SFL AND ORGANIZATIONAL ANALYSIS: THE NINTH METAPHOR

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ABSTRACT: *In this paper I shall demonstrate how a linguistic theory such as SFL is developing as part of the study of business communication at the University of Southern Denmark. I shall argue the case for SFL being useful for organizational analysis. I analyse an organization from three different angles, all of which can contribute a significant characteristic to the description and understanding of the life of the organization: (i) Image, which designates the way an organization would like to be perceived, (ii) Identity, which designates the way an organization is in reality, (iii) Reputation, which designates the way in which the world outside receives the organization. If an organization is to be perceived as being credible, there must be concord between image, identity and reputation, which is why the second part of the analysis consists of a comparison of the three subsidiary analyses with a view to assessing the organization's credibility in relation to its associates. I give in my paper first of all an example of using the ninth metaphor.*

KEY-WORDS: *SFL, organization, metaphor, image, identity, reputation, credibility.*

1. Introduction

In recent years, the humanities in general and linguistics in particular have gained increasing influence in the field of business communication. Business communication has traditionally been seen as a discipline within the social sciences. In this paper I shall demonstrate how a linguistic theory such as SFL is developing as part of the study of business communication at the University of Southern Denmark. I shall argue the case for SFL being useful for organizational analysis.

One of the most interesting approaches to organizational analysis can be seen in Gareth Morgan's metaphorical analysis (Morgan 1997: Images of Organization), where every individual metaphor constitutes a lens, which according to Morgan can contribute something new to the total description of the organization. In his description through metaphor, Morgan draws on a variety of scientific disciplines, including biology, sociology, political science and psychology, but not on linguistics.

Morgan present eight metaphors himself: (i) the machine metaphor, based on classic organizational theory and sociology, (ii) the organism metaphor based on modernistic organizational theory and biology, (iii) the brain metaphor based on holograph theory and the theory of the learning organization, (iv) the culture metaphor based on culture theory, (v) the political metaphor based on political theories, (vi) the metaphor of the psychological prison based on psychoanalysis and other psychological theories, (vii) the metaphor of flux and transformation based on, among other things, on autopoiesis theory, on chaos and complexity theory, on the theory of cybernetics and that of dialectics and, finally, (viii) the dominance metaphor, which draws on Marxist theory, among others.

In what is otherwise a broadly conceived work, which draws on a variety of sciences, Morgan has however no eye for what language theory might contribute to the analysis of organization. Using Morgan's framework, I have in collaboration with my colleague Thomas Hestbæk Andersen added and described a ninth metaphor: *Organizations as language* where we use SFL to analyse organizations credibility.

Using this metaphor we analyse an organization from three different angles, all of which can contribute a significant characteristic to the description and understanding of the life of the organization:

(i) Image, which designates the way an organization would like to be perceived, finds its expression typically in the organization's mission statement, strategy plans, annual reports, advertising material etc, and an organization's image can, therefore, be analysed by analysing this type of material.

(ii) Identity, which designates the way an organization is in reality, can be studied by, for instance, analysing interviews with members of the organization, internal memos in the organization, conversations between members of the organization as well as internal written papers such as internal staff magazines, internal emails, memos and notes.

(iii) Reputation, which designates the way in which the world outside receives the organization, can be studied by, for instance, analysing the media's discussion of the organization or interviews with various external associates.

If an organization is to be perceived as being credible, there must be concord between image, identity and reputation, which is why the second part of the analysis consists of a comparison of the three subsidiary analyses with a view to assessing the organization's credibility in relation to its associates. If identity, image and reputation do not accord, the organization has a credibility problem, and it will be necessary to work with the development of the ninth metaphor with a view to creating concord.

I will in this paper give an example of using the ninth metaphor.

2. Case Odense University Hospital

As an example of an analysis of credibility - a full analysis of the organization with regard to image, identity and reputation, I have chosen to use the case Odense University Hospital.

