INTERPRETATIVE DIMENSION OF INNOVATION: ´COLLECTIVE VOICING`

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This paper examines an organization and one special customer target group in the public health care sector, focusing on a project aimed at developing a way of learning from customers' expectations, fears and feelings. This article documents an interpretative approach to innovation processes in health care service organization. This article increases our understanding of innovation activities in service organisation in the public sector. The theme of this paper is related to the management of a service production process of producing services. Our conclusion is that if one wishes to change practices listening to the customer's voice, then one must embark on a joint discovery process with the customer. "Listening to the voice" must be a social polyphonic learning event. Joint discovery refers to the collective voicing performed by the service provider and producer and it includes sense-making actions as well as sense breaking actions. The authors propose that narrative elements could be used as a path for managing the interpretative dimension of the innovation process.

Keywords: Interpretative and interactive innovation, research-based theatre, collective voicing

1 INTRODUCTION

The theme of this paper is related to the connection between the ideas of interpretative (Lester and Piore 2004) and interactive innovation (Newell et al 2002) done together with customers, and practices-based learning (Gherardi 2006). We aim to contribute to this research by discussing how the theory of the interpretative and interactive dimension of innovation management can be put to practice in a micro-level organizational innovation process via collective voicing. This article is inspired by the notion that learning is not only about possessing knowledge, but about knowing as action as well (Lave & Wenger 1991, Brown & Duguid 1991, Wenger et al. 2002, Elkjaer 2004, Gherardi 2006, Gherardi et al. 1998). Our research problem is as follows: We investigate how an organisation can learn both through and with their customers' (specific customer target group: teenage

customers between 13 and 17 years of age) experiences and how practices can be changed (Schön 1983, Pässilä, Oikarinen and Vince, forthcoming) on the basis of what is then learned from the customers' experiences.

We noticed how the existing literature on innovation does not address the challenges associated with micro-level practice-based innovation operations in everyday working life. We rise to this challenge through a practice-based learning process within the organization and a specific target group of customers. This paper identifies and discusses examples of a case in which narrative methods were used in a context of research-based theatre (Pässilä and Oikarinen, forthcoming). We used narratives written, drawn and performed as a practice of inquiry (as a research method and as an inquiry method) in a Finnish public health care organization during 2008–2010.

The new management aphorism "listen to the voices of the customer" seems to be a cliché without a process of mutual discovery and interactions between practitioners and customers (Lester and Piore 2004). Our study suggests that learning from and with customers' experiences is a process of searching and joint discovery rather than a feedback system around the customer's needs. This paper makes a further contribution to existing research that has investigated the interpretative dimension of innovation (Lester and Piore 2004, Stark 2009). An analysis of interactions within an organisation shows that the practitioners discovered how events were seen from the perspective of their customer, how they as professionals acted in a specific situation performed on stage and how they could act differently. The practitioners became aware of their practices in a perplexing situation, and it was a starting point for renewing. However, it was not enough just to embark on a search for an unknown breakthrough; the practitioners must also be able to recognize that breakthrough when they find it and act according to their findings; otherwise there is no point to organize joint discovery. (Stark 2009 pp. 2-6) In our research-based theatre process, practitioners from the health care organization focused on local social change. Here, the aim of the action research was to learn from the customer's experience and change existing practices. The aim emerged from the employees and the management (practitioners) jointly reflected upon the experiences gathered from customers. The aim was to 1) develop the personnel's interaction skills in the treatment situation and 2) create a teenager-driven communication system for the different phases of the treatment process.

Our conclusion is that changing practises through joint discovery with customers is a social and polyphonic phenomenon. It is not about listening or responding to customers hopes, but a collective discovery made by practitioners. Developing one's own actions was a part of the practice-based innovation actions of this organization. During the process the practitioners' professional identity was enriched. In addition to medical treatment, the employees paid attention to their social practices and empathy skills. Thus new and collectively shared knowledge emerged through reflection, and we call this social- empathic knowing. We argue that the discovery of the practitioners was based on an action of Deweyan polyphonic inquiry extended into an innovative inquiry (Stark 2009). The practioners are able to discover the customers' meaning-making in the context (Dougherty 2004) in which the practices take place. The collective voicing process is at

the same time a sense-making action - practitioners making sense of their work practices, behaviour and feelings - and a sense-breaking action. By sense-breaking we mean reflective cognition (Schön 1983, Vince 2002, Stark 2009, Vince and Reynolds 2009), i.e., that the practitioners examined which tasks should be done differently, why, and how.

In this study we propose that the narrative elements (Abma 2000, 2003; Oswick et al.;Taylor 2003; Boal 1995) of a collective voicing process could be a path for managing an interpretative innovation process. We argue that collective voicing is a part of a holistic approach to encountering the customers' point of view and generating health care services in a novel way in a context of interpretative innovation. So, this study shows that there is a lack of a more holistic approach besides medical treatment. This holistic approach means that "*there is a person around the teeth*". On a general level this rather naive comment (from our data) represents a fundamental need for change in health care services; the customers are lacking the possibility to be a subject within health care practice. Therefore we suggest that collective voicing, as an element of interpretative management, bridges the professional point of view and the customers' perceptions and perspectives. This bridge was constructed through narrative elements and performative symbols. However, narrative elements do not guarantee change - in actual practice, any changes must be made by the health care practitioners in their everyday work and encounters with their teenage customers.

