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*Journal of Applied Behavioral Science* 2012 48: 135
DOI: 10.1177/0021886312438857

The online version of this article can be found at:
http://jab.sagepub.com/content/48/2/135
Identity Struggles in Merging Organizations: Renegotiating the Sameness–Difference Dialectic

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Abstract

Mergers as a type of organizational change call attention to questions of identity. In this article, the authors ask: How do people collectively reconstitute their group identities for themselves and others, and in particular, how do they renegotiate understandings of sameness and difference called into question by merging? The authors draw on qualitative case data from two different merger contexts within the health care sector to develop rich descriptions and a deeper understanding of the identity struggles of four groups of employees. They identified four patterns of identity work ranging from more proactive forms of positioning as “mavericks” or “fighters” to more passive forms as “adapters” or “victims” as each group struggled to navigate an altered, fluid, and emerging landscape of potential resources for self-understanding and affiliation. The authors show how identity regulation and identity work manifest themselves in three domains of language, practices and space, and how identity regulation and identity work mutually interact. Thus, the negotiation of identity in merging is a dialectic process in which managerial identity regulation aimed
at enhancing convergence across groups may be undermined both by groups’ attempts to reestablish differences and by a countervailing managerial need to accommodate (and thus sustain) differences in order to enable groups to locate themselves in the emerging entity.

**Keywords**

identity, mergers, dialectics, identity work, identity regulation

Perhaps more than other types of organizational change, mergers call attention to questions of identity. Assembling a new entity out of units or entire organizations not only reconfigures the location and design of work but also provokes efforts at identity regulation by managers, and in response, intensified identity work on the part of groups absorbed into the new entity (Alvesson & Willmott, 2002). As units are brought together and changes made in leadership, relationships and procedures, prior constructions of identity are challenged; they can be dismissed, reaffirmed, co-opted, denigrated, adapted, denounced, or otherwise altered. Identity becomes “at stake” as people confront these challenges in their everyday interactions and decide how to negotiate them. In particular, mergers almost inevitably disturb peoples’ understandings of sameness and difference with respect to others, a fundamental dialectic tension that is inherent to the very concepts of identity and identification (Jenkins, 2008; Lewis, 2000). Drawing on case studies in two settings, and focusing on the group level of analysis, this article examines how this dialectic tension may be renegotiated following merger.

The literature on postmerger integration increasingly gives attention to identity-related phenomena (Chreim, 2007; Clark, Gioia, Ketchen, & Thomas, 2010; Empson, 2004; Maguire & Phillips, 2008; Misra & Smith, 2008; Ullrich, Wieseke, & Van Dick, 2005). Indeed, Zaheer, Shomaker, and Genk (2003) note that identity issues, that is, concerns about “who we are” may be as or more influential than oft-cited cultural differences in understanding integration difficulties (p. 185). They observe that organizations with ostensibly similar cultures may still encounter impediments to integration because of people’s attachment to the social group constituted by members of their former organization, and the identity threats engendered by merger.

Although identity issues have become more salient in research on merger implementation, relatively few studies have looked inside the processes by which identities are negotiated following merger, or more specifically the “identity work” (Snow & Anderson, 1987) done by groups in their attempts to reposition themselves with respect to other groups. Adopting such a process focus enables us analytically to incorporate the fluidity and open-ended nature of change (Tsoukas & Chia, 2002) exemplified in identity negotiation in a merger context. We ask the question: How do people collectively reconstitute their group identities for themselves and others, and in particular, how do they renegotiate understandings of sameness and difference called into question by merging?
The article incorporates empirical analyses of identity work from two independently conducted studies of merging in the health delivery systems of Alberta and Quebec, two Canadian provinces. These analyses disclose the dialectic nature of identity struggles in the context of mergers where pressures for sameness embedded in managerial attempts to regulate identity illuminate more starkly the nature of group differences and prompt intensified identity work. We contribute to the literature on mergers as a type of organizational change by showing how identity struggles engender a variety of patterns of identity work. These patterns are based on groups’ evolving and temporally situated (Ybema, 2010) understandings of how their self-conceptions might be enhanced or diminished in merging.

We first review literature on identity in mergers, and introduce the concept of group identity work and its application to mergers. After describing our methodological approach, we develop our analyses of how different groups responded through their identity work to pressures for sameness occasioned by the mergers. We close with key implications of the study for organizational change.

Identity and Merging

The concepts of organizational identity, social identity, and identification have recently attracted attention as particularly relevant to understanding the human and economic consequences of merging distinct organizational entities. “Social identity” is defined by social psychologists Tajfel and Turner (1979, p. 40) as “those aspects of an individual’s self-image that derive from the social categories to which he perceives himself as belonging.” Social identity theorists argue that people actively compare their own groups with other groups and attribute value to them. To preserve or enhance their self-esteem, they make these comparisons on the basis of dimensions that produce evaluations favorable to their own group and unfavorable to others. This conception of social identity offers one explanation for why mergers tend to create significant distress and resistance (Buono & Bowditch, 1989; Seo & Hill, 2005). Indeed, van Dick, Ullrich, and Tissington (2006) found that the degree of postmerger identification has distinct effects on employee organizational commitment that are not explainable on the basis of economic concerns. In addition, studies have suggested that members of dominant groups identify more strongly with merged organizations than nondominant groups (van Knippenberg & van Leeuwen, 2001), that continuity in identity is associated with merger acceptance (Ullrich et al., 2005), and that stronger in-group biases tend to occur among higher status groups in mergers (Terry & Callan, 1998).

While the social psychology literature has identified factors related to merger success and employee identification, a handful of field studies reveal how dynamics such as pressures for sameness and struggles about differences are inherent to merging. For example, Chreim (2007) adopted a narrative perspective to show how identity themes evolved among merged groups in an oil company, and how pressures for standardization led all groups to seek ways to recapture some form of distinctiveness. Maguire and Phillips (2008) relate organizational identity and identification processes to
institutional trust, showing how trust may be undermined during mergers, first by perceptions of identity ambiguity, and later by the emergence of identities that may be alienating to those from legacy organizations. Finally, Clark et al. (2010) show how the creation of a novel “transitional identity” distinct from that of the founding partners may help bridge differences during merger negotiations.

These studies contribute to a more dynamic understanding of identity issues during mergers and reveal the potential importance of tensions between sameness and difference. However, none explicitly examines the “identity work” undertaken by different groups as they actively renegotiate these tensions. Indeed, the notion of identity manifested in most of these studies still remains largely that of an entity or construct that may evolve over time, rather than an ongoing activity or accomplishment engaged in by people and groups, the perspective that we adopt here.

Building on previous work, the current study begins from the idea that sameness and difference represent a central dialectic of social identity. Jenkins (2008), for example, suggests that, “Taken, as they can only be—together—similarity and difference are the dynamic principles of identification, and are at the heart of the human world” (p. 15). Lewis (2000, p. 769) describes the tension between similarity and difference with respect to others as the “paradox of belonging” as “actors strive for both self-expression and collective affiliation” (p. 769). Although pressures for sameness or difference occur all the time, as the studies above suggest, it is in organizational change such as mergers that people more acutely feel these pressures, and it is around such events that their “striving” is likely to become particularly visible. Lewis’s use of the verb “strive” is particularly apt for this study because it implies the idea that dealing with these dialectic tensions involves a form of effort or of “work”—and more explicitly of “identity work.”