First, I shall analyse the hospital's reputation from a range of newspaper articles written about Odense University Hospital. Hereafter, I shall analyse the image of the hospital from the patient strategy which the hospital management has formulated. Furthermore, the identity of the hospital shall be analysed based on interviews with members of the hospital staff. Finally, I shall compare reputation, image and identity in order to assess the credibility of the hospital.

This paper does not give way for bringing a detailed SFL analysis. Therefore, only the most essential conclusions have been included in the following, but it is especially these SFL tools that have been applied in the analyses: appraisal, ideational network and semantic structure.

3. Reputation

The reputation of the hospital has, as mentioned before, been analysed based on a range of newspaper articles about the hospital. Structure is essential in these articles. Newspaper articles are generally structured in a way that mentions the most important information first whereupon the degree of importance will decrease as the article progresses.

The most important element is the headline which is intended to capture and create attention around the specific article. Every headline of the articles about the hospital, which have been used for this purpose, is

more or less dramatic as the headlines typically focus on sensation, an accident or catastrophe, e.g.

> *Death of young mother will never be solved*
> *Your doctor talks nonsense*
> *Anni became a vegetable*
> *Waiting lists never possible to stamp out*

We have not been able to find a single positive headline. This means that the headline itself offers the reader of the newspaper article a negative view upon the Danish hospital service and that is the case, even if the reader does not read the article as a whole but only flicks through the pages or skims the headlines.

The second most important element in newspaper articles is the introductory paragraph, which the journalist uses to create attention around the rest of the article. Looking at the introductory paragraphs of the given articles, it becomes evident that the most negative elements of the entire article are brought forward in these lines, e.g.

> *Hopelessness, indifference, diapers in the corners and holes in the walls makes the ward Deaths waiting room, say powerless relatives.*

> *While the patients are waiting to get their operations, the hospital hesitates because of tight budgets. In a public hospital the patients cost money and more treatments makes it harder to make budget ends meet.*

After the introductory paragraph, the article starts with an outline of the problem after which the problem is discussed. The opening lines of the article are often negative and this emphasizes the effect of both the headline and the introductory paragraph: If the reader only reads the headline, the introductory paragraph and a few of the opening lines of the article, he will lack perspective on the story and will be left with a negative view on the Danish health sector, e.g.

> *Thousands of Danes are each year informed that the health services are not able to do more to help them. They are left waiting to die from cancer. The message is brought to them by doctors specialized in cancer, who often are aware of a treatment which can either improve the quality of life for the patient or even*

> *prolong life. But this information is not brought to attention of the patients because these of treatments are expensive and the doctors are limited by a budget. If they do not keep the budget the doctors risk being fired.*
>
> *Due to desertion in the hospital services, it may never be clarified why 23-year old Cathe Irene Holgård from Middelfart died from blood poisoning in 2004, only a month after giving birth to her first child. When the young mother died at Odense University Hospital, neither an autopsy at a medico-legal institute, nor bacteriological examinations were initiated in order to determine where the deadly infection came from.*

In the articles there are typically three characters: doctors, patients and the system.

The doctors appear as being subordinate to the big system and to external limitations like economic limitations, lack of supplementary training, lack of the right to prescribe medication, etc.

In this light, the doctors are portrayed as being a weak instance. The doctor is no longer a person of integrity who carries knowledge and power. He is, like the patient, a victim of the rules that the system puts forward and the tight economic limitations. Given this portrayal, the doctor loses his authority and thereby also the patient's respect. He is no longer a strong person that one can lean on, but an ordinary human being like everybody else. He is also no longer the person who takes care of the problems.

The patients, on the other hand, are consequently positioned as the victims. They are victims of *long waiting lists, lack of precise information, lack of compensation, traumatic cancellations, pure statistics with regard to survival*, etc. The patients become the ones who the reader will identify with.

The system, however, is the villain. It is the system that determines the *tight economic limitations*. It is the system that refuses to pay compensation when things go wrong. Although the system has its objectives, such as *shorter waiting lists and guaranteed treatment*, but because of limited economy there is no possibility to fulfil these objectives.

