

ORGANIZATIONAL SOCIALIZATION AND CRISIS CONTEXT

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ABSTRACT

The goal of this article is to highlight the dimensions characterizing the socialization process in a crisis context. Based on the definition of organizational socialization advanced by Van Maanen and Schein (1979) and again employed by Jones (1986), a crisis is presented as a passage from a so-called "normal" situation to an "exceptional" situation. A crisis represents a socialization context in the sense that it is a novel situation in which actors must develop a different manner of mobilizing their knowledge, employing their skills and practicing their trade or profession. Certain findings emerging from the literature on organizational socialization will be discussed, as will the testimony of actors who participated in managing the Quebec 1998 ice storm crisis. We hope that this exploratory study's data will give rise to fruitful interaction between the field of organizational socialization and that of crisis management.

INTRODUCTION

The aim of the present article is to show that applying the concept of organizational socialization to a crisis context offers researchers promising avenues of investigation of organizational learning. It also has practical implications for human resource managers in today's organizations, in a context of new models of employment (temporary assignments, project management, autonomous workers, business process re-engineering, etc.) The field of organizational socialization has witnessed fruitful and interesting developments in recent years. At its core, according to Lacaze (2001), organizational socialization refers to the way in which a new recruit is absorbed into an organization.

From a rather restrictive and limiting view (Adkins, 1995) focusing on newcomers, organizational socialization has expanded (Feldman, 1981) and become integrated into a wider array of situations (Bauer, Morrison & Callister, 1998). Thus, Van Maanen & Schein (1979) emphasize that organizational socialization takes place with every professional transition or each time an individual crosses an organizational boundary. The transitions that people are called upon to undergo in their professional lives are increasingly diversified and numerous, requiring a socialization, indeed resocialization, process every time (Adkins, 1995; Chao *et al.*, 1994; Louis, 1980; Nicholson, 1984). These shifts apply not only to the inexperienced new entrants (*new recruits*) but also to new stages or borders to cross in a professional career (*changing position or role involving the acquisition/mastery of new tasks*). This process varies according to the situations experienced and the individual's personal abilities. This concept of organizational socialization advanced by Van Maanen & Schein (1979) and later employed by Jones (1986) and a number of others (Ashforth & Saks, 1996; Baker & Fedman, 1990; King & Sethi, 1992; Mignerey, Rubin & Gorden, 1995; West, Nicholson & Rees, 1987) seems particularly suitable for taking account of the socialization process in a crisis context.

Therefore, according to Van Mannen & Schein (1979), when members of an organization are faced with a new and unique crisis situation, they must substantially modify their ways of conceiving their roles. In that respect, a crisis effectively constitutes a new and original situation. Specifically, a crisis marks the passage from a so-called normal, familiar and customary situation to an exceptional, unexpected and uncertain situation. The organization's members must then act within a new framework in which they have not completely mastered the modes of intervention and interaction. Like a newcomer to an organization, the personnel, while retaining their customary skills and expertise, must rapidly adapt to the novel context for which they are unprepared or ill-prepared. With few guidelines for support, they must *rapidly* learn to master the abilities necessary in the crisis situation. Furthermore, active entry into a crisis is a passage marked by surprise, contrast and shock in all dimensions of the crisis situation that the individual will undoubtedly face, according to Louis (1980). Obviously, this contrast in roles and situations may differ depending on whether the management of crises and emergency situations constitutes the daily routine of an organization (such as a hospital, a police corps, the army, a fire station etc.) or, on the contrary, occurs only rarely (Dynes, 1970; and Kreps & Boshworth, 2007).¹ To use March's terminology (1991), the mix of exploration strategies (based on experimentation, discovery, and improvisation) and exploitation strategies (based on capitalization of knowledge and already existing know-how) will differ depending on whether an organization's crisis management mission is established, more or less peripheral or emergent.

Based on the results of an investigation conducted between 1998 and 2001 in Québec's Montérégie region,² we will examine theoretical definitions given to different socialization tactics to discern methods of socialization characterizing the passage from a "normal" work situation to a crisis situation. Specifically, we are seeking answers to the following questions:

- What socialization tactics are brought forward by individuals in a crisis context?
- What are the abilities and/or tasks professional interveners and managers activate to ensure a "successful" transition from a normal situation to a crisis situation?
- How can we situate these socialization tactics on a continuum going from individualization to institutionalization?
- What avenues are open to researchers interested in investigating tactics for socializing individuals in novel contexts marked by transitions or career passages?

Our focus is on individuals' learning experience. Thus, we hope to know more about the way in which changing roles are experienced by professional interveners and managers during a crisis, something which has been little investigated to date, at least not with reference to the literature on socialization and learning experiences. We conclude this analysis by highlighting the extent of our observations for the contribution to the fields of both organizational socialization and crisis management.

THEORETICAL FRAMEWORK

Definition and field of inquiry

Organizational socialization includes the collection of processes by which individuals manage to integrate roles. This integration includes the mastery of tasks, limits and responsibilities of roles, the work group's functioning and, on a broader scale, the culture of the organization to which they belong (Fisher, 1986; and Ostroff and Kozlowski, 1992). Thus, more fundamentally, socialization can be defined as a learning process (Bandura, 1969; and Lacaze, 2001), which, moreover, tends to confirm research on organizational socialization (Saks & Ashforth, 1997). Furthermore, according to the constructivist approach, people make sense of their environment in constructing mental causal models based on sorting information that arises from this environment. It is these mental causal models that allow the individual to construct a predictable and controllable reality (Weick, 1979; and Fisher, 1986). Consequently, from a symbolic interactionist perspective of socialization (Berger and Luckman, 1966; and Blumer, 1969), learning becomes, for example, a newcomer's integration of causal models prevalent in the new working environment and, as a function of the standards of the new group, the attainment of a common perception of reality and thus the ability to act in conformity with expectations (Fisher, 1986).

Clearly, organizational socialization is a process that brings together institutional mechanisms already put in place by the organization or groups comprising it and proactive strategies developed by individuals themselves. By adopting a symbolic interactionist perspective, socialization is finally what allows members of a group or organization to manage to share a common understanding of their daily reality and, therefore, be able to interpret and react coherently to events.