2 INTERPRETATIVE AND INTERACTIVE DIMESNION OF INNOVATION

Lester and Piore (2004) question whether there is a missing dimension in innovation research; they break new ground in the field of interpretation based on creativity during innovation process. According to them, innovation is often studied only as a decision-making and problem-solving process that has its roots in engineering. From this perspective, innovation is defined as an analytical linear project with a well-defined beginning and end, aimed at solving existing problems. Stark (2009) points out that search is the watchword of the information age, as well as that search is the process that best exemplifies the challenges of the contemporary organization. The fundamental challenge is the kind of search during which you do not know what you are looking for but will recognize it when you find it.   Therefore we argue that innovation processes must also be affected by issues that cannot be 'solved' or unified in a logical, linear and analytical fashion (Cosh et al. 2006).

2.1 Comparing analysis and interpretation

Lester and Piore (2004) have compared analytical and interpretative approaches (see Table 1). According to them, the interpretative approach is not widely understood in the field of innovation, although it would provide potential for new insights.

Table 1. Comparing analysis and interpretation (Lester & Piore 2004, pp. 97-98)

ANALYSIS	INTERPRETATION
• The focus is a project with a well-defined beginning and end • The thrust is to solve pre-defined problems • Managers set goals • Managers convene meetings and negotiate to resolve different viewpoints and eliminate ambiguity • Communication is the precise exchange of chunks of information	• The focus is a process, which is ongoing and open-ended • The thrust is to discover new meanings • Managers set directions • Managers invite conversations and translate to encourage different viewpoints and explore ambiguity • Communication is fluid, context-dependent, undetermined

Authors (Lester and Piore 2004, Newell et al. 2002 , Stark 2009) claim that the goal of interpretative innovation is to discover new definitions. We suggest that interpretation takes place in a perplexing situation - originally John Dewey´s concept and idea of situation - where one has to face the challenge of knowing that sometimes you must search even when you do not know what you are looking for (Stark 2009, p. 2) A perplexing situation ensues when there is principled disagreement about what counts.

Novel knowing is constructed by the practitioners themselves in a socio-cultural context through the interpretation of information and the construction of common socio-cultural ground, rather than simply managing information. This type of a process requires *reflective cognition* (Stark 2009, 4). Instead of avoiding perplexing situations, practitioners can embrace them and provoke innovative inquiry (Stark 2009, p. 5). Then, why not generate and simulate perplexing situations through the process of sense-making and sense-breaking? We suggest that one of the vital tenets of the interpretative innovation process, besides learning from the customer's point of view, has to be a tolerance for incompleteness and the ability to accept multiple viewpoints and a lack of universal truths – there may be no single 'answer', but, rather, multiple suggestions and proposals.

2.2 Perplexing situation and reflective dialogue in a artful framing

According to Lester and Piore (2004) organizations are in danger of learning the wrong lessons about innovation. Analysis - the easier process which is essentially rational decision-making based on engineering, economic and managerial theory - dominates management practice. However, interpretation is crucial to innovation because it embodies ambiguity and divergence thinking into the organization (Lester and Piore 2004). The question for managers is to find out what the interpretative and interactive approach to the innovation process means in a specific situated context, such as the socio-cultural practices of their own organization. Knowledge embedded in practice does not exist without social action (Dougherty 2004) and innovations emerge through the

interaction between the practices of heterogeneous groups in the social contexts in which they are located (Newel et al. 2002).

So, what actually happens on the grassroot level of the organization from the customer's perspective is a blind spot for managers and employees alike. Innovations emerge increasingly more often in practical contexts and are conducted in non-linear processes utilising scientific and practical knowledge production and creation in cross-disciplinary innovation networks (Melkas & Harmaakorpi, forthcoming) where customers are understood as an active subject rather than an object of the health care practitioners' actions. The action of dialogue (Schön 1983), even though it is widely recognized, is forgotten in the organisation in its micro-level practices because of for example the following attitudes: "*We do not have time for reflection, have to keep the rolling*" (this illustrates how the practice is organized), *"health care professionals know what is best for the customer"* (this illustrates the relationship between practitioners and their customers), or *"from the medical point of view we have done everything perfectly"* (this illustrates the professional identity and scientific concept of one man in the health care sector). In this type of a landscape we might use the concept of "a perplexing situation" to overcome the stickiness of taken-for-granted knowledge between the practitioners' and customers' diverse views and experiences.

