orlikowski & Barouid, 1991, p. 19).

When organizational change is conceptualized from this perspective, change is not an isolated event; it exists only in the context of organizational relationships. Contributions from critical management scholars offer unique ways to explore phenomena with health-care organizations. Knowledge from outside the discipline of nursing can be used to uniquely understand experiences within nursing. Kincheloe’s (2005) complex web-like understanding of the interplay between epistemology, ontology, theory, and methods recognizes that theoretical frameworks may also offer methodological guidance and may be further utilized in conjunction with other methods. Kincheloe’s ideas strongly reflect those put forth by critical management scholarship wherein CMS is a unique framework however many of the founding scholars also offer methodological guidance, which require adaptations to support their use and relevance in nursing research. Scholars of CMS including Alvesson and Deetz (2000) provide guidelines for methodological decision making which are not prescriptive in nature. Methods are to be determined individually and are evolutionary in nature and respectful of the contextual nature of qualitative inquiry (Alvesson & Deetz, 2000). Alvesson and Deetz’s (2000) methodological discussions offer suggestions for sites, samples, and interview styles, all of which have been utilized in my study design. Alvesson and Deetz (2000) offer a broad range of hermeneutic data analysis methods; however, none facilitate the in-depth analysis of voice I am seeking. The concept of voice is recognized with importance in critical management scholarship (Alvesson & Deetz, 2000); however, methods rely heavily on exploring power (Alvesson et al., 2009; Alvesson & Deetz, 2000; Knights, 2009). The methodological guidance offered by Alvesson and Deetz (2000) present an opportunity to build a unique bricolage that will facilitate the exploration of rapid and continuous organizational change as mediated by the theoretical concepts of power; however, the concept of voice is of equal importance in this research study. Therefore, I began to search for a data analysis method that would facilitate the exploration of voice.

**Voice-Centered Relational Method of Data Analysis**

A data analysis method that facilitates the exploration of voice that has been utilized in nursing research is Brown and Gilligan’s (1992) voice-centered relational method of data analysis (VCRMDA).

Brown and Gilligan’s (1992) VCRMDA is a hermeneutic approach that explores the embodiment of experience as it articulates with the self, other, society, culture, and history. The assumptions of the VCRMDA are that our sense of self and the way in which we come to experience the world is “inextricable from our relationships with others and with the cultures in which we live” (Gilligan et al., 2003, p. 157). This reflects a conceptualization of organizational change as a phenomenon that exists within the context of relationships and within a state of totality (Orlikowski & Barouid, 1991). Brown and Gilligan (1992) offer several levels of analysis that serve to interpret narratives as they are embedded within a complex web or relationships. Examples of significant interpersonal relationships within organizations under analysis in this study include, but are not limited to nurse in relation to self, coworkers, managers, directors, and patients. Relationships outside of the organization in which nurses work, their unique history, the society in which they live, and the culture in which they identify with are also explored. Technology drives much change in health care, therefore, I have chosen to include animate and inanimate objects as “others.” This will facilitate the exploration of the relationships nurses may create with technologies. This decision has been informed by the understandings of technology embedded within the framework of CMS where much critical management scholarship believes technology is overtly influential in the identity construction of employees (Thomas, 2009).

Brown and Gilligan (1992) assert that data analysis should be driven by the researchers chosen theoretical framework, even if it is not within the originally intended feminist framework. According to Brown and Gilligan (1992), when utilized outside of feminist frameworks, the perspective nature of the data analysis method does not change; however, the theoretical framework guides the kinds of questions that are asked at each level of analysis. For the purpose of my study, Brown and Gilligan’s (1992) VCRMDA serves to analyze power and voice as driven by CMS. Questions asked during the analysis phase of this study broadly include those that address relationships between voice and power and include: does one voice compete over another, do they oppose each other, and how do these voices influence how an individual creates meaning of experience? The flexibility offered by Brown and Gilligan’s (1992) data analysis method makes it adaptable to many different research projects with different theoretical frameworks.