Moreover, socialization processes are disrupted every time an individual crosses *an organizational frontier* (Van Maanen, 1978). Thus, socialization may intervene when there is an organizational change, but also when there is a transition in roles within the same organization (Chao & al., 1994; and Saks & Ashforth, 1997) or because a new and problematic situation forces members of the organization to rethink and readjust their roles (Van Maanen and Schein, 1979). In addition, today's organizational context increases the prevalence of these transitions and thus multiplies occasions for socialization or resocialization (Saks & Ashforth, 1997).

Furthermore, since research on organizational socialization has concentrated almost exclusively on a newcomer's arrival within an organization, it seems interesting and relevant to focus on other contexts or activities triggering the mechanisms of socialisation, allowing for a closer examination of the socialization field of study (Lacaze, 2001). Indeed, today's organizational context, characterized by greater mobility and instability in the workforce, calls for a broadening of the research field of application, whether by studying the specifics of socializing temporary workers (Bauer et al, 1998) or even examining those arising from increasingly frequent transitional roles (Saks and Ashforth, 1997). It seems to us that the crisis context is particularly promising as a field of application of socialization. That is the case, not only due to the intensity associated with it, which may allow certain

processes to emerge more clearly, but also due to the very particular nature of crisis management: that of placing interveners, often new to each other, in action confronting relatively new situations. Indeed, crisis management provokes a redeployment of actors within a reconfigured system of concrete action (Crozier & Friedberg, 1977), which may considerably enhance possibilities for socialization. Obviously, these socialization processes in a crisis context could vary as a function of the divide existing between responsibilities, missions and roles generally experienced in individuals' organizational daily lives and what must be accomplished during a crisis. In that respect, Dynes (1970) established an interesting typology to differentiate organizations faced with a crisis. Thus, according to Dynes' typology (1970), adopted and refined in the work of Kreps and Bosworth (2007), we might expect this gap to be less for organizations whose mission in normal times is managing emergencies and crises (*established organizations*), compared to other organizations that must stretch or enlarge the usual nature of their responsibilities to adapt or adjust to the crisis context (*extending or expanded organizations*). In short, the organizational frontier that the new entrant must cross in the crisis environment may be more or less dramatic, depending on the type of organisation. Later in this analysis, we will explore this aspect of the type of organization where professionals and managers work.

Effects of contrast, surprise and new scripts

When individuals exercise a new role, they encounter a number of surprises related to the difference between what is objectively occurring in their environment and what is subjectively occurring from their own viewpoint (Lacaze, 2001; and Louis, 1980). The contrast is created on the basis of what the individual perceives and feels faced with the new role and the difference between what is known (previous experiences and expectations) and what is discovered. The greater these differences, the greater the lag response, and thus, the greater the adaptation effort (Louis, 1980).

According to Louis (1980), surprises may be provoked by extremely varied contrasts: unfulfilled expectations; underestimation or overestimation of one's capacity to fill the new role; inadequate preparation for one's emotional reactions; and, finally, failures of one's usual interpretative models. Surprises may be positive, if expectations are surpassed or, on the contrary, negative, when expectations are not met. These surprises activate a process of transformation of mental maps or "scripts" (Louis, 1980). In order to adapt, individuals must seek to integrate new scripts, while observing, asking questions, and improvising new ways of doing things, so that their actions fit the new reality unfolding before their eyes (Weick, 1979; and Lacaze, 2001).

Organizational socialization process and tactics

In this article, we are principally interested in socialization tactics brought forward in a crisis context, building on the work of Van Maanen & Schein in 1979 and that of Jones in 1986 on the degree of individualization-institutionalization of socialization tactics. The point of departure is the model summarized in Table 1. Van Maanen & Schein (1979)

describe six socialization tactics (to be explained later in the analysis) likely to be used by individuals and organizations in the framework of a socialization process. Jones (1986) groups these tactics according to whether they have an institutionalized or individualized orientation. Institutionalized tactics provide a framework for individuals undergoing a socialization process and tend to conform to established traditions within the organization and, in that sense, would be conservative. Individualized tactics allow individuals greater autonomy in their socialization process and are rather inclined towards innovation in roles and tasks.

Table 1
Model of Van Maanen & Schein (1979) Revised by Jones (1986)

Tactics relative to	Institutionalized Tactics	Individualized Tactics
Context	Collective Formal	Individual Informal
Content	Sequential Fixed	Random Variable
Social aspects	Serial Investiture	Disjunctive Disinvestiture
<i>Role oriented towards:</i>	<i>Preservation of traditions, conservatism</i>	<i>Innovation</i>

Starting with this conceptual model, we have sought to determine the nature of the socialization process adopted by professional interveners and managers in a crisis context and the degree of institutionalization or individualization of the tactics deployed in the crisis context. We think that the adaptation of the initial model to the crisis context can be summarized as follows (Table 2).

Socialization through crisis routines

Organizations attempt to protect themselves against the negative effects of crises through planning and risk management. This planning introduces a collection of “new” organisational routines designed to confront crises more effectively (McEntire & Myers, 2004; Sapriel, 2003). These plans identify the individuals responsible, the nature of interventions that take place during different phases of the crisis (i.e. from the time of warning signs until the return to normal life), institutional partnerships to establish during a crisis, etc.

Table 2
Adaptation of the Model of Van Maanen & Schein (1979) to the Crisis Context

Tactics relative to:	Institutionalized Tactics	Individualized Tactics
the context	Socialization via emergency training, development of plans and crisis routines, while respecting the mission of each establishment.	Socialization on the spot, at the time of the crisis and with an individual reading of the context of the crisis. Overlapping responsibilities.
the content	Knowledge of tasks associated with each of the phases of a crisis (Mitroff, 1988), from the detection of warning signs to the return to normal life.	No precise idea of the evolution of the crisis according to each of the phases nor of the associated tasks.
the social aspects	Support of peers and superiors and/or identification with a mentor.	Laissez-faire, resourcefulness.
<i>Role oriented towards:</i>	The preservation of the organization's values and mission in a crisis situation.	Innovation, action beyond the description of responsibilities and a strict interpretation of the organization's mission.