Stark (2009) highlights that Deweyn's orientation to inquiry should be distinguished from a problem-based approach. To break the routines, patterns of thinking and doing should be disturbed, and that disruption associated with a reflective process via inquiry, whereby inquiry should be understood as a distinctive mode of search (Stark 2009). In this context, narratives as inquiry practices are one way to organize learning in a context of a perplexing situation. This type of an inquiry offers a way to step back from one's own territory and get closer to the territory of the customers. The inquiry takes place in narrative frame (Abma 2000, 2003; Oswick et al.), and reflective dialogue emerges between the people when they express their own and make sense of the others' worldviews. It also allows pre-existing worldviews to strengthen, which means that, in this sense, inquiry is not value-free but tightly woven into existing organizational power relations and hidden assumptions. Narratives, which in our case involved customers' drawings, writings and dramatizations, allow practitioners to reflect upon the customers' narratives as well as their own. During this reflection process the practitioners search for many different meanings, and not-yet-existing possibilities. The picture below illustrates what happens in a perplexing situation (Stark 2009) when interaction is nourished with reflective dialogue (Schön 1998) in a context of artful framing.
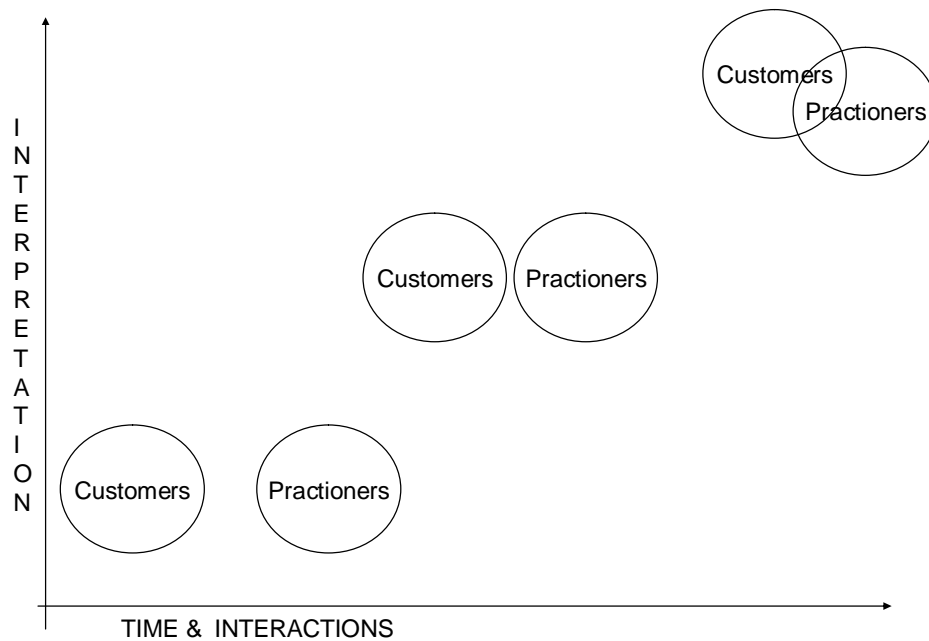
Figure 1. Perplexing situation and reflective dialogue in a artful framing

The focus in a perplexing situation is on sharing knowing and knowledge together, discovering together and letting the sense of dissonance to emerge. Spanning dissonance from one's own worldview is one key element of enriching the capability to change practices in novel way. The perplexing situation allows the practitioners to enter into the customer's world and understand and interpret the context in which health care service takes place.

3 CASE

On a more general level, the public sector, at least in Finland, lacks innovations relating to how services and service production could be organised. In this sense, interaction between practitioners and customers can be seen as innovation potential for the needs of the public sector. The objective of the action research was to bridge the experiences of the teenage customers and the work of dental care practitioners. However, power relations and the distance between the dental care practitioners and their teenage customers were so obvious that it seemed to be impossible to create a forum where they could interact together. In the end, we decided to organize separate inquires for customers and practitioners. The teenage customers were given the possibility to share their experiences without having to fear "what that dentist might think of me", as it were.

During the action research in 2008-2010, one hundred and fifty teenagers of 13 to 17 years of age participated in the project. We organized seven workshops for inquiry and one theatrical session for them. For the service providers (dentists, nurses, assistants, 36 persons in total) we organized a storytelling session, a theatre session and a session where

an action plan was decided upon. Research process proceeded through three stages: 1) script of perplexing situation, 2) demonstration of perplexing situation and 3) action planning. All interactions were documented and some of them were also videotaped. In addition to this, the action research team (which included the employees and managers of the organisation, the researchers and the artist) held several meetings during the process. Finally, three development actions with the practitioners and customers were implemented after the action plan phase. In this paper we focus on stages one and two.