Identity Work

In exploring how to render identity analytically more dynamic, some authors have borrowed the concept of “identity work” from sociology and social psychology (Snow & Anderson, 1987). By identity work, they mean the efforts involved in “forming, repairing, maintaining, strengthening or revising the constructions [of self] that are productive of a sense of coherence and distinctiveness” (Sveningsson & Alvesson, 2003, p. 1165). It is around the notion of identity work that we develop the analytical framework for this article. In a recent article, Alvesson (2010) describes images of identity ranging through conceptions in which identity is seen as more or less socially constructed, more or less ephemeral, and more or less agential. From among the images proposed, it is that of the identity worker as a “struggler” “dealing with contradictions and conflicts between self-view and external demands and conditions” (Alvesson, 2010, p. 199) that most resonates with our approach. This view situates individuals as subject to external constraint but as capable of creatively mobilizing a variety of situational and personal resources to construct a positive sense of self. Although we do not use a narrative methodology explicitly, Alvesson’s (2010) image of the “storyteller” also informs our understanding. We see identity as an ongoing
accomplishment but nevertheless recognize that a coherent sense of self may require
people to relate ongoing identity constructions to prior identity narratives or to reinter-
pret those narratives in light of present events (Giddens, 1991). In this respect, personal,
group, and organizational histories can be conceived as temporal resources “generated when they are brought into use” (Feldman & Quick, 2009, p. 138) for
members’ identity work in the here and now (Ybema, 2010).

**Group Identity Work**

The term *identity work* from sociology originally referred to activities undertaken by *individuals* in constructing identities congruent with their self-concept and that is how the concept has been most frequently used in organization studies. For example, Sveningsson and Alvesson (2003) and Watson (2008) examined the identity work carried out by single managers as they wrestled with different conceptions of managerial identity. Similarly, Thomas and Davies (2005) used the notion of identity work to examine the varied ways through which different managers incorporated or resisted various elements of New Public Management discourse in their self-presentations.

Other analyses have used the term *identity work* to examine how individuals placed in similar positions of tension between different identity constructions navigate these dilemmas in patterned ways. For example, Maguire and Hardy (2005) examined the forms of identity work undertaken by champions of collaborative strategies between community organizations and pharmaceutical companies involved in HIV/AIDS treatment. Kreiner, Hollensbe, and Sheep (2006) investigated identity work tactics used by Episcopal priests to negotiate conflicting demands on them. Creed, DeJordy, and Lok (2010) showed how spiritually committed gay, lesbian, bisexual, and transgender ministers enacted common patterns of identity work in which initial periods of compartmentalization and denial evolved toward self-acceptance and a more proactive stance in countering institutional norms within their churches.

Although these studies consider people occupying similar roles and positions, they do not focus on specifically group-based identity constructions. In contrast, within the sociological and social movement literature, identity work is conceived as a group accomplishment (Schwalbe & Mason-Schrock, 1996; Snow & McAdam, 2000) consisting of any activity contributing to defining, coding, affirming, and policing group identities (Schwalbe & Mason-Schrock, 1996). Drawing on related ideas, Karreman and Alvesson (2001) showed how the identity work of being a newsmaker is configured and imbued with specific, local meaning through talk in meetings among members of the group.

Here, we build on these group-level studies in our analyses of identity work during merging. Our focus is on the merger of defined groups of employees into larger entities where group members maintain the capacity to interact with each other on a regular basis. Thus, in contrast to most prior studies in the organizational literature that mobilize the notion of identity work by individuals, our primary unit of analysis is the group, with secondary attention to individuals.
An Interactionist Perspective on Identity Regulation and Identity Work

Early discussions of “identity work” in the organization studies literature closely associate it with “identity regulation.” Writing from a poststructuralist perspective on work control, Alvesson and Willmott (2002) introduce the notion of “identity regulation” to refer to managerial attempts to influence the identification of employees (e.g., by defining roles and relationships; explicating motives, morals and values). They use “identity work” to mean the efforts by those employees (called “targets of identity regulation”) to position their self-identities with respect to these regulative attempts.

Alvesson and Willmott’s (2002) notion of the interactive nature of identity regulation and identity work is useful for understanding identity dynamics in merging, a change in which management attempts to specify how the organization is to be transformed, and undertakes initiatives aimed at bringing groups together. Explicitly or implicitly, these initiatives are a form of identity regulation. In the mergers described here, regulative moves promoted convergence in identity constructions across different groups of employees, creating pressures for sameness. Our analyses of identity work carried out by these different groups focus on how each group used its history and context as resources to contest, accommodate, or otherwise negotiate managerial attempts at identity regulation.

We also show that the “regulation” of (or more generally, the attempt to influence) others’ identity constructions is not limited to managers. It is well known that identity work is relational; that is, any attempt to specify or establish one’s own identity also involves reciprocally situating oneself with respect to others (Ybema et al., 2009). We go further in arguing that since identity work is performed in interaction with members of other groups, identity work can also become a form of identity regulation by offering identity attributions about others directly to those others. Others may in turn accept, contest, or redefine their own and others’ identities through ongoing interactions. A similar kind of reciprocal influence is described by Weiland (2010) in a study of identity work in a research and development firm when she observes:

It is important to point out that these practices that I have labeled identity work—looking busy, placing posters in one’s window, and presenting project success stories—simultaneously served to regulate identities. They not only indicated to others (and to the self) that one had momentarily achieved the ideal self as deliverer but also indicated what the appropriate member identity should be, which in turn regulated colleagues’ identity work. (pp. 516-517)

The “target” of these efforts may be members of one’s own group. For example, groups may implicitly “regulate” their members’ identity work. Indeed, Karreman and Alvesson (2001) describe events in newsmaker meetings as not only a form of collective identity work, but perhaps even more, as a form of identity regulation. As well,
groups of employees sometimes regulate the interventions of management by pushing to redirect managerial efforts in ways favorable to themselves.

**Identity Work and Identity Regulation Beyond Discourse**

The vast majority of empirical studies of identity work have restricted the notion to discursive constructions (Sveningsson & Alvesson, 2003; Thomas & Davies, 2005; Watson, 2008). Yet this treatment of the concept is not inherent to its definition. Alvesson, Ashcraft, and Thomas (2008) argue that identities may not only be crafted from a variety of resources and materials including discourses and storytelling but also embodied in practices, material arrangements, and group interactions. Other authors have pinpointed the identity implications of material arrangements such as clothing (Pratt & Rafaeli, 1997) and place (Brown & Humphreys, 2006). Still others (Creed et al., 2010) have drawn attention to practices. For example, Weiland’s (2010) ethnographic study illustrates how practices accomplished in interaction conveyed participants’ conscious and unconscious identity constructions while regulating those of others. These studies suggest the importance of according greater attention to non-discursive elements in studies of identity regulation and identity work.

To summarize our conceptual base, we use the concepts of identity regulation and identity work to consider how groups negotiate pressures for sameness and difference in merging. Our study builds on and extends prior work in three respects. First, we take as primary unit of analysis the group, with secondary attention to individuals. Second, we accord analytic attention not only to discourse but also to practices and space as resources in regulating and crafting identities. Finally, our analyses show how identity work can also be seen as a form of identity regulation.

**Methodological Approach**

This research draws on comparative analyses of two different studies carried out independently by research teams in Quebec and Alberta. The Alberta data come from a study investigating the merger of five health care organizations (four regional health authorities [RHAs] and one Mental Health board) into one organization, referred to here as Cottonwood. This merger was part of a provincial effort to amalgamate smaller, independent RHAs and the provincial Mental Health facilities and employees into larger RHAs. Figure 1 illustrates the formation of the Cottonwood region (indicated in lighter shading). In this article, we draw on the identity dynamics of members from two units: Innochen (one of the previous RHAs) and the Mental Health board in the Cottonwood merger. The Innochen and Mental Health groups interact with Cottonwood management, but do not interact strongly with each other.