Some believe that these crisis management plans are necessary and constitute important input for crisis management, even if they are not followed to the letter (Pollard & Hotho, 2006). Others believe that these plans are rarely applied, due particularly to their cumbersome nature, their inadequate mastery and the rare occurrence of interventions in a crisis situation (McConnell & Drennan, 2006). A debate is raging in the crisis management literature on the very possibility of effectively managing risks associated with a crisis. Based on risk management and maximum security experiences, notably in the aerospace and nuclear industry, Reason (1997) puts forward the concept of *high reliability* organizations. Others, such as Perrow (1994), assert that it is fruitless to seek to plan risks in advanced industrial societies because of the increasingly complex chains of production established by companies; crises have become “normal accidents” and firms make up for deficiencies in their overly complex systems through routinizing or trivializing crises. Beyond this debate, most authors (Pollard & Hotho, 2006) consider that an excess of planning leads to the same result as a failure to plan, in other words, improvisation, indeed the “garbage can model,” where you seize the first thing that seems to work. Planned strategies are useful but emerging strategies tend to supplant them (Lalonde, 2003). Plans are useful, even necessary, but they cannot predict all eventualities (Quarantelli, 1988).

Consequently, in the case of a crisis, and to draw a parallel with the socialization process, we could say that an excess of planning and institutionalized mechanisms incurs an excess of conformity to pre-established rules—for example, not exceeding one’s mandate and responsibilities as previously defined—which can lead to paralysis. On the other hand, insufficient planning and individualization of responses to crises can foster heterogeneity and a lack of coordinated activity. Between the two extremes, there is a moderate zone where respect for current rules and procedures combines with contingent application of crisis routines, experimentation and innovation. It will be interesting to see which posture CLSC managers and interveners adopted during the ice storm crisis on an “individualized/innovator” versus “institutional/protector” continuum.

This idea of a continuum running from the individual to the institutional relates to the learning model developed by Crossan, Lane & White (1999). Seeking an analytical framework for organizational learning adapted to contexts of strategic revitalization, the authors identify four processes that they call the “4I of organizational learning,” intuition, interpretation, integration and institutionalization. These processes intervene at the individual, collective and organizational levels and interact with each other in a dynamic manner. At the individual level, these are principally intuitive and interpretative processes that are activated, and these processes are based essentially on a recognition of tacit knowledge. Thus the individual perceives a reality that is partially recognized (“pattern recognition”) and that is difficult to explicitly translate. The challenge in the contexts of strategic revitalization⁴ is to render explicit learning that takes place at the individual level and integrate it at the collective and organizational level to institutionalize it in order to develop a new comprehension of phenomena and events in organizational life. We have attempted to adapt this model to the crisis situation described in our research in the following table (Table 3). The analytical framework proposed by Crossan, Lane & White (1999) is very useful to the extent that it allows us to visualize the transfer of experience from one level to another (from the individual to the group and to the organization) and the potential but also partial translation⁵ from tacit knowledge to explicit.

Table 3
The 4I of crisis learning adapted to the experience of CLSC during the ice storm

Levels	Process	Outcomes
Individual	Intuiting	Enlargement and / or enrichment of tasks Proactive behaviours Pattern recognition, i.e. connect what is new (working outside office in an unstructured context) with what is already known (experience in community intervention) Versatility and polyvalence No restrictive view of roles and rules
Individual - collective	Interpreting	Go back to the basis of our expertise i.e. care and protection of vulnerable people Internal links (between social and health interveners of CLSC)
Collective – organizational	Integrating	Internal links (between social and health interveners of CLSC) Horizontal links (between local agents) Vertical links (with regional and provincial authorities)
Organizational	Institutionalizing	Revision of planning and training Consolidation of actions between local actors Extension of mission (integration of health and social services)

Context of the crisis studied: the Quebec 1998 ice storm

In this article, we are referring to a very particular form of crisis and event, the ice storm in 1998 as experienced by managers and professional personnel of local community service centres (CLSCs). This is then a catastrophe linked to natural events (ice), aggravated by a catastrophe of a technological nature (the fall of electrical pylons having caused a major electrical breakdown for all of southeastern Quebec and part of Ontario). This precision is important considering the multidimensional character of crises and the differentiated effects various types of crisis can have on individuals.

Thus, on January 5th, 1998, freezing rain started to fall in southern Quebec causing a widespread and prolonged interruption of electricity and consequently provoking a significant malfunction of certain vital infrastructures. Quebec had never experienced a disaster on this scale, affecting so many people for such a long period (Report of the Scientific and Technical Commission], 1999). Hydro-Quebec announced that, as of January 6, 700,000 subscribers were without electricity. The maximum number of subscribers without electricity would be reached on January 9th. On that date, 1,400,000 subscribers, approximately 3,5 million individuals or half Quebec's population, had no service.

The greatest amount of ice precipitation was registered in the southwest region of Montreal in what was subsequently known as the "ice triangle." Indeed, in most of the statistics analysed, this region emerged as the one with the most problematic situations. It was also the region where ice precipitation was most abundant and where the electric blackout lasted the longest.

Electrical problems caused by the freezing rain first deprived hundreds of thousands of homes of heat. The longer the blackouts lasted, the more these homes became uninhabitable, unless they had back-up heating or were equipped with a generator. The absence of heat thus forced many thousands to seek refuge outside their homes.

Characteristics of the personnel and organizations studied

The data on which we rely here comes from research conducted between 1998 and 2001 based on interveners and managers working in the local community service centres (CLSCs). At the time of the investigation, CLSCs were autonomous establishments and their mission was focused mainly on primary healthcare. Their objectives are defined around prevention and health promotion through community action. Unlike hospitals, they have no emergency rooms. During a crisis, the CLSC personnel have responsibility for psychosocial intervention with the population in their territory affected by the disaster. This mission has elsewhere been defined in a policy adopted in 1992 by the Quebec Ministry of Health and Social Services (Lalonde, 2004, 2007). Despite a strong contingent of healthcare interveners consisting mostly of nurses, this policy affords them no particular responsibility during emergency or crisis situations. In addition, the range of psychosocial activities proposed is relatively limited, primarily focused on post-crisis discussions (Lalonde, 2007).