3.1 Research design

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This study follows a specific artistic orientation of action research, namely, research-based theatre (Kemmis & Wilkinson 1998; Boal 1995; Pässilä & Oikarinen forthcoming Mienczakowksi 1995; Mienczakowksi et al. 1996, Mienczakowksi & Morgan 2001). Reseach-Based Theatre (RBT) is used as a participatory method to bridge the experiences of various professional groups and clients together, and it applies narrative and dramaturgical intervention techniques within the organization. The practical actions of RBT concentrate on sharing, repeating, amplifying and interpreting everyday work processes and social practices in order to make those visible and to re-interpret and re-sequence them. Our aim was to construct a process where dental health care practitioners learn from their own practices through their customers' points of view. We created artful forums in which customers reflected upon how they have experienced dental health care practices; what happens before, during and after an operation. The practitioners also created stories about the events where teenagers are in their care as customers. From these narratives we plotted and dramatised imaginary perplexing situations which were then played back to the practitioners in a theatre session, and the practitioners interpreted their own practices, roles and patterns in artful framing.

3.2. Stage one - Customer voice and practitioner voice

In the beginning of the process the customers' and practitioners' worldviews and interests were far from one another. An "I could not be less interested" or "whatever" attitude and "we just take care of teeth not the person" or "we are not social workers" attitudes from the part of the professionals isolated them from one another. From the point of view of innovation, the customers are seen only as patients. A typical setting was as follows: The customer and the practitioner were each in their own worlds. These worlds do not meet on a personal or emotional level. The practitioners take care of their young customers' teeth with good skill, but that does not automatically guarantee a good service experience for the customer. The practitioner's scientific work approach, "taking care of problems related to teeth" instigates opposition on the teenager, which could be summed up for example with the sentence "they cannot even see us". The practitioner will in turn interpret this as antagonism, thanklessness and indifference. Both the customers and the practitioners are working from their respective worlds, and the other person's world at most disturbs the peace of your own. So it was decided that an artist and researcher

would organize participatory workshops for teenage dental health care customers and professionals.

3.2.1 Stage one "It feels that we are always in the way of someone"

The first workshop showed to the applied theatre artist and the action researcher that teenagers' minds are far away from developing public health care services. There seemed to be a million more important issues in the teenagers' lives than participating in a public health care service innovation process. The "*whatever*" resistance was transparent, as well as a general frustration along the lines of "*adults don´t know or care about anything*". Further complicating group dynamics ("*he is an idiot, don´t bother to ask anything from that moron*") emerged when two "outsider novices" entered the school class. Obviously the teenagers were testing these novices, who actually quite soon abandoned their planned workshop agenda and began to improvise with the teenagers (based on their previous experiences in youth work).

This episode illustrates one general problem related to the issue of "listening to the voice of the customer". It showed that it is too often taken for granted that all citizens are interested in participating in innovation. So, the first lesson to be learned took place in this episode: Voicing is a rather more complicated process than just listening to or organizing a forum for voicing. First of all, it is the same kind of a process as constructing dialogue, rather than allowing the customers their voice. After this, the artist and the researcher stepped out from their own worldview and started to investigate what the interests of teenage customers in this kind of a process might be.

This way the theatre artist and the action researcher managed to survive this first encounter, but they did rethink and preplan their next workshop. After the first workshop they prepared carefully to face resistance; they investigated how they could make the workshop closer to teenage culture. This is where the idea of drawing comics was first thought of. Comics might be more familiar to the teenage point of view than the previously used techniques, such as abstract theatrical images and writings. So, the inquiry technique in the next workshop was based on drawing comics that described the teenagers' expectations, assumptions and feelings regarding dental care services.

Lesson two was learned in the next workshop. Besides drawing, there were also reflection exercises done via drama techniques, with which the teenagers started to share their emotions related to dental care services. The teenage customers described their emotions through the comic strip characters and using several styles. Some drawings had a carnival mode. For example, one boy´s (Niko´s) comics had simultaneously a serious side, humour and a lot of dark denotation about fear. "*The dentist is torturing this patient. The patient is fastened into the chair. This drill is like a gun, there is a lot of blood everywhere.*" The artist then began discussing the image with Niko: "*What do you think about the situation in your picture*? But then the other boys started to laugh and make jokes along the lines of *"Poor, poor Niko! He is so afraid of the monster dentist*. The artist tried to continue conversation and said to the other boys: *"Please be quiet, we made a commitment in the beginning of this workshop that you will all respect each other's*

thoughts and accounts. So now please respect Niko´s! It is Niko´s turn to tell about his picture. Ok, Niko your picture is very powerful. Could you describe this patient's thoughts, what is he thinking in that situation?

In that moment, the group dynamics caused resistance once more, and Niko started to make jokes as well: *"This is an alien dentist from Mars, you know."* A group of girls, Emmi, Siiri and Roosa, joined the conversation and began to share their feelings. *"Even if Niko´s picture is an overstatement, there is a point to it"* said Emmi. Siiri went on: *"Yes, that patient in Niko´s picture is so, so afraid of what is happening to him".* Roosa said: *"The dentist should comfort that patient."* Emmi continued*: "But the dentist does not care."* Now the artist joined the conversation by asking: *"Why doesn't the dentist care?"* Emmi answered to the artist: *"The dentist does not see that boy".* At this point the artist and the researcher immediately began improvising by using drama techniques, because they both intuitively sensed that now the conversation had extended to interesting areas. The teenagers used the drama techniques to find out why the dentist did not "see" the customer. The conversation shifted from an imaginary situation into reflection, and at the end of the workshop the teenagers pointed out that dental care practitioners do not meet teenagers as persons: *"They commend us rather than cared about us".* They also pointed out that the situation is quite the same everywhere: *"It feels that we are always in the way of someone".* The lesson learned at this stage was that perhaps this customer group is lacking authentic encounters with the dental practitioners, and perhaps it would be interesting to discuss the customers' fears with the practitioners themselves.