Originally, Brown and Gilligan’s (1992) method of data analysis evolved from their work in feminist psychology; however, Paliadelis and Cruickshank (2008) utilized the method to explore the experiences of nurse managers. Paliadelis and Cruickshank (2008), among other nursing scholars (Letvak, 2003; Proctor, 2001), have since adapted Brown and Gilligan’s (1992) VCRMDA to work within nursing research and often outside feminist theory. Kincheloe (2001, 2005) stated that philosophical rectifications must be explicit when using a bricolage approach. I will now rectify why I have not utilized feminist theoretical guidance as Brown and Gilligan (1992) did in their original method. The argument that Brown and Gilligan’s (1992) VCRMDA is grounded in feminist philosophy is validated only if their original understanding of voice is applied to the data and subsequent analysis. I have utilized an alternative conceptualization of voice (Siiäiinnen, 2012) that aligns with the philosophical assumptions of CMS as guided by philosophical underpinnings of critical theory. The alternative conceptualization of voice still reflects the inherent power
embedded in voice that Brown and Gilligan (1992) articulate in their feminist method of data analysis. The conceptual reframing I have proposed is congruent with Brown and Gilligan’s (1992) suggestion that the theoretical framework should guide what questions are to be asked about what concepts throughout the analysis phase. The VCRMDA can serve to explore the sense of self that is defined by relational experiences among employees of health-care organizations, experiences rarely explored in organizational research (Allan et al., 2014; Palia- delis & Cruickshank, 2008).

Brown and Gilligan’s (1992) method will serve to explore the experiences of nurses while simultaneously exploring the complexity of organizational change. The multilayered exploration of an individual’s voice in relation to self, other, society, culture, and history will highlight the complexities of the human components of organizational change. This will also facilitate the exploration organizational experiences as shaped by multiple relations with others and the organizations nurses work within. Such contextual understanding is imperative in acknowledging the complexity of organizations and the experiences of individuals within them (Allan et al., 2014). When theoretically guided by CMS, Brown and Gilligan’s (1992) data analysis method serves to also explore power relations embedded in relationships. This will facilitate a better understanding of the role power plays within organizational change practices and how nurses experience power relations within the context of organizational changes. The final written products of a critical organizational study should “reflect the voices silenced by dominating corporate practices” (Alvesson & Deetz, 2000, p. 158). Brown and Gilligan’s (1992) data analysis method will facilitate the exploration of nurse’s voices, which remain underrepresented in organizational discourses (Axelsson, 2000; Kuokkanen et al., 2007; Wall, 2010).

Potential Contributions to Nursing and Organizational Knowledge

Nurses bring unique knowledge to their practice and the health-care organizations in which they work (Rankin & Campbell, 2006). For instance, nurses have unique and increasingly challenging experiences in providing frontline care to patients and their families. The experiences that continue to challenge me most in my ability to provide frontline care are directly related to rapid and continuous change in health care. I began to explore nursing literature in hopes of better understanding my experiences of rapid and continuous change and found very little on the subject. Alternatively, mainstream organizational literature was discussing organizational change much more frequently. However, this literature did not resonate with me nor did it reflect my experiences as a frontline nurse. Mainstream organizational literature did however offer valuable insight into what kinds of knowledge are valued in organizational discourses. As I further explored organizational literature I came across critical management scholarship, whose scholars too felt certain discourses were valued in organizations, while others were not (Alvesson et al., 2009). Critical management scholarship provided insight into many of the questions I was asking about my experiences as a frontline nurse embedded in a rapidly and continuously changing work environment. Nurses experiences of change have been minimally explored in both organizational and nursing scholarship and are therefore reflective of the underrepresented individuals’ critical management scholarship aims to bring to the forefront of organizational discourse. With a mandate to explore taken-for-granted assumptions (Knights, 2009) and a commitment to represent individuals underrepresented in organizational discourses (Alvesson & Deetz, 2000), CMS has provided a unique theoretical framework in the exploration of frontlines nurses experiences of rapid and continuous change in health care.

Combining CMS with Brown and Gilligan’s (1992) method of data analysis at philosophical, theoretical, and methodological levels has not been without a few hardships. However, when deconstructed both CMS and Brown and Gilligan’s (1992) method of data analysis are guided by profound concerns for the ways in which voice is given and received with an acute awareness of the relations of power that mediate voice and the capacity and will to speak. It is the concepts of voice and power that bring CMS and Brown and Gilligan’s (1992) method of data analysis together. The toolbox (Kincheloe, 2001, 2005) I have pulled from to best answer my research questions is comprised of the concepts of power and voice and the theoretical framework of CMS as guided by critical theory and Brown and Gilligan’s (1992) VCRMDA.