During the course of individual and group interviews, we met 78 people working in local community service centres (CLSCs), including 19 managers responsible for crisis

management and 59 professional interveners in the area of health and social services (Lalonde, 2007). We also met 25 of their close collaborators working within municipal organizations or community organizations. In total, we conducted interviews with 103 individuals and it is from extracts of these interviews that we have attempted to discern the nature of their experiences.

It is important to mention that the managers have been in their current positions for an average of 5 years, although the vast majority of them have worked in their CLSC for more than ten years. They were designated as responsible for emergency measures for their CLSC an average of two and a half years ago. A little more than half (11 out of 19) received training in psychosocial intervention during emergencies from their regional board and approximately a quarter (5 out of 19) have also received training in emergency management. Finally, only four amongst them report having already experienced an intervention during a disaster (in general, floods). For their part, the professional interveners have been in their current roles fulltime for an average of 11 years. Ten (10) of the 24 psychosocial interveners had previously received training in psychosocial intervention during emergencies. The other interveners such as nurses and doctors received no equivalent training in their specific professional field. Furthermore, only four interveners report having experienced a disaster in the course of their professional life. In short, the managers, like the professional interveners, are experienced individuals but, with few exceptions, they lack experience in the area of intervention in a crisis situation, and only a small proportion have received training in this area.

The average interview length was three hours. The first part of the interviews was very structured around a questionnaire that was previously developed in collaboration with representatives of managers and health and social services personnel designated by the regional health authority where the survey took place (the southwest region of Montreal). These questionnaires were completed with the help of the researcher who conducted the interviews. The main topics included a description of the respondent, the nature of his or her participation in the crisis, an account of the prevailing general context of the organization and the population at the time of the crisis, the principal difficulties encountered during and after the crisis, conformity with the established policies and procedures contained in the departmental policy on intervention in emergency situations, the main lessons learned, and their recommendations for the future. The second part consisted of open discussions where each individual was invited to look back on his or her experience over the course of events. All the interviews were taped and re-transcribed, which allowed for the identification and classification of the principal themes raised in the interviews.

In addition to the questionnaires and interviews, documentation was consulted, especially plans for emergency measures in effect at the time of the crisis, and official policies describing the CLSC's responsibilities in a crisis, as well as reports or memoranda presented to the national commission established by the Government of Québec to report on the ice storm crisis. The diversity of information sources also allowed for a triangulation of results, thereby assuring relatively solid internal validity. (Lalonde 2004, 2007).

RESULTS

The socialization context

Jones (1986) groups together in the same category tactics referring to the collective/individual orientation, as well as those relative to the formal/informal orientation. Formal and collective tactics are classified as institutional while individual and informal tactics are categorized as individual. (See Figure 1, page 3).

Collective socialization tactics refer to activities consistent with bringing together a number of recruits to share common learning experiences. Individual tactics consist instead of a form of “on the job” training whereby individuals learn their roles and the requirements of the task in an autonomous fashion.

According to Jones (1986), collective tactics should lead to a more homogeneous common learning and are more liable to produce standardized responses. Individual tactics, make the learning experience unique and personal and this may give rise to greater heterogeneity but also to more innovative forms of intervention.

In general, collective socialization tactics appear more formal, as with the intervention training and crisis management training programs that were previously offered to the CLSC managers and psychosocial interveners. Moreover, all CLSCs had already developed an emergency intervention plan and the managers say that they put it in motion at the time of the crisis:

Our interveners were in contact with the victims, established appropriate support measures and to help them, singled out the problem cases, provided information and held discussions. We conformed to what was generally prescribed in the emergency measures.

The next morning, I held a meeting with the personnel from here and we commenced our plan. It was very rapid. Right away, I started to call my managers to tell them (...) the entire CLSC was implementing the emergency measures.

Thus, there was definitely an institutional type of response to this crisis. Nonetheless, the scope of these plans was quickly seen to be insufficient in the context of such a major crisis:

...it is clear that our plan, that we had considered well-formulated, was not suited to a situation where our whole territory was affected by a crisis. Furthermore, we did not at all foresee our role in terms of providing front line health services.

We have taken emergency measures courses and the role of the CLSC there was really limited to current psychosocial services. But the reality, from the first night, hit us head on when sick people at home started to call us, those who were in wheelchairs, people that were connected to electricity with their cylinder, etc.

There, I tell you, it's a truly a reality check, you don't say, it's not our role, you just run around. But there was no prepared material, no protocols.

This collective experience, common to all the managers and professionals of the CLSC, led them to broaden their plan to integrate health services (Lalonde, 2007). In this sense, they went beyond their official mission as outlined in the government policy framework on crisis interventions. Indeed, in these policies (Ministry of Health and Social Services of Quebec], 1992), the CLSC's responsibility was essentially to provide psychosocial services. These policies do not foresee the special mandate of front line health services, including home services. Yet, during the ice storm crisis, most actors acknowledge that health professionals, mainly nurses and doctors, played as important a role as professionals providing psychosocial services:

While the CLSC's plans were formulated as a function of psychosocial services, this disaster affected all the CLSC's services, health services, as much as psychosocial services.

The collective character of this socialization experience led managers to go beyond the formalism often associated with a planned crisis management model. In the case of the ice storm crisis, collectivism and formalism did not always go together as Jones (1986) predicts in his scale measuring the institutionalization-individualization of tactics.

During the ice storm crisis, CLSC managers and professional interveners had a collective socialization experience where they were all, to some extent, new recruits. Indeed, all were thrown into "the same boat" at the same time and all had to learn to handle a situation that they had never previously encountered:

I didn't really know what I was going to do...

I didn't know at all what to expect...

It was not at all obvious what should be done. We had to look a bit at the context. I didn't know what to expect...

There were very complex situations that we weren't familiar with.

I noticed that the reasons for the calls were very different and less problematic than in normal times.