After this workship the artist and the researcher combined dramatic techniques as a reflective practice to the next workshop. So, in next workshop the researcher, the artist and the pupils of one school class created a dramatised roleplay character called Netta, a shy and quite ordinary school girl of 14 years of age.

Figure 2. Imaginary teenage customer character , Netta

After the creation of the imaginary character Netta (and, later on, Netta was also a character in a theatre scene) it was used as a stimulus for reflective dialogue in drama-oriented workshops for pupils in other school classes. During the drama-oriented workshops, the researcher and the artist explored, together with the teenagers, Netta´s feelings, thoughts, dreams and fears regarding the dental care process. Through this inquiry, the researcher could analyzed one of the key elements of the perplexing situation. One of the key elements was related to how practitioners act with their customers, and this element was named as encountering. The following table summarizes the perplexing situation of encountering (generative questions) from the perspective of a teenage customer.

Table 2. Generative questions of the perplexing situation

1)What is non-encountering? What does non-encountering affect? How do I control my own attitudes?
2)How do I meet the young person? What kind of a patient is hard to meet? What facilitates this process? Where will I meet the patient?
3)What is a good encounter?

How will encountering the young person and getting to know him/her proceed?
Where have I been treated well? What do I remember of it?
What in my own good experiences can I utilise when treating an adolescent?
How is treating a young person different from interacting with other customers?

4)What are the "good practices" in encountering"?

3.2.2 Stage one "They don′t pay attention to our advice"

We did not forget the employees' voice, either; when collecting and devising the customers' voice and experience we simultaneously organized a storytelling session with the employees (Fig.4). The storytelling, Work Story, led the employees to issues that should be reformed and improved. The stories were told in three stages. We used theatrical pictures to assist in the storytelling. Firstly, individual stories were told in writing (4 pictures and one "free" story, 30 minutes in total), secondly, a verbal story was compiled together in groups (seven theatrical pictures were to be reorganized and interpreted to describe a problematic episode that ends in a situation in which the client is dissatisfied; 45 minutes in total) and, thirdly, each group presented its story to the others (45 minutes). This was followed by a discussion facilitated by the researchers (15 – 30 minutes). Figure below is from the Work Story session and contains quotations about teenage customers.

- it is difficult because they don't pay attention to our advice
- they just drink coca cola like they didn't understand how bad it is for their teeth
- he is a "filthy mouth"
- s/he doesn't talk much
- s/he is rude
- s/he is so afraid of the operation

Figure 3. Work Story session

The practitioners' stories and discussions showed an objective relationship to the young customer. The medicinal activities are emphasised in the work: the object of the work are the teeth, not producing a service. The teenager was either a "good customer" who took good care of his or her teeth, or a "filthy mouth" who needed a great deal of dental care services. The practitioners also reflected upon their own role, concluding that inner conflicts and rush created situations in which there is not always time to serve the young customer in a comprehensive way.

When analysing the employees' stories we concluded that one essential element of a perplexing situation is how the practitioner's attitude affects how the customer experiences the treatment and the quality thereof. At this point the fact that one common emotion from the customer's part is fear became relevant. Fear, in turn, is transformed into different kinds of reactions. The practitioner cannot affect the customer's emotions, but with his or her attitude s/he can make the customer feel either better or worse. The practitioner's reaction is also based on emotions and attitudes. The researcher and the artist analysed the following generative questions related to recognising and examining one's own attitude that emerged from the practitioners' discussion:

Table 3. Generative questions of Work Stories

What kind of an attitude do I as an employee have towards the teenager?	How does my attitude manifest as words, facial expressions and actions?
What does dialogicality mean as an attitude in health care work?	How does dialogicality manifest itself in my own care work?
What would teenager-driven dental care be like?	What is it as words and actions?

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3.3 Stage two - Plotting the voices for perplexing situation

We summed up the following themes out of the Work Stories that we wished to make visible in the perplexing situation using theatrical methods: Recognising one's own attitude and one's own actions (the effect of gestures, facial expressions, touch, gaze, words, tone of voice in the treatment situation), concretising dialogicality with a fearful customer, and finding a new teenager-driven operational method. Before staging the action in front of the employees we had to confirm the validity of our theatrical scenes with the original informants - we had our first staging at the school and presented the scene back to the teenagers. We asked their opinion of the scene, reflecting and making sure that it was their voice and that the theatre scenes were telling their story and their experiences.