The ideas put forth in this article are new, exciting, and important in challenging assumptions about the nature of organizational and nursing research and knowledge construction. There is however inherent fear in putting forth new methods as a novice researcher. To bring my envisioned methods together I sought scholars in the academic research community who would support my methodology, who believed this kind of research was important, relevant, and rigorous. Kincheloe’s work on the critical bricolage supported my toolbox approach to exploring organizational change from a unique perspective. The importance placed on workers as critical researchers and the alignment with CMS ideas of power and knowledge supported the design of this study. Kincheloe’s (2001, 2005) writing reassures researchers that research conducted “out of the box” is rigorous, innovative, and produces important and timely knowledge that advances our respectable disciplines. Supported by Kincheloe (2001, 2005), I have pulled from my toolbox the necessary guidance from CMS and Brown and Gilligan’s (1992) VCRMDA to conduct my doctoral study.

Health care is at a unique, exciting, and often challenging time where changes are occurring rapidly and continuously and will continue to do so at increasingly rapid rates (Axelsson, 2000; Buchanan et al., 2005; Daly, 2014). The current climate of change in health-care organizations impacts the work lives of nurses by changing the roles of nurses and the ways in which they provide patient care (Campbell, 2000; Kuokkanen et al., 2007). Change impacts nurses (Wall, 2010); however, qualitatively we know very little about those experiences. These
unique circumstances require multimethodological, multi-theoretical, and multidisciplinary informed research methods (Kincheloe, 2001, 2005) to better understand organizational phenomena. Utilizing research methods that are multimethodological, multi-theoretical, and multidisciplinary will facilitate the exploration of alternative perspectives that will challenge us to think differently about change in health care. For example, utilizing theoretical ideas about power and voice in the context of organizational change will facilitate the reexamination of current discourses through lenses that explore the capacity of discourses to give voice or alternatively silence certain individuals or groups of individuals within organizations. The use of such theoretical positions will encourage organizational researchers to focus their research methodologies on organizational samples that may be underrepresented or voiceless members of organizations, such as nurses. Alternative types of organizational research methodologies in health care will provide increased understanding of how nurses uniquely experience change. Nurses may provide innovative and novel ideas about change that are timely and relevant as health-care organizations become more complex and dynamic in their efforts to accommodate changing patient and population needs. Nursing knowledge can offer valuable insight in understanding both the complexities and possibilities of health-care organizations. Once the capacity of nursing knowledge to contribute to organizational change initiatives is recognized, nurses may be given more opportunities to be part of organizational change processes, providing more opportunities for their voices to be heard.

Kincheloe (2001) articulated the role of the researcher as one who takes an active human role in research while refuting standard modes of knowledge production. It is the role of the researcher to create methods that address a specific gap in knowledge while recognizing knowledge development is in a constant evolutionary state (Kincheloe, 2001). The researcher must take into account his or her own assumptions about knowledge and his or her position in the world. The researcher recognizes there will always be multiple ways of studying phenomena but resolves to find the context that best fits with both the study aims and the social positioning of the researcher, both epistemologically and ontologically (Kincheloe, 2005). Through a self-reflexive process, the prudent researcher derives a method from their toolbox of knowledge and personal assumptions that will accentuate their strengths as a researcher and their capacity to conduct innovative research (Kincheloe, 2001).

In closing, as a novice researcher entering what I see as a world of possibility I feel we are at a turning point in academia. We have the choice to push boundaries and challenge assumptions about research methodologies and knowledge development. I believe we need to increasingly challenge the assumptions reflective of purist methodologies that often remain closed to the ideas of multimethodological, multi-theoretical, and multidisciplinary informed research methods. I believe our individual ontological and philosophical assumptions are shaped by multiple worldviews based upon our own unique experiences, therefore I ask how pure the methods we attempt to adhere to really are when they reflect our own unique assumptions? Furthermore, as an academic community, we also have a responsibility to support graduate students in their innovate endeavors, keeping in mind the power the academy holds in shaping future research communities and the nature of knowledge development. I suggest this is a responsibility not to be taken lightly. We will grow as an academic community when we choose to push boundaries and challenge assumptions about the nature of knowledge.

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