The power relationship, as put forward in the articles, are thus split up into three levels with the system above the doctor and with the doctor placed above the individual patient.

A few articles do not focus on persons but instead on physical surroundings, present problems, waiting lists, etc. e.g. phrases like *run-down corridors, giant holes in the walls, diapers in the corners*, etc.

The messages in the articles are often coloured by negative appraisal:

It can be single words which describes feelings:

> *Afterwards he sad down on the side of the bed and encouraged me to file for compensation, while I was almost dying, says an indignant John Jensen who was close to having three heart attacks after the operation.*
>
> *In chock, he went to The Patient Association Denmark who encounters these stories on a daily basis.*

It can be words which valuates e.g. the doctors:

> *Far too many young doctors carry out work which just as well could be carried out by people with other professions.*
>
> *Out of the 1500 phone calls which the association receives per year, the doctors lack of ability to familiarize, respect and lack of distinct information are elements of almost all complaints, says the national leader of the association Marianne Thomsen.*

It can be negative assessment:

> *When Ekstra Bladet visits the hospital ward, the oasis, the day room, appears sad and messy: Giant holes in the walls from which plaster is falling out, numerable burns from cigarettes in the tables, drops from coffee, mountains of used napkins and overflowing ashtrays.*
>
> *A number of Danish doctors express frustration over the conditions they are working under. They operate within economic limitations that are so tight that they are not able to offer the patients optimum treatment.*

> *Over the last days, Politiken has described how poor planning and inefficient use of the doctors today pose a bigger problem than the lack of doctors which has been proclaimed to be the reason why the hospitals have long waiting lists.*

As the examples illustrate, it is different things and situations which receive negative appraisal It is everything from the hospital's physical shape to lack of doctors and the waiting lists.

Overall, the articles show a distinctly negative reputation. The patient blames the doctor while the doctor blames the system. In the articles it is, however, the doctors who carry the blame, as they are the ones who do not revolt against the system. Altogether, this creates a negative picture of the hospital service and the hospital itself, thus a negative reputation.

4. Image

The negative reputation is obviously problematic for the hospital, not diminished by the ambitious vision to be "key centre for patient treatment and care, research and education in the Danish hospital service". Therefore, the hospital management has framed a multi annual development plan, *On healthy course*, which includes strategies regarding patient caretaking, development, operation and also management and co-operation. *On healthy course* is, as a booklet, distributed to all 7.000 employees at the hospital.

It is characteristic for the text that it is influenced by the unequal power balance between sender and receiver. It is evident that it is the management who dictates how the hospital staffs are supposed to behave. Thus, the tone is authoritative towards the receiver with a certain distance, like e.g. *The hospital staffs must*. The appellation *The hospital staffs*, which does not include the receiver, indicates distance and the modal verb *must* indicates the power to demand.

Furthermore, the text does not give way for feedback. This underlines the power relationship even more: The text functions as information and appeal to the staff members but it does not give way for the staff members to make their points of view heard.

The patients are our center of attention

The patient strategy

The hospital must be the patients' preferred hospital.

The present and future patient is typically well-informed when it comes to his or her disease, possible treatments and prognosis. Knowledge accumulated from sources, among these the Internet. However, this is not the case for all patients, so the Hospital staff must be ready to face the different patients with respect and try to fulfil their individual needs.
The competition among the hospitals is growing. The laws regarding free choice of hospital offers the patients, to a certain,

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extend to choose where they would like to receive their treatment. Therefore, it has become relevant to compare the different hospitals with regard to their quality and what they offer.

A well-functioning hospital offers:

- treatment on time
- high-quality care and therapy
- well qualified staff
- sufficient, precise and punctual information to the patients
- inviting physical surroundings

Important areas:

- high quality
- continuity and co-ordination between different areas and different sectors
- freedom of choice on a number of areas, e.g. choice of treatment and location
- shorter waiting lists concerning diagnosis and treatment

The Hospital will include the viewpoints and expectations of patients as well as the public in general in the planning

It is important to have mutual trust and respect between the patients and the hospital employees. Therefore, patients and citizens must influence the hospital's range of offers. This is realized, for instance, by including the patients individually or in focus groups.

