Continuously responding to paradox with third spaces: a process study on change in a nursing unit

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Abstract (150): This paper explores how organizations can continuously cope with paradox. A case study on organizational change of a nursing unit shows that establishing third spaces supports organizational members in addressing emerging contradictory issues. Third spaces are social interactions, in which actors can enunciate, reflect and envision responses to contradictory issues. First, the study demonstrates that the third spaces form an ecology of spaces so that organizational actors become involved in addressing their contradictory issues. Second, I show how third spaces emerge and become maintained over time and that they form a duality with contradictory issues. These two insights explain how an organization can continuously cope with paradox. Furthermore, the paper contributes to explaining the shift from defensive to active responses and associated vicious and virtuous cycles. Lastly, third spaces offer a starting point to relate cognitive approaches with social interaction, thus bringing together these two perspectives within the paradox lens.

Keywords: paradox, third spaces, healthcare

Introduction: Responding to organizational paradoxes

Organizations are rife with paradox. The paradox lens emphasizes organizations' incoherence (Quinn & Cameron, 1988), interdependence (Ford & Backoff, 1988), plurality (Lewis & Kelemen, 2002), and dynamics (Jarzabkowski et al, 2013; Smith & Lewis, 2011). Scholars have explored a diverse range of paradoxes, specific responses and their impact on organizations (Lewis, 2000; Lewis & Smith, 2014; Putnam et al, 2016; Schad et al, 2016; Smith & Lewis, 2011). However, less attention has been paid to how organizations can respond to paradox continuously (Raisch et al, 2018). As paradoxes persist, contradictory instances keep emerging and require ongoing responding (Cunha & Putnam, 2017: 100; Smith & Lewis, 2011). How, then, can organizations continuously respond to paradox?

I approach this question by focusing on the role of social interactions. Actors without or with a paradoxical mindset (Miron-Spektor et al, 2017) need to engage others (Smith, 2014) in meetings and conversations. Such social interactions are essential for coping with paradox (Derksen et al, 2019; Huq et al, 2017; Jarzabkowski & Lê, 2017), for interpreting instances (Knight & Paroutis, 2017), for sensemaking (Jay, 2013), for learning paradoxical thinking (Luescher & Lewis, 2008), or for exchanging opposing views (Westenholz, 1993). However, social interactions have hardly entered theoretical models, despite empirical evidence (e.g. Jarzabkowski et al, 2013; Knight & Paroutis, 2017; Smith, 2014). Without social interactions, such models are limited in explaining how organizations respond to paradox continuously.

To address this niche, I use what paradox literature (Putnam et al, 2016) calls third spaces (Janssens & Steyaert, 1999). A third space "is a liminal and performative site of disruption and invention, and enunciation" (Putnam et al, 2016: 65). Third spaces are sites of dialogue (Jarzabkowski et al, 2013) and reflection (Bucher & Langley, 2016; Jay, 2013). They enable participants to engage with issues concerning them (Jarzabkowski & Lê, 2017). The literature

on third spaces provides insights into their inner workings (Barge et al, 2008; Bucher & Langley, 2016; Derksen et al, 2019; Huq et al, 2017), but little is known about how third spaces come about. Better understanding their emergence helps to explain how organizations can continuously cope with paradox. I therefore ask: How do third spaces emerge and become maintained?

I analyze a nursing unit where a change initiative surfaced the paradox of professional work (Huq et al, 2017). Numerous instances emerged from daily organizing that actors associated with contradictory issues, they called caring, leading and collaborating. These issues triggered third spaces. The third spaces emerged and maintained through four moves: forming the issue, initializing social interaction, addressing the issue und embedding third spaces. These moves, the third spaces and the contradictory issues form the proposed model. It shows how an organization can continuously cope with paradox. It also helps to explain the shift from defensive to active responses to paradox. Furthermore, third spaces illumine the relation between individual capacities and the interactions in which actors find themselves (Putnam, 1986). My study heeds calls to explore sites for dialogue (Jarzabkowski et al, 2013) and reflection (Jay, 2013). These sites are third spaces and form an “ecology of spaces” (Bucher & Langley, 2016: 19; Putnam et al, 2014: 433). Conceptualizing the emergence of permanent third spaces, I also advance knowledge about existing (Derksen et al, 2019; Huq et al, 2017) or temporary third spaces (Barge et al, 2008; Jay, 2013; Luescher & Lewis, 2008).

The next section discusses the need to examine third spaces and is followed by the methods section. The results section summarizes the analysis of paradox, the identified third spaces, and their emergence and maintainance. I theorize these insights in a model of responding to paradox with third spaces before discussing the contributions and the limitations and further research.

Paradox research on responses and third spaces

Paradoxes are “contradictory yet interrelated elements that exist simultaneously and persist over time” (Smith & Lewis, 2011: 382). Scholars have identified a diverse range of different types and levels of paradoxes (Lewis, 2000; Poole & van de Ven, 1989; Putnam et al, 2016; Schad et al, 2016; Smith & Lewis, 2011). They share the assumption that paradoxes persist. Their persistence means that paradoxes demand continuous coping (Raisch et al, 2018) also because contradictory issues are embedded in and part of organizing (Cunha & Putnam, 2017).