The uncertainty, indeed anxiety, linked to such a crisis situation also brings about responses varying from one individual to another. A number of authors believe that socialization in a new work context leads individuals to pursue one or a number of proactive strategies, for example, adopting information seeking behaviour allowing them to know what they should do (*content innovation*) or self-management behaviour leading them to modify or adjust their role (*role innovation*). Therefore, while recognizing the usefulness of their training in emergency intervention, the second option is very characteristic of the experience of CLSC professional interveners.

The crisis had a double effect on tasks usually accomplished by professionals. First, it encouraged them to adopt a less restrictive view of their customary tasks. Next, it introduced a change in approach within the field of their professional expertise. Let us examine the comments and observations in each of these two areas.

A number of interveners emphasize the impact of the crisis in terms of not limiting themselves to a narrow definition of their tasks and thus to looking anew at the classic professional role:

I made beds, gave hygienic care, brought lunches, helped people with their basic needs, and stabilized crisis situations on site. I went everywhere a bit. There, I would say that you forgot about your formal job title! You responded to people's needs and you had to be versatile.

I did nursing but also a lot of helping. I pushed around the trolleys for lunches, dinners...You can't say I'm only going to do my job as a nurse. That wouldn't have worked. I think that the other members of personnel would have liked a hand (...) We looked for a lady's purse, another had lost her brother...When you go downstairs and come across someone in a wheelchair, you can help them go down, etc.

You can't be too much of a stickler about all this.

People clearly went beyond their job descriptions.

I did a lot of things that I don't usually do, in particular, in organizing services.

Others stress the need for a change in approach and role:

It was different as an intervener. Usually, people come to see us whereas there, we went to see them.

...I wasn't just in my office with a client; I worked in a team with lots of people. At the same time, it was trial and error.

...you had to learn to listen to people differently. Going to people, all that, it's a learning process. You don't work in the same way in a shelter as in an office (...). We're not used to that kind of practice.

A certain number of interventions or acts by professionals could be qualified by some authors as self-management behaviour. Some behaviour recurred regularly and seems to have been particularly effective. This includes the need mentioned by a number of interveners to walk around, to be in contact with the victims, to anticipate needs, in short, to be proactive:

At first, on the site, I walked around to find out where people were coming from, to orient myself and know what to do...At the same time, while chatting with them, I could channel the most vulnerable people...

I didn't know what to do so I told myself, I'll try to be useful (...) I walked all around and asked people, how is it going? What is happening today? It was rare that there was no particular need I had to respond to while walking around like that (...).

I approached people and went along with them, whatever they were doing.

Another important aspect of the task that increases the efficacy of any intervention is the capacity to put in place or organize services:

From the first night, I was welcoming people. I participated in the organization and installation of people in the centre. I would say that the problems were, above all, organizational, in the daytime, the evening and the night time. There is a day nurse who took charge of the organization of client services to ensure that people had their necessary medication and the appropriate treatments at home...

...basically, I did not play the role of a social intervener. It was more contributing to getting things organized.

Contrary to professional situations perceived within the classic client/intervener framework, roles above all consisted of seeing that basic needs were met and of reassuring people:

This wasn't really nursing work. Rather little things, like taking care of a headache. In fact, my role was primarily to reassure people that someone was present, and people were comforted to see the CLSC was there.

The people that I saw needed reassurance, some were afraid to sleep in the dark, others found that there were too many people, some wondered how they would get to the toilet. Everyone had their issues and we had to find all sorts of ways to reassure them.

Resourcefulness and autonomy were also stressed, including by the interveners themselves, as essential aptitudes for intervening in this context:

...I was adapting to the environment that was there.

I made calls from home.

Sometimes people arrived and left us a bag, saying 'it's nothing special, it's my father, I'm leaving you his pills.' So, then we had to look after the man and there, we realized that he was confused, that he was incontinent, that he had no protective

underwear, and that he only had one dose of medication left. These sorts of situations often arose and you had to deal with them...

and by the managers:

What we all realized together was that the more autonomous our interveners for essential services and health services are, the fewer problems we have...

Obviously, if you're there on the ground and you wait for people to come to you, not many will come. Also, I believe that it is not only a question of organization and training; it's related to the very capacity of each intervener to enter into contact with people.

Autonomy and a sense of resourcefulness elsewhere allowed certain interveners to introduce some original ideas:

(...) me, I started something up, from a need I saw in elderly people who stayed in their homes and who had back-up wood heating, but who weren't able to go and find the wood. So, I put up a sign reading "emergency wood." Then I contacted all the community organizations and I told them, start with the people you know, start also with the CLSC lists, to know if some are at home but can't get out to look for wood. From that, I set up a little network of volunteers. And then, we could send people to go and look for wood. And it didn't work badly.

Or even to make discoveries:

(...) I also noted that the reasons for calls or consultation were very different and less problematic than in normal times. So, I can say that I found the work easier than usual, because there were concrete needs and we could respond rapidly (...) Often, in my day-to-day work, I feel powerless, like when I'm confronted with people who have suicidal thoughts. But there, I could more easily respond to the demands. I also collaborated a lot with the police...

We ensured basic medical needs were met (...). Our presence allowed for a limit to the number of transfers to hospital.

In short, generally, from a less restrictive view of tasks and an adjustment to the role within the "usual" professional field of expertise, the crisis brought about self-management behaviour. Testimonies tend to recognize a certain number of abilities to develop or acquire during crisis interventions, the most important of which are versatility, pro-activity in the sense of anticipating needs and taking the initiative, aptitudes in the organization and setting up of services, abilities to reassure people victimized by the disaster who have been left feeling vulnerable, autonomy and a sense of resourcefulness. Different professionals' own evaluation of the experience is largely a function of their personal capacity to draw upon various aptitudes (Nicholson, 1984).