By doing this, we have the possibility to get a clear idea of the patients' viewpoints and expectations towards the hospital and the staff members who are going to treat and take care of them.
The satisfaction of the patients must also, among other things, emerge clearly in frequent patient surveys.

Documentation

We, as employees at the hospital, must be able to document the quality of the work we carry out in relation to the patients. Both as an attempt to live up to the vision of the Hospital and to be able to provide the treatment and care that is founded in scientific results.

The quality of the Hospitals offers must live up to national as well as international standards

The scientific specializing is still increasing in order for the Hospital to offer treatment of very special diseases.

Unnecessary waiting time must be avoided

Satisfying patient treatment is when the different links of examination and treatment are co-coordinated in a way that avoids unnecessary waiting time. It is important that the patient experiences a supple transition regardless of whether the treatment is undertaken on a hospital or by general practitioners or specialists.

Therefore, it is the Hospital's job to integrate the co-operation with the primary sector as a natural part of examination, treatment and care.

More outpatients

Programs and standards for patient progress concerning typical diseases are increasingly worked out. This ensures a relevant succession and coherence between the different steps of both examination and treatment.
Still more treatments change from hospitalization to outpatient treatment. It will also be the case in the future.
This requires investments and changes of routines. But also challenges on the human side. The limited period of time in which the staff is in contact with a patient enrolled in an outpatient treatment must be used in the best way possible.

It is the Hospital's job to integrate the co-operation with the primary sector as a natural part of examination, treatment and care.

The Patient Association highlights that the hospital focuses on both the conditions for patients as well as doctors. However, if taking a closer look at the transmission of this image, the hospital subjects it self to a pitfall which organizations often encounters when developing visions and strategies. The organization creates a great text with impressive words but the text could in principle fit any random organization as the visions are not precise and unique.

The hospital presents a long list of visions – as many as possible – without considering the fairly limited amount of space. This causes that the visions can only be mentioned without further elaboration. As an example they write the following:

> *Important areas: high quality, continuity and co-ordination between different areas and different sectors.*

It is plausible visions that intend to communicate a positive image, but these qualities would fit any organization. Which organization would not like to have high quality? Who would not like continuity and coordination between the different sectors? And we never receive a clear answer on questions like: What is defined as high quality? How is this high quality accomplished and measured?

The hospital must have well-qualified staff members, time is going to be used in the best possible way, mutual trust and respect is important – thus very general and non-specific. No answer regarding what is defined as the best possible way, and how trust is created?

Often, the patient disappears as a direct participant in the text and this causes a distant and undynamic relationship with the patient, e.g.

> *Satisfying treatment of the patients is when the different links of examination and treatment are co-coordinated in such a way that unnecessary waiting time is avoided.*

Instead it could have been phrased in the following way:

> *We treat patients well when each single step of examination and treatment is co-ordinated in a way that avoids unnecessary waiting time.*

In the rewriting, both patient and staff have become active Agents in the text.

With its present linguistic style, the hospital seeks to establish an image where the patient is respected as a human being in spite of the fact that he/she disappears linguistically – and thereby respect disappears as well. This contributes an unreliable impression as the sender is not able to communicate its own visions through the language used. How is the sender then able to do it in reality?

It is not only the patients but also the staff who are made passive in the text. The sender thus uses the passive form of the verbs, e.g. *are increasingly <u>worked out</u>*t, *The <u>scientific specializing</u> is still increasing* and *Still more treatments are <u>changed</u>*.

Sometimes the staffs are mentioned in the 3rd person: The hospital staff, the hospital employees, and other times *We as employees* and *The patients are our centre of attention.*

This ambiguity in distance creates an unreliable impression of the text. What is it that the sender, in an unclear manner, tries to slip into the receivers mind? Why does the sender suddenly try to use *we*? In the rest of the text it is after all evident, that management is the sender of the text and that they possess the knowledge which informs/dictates the staff members using statements as their form of expression.