The literature has discussed responses in depth. These are decisions, actions, communications, or patterns thereof that address one (Andriopoulos & Lewis, 2009; Jay, 2013; Smith, 2014) or several (Jarzabkowski et al, 2013; Sheep et al, 2017) paradox(es). Scholars have associated different types of responses with the occurrence of vicious or virtuous cycles (Clegg et al, 2002; Jarzabkowski et al, 2013; Smith & Lewis, 2011), that is, whether organizations risk paralysis (Lewis, 2000) or tap the creative potential of paradox (Ford & Backoff, 1988; Raisch et al, 2018).

Defensive responses (e.g., avoidance, projection, or repression) tend to be either-or ones that include separating these poles, as in temporal or spatial splitting (Poole & van de Ven, 1989). Such responses may temporally relieve tensions (Putnam et al, 2016) or shift them to the sites where the poles meet (Lewis, 2000). Defensive responses are often associated with vicious cycles. Active responses (e.g., confrontation, acceptance, or transcendence) are both-and ones that can enable virtuous cycles. These responses aim for a synergistic relationship that holds both poles intact (Clegg et al, 2002), by oscillating between the poles, by integrating the poles, or by balancing them through temporal, yet sometimes unstable compromise (Putnam et al, 2016: 62).

However, insight into responses is limited with regard to explaining how organizations continuously respond to paradox. Jarzabkowski and colleagues (2013) found that responses need to be embedded in organizational structures, routines, and processes to persist. Their

model does not explain, how the organization came up with responses repeatedly. Nor does the model explain how the reported shift from defensive to active responses occurred during their study of a corporate restructuring initiative. Their data, however, indicates that repeated interactions between senior and middle managers fostered this shift (Jarzabkowski et al, 2013: 263). The authors acknowledge this limitation (ibid., 269) and highlight the importance of studying social interactions (ibid. 267).

This mismatch between the data and the resulting models also occurs in other studies. For example, Knight and Paroutis (2017) repeatedly reported social interactions in their data. This empirical evidence, however, did not enter their explanatory model even though the practices to help subordinates appreciate paradox by providing new interpretive contexts, occurred in a series of meetings and conversations. Likewise, Andriopolous and Lewis (2009: 709) suggested future research on cognition and sensemaking to better understand the individual or collective origins of the identified practices, in order to address the paradox of exploitation and exploration. Smith (2014: 1618) called for exploring how to involve employees to undergird a leader's responses to paradox. Luescher & Lewis (2008: 236f) wondered if the responses in their study persisted. Jay (2013: 156) asked how a continuous attention on paradox could emerge and maintain. Thus, it is timely to integrate social interactions into our theoretical models, in order to explain how organizations can continuously cope with paradox.

Third spaces and paradox literature

Paradox literature calls those social interactions “third spaces” in which actors may enunciate, understand, and envision responses (Janssens & Steyaert, 1999; Putnam et al, 2016). The adjective “third” implies that these spaces are distinct from the direct experience of the opposite paradox poles; rather, third spaces are part of the organizing from which such experience emerges. Third spaces are reflective spaces (Bucher & Langley, 2016) in which actors can contribute their thoughts to help collectively and continuously cope with paradox. Third spaces,

then, are “a way of steering complex organizing processes by introducing a ‘third’ element which creates space for developing both realities” (Steyaert & Janssen, 1999: 122).

Janssen & Steyaert (1999) examined different kinds of third spaces. Paradox studies involve one or a mixture of these kinds, albeit often implicitly. One kind is that of a concept. A concept frames the paradox in a new way, thus highlighting tension and complementarity, as in transcendence. It denotes ideas that frame opposing poles as integral to a greater whole (Abdallah et al, 2011). For example, process maps have helped to create a shared understanding among organizational members of work routines (Bucher & Langley, 2016). Such maps provide subordinates with a different interpretive context to understand paradox in a both-and-way (Knight & Paroutis, 2017). A second kind of third space is an interactive practice (Putnam et al, 2016), like humor (Jarzabkowski & Lê, 2017), serious play (Beech et al, 2004), or multi-stakeholder dialogue (Barge et al., 2008). Often such practices and concepts rely on a third party. For example, researchers (Jay, 2013; Luescher & Lewis, 2008), external (Bucher & Langley, 2016) or internal consultants (Pradies et al, 2020) supported organizational actors to understand and cope with paradox. As a fourth kind of third space, social interactions provide a “relational context” to address paradox (Janssens & Steyaert, 1999: 135). Examples include paradoxical inquiry (Luescher & Lewis, 2008), reflective and experimental spaces (Bucher & Langley, 2016), team interactions enabling reflection (Derksen et al, 2019), or recurrent interprofessional meetings (Huq et al, 2017).