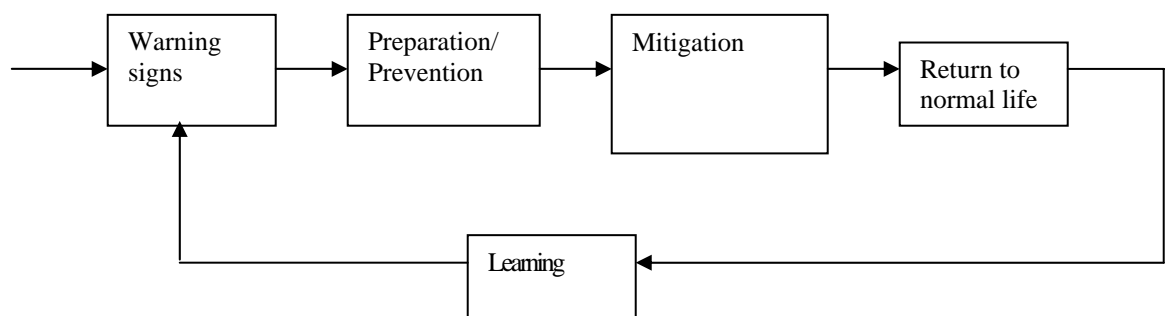
Managers, for their part, were more oriented towards the implementation of crisis management plans or the construction of relational networks (crisis cells and institutional partnerships). Nonetheless, while referring to formal and official plans defining their roles and the mission of their organization, the strategies deployed could also be qualified as emergent. They didn't adhere strictly to official plans.

Socialization content

In terms of the content of socialization, Jones (1986), under the category of "socialization content," groups tactics relative to the sequential/random continuum and the fixed/variable continuum. Sequential tactics refer to a pre-established ordering of stages that the recruit must pass through in the process of socialization. These tactics are defined as fixed when each stage lasts a specified period of time. Socialization is random when each stage allowing for the learning of a new role does not follow a logical order assuring the integration of each stage to the subsequent stage. Socialization tactics could be qualified as variable when they do not allow the individual to determine what stage he or she is at on the journey.

A number of authors on crisis management have proposed processual models aiming at identifying the key tasks required to complete different phases of evolution of the crisis. These phases are: 1) detecting warning signs; 2) preparation/prevention; 3) mitigation; 4) a return to normal life; and 5) learning. Mitroff's model (1988) is interesting in as much as it clearly integrates a learning phase and a return to the experience of the crisis (see Figure 1 below). According to Mitroff (1988), despite their diversity, crises all evolve according to a generic process involving five phases.

Figure 1
The Five Phases of a Crisis Management Process



Departmental policy defining the roles and tasks of CLSCs in a crisis situation briefly identifies certain phases, including mobilization, intervention during the crisis and the return to normal life, that should be as rapid as possible. Specific activities are also linked to each of these phases. Nevertheless, it is only due to a recapitulation of the events that the managers and professionals encountered were able to very roughly discern these phases. At the time they were acting, no interveners mentioned to us that they organized their tasks as

a function of a very precise stage. While we could consider each phase fixed (once you have moved on to the next phase, you cannot go back), for individuals the fact of leaving one phase does not prepare them to face the subsequent phase more readily. The organization of work was thus done according to the evolution of the crisis. One intervener even speaks of instinct and intuition to remain “connected” to the reality on the “ground:”

In an emergency situation, in my opinion, it is not the time to get out the official documents (...). There is a minimum of information and a minimum of lines of conduct to follow but it is the intuition and instinct of the intervener that is most important for people (...). Crises are tracked on the ground.

Consequently, crisis management follows a variable approach rather than a pre-established order. The duration of each phase was not only unknown to everyone but, above all, unpredictable since the return to normal life depended on the reestablishment of electrical power, which varied tremendously from one municipality to another. Moreover, this uncertainty is palpable in the following comments:

We experimented, we didn't have a model, so this wasn't easy...

I worked in a shelter and I didn't have a clue about what to expect when they asked me to go and work there.

It was a very different dynamic from what we usually see as doctors.

...I was working in a team with lots of people. At the same time, it was trial and error.

A number of managers referred to the state of uncertainty about the duration of the crisis:

Listen, I just got news from the regional board. It's a breakdown that will last a long time and we have to get organized.

It was especially from Wednesday, January 7th, that it was really a problem and the Thursday, it deteriorated all along the line (...). Here, there are citizens who were without electricity right up until the first week of February.

From the first day of the ice storm, the CLSC coordinator of emergency measures communicated with me to warn me that apparently, the storm would be quite long...

Nonetheless, some idea of duration could be attached to each of the phases: rapid, indeed precipitate, in the mobilization phase, and rather long in the mitigation phase and in the phase of returning to normal life. Thus, 74% of the managers encountered affirm that their establishment started up emergency measures within 24 hours (that is within 24 hours following the 5th or 6th of January, depending on the territory and the time when the power

failures started to be widespread). 89.7% of the professionals, on their side, were rapidly mobilized and involved by their establishment and 87.8% say that the degradation of the situation in their territory was rapid. The first 24 to 48 hours seem to have been rather chaotic in most CLSCs, the very establishment itself being plunged into the dark without a back-up generator. Certain CLSCs had to close; others were relocated in a neighbouring establishment. Out of a list of fifteen statements, professionals identify the duration of the crisis as the major difficulty. For the mitigation phase, once the ice storm had ended and the work of hydroelectric reconstruction was moving steadily along allowing the population to return to their homes, on average twenty days had passed. Overall, the CLSC intervention lasted 39.8 days, on average. It was generally shorter for nurses (25.9 days) and longer for psychosocial interveners (53.2 days). This average duration was established from the time of the initial mobilization (January 6th, 1998 or thereabouts) until the activities specifically accompanying a return to normal life (towards the end of March 1998).

The process of socialization in the context of the ice storm crisis thus seems to have been characterized by haphazard and variable tactics. There were certainly phases in the evolution of the crisis (therefore a sequential character to the process), even if the interveners only recognize this retroactively, but the passage from one phase to another does not seem to have been perceived as a progression in the learning process. Moreover, according to a number of interveners, better knowledge of the requirements and tasks associated with each of the phases could have alleviated the anxiety and uncertainty experienced, and many demand more planning to manage future crises

Training and updating an emergency plan are absolutely essential.

There have to be protocols for emergency measures that indicate to us the steps to follow, the first things to do when a disaster happens.