The Quebec data come from a study of a merger between two units of a teaching hospital, specifically, a medical intensive care unit (M-ICU) and a surgical intensive care unit (S-ICU), that created a new combined intensive care unit (ICU) in which
nursing staff provided care for both medical and surgical patients. The analysis here focuses on the nurses from the two original units who were the most important professional groups affected by the merger. Figure 2 illustrates the physical context of this interunit merger. The two roughly equal-sized nursing groups were merged together and placed into close physical proximity under a new management team. Thus, group identity work responds not only to the regulative attempt of managers but also to the identity work of the other group of nurses.

Figure 1. Schematic representation of the Alberta merger

Figure 2. Schematic representation of the Quebec merger
Data and Analysis

Both data sets comprise personal interviews with participants in the mergers (18 interviews in the Alberta case and 21 interviews in the Quebec case). Purposive sampling techniques were used in each case to access two particular groupings: managers/senior leaders as well as clinical frontline staff, and six or more representatives from each focal group comprising the newly merged entities. All interviews were transcribed, yielding approximately 650 pages of single-spaced, typed data. During the interviews, members were asked about their experiences in the merging process, and shared accounts of identity work and identity regulation as well as its enactment (Weiland, 2010). The Alberta data also include meeting observations and field notes from four feedback meetings over 2 years, whereas the Quebec database includes questionnaire data at two points in time as well as field notes from a feedback meeting about 1 year after the most intensive data collection.

The interview data are the main source, with other sources used to contextualize events profiled in the interviews. We see interviews as both providing members’ accounts of identity processes and at the same time as sites of identity work occurring during data collection. In this respect, we traverse an epistemological boundary (Alvesson, 2003) between conceiving interviews as an empirical situation (Thomas & Davies, 2005) and as a means for exploring experience beyond the interview situation.

To conduct the comparative analysis, we drew on an approach used by Staudemayer, Tyre, and Perlow (2002) to combine data from different studies. The two research teams first reviewed their respective interview data to disclose and extract quotations reflecting the overall “stories” of the merger as told by different groups. These stories tended to follow a sequential pattern, beginning with initial identity elements, proceeding to activities or events related to the merger, and ending with assessments of merging at the time of the interviews. Adopting an interactionist perspective, we made sure to include in these stories data about the “field of situated interaction,” or the spatial surrounds and merger practices. A different composite story was generated for each organizational subgroup involved in the mergers. These stories were presented in tabular form—a first column describing the key concept, and the second column providing the relevant extracts from empirical materials. The research teams met to review the stories, brainstorming their similarities and differences and identifying concepts for further examination. These included constructions of group identity, coping strategies, and evolving identity patterns. A joint coding scheme was developed for further data analyses.

As we reviewed the results of these further analyses, we noted many examples of how one group’s efforts to construct their identities interacted with those of other groups, often incorporating contradictory features in which similarity and difference were in tension. Realizing this, we refocused analysis directly on the concept of “identity work” to articulate these efforts. Taking any group-distinguishing or group-homogenizing effort as identity-relevant material for consideration, our analyses
illuminated the dynamics of identity work at the group level. That is, group members sought to alter, maintain, strengthen, or otherwise shape constructions of their similarities and differences with other groups. Moreover, because our early stories incorporated data on the “field of situated interaction,” these subsequent analyses showed group-level efforts of identity work as comprising not only the domain of language, as expected but also what came to be conceived as the domains of practice and space, often themselves in interaction (for example, former surgical and medical nurses not mixing while at the coffee room table in the new unit, or Innochen members altering the process of directors’ meetings to be more participatory). A final pass through the data enabled us to pull out elements most illustrative of patterns in identity work accomplished by the different groups in the two mergers.

Through further iterations between our data and reading on identity work, we began to see the original theme, “pressures for sameness,” as comprising management efforts to influence or “regulate” group identity constructions. This led us to explore our data for evidence of the relationship between identity work and identity regulation, for example, managerial efforts to regulate group identity and group’s responses. Through this, we came to see our cases as representing identity struggles (Alvesson, 2010).

To present our findings, we consider each case in turn, focusing first on managerial efforts at identity regulation, and then on the identity work of the respective groups. Figure 3 summarizes this analysis. Then, in a subsequent section, we consider the commonalities and variations among the two cases, identifying the situational elements that contribute to different patterns.

Identity Struggles in Merging: The Alberta Case

Everybody wants to sell this as a merger, but a lot of time when you get into the operational side, it’s not a merger, it is a takeover. You look at the numbers and say to others, you will do it our way . . . because in Cottonwood, we were centralized. (Director, Cottonwood)

In spite of presenting the process as a merger, much of the time Cottonwood managers acted as if they were engaged in a takeover of the other four smaller regions. Practices, including operational ones referred to in the quotation, as well as language and space resources constituted Cottonwood’s identity regulation efforts that came to dominate experience in the newly merged organization. Managers in the smaller regions quickly sniffed out that this might be turning into a takeover and became alert to these efforts. Indeed, early on, while our research team was contracting with Innochen to study the merger process, managers shared with us in hushed tones that what was being discussed as a “merger of equals” was in point of fact “really a takeover.” Later, in the midst of efforts to merge the regions, this anticipated outcome became more real, as representative quotes below show:
Figure 3. Identity struggles in Alberta and Quebec
People were sensitive to the fact that this was a merger and people came in as equals. But, practically, most people saw this as a takeover. (Mental Health member)

On a good day, maybe this is a transition. On a bad day, takeover is correct, you know. (Innochen member)

Pressures for sameness on the smaller regions were manifested in a variety of managerial initiatives that imposed Cottonwood’s identity construction onto the new region. These identity regulation efforts incorporated all three domains of language, space, and practice. Language became visible early in the merger when leadership of the new organization adopted the name, Cottonwood, the same name as that of the largest region joining the merger. This happened in spite of a premerger decision by all involved regions to create a new name for the amalgamated region. Members of small regions acutely felt this symbolic pressure for sameness and expressed the loss of group identity associated with taking on one region’s name and ignoring the decision to create a new name:

I mean, there’s the promotion of the merged region logo and image and you know, all that stuff. Which is great for the region whose name is being used, but for the other regions that joined in, we have lost our identity. (Mental Health member)

There’s the loss of Innochen identity. You know, you have to use a different logo. You have different names. They not only changed us to their name, but also changed the name of health units in our local settings. (Innochen member)

The domain of space was also used to impose Cottonwood’s identity onto the new organization when senior management decided to use the same city for headquarters of the newly amalgamated region that had been used in the old Cottonwood. Moreover, human resource training events and major meetings were held in this city rather than dispersed across locations in the newly amalgamated region.

Practice was the most-used domain in the Alberta case for imposing pressures to accommodate Cottonwood’s identity. A critical decision was the selection of the leadership team for the soon-to-be amalgamated region. Notably, all former senior leaders of Cottonwood remained in their positions. The only change was the addition of the former CEO of Innochen as Vice President for Public Health. In addition, although standardization committees were set up to identify and deploy the best practices among the regions being assembled, senior managers decided on a “default” position to speed up integration: Practices already in use by Cottonwood would be adopted. This default position was sustained even when it meant adopting inferior practices. A case in point was the payroll system. Rather than implementing the payroll practices used by Mental
Health and widely recognized across the province as being the most advanced, senior managers decided to use the payroll system of the old Cottonwood region because “more people were already on it.” Whereas Mental Health’s system was computerized, the one “adopted” was manual. As members of Mental Health shared:

> When we went into Cottonwood, we went back about 10-15 years and we have staff going out doing time cards in specific way with specific color pens, and all that sort of stuff and then it’s sent off, mailed off somewhere else, to data entry people . . .