3.3.1 Researcher and artist sketching a perplexing situation

The interesting methodological, as well as ontological, question was how the rich and thick narrative data could be transformed into theatre. The following quotation is from the researcher´s field diary, and through it we try to illustrate how the researcher and the artist transformed the stories into theatrical actions.

I am sketching a scene (= the scene simulates a perplexing situation) in which we can make visible fears related to dental care operations from the points of view of both the teenage customer and the practitioner. This idea came to me in a workshop with 9th graders, in which the largest boys in the class illustrated an appointment with a dentist. In the picture the dentist is depicted as an Alien-type monster and the teenager is lying on the table. The first thing that came to my mind of the Alien doctor was my own fear of dentists. I coud recognise something in the picture, so I thought that it is more generally dramaturgically interesting at well. After the workshop the boys did not give me the picture that they had drawn together, but one of the boys kept it for himself. Afterwards I wondered why they did not want to give it. Why was it so significant or insignificant that they could not give it?

At the end of the workshop each group told their story. The boy group that had drawn the Alien doctor did not present their own story, but a lively and talkative boy from a different group presented both the story of his own group and that of the first boy group. In the joint debriefing session I commented approximately as follows: *"I interpret this image as one dealing with fear by taking it to an abstract and conceptual level."* I was wondering whether this comment that I made affected the boys' actions? I meant to be respectful and to find some "sensible" view that could be perceived with adult sense from the story that they had constructed. In this I may well have made a mistake and ruined the story that the boys have perhaps told as a good laugh.

I sketched a list of issues that were topmost on my mind during the workshop phase by hand on paper. I began intuitively from what had moved me personally. So I tackled the Alien figure, it is a description of an experience of an encounter and symbolises fear. I link the Alien figure with something about how the world of adults is perceived from the point of view of the teenagers' world: The meeting of the teenage customer and the dental care worker is a power relationship. When exaggerated dramaturgically, the dental care employees represent a controlling bureaucrat for the teenager, while the dental care employees perceive the teenagers as the object of their work, faceless and impersonal problems that do not follow instructions given to them correctly.

Step by step, the researcher and the artist, with the help of the rest of the development team, sketched a picture of a teenage customer and transformed it into themes for scripting. The scriptwriting was a way of analyzing the data, with the aim to transform the results into drama. We were interested in the dental care workers' actions towards a patient, and, more precisely, how the young people had experienced these encounters.

3.3.2 Interpreation of perplexing situation in theater session with imaginary customer Netta

The artist and the researcher designed (the rehearsal process with four students took several months) and directed a four-hour-long theatre session. During the theatre session the practitioners (dentists, nurses, and assistants from different work units) interpreted the

perplexing situations on stage, and through that interpretation they constructed, as well as deconstructed, new meanings.

Figure 4. The perplexing situation on stage

The following dialogue is an illustration of how the practitioners reflected the theatrical scenes. The characters in the scene were an imaginary customer Netta, a dentist and a nurse.

Artist: What happened in the scene and what was this story about?
Practitioner 1: I thought that was terribly indifferent... After all, the patient is the star in this situation in that even though we'd be chatting there or doing something else, the patient still exists all the time. It is his only visit to the dentist today so s/he is the star.
Artist: Right.
Practitioner 2: I felt that the attitude was very indifferent.
Artist: So this is at least about an indifferent attitude?
Practitioner 1: Yes ,yes.
Artist: Yes, what…
Practitioner 2: They wouldn't have noticed a thing (the practitioners are talking about the nurse and dentist on stage), even if one tooth had been left there and the person walked away.
Artist: Exactly. The dentist and the nurse only notice the tooth. What else?
Practitioner 3: Frustration, at least.
Artist: The frustration of the staff, yes..
Practitioner 4:….They are encountering and acting routinely
Artist: Routine….Here we had a comment "hopefully this is not the case here". Could this happen?

The conversation continued and the events proceeded on stage. It seemed that the practitioners' emphatic understanding increased when they interpreted the event from the percpective of the customer. The main idea in this stage two was to make visible how

teenagers felt about the dental professionals' actions during treatment (Fig. 4). The teenager's experience of the treatment was described with the help of boxing gloves. The dentist treated the patient wearing boxing gloves. The gloves symbolised the power relationship related to the experience. With the gloves it was possible to tackle a sensitive issue in a distancing way. The employees interpreted the power relationship in the encounter to be that for them, the treatment situation is routine and familiar, while for the customer it is unique and new.

The lesson learned in this phase was that we really sensed Lester and Piore´s (2004 pp.77-84) ideas about the voice of customer. As they pointed out, "the customer has no needs until they are articulated". Articulation was an interpretative conversational process among the practitioners, and between four young students (who represented the customer's perspective on stage), the researchers and the artist. The interpretation of a perplexing situation on stage allowed practitioner to temporarily enter into the customer´s world and understand the context in which their own practices took place.