...we had lists of emergency measures in our briefcases and they are regularly updated. On the other hand, we realized that these lists have weaknesses and we don't necessarily have the right technique...we have to continue to improve that.

In establishing plans, it must be very clear what the CLSC should do, then give training that precisely explains the clear operational stages, for both the medical and psychosocial areas.

...We have to coordinate all this and there must be protocol and agreement types...In six months or a year, we have to manage to be more precise about the roles of each institution.

I would like clarification in the future to know exactly to what extent CLSCs can be involved in the organization of a shelter. Can they manage registration, welcoming and taking down information ?

The social aspects of socialization

Social aspects group socialization tactics on the basis of whether they are part of a series or disjointed, and whether they concern investiture or disinvestiture. Thus, socialization is defined as being part of a series when an experienced person acts as a mentor for a new recruit. It is disjointed when there is no mentoring for the new recruit, who is alone in interpreting the situations encountered and must act according to his or her own reading of the situation.

Previously we saw that in a crisis situation everyone is, to some degree, a new recruit since no one has any experience of this type of situation. For all intents and purposes, it is impossible to refer to a mentor since there are none. Managers and interveners consequently find themselves acting alone. Therefore, socialization takes place in a disjointed manner, a very stressful and anxiety-inducing approach for the new entrant, according to the authors. Furthermore, an interesting phenomenon needs emphasis. After several days, the CLSC interveners affected by the crisis received help from colleagues from other regions unaffected by the disaster. To integrate these new arrivals, the interveners themselves acted somewhat as mentors. Let us look at several observations along those lines:

You had to familiarize them with how we function. Then, they did what they could. We had been operating already for a few days according to a certain rhythm while, for them, it was the beginning.

...the nurses from outside were very helpful...We finally assigned them to various centres, pairing them up with one of our nurses.

Furthermore, this learning new ways to function was sufficiently developed that the actors in the crisis consider that there was a delay in integration, which worked in favour of a genuine socialization of the “newcomers:”

Our observation was that it is easier to manage interveners who come from outside when they stay a few days. Otherwise, there is a loss of time associated with the fact that you need to familiarize them with what is happening and what there is to do.

We had personnel who came from elsewhere to lend us a hand, but they were continually shifted around...We took a few with us and oriented them all day long. The next day, they went elsewhere...When people could stay a few days, it was helpful. But when it was “in and out,” there was no clear role for them or us.

Finally, investiture procedures confirm the identity of the entrant in the sense that he or she is integrated into the organization according to his or her personal characteristics and abilities. On the other hand, the procedures of disinvestiture seek rather to induce personal/personnel changes. Definitely, investiture procedures recognize the personal qualities of the entrant, while disinvestiture procedures deny them.

The institutional partnerships that CLSCs created with municipalities took the form of interesting investiture procedures as these few comments testify:

This ice storm situation made us get to know another aspect of the CLSC.

I would say without hesitation that this is the first time that the municipality had such a sustained and significant relationship with the CLSC (...). We came to know each other better and it was a great experience.

In all honesty, we talked about health services before but, even me, I never would have thought that the CLSC people would have integrated themselves in the centre. I think that it's a necessity because I would never have had the personnel for this.

Since the ice storm, there have been more links with the municipality's police corps. When the police have a problem, they call me. When I have a problem, I call the police. We've put faces to the names.

The relations between municipalities and the CLSC will never be the same, in my opinion. Moreover, a number of managers at the municipal level said that when they have another look at their plan, they are going to call me. It's now a given.

On the other hand, other relations between institutions triggered disinvestiture procedures:

...with the regional board, confidence fell within 48 hours.

The public health service of the regional board called us regularly and asked for lots of statistics...but we had no time to do that!

I never sent statistics to the regional board because I didn't have the time.

We wondered whether they were aware of what we had to do.

Their demands were difficult to manage because we didn't feel that they were very aware of what we were going through.

In the light of these testimonies, it seems that horizontal partnerships (collaborators at the same hierarchical level) are more propitious for investiture tactics, while vertical partnerships (collaborators at different hierarchical levels) instead give rise to disinvestiture tactics.

DISCUSSION AND CONCLUSION

A synthesis

In this article, we have attempted to discern the tactics and process of socialization adopted in a crisis context, basing ourselves on the definition of Van Maanen & Schein (1979) and on the categories created by Jones (1986) on the degree of institutionalization or individualization of the process. The point of departure of this analysis is the premise that the crisis context provides interesting material for analysis from the perspective of socialization since it constitutes a situation that marks a passage—transitory and temporary—in the professional journey of an individual or group. In analysing the testimony of managers and interveners involved in the Québec ice storm crisis from this angle, it was possible to sketch an outline of this process and the tactics to which they had recourse. The salient facts of this analysis are synthesized and presented in the model in Figure 4.

Table 4
Synthesis of Results Relative to the Socialization Process in a Crisis Context

Collective -----	X	-----Individual
Formal -----	x	-----X-----
(managers)		-----x-----
		(interveners)
Sequential-----	x	-----X-----
(retrospectively)		-----Haphazard
		(at the time it occurs)
Fixed -----		-----X-----
		-----Variable
In a series-----	x	-----X-----
	(new interveners)	-----Disjointed
Investment-----	x	-----X-----
(horizontal partnerships)		-----x-----
		-----Disinvestment
		(vertical partnerships)

In terms of the context of socialization, it seems that the tactics deployed are midway along the collective/individual continuum, and the formal/informal continuum. Indeed all the managers and professional interveners were plunged into the crisis at the same time, which gave this experience a collective character. Of course, each individual got through the crisis in his or her own fashion, but a certain number of consistencies emerge in terms of tasks and abilities to develop or acquire in the very short term. For professional interveners, a number of self-management behaviours were mentioned: anticipating people’s needs, walking around amongst the victims, and being resourceful and autonomous. Going beyond the concept of a classic therapeutic relationship, and the capacity to set up or organize services adapted to the situation allowed for innovations and interesting “discoveries.” For managers, recourse to plans and the development of partnerships were amongst the most common tactics. In the light of these findings, it seems that planned strategies and the support of a certain number of crisis routines such as those favoured in the course of planning for crisis management were effectively employed.