The entire facility was extremely frustrated with the switch in payroll systems. Now we are doing it the way they do it, and you know, we struggle through it . . . frustrating . . . we thought why can’t Cottonwood pull up their socks and get to the level we are?

Such standardization was interpreted by joining regions to pragmatically mean that non-Cottonwood region practices would be slighted or ignored. As group members shared:

> . . . one of the most surprising things is that they didn’t try to pick the best of everything. (Innochen member)

When you’re sitting at the front line recognizing what you previously did was probably a better practice than what the de facto standard is now, that causes some issues! (Mental Health member)

Even a senior Cottonwood manager reflected later that they may have gone too far in efforts to standardize:

> I think that we tried to standardize things across the region. . . . But I think that maybe we tried to shoehorn regions into doing the same things in the same way in each of the sites.

The net effect of Cottonwood’s identity regulation efforts—for example, imposing Cottonwood’s name, leadership, and practices—was to discount regions’ distinctiveness. However, these efforts also sharpened inconsistencies and contrasts between Cottonwood and smaller regions that prompted intensified identity work. Mental Health and Innochen both resisted Cottonwood’s identity regulation efforts, but deployed very different patterns of identity work as depicted below.

**Identity Work of Innochen Members**

Innochen members had experienced an earlier province-wide restructuring of the health system. At that time, they were part of WHU (acronym used to protect anonymity), a unit regarded by its members as creative in delivering program and services,
inclusive in management practice and prudent in using community resources. The unit had been recognized provincially and nationally for innovation and excellent performance in public health. This history is relevant for the Cottonwood merger because WHU leaders and staff successfully, though not without difficulty and in spite of uncertainty about their futures, sustained this particular construction of group identity when merging into Innochen. A WHU leader noted:

We realized the organization we had built and tended together was about to be torn apart and reassembled into a larger organization that would now include acute and long term care. . . . So, where do we put our energies? . . . We needed to firm up what it was we were there for, what business we were in, what our mission was, who we were, what our . . . principles were.

Thus, with their world crumbling, instead of worrying about merging, WHU members moved into the new organization with a mindfulness of sustaining their collective identity. On joining Innochen, they took the lead in bringing people together and helping them realize that everyone had an equally important role to play in the new organization’s work. A former WHU leader who became a senior leader in Innochen shared:

Focusing on respect for the different roles of acute, community and long term care services got us over the “turf” hurdle. People came to realize how important a sense of community is in the workplace and what skills could be used to create that. As we worked together, we got energized. We were exhausted yet we could see results happening for the greater good . . . these positive bubbles of activity—and that just fueled us to work harder and longer and better.

Given this history, it seemed natural for Innochen members to take a similar tack when merging into Cottonwood. Even though surprised when Cottonwood implemented the “default” policy, they remained undaunted as they engaged in identity work that affirmed and sustained their sense of themselves while attempting to help others see its value. They resisted particular identity regulation efforts of Cottonwood leaders and sought to modulate pressures for sameness.

Innochen enacted a pattern of identity work based in resisting Cottonwood identity regulation efforts while differentiating themselves as champions or “mavericks” (Thomas & Davies, 2005) of participative managerial practices and an inclusive leadership style representative of their identity constructions. They used identity talk to support this pattern, for example, juxtaposing themselves vis-à-vis Cottonwood. For example, referring to their prior region as the “little region that could,” Innochen members constructed themselves as inclusive planners and doers who care about employees and the community in contrast to Cottonwood leaders:

They have a tendency to not develop implementation plans for anything . . . That’s the way they seem to operate. The other thing is they are very much
an organization of silos . . . whereas . . . If we were going to make a change in a policy that affected the hospital and us, we met together . . . I’d be sitting down with every manager in the Region, not just the Public Health people but Acute Care and Continuing Care and Systems people and Housekeeping . . .

Certainly is a difference . . . the one thing that is interesting at the organizational level, they don’t even have a principle related to staff as a resource, a valuable resource, whereas Innochen does—it was one of our core principles.

Such juxtaposition helped Innochen members sustain constructions of difference while experiencing pressures for sameness in Cottonwood. They joked with each other that they were “in reverse takeover mode,” in their simultaneous resistance of sameness, and active cultivation of their difference.

Participative managerial practice and inclusive leadership had come to represent not just how Innochen members operated, but fundamentally who they were.

We’re trying to make sure that we are participatory in our management because that’s who we were in Innochen, and also . . . trying to integrate this across the new organization.

The identity of Innochen was based in participation. You tried to help people . . . if people wanted information you tried to get them the best information you could at that time. If they had deadlines you tried to find solutions, if you couldn’t help them, you tried to find someone else. In Cottonwood, you put in your request and it is put on a wait list and dealt with when, whenever . . . So that’s been a big challenge for me and for my Manager . . . the way we’ve tackled it is a positive way, we’re trying to involve everyone in everything we do. Okay, so to try to get that participatory kind of process back . . . But it’s a very slow process.

In one effort, Innochen members tried to increase the impact of Directors in Cottonwood. Describing director meetings as “pass through points up a hierarchy,” they changed the meeting practices to be “like our former monthly meetings where you would bring issues forward and discuss them.” Innochen members introduced the notion of facilitator and then signed up for the role, using this platform to redesign meetings. They allocated time in the meeting for directors to get to know each other; who they are and what they cared about. As well, they invited senior managers to attend, both to present what they do and to participate in discussions of issues concerning their areas.

However, unlike the prior merger that had created Innochen, in the merger with Cottonwood, Innochen members were spread out, making intensified identity work more difficult. They expressed feelings of being “disconnected.” In the first year of the
merger, some left Cottonwood, and others were transferred to different locations. Although, the domain of space constrained their identity work, it did not stop their early efforts. Intentional about creating opportunities for staff to gather, they successfully overturned a Cottonwood decision to halt staff meetings. An Innochen member shared:

It’s just, it’s been really important for Innochen people going into the larger region to support each other . . . if we didn’t have that support for each other, it would be much harder.

Identity Work of Mental Health Members

Mental Health group members constructed a profession-based identity, seeing themselves as good clinicians proud of creating a “Mental health center of excellence.” Even though others in the broader health delivery system considered their work as secondary, within the mental health community, this group was well respected. However, life changed for Mental Health members with the merger. Although they described their day-to-day clinical work as not significantly altered, and their solid reputation in the mental health community as remaining intact, they usually added, “it’s kind of strange because it really HAS changed with the merger . . . ” or “We really are way less independent now.”

The Mental Health pattern of identity work, like that of Innochen, is based on resisting Cottonwood identity regulation efforts. However, in contrast to Innochen they differentiated themselves as “victims” (Ybema, 2010) of poor managerial practice. Expressing more frustration than surprise with the default policy, Mental Health members lamented that Cottonwood did not incorporate some of their clearly superior practices. Nostalgia for a better past shaped their identity construction (Ybema, 2010). Mental Health members described themselves as “kind of lost lately” and their lives as “very much different than before,” juxtaposing a “bad” present with a “good” past:

We used to sit at a table and had all senior management together with discussion amongst the whole group as to how we were going to deal with something. It wasn’t just one group saying this is what we’re doing, as it is now. Rather, each group talked about how it would impact us . . .