At this point the practitioners discovered how the events were seen from the perspective of their customer, how they as professionals acted in a specific situation performed on stage and how they could act differently in a perplexing situation. So, the practitioners started to build a socio-emphatic relationship with their customers by renewing their encounters in artful framing. They did it by shifting their status from a professional decision- maker authority into a holistic service provider by sense-breaking. By sense-breaking we mean reflective cognition (Schön 1983; Pässilä, Oikarinen and Vince forthcoming; Stark 2009) in the sense that the practitioners investigate which tasks should be done differently, and how.

3.4 Stage Three - Action planning session

However, it was not enough just to embark on a search for an unknown breakthrough; now the practitioners found the perspective of their customers, but they must also be able to act according to their findings. So, now they had to search how to actually change their actions during a dental operation and between operations, as well as how to change their communication with teenage customers. In the action planning session the practitioners jointly investigated the ideas and development targets that had been found in the theatre session. They discussed what has to be changed and how. In this stage the practitioners decided to focus on three change actions: 1) How to encounter a teenage customer, 2) How to communicate with a teenage customer, and 3) How to design a specific service process for teenage customers. After this decision the practitioners started to develop these issues together with the help of the researcher and the artist.

The lesson learned from this stage was that common planning helped the practitioners to act according to their findings. It resonates with the idea present in literature (Lave & Wenger 1991, Brown & Duguid 1991, Wenger et al. 2002, Gherardi 2006) that learning is not only about possessing knowledge, but about knowing as action as well. At this

point we tried to find a balance between stage analytical and interpreative approaches. We realized that both are needed to sustain the creative output of dental health care. We also noticed that that these two approaches are radically different processes and require different managerial approaches.

4   DISCUSSION

Bringing together the professionals' and the customers' representations of practices was important in order for the professionals to observe what took place during an operation and how the customers felt about and reacted to the professional's actions and communication in the treatment situation. We propose that narrative elements could function as a path for managing an interpretative innovation process. (See figure below)
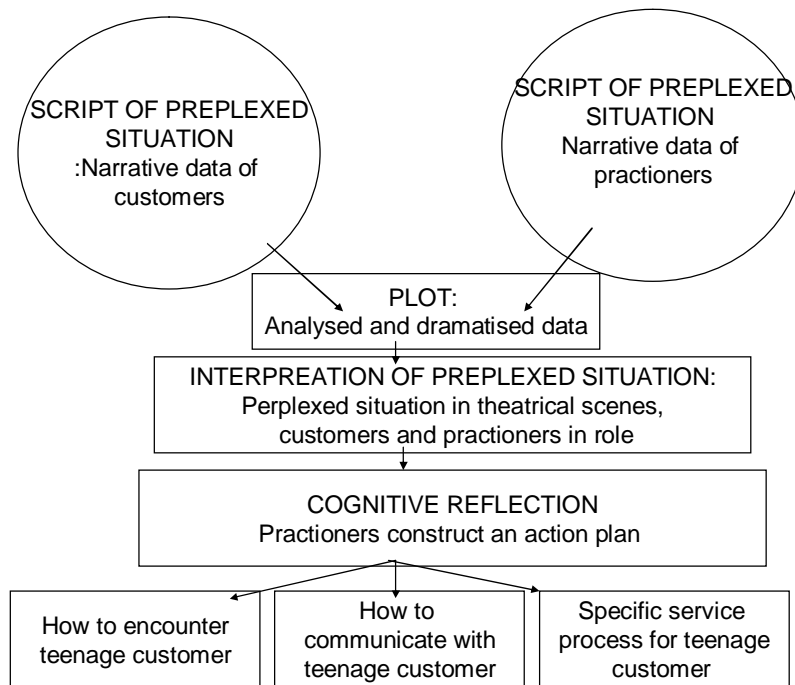
```
  ┌─────────────────┐                      ┌─────────────────┐
  │ SCRIPT OF        │                     │ SCRIPT OF        │
  │ PREPLEXED        │                     │ PREPLEXED        │
  │ SITUATION        │                     │ SITUATION        │
  │ :Narrative data  │                     │ Narrative data   │
  │ of customers     │                     │ of practioners   │
  └─────────────────┘                      └─────────────────┘

                  ┌──────────────────────────────────┐
                  │ PLOT:                             │
                  │ Analysed and dramatised data      │
                  └──────────────────────────────────┘
             ┌──────────────────────────────────────────┐
             │ INTERPREATION OF PREPLEXED SITUATION:     │
             │ Perplexed situation in theatrical scenes, │
             │ customers and practioners in role         │
             └──────────────────────────────────────────┘
             ┌──────────────────────────────────────────┐
             │ COGNITIVE REFLECTION                      │
             │ Practioners construct an action plan      │
             └──────────────────────────────────────────┘
   ┌──────────────┐   ┌──────────────┐   ┌──────────────┐
   │ How to       │   │ How to       │   │ Specific     │
   │ encounter    │   │ communicate  │   │ service      │
   │ teenage      │   │ with teenage │   │ process for  │
   │ customer     │   │ customer     │   │ teenage      │
   │              │   │              │   │ customer     │
   └──────────────┘   └──────────────┘   └──────────────┘
```

Figure 5. Collective voicing: narrative elements as a path for managing an interpretative innovation process

The logic of the practice is revealed through presented narratives in a perplexing situation and it guides the practitioners to make sense of their own actions, and generate ideas regarding how the practices could be changed. Sense-breaking and sense-making are essential for bringing the practitioners closer to customers even it increases dissonance and diversity. Instead of avoiding dissonance and diversity, practitioners can embrace perplexing situations.