Taken together, the patient strategy seems to draw an ambiguous picture which shows both the image that the hospital wishes to display and also the image which is dominant through the use of language.

The hospital has many visions but they do not appear clearly by the use of empty words and concepts which could fit any organization. Simultaneously, the choice of language reveals an organization where the management dictates how the staff members are supposed to act.

5. Identity

We have analysed identity by looking at what different staff members answered on the questions:

Which values are predominant on the hospital/your department? How are these expressed in the daily routines?

This question should be seen in connection with the fact that the hospital management has expressed four overall values: trust, respect, loyalty and professionalism – and afterwards asked the different departments to formulate special values for their specific department which are related to the overall values.

Chief physician 1:
We are very different individuals. Shared values must be founded on professionalism and a clear, strong and visible management. The department wishes at the same time to appear open.

This answer is almost like talking at cross purposes as the doctor is asked to define the values of the hospital and his own department and

answers: *We are very different individuals*. This could indicate that the chief physician does not wish to state directly that in his opinion it is not possible to formulate shared values and therefore he chooses to express it through the answer that *we are very different individuals*. The patients are not mentioned in the answer.

The chief physician, taken together, expresses a very indirect and ironic attitude towards values. The statement reveals that he does not wish or want to express his opinion on this subject. Serious problems are hidden behind an ironic and indirect tone.

Chief physician 2:
Yes, there are the values which are articulated by management and then there are the actual values which are asserted. There are a number of professional norms which are expressed publicly as being the ones that we act according to. This concerns openness and development, but in my opinion we are not always able to live up to this, which again is because a lack of communication. The decisions which are agreed on does not always come out in the open. Not because they are secret – they just never gets out. Areas of responsibility are not defined clearly.

Unlike many of the respondents, this chief physician answers the questions directly. He sees a clear difference between theory and practice. The blame is directed towards a lack of communication, as an explanation of why the agreed values and norms are not followed through. We are not told who omits to communicate and to make sure that the decisions are made public. Maybe it is a case of implicit critique of the central management for making decisions without consulting the different departments and lacking insight when it comes to knowing what is going at the specific departments.

Doctor 1:
I do not know. It is said that the patient is our centre of attention but once and a while it is hard to see. For example, we just had an episode with a woman who was going to have a catheter placed before she was going to have a Caesarean. In a group, we had planned that this should wait until she was on the maternity ward where a midwife was going to place it. Simultaneously, a different group had decided that we could not make that decision. So we had another meeting about how things were supposed to be done. All of a sudden, three meetings, all of 2 hours each, were held about something which actually should have had the patient in

focus in order for her to get the best possible treatment. Instead it turned into discussions about who was deciding what.

This doctor answers the questions directly by first answering that he does not know what the values are and how they work on a daily basis. That he actually knows a lot becomes evident in the elaboration that follows. Firstly, he mentions the value that places the patient as the centre of attention but he reveals, with his somewhat distant and ironic *it is said*, that there is a clear difference between theory and the way things are done in practice. He uses the rest of the answer to give an example of an incident where the patient clearly was not in the centre. This example is organized as a small drama with heroes (the doctor's own group), villains (the other group) and the extra (the patient).

Doctor 2:
Yes, with regard to values this ward is characterized by being very research minded. People are supposed to do research and everything that concerns research is thus what is most likely to get attention.

The next doctor delivers a very selective answer to the question as he talks about the ward as valuing research first and foremost, without elaborating on the subject. A subject which is not exactly what is highlighted in e.g. *On healthy course*. Whether the doctor is aware of other values than research will also remain unanswered.

Charge nurse:
The values are not expressed as explicitly as we would like them to be. It is something about loyalty and the patient as our centre of attention. Development.

The charge nurse begins by saying that *the values are not expressed as explicitly as we would like them to be*. It is unclear who and how many the inclusive *we* consists of, just like the charge nurse has no further comments on how catastrophic the situation is concerning realization of the values.