Mental health members emphasized feeling isolated and lost. For example, they used the words, small and big to contrast how they were versus are now:

So, it’s sort of like we are the small fish in the big pond instead of the big fish in the small pond . . .

I think before we saw ourselves as being a big part of a small thing. The hospital was a pretty major facility within the provincial Mental Health board, I think
we saw ourselves as, a bit of a bigger fish. Now we’re more of a little fish in a big program . . .

Their isolation was exacerbated with reassignment at different locations. As one member shared:

I end up spending a lot more time on the highway . . . when you think of a staff of 25 it doesn’t sound like a very large staff at all but when you put them in 15 different sites, and you spread them out over a large geographic territory, then it’s big. . . There’s a lot of relationship work we are doing . . . it was a lot of work, it’s still a lot of work, and it’s a lot of travel.

Yet rather than trying to change Cottonwood’s managerial practices through instilling practices of their own, Mental Health members instead expressed an increasing sense of futility. As one person shared, “Without being able to control our future, we can’t really dictate what we want our program to be.” Another commented, “We are making the best of a bad situation . . . trying to keep our heads above water.” Seeing themselves as victims, they enacted a form of distancing in their identity work. For example, they resisted not through direct action but by opting out and beginning to “put in their time.” Their prior organization disassembled and the new one ignoring them, members of this group participated only when necessary, focusing instead on their clinical work. As members shared:

This whole regionalizing thing has just worn us down . . . Especially in the hospital, they just don’t give as much to work as they used to . . . And these were really good managers . . . feeling that It doesn’t matter what they do.

I just sort of had to calm myself down and say it’s all pensionable time. Pensionable time here.

**Summarizing the Alberta Case**

The Alberta case highlights a relationship of struggle (Alvesson, 2010) between Cottonwood’s efforts to regulate identity of the regions and the identity work undertaken in response by members of Innochen and Mental Health groups not only to resist pressures for sameness but also to differentiate themselves. Innochen members reconstructed their sense of selves as “mavericks” who advocated for inclusive leadership and participative managerial practice. Mental Health members, on the other hand, reconstructed their sense of selves as “victims,” nostalgic for what had been.

**Identity Struggles in Merging: The Quebec ICU Case**

In the Quebec merger, simultaneously with the move to a new unit, the ICU management required former M-ICU and S-ICU nurses to become multiskilled, that is, to be
able to take care of any patient (surgical or medical) in the combined unit. As one of the managers suggested, they were to become not “medical nurses” or “surgical nurses,” but instead “critical care nurses”:

I’ll hear a nurse sometimes, and this is very recently, say she is a surgical nurse (. . .) and she is in rounds with the doctor, and it is a medical patient she is caring for (. . .), and the doctor will say something . . . something very simple, very very straightforward, and her response would be, because she is upset, “I am not a medical nurse, so I don’t know that.” So, I just go back after her, not embarrassing her, but go back after and say, “What made you say that?” And it is not a medical or a surgical thing, we are discussing, it is a very simple thing that could happen to any patient in the hospital. “. . . this isn’t a medical–surgical thing . . . you are a nurse, you are a critical care nurse.” So, sometimes when we hear those things, I think you have to respond to it, to call people on them.

(Assistant Manager)

Thus, language, and more particularly the labels used to describe the nurses’ newly standardized jobs, was an important aspect of ICU management’s identity regulation efforts following the merger. The designations of patient types as “medical” and “surgical” were suppressed and replaced by new labels. To accommodate doctors’ continued work with distinct patient types, each room was labeled as “green” or “blue” depending on whether the patient occupying it was under the responsibility of a medical or surgical doctor. The blue (surgical) and green (medical) labels have the interesting dialectical quality of simultaneously eliminating and maintaining difference. Although each room could be assigned a green or a blue label depending on the type of patient, nurses were expected to work flexibly in either.

Beyond language, management put practices in place to ensure that the nurses acquired the technical skills of their counterparts. For example, all nurses took part in training, and prior to the move were seconded on a rotating basis to work on a 2- to 6-week stint on the other unit. One surgical nurse, later an assistant manager describes this initiative as follows:

We would swap nurses. Nurses from one unit would go upstairs [to the other unit], and the nurses from upstairs would go down. (. . .). [That] was done so that you could become a little familiar with the patient population that you were unfamiliar with . . . but what it really did, the goal of it, as far as I was concerned, was so that we could get to know one another, and see who we would be working with. Because we were so opposite for so many years and there was always a known feud between surgery and medicine.

Additionally, committees were set up to develop standardized practices, and an organizational development workshop was organized for nurses to express their
feelings about the merger and how they saw the respective groups. The manager also organized events to celebrate the new unit’s opening:

The nurses asked for a wine and cheese party. So . . . we organized a wine and cheese party (. . .). And we had over 250 people come that day, just to wander through, because we had said, you know, it’s very stressful to go through this, I’m sure your family has heard a few comments . . . So, we had a great day, we had kids running all over the place, jumping on beds! (. . .) And we had, you know, speeches to thank everybody, and we had the unit dedicated by the chaplain service, (. . .) just to bless the unit. And that was a suggestion by some of the nurses. (Manager)

With respect to space, we have already noted the significance of blue and green rooms. In addition, despite pressure from some nurses and doctors to split the new unit into separate surgical and medical wings, the nurse manager convinced the physician unit head to maintain the mix:

I said to him, “Now listen, the nurses have been trying to get ready for this change for two years, and three months before we move in we are going to say surgical on one side, medical on the other?” (. . .) So, he sort of said; okay, he said, I’ll go back and I’ll tell them that we are going to start by merging the beds and the patients.

Nevertheless, manager’s efforts to regulate nursing identity were not straightforward. Two examples highlight the strong interactive dynamics at play in the Quebec case. First, during an effort to standardize around “best practices,” discussions of when and how baths should be given became conflictual. The issue was resolved only through convergence on the maintenance of distinctiveness as a paradoxical means of preserving some form of unity and harmony:

[We] put the nurses together in group where they had to come up with a standard and . . . not a standard, but come up with a solution and basically after discussion the consensus was: the nurse decides. You know, I am the nurse today and if I want my patient to be washed ten times then I will wash him ten times, if I want him to sleep all day, whatever will be done I will do and I will communicate that to the next person.

Second, managers did accord nurses some choice in planning the new space. In particular, their opinions on the design of the coffee room as a space dedicated to nurses’ social needs were seriously considered even against the architect’s advice: “The architect was so upset saying ‘you can’t choose that.’ And the nurses would say ‘that’s what I want,’ so we got the backwards curtains and it’s beautiful (laugh)!” Yet the nurse manager was also insistent that choices about coffee room space should not create separation between the groups:
Nurse manager: You know, there’s only one table. That was a strategy—don’t put two tables in a coffee room, because we’ll all have to sit together (. . .)
Interviewer: That was a strategy?
Nurse manager: Yeah . . . not that they knew it.

However, this regulation effort was apparently reappropriated in practice by both groups of nurses:

Often you can sit in the coffee room and you will see that the surgical are together, the medical are together. On the side, I mean even though we are at the same table but you know . . . I don’t, as far as I can see I don’t see that people became big buddies with nurses from the other unit. (Assistant manager)

In summary, the ICU managers deployed language, practices, and space in an attempt to create a new unit identity associated with high-quality “critical care”—implicitly suppressing prior nursing affiliations with medicine and surgery and mandating a multiskilled workforce. Managers rounded out structural forms of regulation by deploying “softer” more relational ones such as providing occasions for consultation and socialization (Alvesson & Willmott, 2002). These identity regulation efforts not only minimized the distinctiveness between medical and surgical nurses but also prompted intensified, but differential and asymmetric identity work on the part of the medical and surgical nurses.