Furthermore, these planned strategies were generally combined with other emerging strategies; the plans were not blindly applied as written and numerous adjustments were necessary in the course of action. This corresponds to an observation by Quarantelli (1988) that establishes a distinction between strategy and tactics during a crisis, strategy referring to an overall model of intervention and tactics referring to an adaptation of the strategy to situational factors.

In terms of the content of socialization, the process seems to have been characterized by haphazard and variable tactics. There were certainly phases in the evolution of the crisis, but they were only recognized by the interveners in retrospect, and the passage from one phase to another was not perceived as a progression in the learning process except perhaps *a posteriori*.

Finally, in terms of the social aspects of socialization, tactics were essentially disjointed (the absence of mentors or guides except for the new arrivals called in as reinforcements to sites affected by the crisis). Moreover, the tactics were both at the level of investment and disinvestment, depending on whether they were stemming from horizontal partnerships (collegial type institutional relations) or vertical relations (hierarchical type institutional relations).

Limitations of the study

The exploratory nature of this study, based on a single case of crisis management, should be strongly emphasized. It would be interesting to replicate such a study for other types of crisis to draw a more complete picture. Quarantelli (1993, 2005) establishes quite a clear distinction between crises of a consensual character such as natural catastrophes and conflictual types of crises, such as riots, political conflicts or popular uprisings. He notes that these crises have differentiated effects on the behaviour of actors and civil society in general. The socialization process in crisis contexts, differentiated according to their effects, may assume different forms from those described in this article. It is worth noting that this particular crisis did not involve serious loss of life. Moreover, the organizations studied were professional bureaucracies where interveners have a certain discretionary latitude and belong to a strongly regulated professional body. They are educated and express themselves well. In this sense, the self-management behaviours they adopted in a crisis situation could be seen as an extension of their usual way of being and acting (Nicholson, 1984). Furthermore, it is important to remember that these are experienced personnel, very familiar with their organization, their partners and their community. Various studies, including that of Zahrly & Tosi (1989), tend to highlight the positive role of previous experience in the socialization process. Indeed, the most experienced people would adjust most rapidly to new work contexts and would more thoroughly comprehend the requirements of the new tasks they must accomplish. Adkins (1995) is more nuanced and his research allows us to believe that previous experience can play a role but only under certain conditions; the transfer of experience takes place more readily for the same type of profession and/or organization, for example. Finally, the organizations studied already had the mission of alleviating suffering, and intervention in the crisis context represents an extension of what they normally do (Dynes, 1970; Kreps & Boshworth, 2007). Perhaps, it

is not surprising to note that they retain a certain degree of collectivism and formalism, even in a crisis context. Moreover, following this experience, a number of professional interveners call for greater formalization of crisis intervention, particularly in training and in regularly updating crisis plans. At the same time, and quite paradoxically, professional interveners and managers say that they learned a great deal from this experience and enjoyed their independence in decision-making and action during the crisis. The uncertainty, the ambiguity and the fact of not being able to refer to models defined in advance—in short, every dimension inherent in a crisis—were factors seen as particularly stressful in the process of socialization within the framework of this crisis.

Despite these limitations, there was certainly a learning process concerning what it was appropriate to do in a crisis situation, and the testimonies presented in this research are rich in teaching materials for future crisis intervention.

Avenues to explore

The field of crisis management includes a number of studies describing managers' behaviour, as well as ways of coordinating different organizations. Yet, to date, this field has displayed little interest in the roles and tasks of intervention personnel and their ways of entering the crisis scene. In this sense, the field has much to learn from works on organizational socialization and, more generally, on human resource management, in particular, in ambiguous and uncertain contexts. The field of organizational socialization, for its part, is drawn to interesting developments where studies could be done in various socialization contexts (Bauer, Morrison & Callister 1998). Amongst the various contexts studied to date, we have found no studies on socialization in a crisis context. In addition, the process of socialization in a crisis context may be similar to the situation of contingent or temporary workers, described by Bauer, Morrison & Callister (1998) as increasingly frequent in organizations. These workers have little time to accomplish their tasks and fulfill their mandates and they must rapidly become competent. Considering the temporary and transient nature of their passage, contingent or temporary workers benefit from little formal support to facilitate their integration in organizations, and are generally left to themselves. This situation gives rise to more haphazard and disjointed tactics than in the case of permanent workers. A number of authors note the growing precariousness and uncertainty within organizations, due to much restructuring and market volatility. Managers and workers are thus liable to undergo more professional transitions entailing considerable "resocialization." In this respect, a knowledge of the socialization process in a crisis context offers fertile ground for research to become familiar with and better understand tactics for handling organizational situations of environmental uncertainty and ambiguity of roles. Therefore, it would be interesting to further investigate this type of parallel amongst various contexts of socialization. Enhanced knowledge of the process and tactics deployed could have an impact on human resource management practices in the context of atypical situations, such as that of a crisis, a temporary assignment or a reassignment resulting from organizational changes. In this sense, there are possibilities for interesting cross-fertilization of these two fields of research, offering promising avenues for researchers.

NOTES

¹ The work of Dynes (1970) and, more recently, of Kreps and Boshworth (2007) of the *Disaster Research Center*, has made a significant contribution to our understanding of organizational responses during crises. Furthermore, the perspective adopted in this article is not so much that of the organization but rather that of the individual, as the creator of meaning and reality when confronted with a new, unforeseen situation. In addition, we believe that, while internalizing the values, ways of doing things and culture of the organization to which they belong, individuals are not entirely determined by it. Thus, it is reasonable to suggest that innovative proactive strategies are developed in a crisis context.

² The data stem from my doctoral research, Lalonde, C. (2003) "Configurations organisationnelles et gestion de crise" (Organizational Configurations and Crisis Management), HEC-Montréal, Canada. In this article, we focus on the concept of socialization, since this concept seemed promising in terms of eliciting testimonies from interveners and managers about their changing roles at a time of crisis. Thus, the goal is to highlight individuals' subjective learning experience from a constructivist perspective. This analytical approach had not yet been broached in the doctoral thesis and it is presented here on an exploratory basis.

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