Subsequently, she starts referring to the values and admits, via *something about*, some uncertainty about these. And she mentions *loyalty* first, which is one of the four main values, and *the patient as our centre of attention*, one of the strategies to realize the main values and after a pause she adds *development*. She has, obviously, heard a lot about

values and strategies but it has not settled in her mind as she only remembers it sporadically.

Nurse 1:
We work according to specific objectives within the field of nursing. Every ward is supposed to articulate their view upon this field. We have done that and yes, we work according to them.

This nurse does not answer the two questions directly: *Which* and *how*, and she does not even mention values but instead objectives which could indicate that she is not aware of the difference between the two. The nurse expresses no reservations when it comes to obeying management's demands and her need to stress the obedience, is underlined further by the little *yes*. It is, thus, important to note that she does not wish or can concretize what the objectives are about.

Nurse 2:
We are different and I see that as strength. In addition to that, we have some objectives which we revise each second year. We revise them together and within these, our common view of human nature is incorporated.

Values and patients are not even mentioned in the answer. She states how objectives are revised and what they include. This short form of expression shows, that she obviously sees the *common view of human nature* as a fairly uncomplicated and trivial process, but that the objectives, evidently, are not more committing than they can be changed mechanically each second year. This may possibly reveal a very rational view upon the way things are done best and/or that it is a task that has been instructed and which she sees as irrelevant.

Nurse 3:
The last time on the ward has been very demanding because of a lack of personnel. But it has not always been like that, and it is a nice place to function in. It is a place with opportunities to develop personally. The management sets the scene for a forum where one can express ones wishes and they try to live up to these. I like this dynamic. It is openness and possibilities for each individual. It is a clear fact on this hospital that there is too little room for all of the things we wish to do. Physically, it can be bad in many situations. Psychologically, it is just fine.

This also indirect answer to the questions, takes its departure in problems which the respondent experiences at the present moment, and the last period of time is described as *very demanding*, while the hospital is evaluated in a positive way as *a nice place to function in*, *a place with opportunities to develop personally* and a place with *openness and possibilities for each individual*.

Management is also characterized in a positive way as giving room for a forum *where one can express ones wishes*. The problems, according to the respondent, is limited to the physical surroundings with *too little room for all of the things we wish to do* – without any further explanation from the nurse explaining who is a part of the inclusive *we* and what is meant by *all of the things we wish to do*.

It is characteristic for this statement that the actual Agent is the management. It is the management who *sets the scene* and it is the management, who is able to act while the nurse evidently thinks that the responsibility of the general staff is limited. She does not at any time use *I* or *we* as Agent. It is, in this statement, furthermore important to note that the nurse solely focuses on some conditions and possibilities regarding the personnel while the patients are not mentioned at all.

Midwife:
I do not wish to express myself about the hospital but on this ward my colleagues are of great value. Besides from that, I can mention solidarity and, well, the work itself.

She answers the first question by refusing to talk about the hospital in general, which can be interpreted as if she does not know any of the hospital values in general or that she does not have anything positive to say about the general values.

She moves on by not saying anything about the values of the ward, but instead by talking about what subjective values she sees during the course of her work. Here, she mentions three values: her colleagues, solidarity and the work itself, which means that it is in the close social relations and the close co-operation that she recognizes the values. She does not comment on the second question about how the values work in practice.

Taken together, it becomes evident that the staff members, regardless of profession, find it hard to answer the asked questions about values.

First of all, the analysis shows the communicative problem that the management has not been able to communicate the values clearly and convincingly to the hospital employees. But behind this there may be another and more serious problem: that the management, far too isolated from the everyday of the rest of the hospital staff, has tried to formulate some very general values in a process which the staff members have not been included on. This is why it can be a challenge to implement the values. Management and the staff members seem to think in opposite directions.

6. Credibility

To sum up the analyses of reputation, image and identity, we are able to evaluate on the credibility of the hospital.

The analyzed newspaper articles have demonstrated that the reputation of the hospital is primarily negative. The hospital and the hospital service in general, appear once as an inhuman colossus, once as an institution with unprofessional and clumsy employees – both on staff level and management level. With a reputation like this, it is obvious that the hospital management tries to get back *On healthy course*.

