

The Discovery Power of Staying Open

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Glaser (1978) emphasized three foundational pillars of GT that must be respected: emergence, constant comparison, and theoretical sampling. While many qualitative researchers who claim to employ GT will assert their use of constant comparison and theoretical sampling, there is much less clarity around claims to respecting GT's emergent nature. Emergence necessitates that the researcher remains open to what is discovered empirically in the data "without first having them filtered through and squared with pre-existing hypotheses and biases" (Glaser, 1978, p. 3) or theoretical frameworks drawn from extant theory. In many qualitative studies, however, emergence is restricted to the analysis phase (e.g., Corley & Gioia, 2004) and with data collection framed through an initial review of the literature (e.g., Partington, 2000), articulation of specific research questions or interview protocols for "consistency" (Xiao, Dahya, & Lin, 2004, p. 43).

Staying open to emergent patterns in data offers surprising and exciting theoretical discoveries—what Glaser has termed the Eureka moment. Even in studies otherwise framed with some level of preconception, as typical of most qualitative research studies, it is possible to remain open to such discoveries. This was the case in a research study conducted in 2010-2011. The focus of this study was a leadership development needs analysis for a health services organization where leadership was aligned with fostering a healthy workplace. The intent of the study was to explore the perspectives of middle managers regarding the overall organizational climate and their leadership development needs. A qualitative approach was adopted with semi-structured interviews to elicit a variety of experiences, directly and indirectly related to leadership development needs. Thirty-two middle managers participated in the interviews. Detailed findings were shared with the organization and also published (Grandy & Holton, 2013a, 2013b).

As a grounded theorist and a co-investigator in this study, what interested me most as the interviews progressed were moments of self-reflection in which verbal confessions and body language revealed a growing discomfort and realization of disconnect between espoused corporate messages about a healthy workplace, their experience of the organizational culture, and their own realized unhealthy work practices. While the organization and we as researchers were focused on identifying key leadership development needs, the grounded theorist in me recognized that this felt disconnect—not leadership development—was the main concern of these middle managers. I wanted to explore this idea further.

Following completion of the initial study, we went back and selectively coded the data to better understand this discovered main concern, subsequently developing the concept *voiced inner dialogue* to explain how managers are able to surface and process the disconnects they experience between the espoused goals of the organization and their own lived experiences of those goals. We identified and elaborated voiced inner dialogue as a three-stage process:

Reacting, not reflecting

Reacting, not reflecting wherein managers simply react in accordance with organizational norms and espoused values without stopping to reflect on the appropriateness or feasibility of such norms and values, particularly when attempting to demonstrate leadership in a context of constant crisis and “putting out fires” typical of most health care organizations. These “go, go, go” cultures are reactive, not proactive; there is no catching up, no opportunity to be strategic; timelines are short and imposed deadlines unreasonable. In reacting, not reflecting managers assume responsibility for this disconnect by questioning their own competence as effective leaders.

“I find the more I model this go, go, go, go they [subordinates] pick up on it I shouldn’t underestimate the barometer that I am because when I’m all wound up they are so I try really hard” [quote].

Noticing cracks in espoused values and lived experiences

Conversational norms in organizations have managers holding to the organization’s espoused rhetoric while simultaneously concealing and rationalizing their lived experiences and struggling to balance professional demands with personal well-being. Unhealthy practices are those that consciously or subconsciously blur the lines between work and home: covert catch-ups such as arriving at the office an hour early to check voicemail, email, and sign papers; taking work home each night; heading to the office over the weekend; perpetually checking phones during off-hours; continuing to ‘spin’ with thoughts of work while being physically present at home; and, waking through the night to check for messages. As managers begin to acknowledge the obvious disconnect between these practices and the organization’s espoused values of a healthy workplace, they give voice to an inner dialogue that shifts from self-criticism to critically questioning the appropriateness of organizational expectations and the assumptions that underpin them:

“So, it’s cultural – you are expected to do it... you know I put in many, many hours of overtime. I would describe myself as a workaholic and I realize that my work ethic isn’t healthy and I wouldn’t condone it on anyone” [quote].