**Identity Work of Surgical Nurses**

In interviews, nurses from the S-ICU presented themselves as an elite cadre of specialists who had developed an exceptionally high standard of nursing care on their previous unit:

We always thought we were the best, let me put it that way. We always thought we gave outstanding care.

The surgical intensive care unit had some of the best statistics, certainly in any ICU in Canada and in North America. (. . .) We were rated one of the top ICUs, I believe, in the world.

It is not surprising then that in their identity work, they continued to express their differences in the face of identity regulation efforts mandating multiskilling. The pattern of identity work was one of “fighters” resisting these regulation efforts.

For example, in their language, they hung on to the old labels, for example, “I have been a surgical nurse for 20 years. You can’t change that” (former S-ICU nurse) and spoke nostalgically about the quality of the teamwork on their previous unit: “You never had to ask anyone for help. We all sort of knew how we all work individually
and how we work as a team.” They also seemed passionate about the speed and stimulation of working with acutely ill surgical patients and pushed to maintain this:

It’s what I liked, that’s why I went to surgery, because the rapid turnover of patients was great (. . .) And the cases were very interesting, very, very.

I prefer my neuro-traumas and my hearts and my poly-traumas. That’s my specialization, that’s what I truly enjoy. So I feel choices have been taken away.

The merger forced them into association with patients they found dull (“It is a boring assignment. Not much to do . . .”) and with fellow nurses who often did not meet their standards of quality, competence, and team spirit: “Well, there were many things that we were able to do that they were not able to do.” Although swapping nurses between units was intended to assist in training both groups of nurses, surgical nurses minimized the value of new practices, claiming that this was a waste of time for them (“I don’t think this was a benefit for us”). Seeing themselves as an elite group of exceptional nurses, they chafed against signs of decreased status, or suggestion that they too might have things to learn: “I find it hard becoming part of the medical doctor’s team (. . .) they don’t see you as a senior nurse, more as a junior nurse who doesn’t know a lot about medicine.”

In consonance with this construction of themselves as specialists whose competence needed to be sustained and acknowledged, they also took every opportunity to use space in identity work to sustain their differences. A key effort was promoting the reorganization of the new space into two separate sections. For example, they took advantage of the Organizational Development (OD) retreat (intended to bring the two groups together) to mobilize around this option: “We asked initially that the two sides would be separated so that the surgical patients would be on one side and medicine on the other,” and expressed continuing frustration that these recommendations were ignored: “I still believe the unit should be separated. (. . .) So, I consider that this is unsolved.”

**Identity Work of Medical Nurses**

In contrast, nurses from the former M-ICU seemed more open than the surgical nurses to adopting the new managerial language to express their identities, constructing themselves as “adapters”:

I would like to see the preconceptions fall away. I’d like to see us refer to the patients as green or blue and not medical or surgical anymore. I myself don’t make the distinction in my head anymore. (Former M-ICU nurse)

Nevertheless, the move to the new unit did have challenges for them. For example, unlike most of the surgical nurses, several medical nurses admitted to discomfort or insecurity as to whether they had the skills to deal with all patients coming onto the
unit, “I won’t be an expert in hearts for ten years.” Some felt that their training time during the swapping between units had been insufficient:

I think the period of time was too short (. . .) to have a chance to see different types of patients. They tell you, but to put it in practice is two different things (. . .) I have a lot of experience, but I was insecure, because in my head, I was responsible for someone’s life . . .

Thus, to some degree, these nurses echoed some of the identity attributions assigned to them by the surgical nurses, constructing an asymmetrical difference in competence in spite of official discourse that both sides needed to learn from the other. As the remarks of one medical nurse suggests, these constructions seem rooted partly in long-standing interdisciplinary prejudices:

The traditional rivalry between medicine and surgery has always been there. I remember people’s comments about medicine . . . that medicine didn’t know what it was doing, that medicine isn’t as smart as surgery, that medicine couldn’t take care of patients as well as surgery . . .

This comment offers insight into former medical nurses’ readiness to adapt to identity constructions offered by management. The term medical implied lower status. By becoming “critical care nurses,” a potential source of stigma would disappear. This was brought home to us when several nurses from the former M-ICU diluted their use of the “medical” label by associating themselves with nonmedical identities from the past—a form of distancing through language (see, Snow & Anderson, 1987):

Many of us from the MICU were former surgical nurses like myself. And I personally had taken care of an open heart.

I did surgical intensive care four years before coming here so I know what a surgical intensive care unit is. (One of the nurses who had also expressed insecurity earlier in the interview)

Their identity work claims similarity with the surgical nurses in consonance with management attempts at identity regulation, while diffusing surgical nurses’ claims of distinctiveness. However, in making these statements, unlike the fighter spirit and solidarity seen among the surgical nurses, medical nurses also dissociated themselves from their former medical nursing group. The large size of the unit and its layout in separate rooms (i.e., space issues) may also have enhanced this effect: “I think before in our respective units we were closer, you know you would see people be able to speak to each other.”
Nevertheless, as a group, they shared frustrations about their relations with some of the former surgical nurses, continually struggling to reaffirm their legitimacy as members of the new unit:

I must say we still tend to huddle [laughter] . . . the nurses from the fourteenth floor [MICU], we tend to huddle and talk about (. . .) what we don’t like. You know . . . what difficulties you’ve been having and to support each other. I’ve heard a comment just last week that a lot of people are unhappy from the medical side, because they’re still not being treated with respect.

Medical nurses also revealed their preoccupation with respect and legitimacy and concern about upgrading their skills through their reluctance to ask for or accept help from surgical nurses:

When people come to help, it’s as though they are saying: “You can’t manage on your own.” [i.e., suggesting a negative judgement] I’ve had people do that to me (. . .) [If you need help], you have to choose the right people to talk to and when you are on one side of the unit, you may be stuck with quite a few people you don’t feel too much like asking. I find that difficult.

Another (less senior) nurse from the M-ICU found this easier:

So, for my point of view I just, you know, try to be humble and ask for help and try to recognize people’s strengths. You know, like I will tell them like, “You are a surgical nurse and I need your help because I don’t know these things.” So that worked for me.

Note, however, how in this quotation, the message “You are a surgical nurse and I need your help,” is simultaneously not only a form of identity work for the speaker but also a form of identity regulation directed to the reported listener, acting to reinforce the conceptions of surgical nurses as stronger as well as medical nurses as weaker. This was something the more senior medical nurses found difficult to digest.

Nevertheless, both reactions tend to show medical nurses as aspirants for the recognition, respect, and status that came with being accepted members of the “critical care” ICU. Medical nurses also expressed enthusiasm for the new competences they were acquiring and deplored the divisiveness between the groups as detrimental to work on the unit:

I just don’t like this thing of medicine and surgery because it separates us and I want us to be one staff and I want us to work harmoniously and have more respect for each other. (. . .)Let’s complement each other: I know this, you know that, so let’s help each other and learn from each other. Stop fighting, it’s childish.
Summarizing the Quebec ICU Case

In the face of pressures for sameness, the nursing groups responded with distinct patterns of identity work. On one hand, surgical nurses constructed themselves as "fighters": embattled defenders of excellence in their specialty, struggling against the dilution of their expertise and promoting the maintenance of distinctiveness. The medical nurses’ identity work is more tentative, but shows them as open to change, as " adapters." They describe themselves as professionals, aspiring to learn and to become respected members of a unified and inclusive critical care unit.