Through the Patient Strategy, the hospital management wishes to create respect around its employees and in the world surrounding the hospital – both patients and relatives. The desired image is an image where the quality of the treatments offered cannot be questioned, where the patient is the centre of attention, where individual needs are fulfilled and where solid coordination between the different departments is realized. This image, however, appears shallow and unreliable when taking identity into consideration.

The intentions regarding treatments of high quality are drowned in pressure, a stressed everyday and a slight reluctance when it comes to taking responsibility. This is also the case with the idea of making the patient the centre of attention – one of the hospital's nurses even express that *we are too busy to take care of the individual patients*. This leads to standardizations where personal conversation is given lower priority and where it thus is hard to live up to the needs of the individual.

Intentions of solid coordination between the different departments do not work in practice – in many instances it is hard even to detect coordination between the different professions within the specific wards.

The reputation and the identity thus suit each other but neither of these suits the desired image. While the reputation is negative, the identity analysis unquestionably reveals problems at the hospital and while the desired image (of this very reason) has a hollow ring there is good reason to initiate an organizational process of development at the hospital.

Seen according to the linguistic metaphor, it is evident that the hospital stands before the task of establishing a balance between reputation, image and identity - and through this a greater extend of credibility.

Among other things, it is clear that the hospital management will have to give up the belief that it is enough to create an image brochure full of impressive words, which have no roots in the identity.

This interferes with both the internal and the external credibility. The changes must start from within, by the means of which the identity slowly will change and thereby will be able to be transmitted through image which again will influence the reputation which the hospital has in e.g. the media and thus over time, create credibility.

7. The linguistic analysis as a part of the overall organizational analysis

Now, through this paper I have showed what language reveals about the organization. Language is, however, only a part of the overall organizational analysis. The linguistic metaphor is not just something in itself – it contributes, to a large extend, to making the collected metaphorical analysis and the collected metaphorical potential of development stronger.

The analysis of the hospital, based on the linguistic metaphor, thus showed crucial problems in connection with some of the other metaphors.

E.g. did the analysis show examples of bureaucratic structures and fixed hierarchies which show that the machine metaphor has an inappropriate domination.

We saw that the hospital to a large extend tries to keep a closed attitude around itself, for example in the relationship to the media which is seen as a defined opponent. Here, the hospital could have benefited from a stronger organism metaphor where the hospital tries harder to create openness and harmony when it comes to the relationship towards its external surroundings.

We saw examples of a lack of learning which indicates a need for a stronger brain metaphor.

Furthermore, we experienced examples of conflicts which could speak for a clarification of the separation of power seen in the light of the political metaphor. The stated discrepancy between image and identity, including some staff members' negative and indifferent attitude towards the stated values, might indicate that the hospital management should consider including the staff members more in the articulation of the values. This would, again, influence the separation of power within the political metaphor.

A revised statement of values, in agreement with the personnel, would thus further influence the culture metaphor.

Bringing the organization more credibility, the process of developing the organization on the basis of the 9th metaphor, will thus to a great extend influence and develop more of the remaining metaphors.

Simultaneously, a new analysis of credibility of image, identity and reputation founded in the 9th metaphor will later on be able to confirm or deny whether the credibility has been increased in reality.

8. Language reveals every organization

Of course it is not only Odense University Hospital that is being revealed through its language use. Language reveals every organization. And what is worse, the organization itself is often not aware of the things which are revealed through their language use. Lack of knowledge hereof can quickly result in a lack of credibility.

As an effect of this, we experience in Denmark too, that an increasing number of organizations hire communication staff with linguistic proficiency. They undertake, among other tasks, to analyze what the

media write about the organization. The results of these analyzes, are used by managements as basis for decision making when it comes to ensuring coherence between image, identity and reputation, in order to ensure credibility.

Knowledge of language and especially a linguistic theory like SFL, founded in context and directed towards application, can to a high extend be used to bring us an increased insight into life in organizations and on the basis of this establish a solid ground for development.

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