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Artful framing was first used as a reflective tool (Schön 1983) for structuring the interactions, interrelationships and habits of the customers and practitioners in the workplace and work community, and, subsequently, it was also an inquiry method for research as well. During several interactions, customers and practitioners participated in the process divided into separate groups in order to accumulate different pieces of information and structure those into a meaningful pattern that could be put to practical use. Through polyphonic inquiry (written, told, drawn and performed narratives), the practitioners, customers, researchers and the artist made a description of the perplexing situation, and actions and emotions related to it, while also trying to illuminate why those things happened. In the end of the process the practitioners also started to change their practices.

Together, the practitioners interpreted the theatrical scene that describes the medical encounter from the teenage customer's point of view. While doing so, they opened up the actions related to their respective practices. The practitioners examined their own practice together: "What is the dentist/nurse doing in the scene", "what is the dentist/nurse thinking", "why does s/he do things that way", "what is the customer thinking when the dentist/nurse does that", "what does the customer feel in that situation". When jointly interpreting the situation from the customer's point of view the practitioners learned from one another. They produce various voices, identifying both their own professional voice and the voice of the customer. The practitioners renew their own practices while interpreting the scene: "The dentist/nurse did not listen to Netta's question now", "the dentist/nurse should have discussed the matter with Netta first", "the dentist/nurse is so busy", "the dentist/nurse could do the things that must be done on the computer before Netta enters the treatment room", "the dentist/nurse could first say exactly what happens in the treatment". In this kind of a learning event the practitioners will be sensitised, as it were, to the customer's needs, hopes and ideas. The practitioners experienced their own practice as a lived phenomena (via the perplexing situation) from various points of view and they saw their customers in a novel way. *"Oh, I didn´t realise how such small things could affect a teenage customer´s feelings of how an operation is going"*.

Collective voicing is a specific type of activity used in this action research study, where the customer is understood as a holistic individual in the centre of the development, and s/he is involved in the practice. In this sense, the customer is a living, feeling and remembering subject and an actor, rather than an object of public health care operation. We point out that more focus must be placed on discovering ideas and needs – and not simply those that are explicitly stated in opinion or market research, but, rather, those latent and future needs that can emerge through interpretative processes of collective voicing. Therefore we suggest that collective voicing as a element of interpretative management bridges the professional point of view and the customers' perceptions and perspectives. Collective voicing is part of a holistic approach to encounter the customers' point of view and generate health care services in a novel way. This also calls for a fundamentally different management style. The paradigm change means shifting from

control-oriented innovation management to interaction and interpretation (Lester and Priore 2004, Newell et al. 2002) in which knowledge, learning, and innovation develop simultaneously within a course of action (Gherardi 2006). The managers' role is to set up places for informal and formal conversations, and encourage various viewpoints and ambiguity to emerge (Lester and Piore 2004). Behind this approach is an idea that novel knowing is essentially situated in the social processes of practices (Lave & Wenger 1991, Brown & Duguid 1991, Wenger et al. 2002, Elkjaer 2004, Gherardi 2006).

However, we found out that involving the customers in the development of the practice requires the empowerment of the customer in the entire process. The main criticism voiced by the teenagers was doubt that their participation would affect anything, which the boldest of them put to words as follows: *"It won't affect [it] anyway"*. Others expressed confusion: *"Are they really asking for our opinion"*.

5 CONCLUSION

We have documented an interpretative approach to innovation processes in health care service organization in this paper. Changing practises through joint discovery with customers is a social and polyphonic learning process. We pose the question whether it is possible for practitioners to learn through and with their customers' experiences, and how can practices be changed on the basis of what is learned from the customers' experiences in a Finnish public health care organization during 2008–2010. Based on this one case, learning via perplexing situations is more than possible; in fact, it is vital for the renewal of thinking. Collective voicing in a context of a perplexing situation is a dialogue, even if there is a sense of dissonance. It is not about listening or responding to customers' hopes and wishes, but a collective discovery of lived experiences. The discovery is based on an action of polyphonic inquiry (focused on past and present) extended into an innovative inquiry (focused on present and future), and it depends on the customer's meaning-making in the context in which the practice takes place. As an conclusion we propose that narrative elements could function as a path for managing an interpretative innovation process. (See figure 5)

However, we do realize the problem of how to combine and implement the two fundamentally different processes, analytical and interpretative, into the everyday innovation management practices of the organisation. We also understand the importance of the structures that allow collective voicing to be organized. This will be on of the challenge in our next action research process.

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