This case illuminates how identity regulation and identity work operate interactively between management and nurses, and between nursing groups themselves. Nurses’ resistance moderates managerial identity regulation as evidenced by compromise over best practices that managers seemed willing to make to keep nurses happy, and that might enable (paradoxically) greater identification with the unit. Thus, interaction between managerial identity regulation efforts and the nurses’ collective identity work lead to a dynamic equilibrium where old labels continue in parallel with new ones, where practices are only partly standardized, where patient assignments are adjusted at the margins to accommodate differences, and where patterns of socialization remain structured by past affiliations, in other words, where old and new schemas are maintained simultaneously (LaBianca, Gray, and Brass, 2000).

Discussion: Identity Struggles in Merging

We now draw together conceptually the findings from the two sites and four groups of employees. We focus on commonalities and variations, and discuss the implications of our observations for the management of change, notably in the context of mergers.

Although employees in both mergers experienced pressure for sameness, the merger contexts differ in their objectives and forms, as illustrated in Figures 1, 2, and 3. The Alberta merger essentially took the form of a “takeover” in which the two smaller regions were absorbed into a larger corporate structure. The pressures for sameness come from the imposition of common management practices from the dominant partner. However, the groups themselves did not interact with each other. In contrast, the Quebec merger takes the form of “multiskilling” in which two roughly equal groups of employees were physically mixed together in the same delimited space, and at the same time required to share each others’ skills, suggesting pressures for sameness that go beyond managerial practices to extend into everyday work. In addition, the two groups of nurses were responding not only to managerial attempts at identity regulation but also to the identity work of the other group.

With this as a backdrop, we now discuss identity struggles in merging under three headings corresponding to the three elements of our analytic framework: identity work in merger as a group-based struggle; the role of language, practices, and space; and the interactive dynamics of identity regulation and identity work. For each, we explore
commonalities and variations between and within cases, and then develop implications of our conceptual understanding for managing change during mergers.

Identity Work in Merger as a Group-Based Struggle

**Commonalities: The ubiquity of identity struggles.** Our comparative analyses of merging processes disclosed the dynamic of “identity struggles” in which group members are not only subject to external constraint but also able to express agency in constructing positive selves (Alvesson, 2010). When groups are amalgamated, pressures for sameness embedded in managerial efforts to create a more homogenous construction of identity illuminate the nature of group differences and prompt identity work on the part of groups to both locate and differentiate themselves in the new entity.

Overall, although each group positioned itself differently in its identity work, we see the resonance of the metaphor of struggle. Even for those who most accommodated themselves to managerial identity regulation, the merger raised identity concerns that groups strove to overcome in constructing positive selves. Innochen members struggled to make others see the value of their distinctive practices, Mental Health members struggled to find meaning beyond their diminished work context, surgical nurses struggled to sustain their sense of themselves as an elite group of exceptional nurses, and medical nurses struggled to affirm their legitimacy in the new setting.

The notion of struggle reaffirms the idea that identity work is indeed “work” (it requires effort), that it takes place in interaction with others, and that it is a work in progress situated in time and space. The identity dynamics described in this study are temporally bound, observed early in merging. Yet identity construction continually develops as people find new resources and face new situations. Future research should examine both the processes of identity work in time as we did here and how identity work evolves longitudinally over time.

**Variations: Identity struggles as contextually and historically situated.** The vertical boxes in Figure 3 represent the identity work efforts of each of the four groups. Although all groups experienced merging as an identity struggle, paying attention to group member agency on a continuum of proactiveness and passivity disclosed a variety of patterns from “mavericks” to “fighters” to “adapters” to “victims.” We do not claim that the four patterns capture the full range of possibilities. Nevertheless, the differences observed become intelligible when we consider the variety in pressures for sameness acting downward on these groups (the top line in Figure 3) and the group’s distinctive situated histories (pushing up from the bottom line in Figure 3). Indeed, we argue following Ybema (2010) that temporal connections across the past, present, and future shape groups’ evolving constructions of identity.

The “maverick” pattern is clearly the most proactive form of identity struggle observed. In this pattern, not only do members resist pressures for sameness and promote their own distinctiveness but they also see themselves as capable of influencing regulation efforts by spreading their practices and identity constructions to other
(larger and more dominant) groups. This pattern would seem likely to emerge for groups that over time have developed a strong ideological commitment that enables them to put forward their ideals without the sense that sharing them would involve any loss—indeed rather the contrary. This pattern could also emerge for groups with successful prior experience in sustaining distinctiveness during a merger. As in the case of Innochen, members could draw on this experience to narrate a story of prior success and good past that had given way to bad present through merging, but with hope for a better future that would sustain their collective sense of selves (Ybema, 2010).

The “fighter” pattern of identity struggle has in common with the “maverick” an identity construction grounded in a history of performance and success (bottom line of Figure 3), but whereas mavericks are innovators pushing others to join them, fighters attempt to preserve their distinctiveness by drawing boundaries around it. In other words, more than mavericks, fighters’ identity work tends to promote continued separation from other “lesser” groups. This pattern seems particularly likely when, as in this case, pressures for sameness take the form of enforced proximity and collaboration with groups perceived to be lower in status and competence (Terry & Callan, 1998). It manifests itself in the case of the surgical nurses by continued references to past excellence and glory that need to be recaptured in the future by recreating the conditions that enabled them (Ybema, 2010).

The “adapter” pattern of identity work reveals greater openness to participating in a broader, more inclusive identity that would eliminate distinctions. Unlike fighters, adapters’ identity work is more oriented toward accommodating pressures for sameness that might gain them recognition and acceptance within the larger group. We suggest that this pattern is more likely for historically undervalued groups that see an opportunity for increased status in the merger. Drawing on the historical denigration of medicine by surgery, nurses narrated a past where they were undervalued with hope for a more rewarding future that would enhance their collective sense of selves (Ybema, 2010).

Finally, the “victim” pattern of identity work illustrates the other end of the continuum of passivity. In the face of perceived loss in autonomy and status, victims disengage, retreating into their operating work or planning to leave. This pattern seems more likely where pressures for sameness imply the suppression of valued identity referents, and where groups see themselves as having limited resources for resistance. For example, though faced with similar pressures for sameness as Innochen, Mental Health members drew on experiences of being historically underrecognized for their expertise (bottom line of Figure 3) and were at a loss for how to sustain their sense of distinctiveness in the face of a new name that masked their existence, the suppression of practices they saw as superior, and spatial isolation. They narrated a temporal relationship of good past, but bad present with expectation of a worse future that contributed to a disruption in their collective sense of selves (Ybema, 2010).

Managerial implications: Sensitivity to identity struggles. These observations have implications for managing change in the context of merger. We believe that identity struggles are overlooked in mergers as well as many forms of organizational change. Although every group will draw on idiosyncratic resources to situate themselves in
distinctive ways, every group is also likely to experience change, to a greater or lesser extent, as an identity struggle.

Our first recommendation is for managers of change to become aware of identity work patterns in their own organizational context, and use this knowledge to bring groups together by acknowledging difference while establishing important sameness. This reflexivity would enable change managers, to better anticipate the possibility of particular groups becoming disengaged and constructing images such as “victim” built on a sense of a hopeless future. Similarly, a more reflexive awareness would enable managers to better tap groups’ capabilities for change; narrations such as “fighters,” “mavericks,” or “adapters” are identity constructions built on a greater sense of hope. Sensitivity to the ideological commitments of mavericks could better position them to contribute novel practices and resources. The subversive influence of fighters might be redirected if their distinctive competences are mobilized to support the efforts of adapters. Managers’ identity regulation efforts might include more positive resources for identity renewal that would mitigate the sense of loss felt by the groups we studied.