Questioning the implications for leading and living

By giving voice to inner dialogues, managers create space for questioning the implications of dysfunctional organizational expectations and their individual responses to such expectations. Doing so enables reflexive thought and the possibility of realigning their actions in setting priorities and negotiating reasonable timelines; in finding a balance between seemingly endless work pressures, personal wellness and family commitments; and, in finding time to simply reflect and retain some perspective amidst the persistent turmoil.

“You have to be thinking about whether or not when you go, go, go is it really working for you – is it beneficial. I think it is a hard environment not to overwork” [quote].

General implications of voiced inner dialogue

While voiced inner dialogue emerged in a health care context, hectic work cultures abound in the 21st century where the precarity of work has rendered many employees silent in response to unrealistic organizational demands and expectations. With the increasing value of human capital in knowledge-intensive organizations, unexamined organizational ethos, and expectations have considerable potential to undermine employee effectiveness as well as their health and well-being. As Morrison (2011) suggested, “voice” has important benefits for organizations [and employees] while silence can have significant negative effects. While managers may engage in a high level of voice in general, as is expected in their roles, they may at the same time remain silent on other issues (Morrison, 2011). The unwillingness to speak up stems from a belief that it is inappropriate, wrong or out of place (Detert & Edmondson, 2011) and that raising issues related to their own health and well-being are inappropriate in times of severely constrained resources and increasing demands. Self-sacrificing is the “appropriate” response; the resultant silence perpetuates dysfunctional behaviours that undermine personal wellbeing and organizational productivity.

Our concept of voiced inner dialogue suggests that time for self-reflection triggers an inner dialogue that enables managers who are stuck in the silence of “interpersonal mush” (Bushe, 2009, p. 49) to consider automatically-evoked beliefs and habituated behaviors and to transform their responses to better align personal values with those espoused by their organizations. Listening for voiced inner dialogue is a crucial first step in resolving at least some of the stresses and tensions of leading and managing in today’s increasingly complex organizational environments. Once voiced inner dialogue is triggered, the choice to remain silent however becomes a conscious choice (Morrison, 2011); one that merits the attention of any organization espousing the desire to promote a healthy workplace environment.

References

- Bushe, G. (2009). *Clear leadership: Sustaining real collaboration and partnership at work* (Rev. ed.) Mountain View, CA: Davies-Black.
- Corley, K.G., & Gioia, D.A. (2004). Identity ambiguity and change in the wake of a corporate spin-off, *Administrative Science Quarterly*, 49(2), 173-208.
- Detert, J.R., & Edmondson, A.C. (2011). Implicit voice theories: Taken-for-granted rules of self-censorship at work. *Academy of Management Journal*, 54(3), 461-488.
- Glaser, B.G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded*

theory. Mill Valley, CA: Sociology Press.

- Grandy, G., & Holton, J. (2013a). Evaluating leadership development needs in a healthcare setting through a partnership approach. *Advances in Developing Human Resources, 15*(1), 61-82.
- Grandy, G., & Holton, J. (2013b). Leadership development needs assessment in healthcare: A collaborative approach. *Leadership and Organization Development Journal, 34*(5), 427-445.
- Holton, J.A., & Grandy, G. (2016). Voiced inner dialogue as relational reflection-on-action: The case of middle managers in healthcare, *Management Learning, 47*(4), 369-390.
- Morrison, E.W. (2011). Employee voice behaviour: Integration and directions for future research. *The Academy of Management Annals, 5*(1), 373-412.
- Partington, D. (2000). Building grounded theories of management action, *British Journal of Management, 11*(2), 91-102.
- Xiao, J.Z., Dahya, J., & Lin, Z. (2004). A grounded theory exposition of the role of the supervisory board in China, *British Journal of Management, 15*(1), 39-55.