**Identity Regulation and Identity Work**

**in Language, Practices, and Space**

*Commonalities: Beyond discourse.* We argue based on our study that practices and space play a significant role in identity regulation and identity work, and that these elements are not reducible to discourse (Alvesson & Kärreman, 2011). For example, Innochen members conceived of their practices as such an inherent part of who they were that they attempted to impose them on others as a form of identity work. The medical and surgical nurses were so attached to their respective practices even in the mundane area of bathing patients that managerial attempts to standardize them were thwarted to maintain distinctiveness.

Moreover, space clearly plays an important role in identity regulation and identity work through its enabling or constraining of interactions. A sense of isolation undermined all groups’ efforts to sustain identity constructions. In Alberta, merging small regions into a larger one isolated group members by diluting opportunities for interaction. In Quebec, the merger of two small units into a larger one with a layout reducing personal contact created distance among former colleagues. Such isolation tends to undermine relations between members, enhancing pressures for sameness, limiting opportunities to maintain distinctiveness, and prompting groups to undertake specific identity work to stay together.

*Variations: Practice penetration and spatial proximity.* Despite these similarities, differences existed in how practices and space were mobilized in identity regulation and identity work, and these may be related to specific merger contexts. For example, in corporate “takeovers” where smaller organizations are absorbed by larger ones, identity regulation in the form of practices may be anything but subtle. Sameness is likely to be assumed, and legitimized through efficiency without consideration of difference value. Yet when groups are spatially dispersed and operations distinct, regulated practices can remain at the managerial level, leaving clinical work untouched. In contrast,
a merger involving “multiskilling” creates different pressures on practices, implying a form of identity regulation that penetrates deep into everyday work. Indeed, the essence of identity struggles in the Quebec case was first about material practices and only second about language.

Similarly, different spatial configurations in mergers have implications for identity struggles. Widely dispersed mergers tend to break down bonds among group members and provide limited opportunities for new forms of interaction. In contrast, the physical mixing of two groups in a restricted space can generate intense interpersonal identity dynamics through less contact with one’s own group and increased contact with members of the other group. This opens up new occasions not only for socialization but also for interactive identity work that may make group differences more salient (the horizontal arrow in Figure 3). This suggests that future research on identity work in mergers would benefit from deeper engagement with literature on interpersonal contact theory (Dixon, 2001; Pettigrew, 1998) to consider how patterns of spatial proximity may intervene in identity struggles.

Managerial implications: Mobilizing practices and space. The observations of this study suggest that practices and space are important but often misunderstood elements of identity regulation. Our second recommendation for managers of change is that in bringing members from different groups together to talk about practices, a potentially valuable enabler of change is to encourage participants to articulate their differences before converging on a decision that standardizes practice. Although management convened all groups in our study to discuss new practices, in the Alberta case, these gatherings were used to impose standardization through the decision to “default” to Cottonwood practice. It is quite possible that if a more effective soliciting of different ideas had occurred in Cottonwood, Innochen and other groups would have been able to highlight and adapt their practices, creating a more positive merger experience. Although in Quebec more flexibility was accommodated, a stronger process for articulating and valuing differences before converging might have assisted in bringing the medical and surgical nurses together.

Similarly, in our cases, opportunities to use space to bring groups together were missed. Although interpersonal contact is not a panacea, especially if there are status differences between groups, contact is a critical step in overcoming differences (Pettigrew, 1998). In Alberta, Innochen sought opportunities to build relationships, but Cottonwood dismissed these as unnecessary. And, although the Quebec nurses undermined managerial attempts to force them into the same space, nevertheless they did socialize in the same room. Without such minimal spatial arrangements, the prospects for developing forms of shared identity construction in the longer term would be thin indeed.

The Interactive Dynamics of Identity Regulation and Identity Work

Commonalities: Reciprocal dynamics in identity regulation and identity work. This study showed not only how groups accomplish identity work in response to identity
regulation but also how group identity work could modulate identity regulation, and how identity work might be received, reinterpreted, and reflected back by others. The curved arrows in Figure 3 illustrate the forms of interaction disclosed by our data. For example, through their proactive use of practices embedded in their identity constructions, Innochen members attempted to alter the way in which Cottonwood director meetings were conducted. Similarly, in the Quebec case, forms of identity regulation were mitigated as nurses participating in standardization committees agreed between themselves to maintain some of their distinctive practices.

**Variations: Degrees of reciprocal accommodation.** The two cases nevertheless varied in terms of whether and to what degree the identity work of the different groups contributed to moderating managerial approaches to identity regulation. Physical distance between Cottonwood managers and the groups being absorbed contributed to dampening sensitivity to need for accommodation. In contrast, close proximity in the Quebec case contributed to enhancing sensitivity to the need for accommodation and space for reconciliation. Specifically, softer more relational mechanisms of identity regulation were in evidence (e.g., involving members in joint decision making and providing occasions for socialization). Moreover, although initial intentions were oriented toward developing a convergent identity, implementation was more ambivalent (Lewis, 2000) in response to group identity work. The emergent result illustrated in the center column for the Quebec case (Figure 3) was a fluid form of regulation in which pressures for sameness left room for groups to maintain differences. We argue that these forms of accommodation constitute a subtle form of identity regulation themselves, because by tolerating differences within an overall pattern of pressure for sameness, the management paradoxically offers resources that might enable group members to more easily adapt their identity constructions to their new situation.

**Managerial implications: The dialectics of identity accommodation in mergers.** The cases present evidence that identity negotiation in merging is a dialectic process in which identity regulation aimed at convergence across groups may be undermined not only by groups’ attempts to reestablish differences but also by a countervailing managerial need to accommodate (and thus sustain) differences to enable groups to locate themselves in the emerging entity. Managing in such situations can be a very delicate business that requires considerable reflexivity.

Our third recommendation for managing change in mergers is to consider how to enhance commitment to the merger by promoting the objective of standardization while accommodating to the degree possible the aspirations and identities of the different groups. This concurrent attention to and valuing of similarity and difference may enable retention of valuable competencies that might otherwise be lost through the withdrawal of groups identifying as “victims.” On the other hand, it could delay the implementation of desired changes in practices and increase ambivalence. Such managerial choices are not simple and raise both pragmatic and ethical issues. However, we believe that this is a common dilemma that will resonate with and confront many managers of mergers and other changes.
Conclusion

Our exploration of identity struggles in merging offers an important window into how group members narrate and enact collective constructions of themselves during significant organizational changes. Situating these struggles in particular contexts with specific focal points of merging enabled us to see the enormous human effort that goes into promoting sameness and maintaining and asserting distinctiveness. Both the practice and research of change can be enriched through further longitudinal research to trace the interactive processes by which profound identity tensions such as those studied in this article are accommodated or resolved.

Acknowledgments

The authors thank Barbara Gray and two anonymous reviewers for their assistance in developing this article, and colleagues who commented on earlier versions at the Academy of Management, the Boston College Identity Working Group, and the Second Symposium on Process Organization Studies.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The authors thank the Canadian Institutes of Health Research, the Alberta Heritage Foundation for Medical Research, the Social Sciences and Humanities Research Council, and the Fonds québécois de recherche sur la société et la culture for their support of this research.

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