Social interaction contains the other three kinds of third spaces. Hence, what follows focuses on social interactions in order to better understanding how organizations can continuously cope with paradox. To date, studies on permanent third spaces have not explored their emergence and maintainance (Derksen et al, 2019; Huq et al, 2017). While certain coping practices (e.g., humor) preexist, it is difficult to develop them deliberately. Third parties often do not stay in the organization permanently, which might then also apply to the concept used or the social

setting they provided. For example, Luescher and Lewis (2008: 236f) wondered whether paradoxical inquiry continued after they had left the organization. Likewise, Jay (2013: 156) reflected on his own role and asked whether the team he had studied carried on coping with paradox after his departure and whether they could have done so by themselves.

In light of these considerations, my research question is: How do third spaces emerge and become maintained? Focusing on third spaces aims to explain how organizations can continuously respond to paradox. My investigation does not elaborate on the dynamics within third spaces (see Huq et al, 2017; Jarzabkowski & Lê, 2017; Luescher & Lewis, 2008). Instead, I aim to explain how third spaces emerge and are maintained. In addition, my study extends to several spaces, which form an “ecology of spaces” (Bucher & Langley, 2016: 19).

Method: Process research on a single case

Research setting

The research setting is a longitudinal case study. I observed a nursing department that underwent change following the merger of two hospitals. To cut costs, the public owner announced its plans to merge a small local hospital (Loho) with a larger central hospital (Ceho) between 2002 and 2007. The nursing unit of LoHo was central to the overall initiative because nursing was bound up with various parts of the hospital’s operations. The initiative involved adapting caring procedures, nursing unit management, and cooperation between Loho’s wards and other hospital departments. Figure 1 shows the structure of the nursing department and the main actors (pseudonyms) involved during the field phase:

Insert about here:

Figure 1: Organizational chart, actors (pseudonyms)

This setting proved very insightful for my research. First, prolonged and open access enabled me to closely follow the change initiative in real time (Langley, 1999). My interest in third

spaces evolved from this close and prolonged field access. Second, change initiatives are known to surface contradictions (Smith & Lewis, 2011) and paradox (Jarzabkowski et al, 2013). Third, pluralistic (Denis et al, 2001) or hybrid organizations (Jay, 2013), such as hospitals, are paradoxical. In this case, the paradox of professional work suitably framed the observed contradictory issues. This organizing paradox emphasizes part-whole tensions and plurality (Smith & Lewis, 2011) that points to different professions or disciplines (Denis et al, 2001), like nursing, medicine and administration. They form subsystems that mark out different areas of expertise (Ford & Backoff, 1988). These subsystems (e.g., clinics or units) operate independently and express different understandings and interests (Abbott, 1988; Glouberman & Mintzberg, 2001). Simultaneously, they are interdependent and necessary for the organization's success (Luescher et al., 2006). Where the subsystems meet, they can create inconsistency (Lewis, 2000), also because their interrelation is perceived differently (Abbott, 1988). Tensions surface throughout the organization, be they operational issues of patient treatment (Huq et al, 2017), or during change initiatives (Lozeau et al, 2002), or around strategic topics such as merging organizations (Denis et al, 2001).

Exploratory approach and data gathering

Data gathering included observations, semi-structured interviews, and documentary data and aimed to collect diverse and rich data, and allowed triangulation. The field phase lasted 21 months (June 2004–December 2005), but included data retrospectively until May 2003. Data were gathered by two researchers (including the author). We recorded our field notes (observations, numerous informal conversations, and our interpretations) in a journal. Seventy-three observations included ward meetings, nursing management meetings, and a four-week ethnographic visit to the surgery and internal medicine wards at both hospitals. All observations were documented in detail and transformed into extensive memos shortly after occurrence. Furthermore, we validated our emerging insights with the participants in 28 validation sessions.

We conducted 80 semi-structured interviews, each lasting one to two hours, to capture the interviewees' understanding of the initiative and their daily work. Interviews involved members of different healthcare professions (nursing, various medical disciplines, and administration) across hierarchical levels, from hospital executives to ward nurses. Interviews with key actors were repeated two to six times to trace their unfolding perspectives over time. All interviews were transcribed. We were granted access to 69 documents, including conceptual papers, minutes, annual reports, and email correspondence.

Data analysis

Data analysis involved several iterations between data, emerging insights, and the literature to theorize from process data (Langley, 1999): Composing a detailed case narrative using visual mapping enabled tracing issues that practitioners called “caring,” “leading,” and “collaborating.” These issues contained numerous instances demanding attention and handling. The practitioners often described these issues in ways that indicated differences, tensions, conflict, or unease that suggest that these relate with paradox (Andriopoulos & Lewis, 2009; Jarzabkowski et al, 2013). Practitioners confirmed this relation during member validations where they explained the tensions as integral to treating patients while pursuing administrative tasks and struggling with the demands of different clinics. Accordingly, I framed the issues as expressing the organizing paradox of professional work (Abbott, 1988; Huq et al, 2017), summarized in Table 2 of the Result section.

Next, was the analysis of how the practitioners coped with contradictory instances and issues. These activities often were specific to a particular instance, such as procuring missing equipment, or supporting head nurses in staff planning. Across the initiative, these responses occurred through social interactions (e.g., meetings or conversations). These were critically important for Rachel who was in charge of the change initiative. The social interactions resonated with her understanding of leading and with her goal of staff members actively

participating in the initiative. In order to account for this insight, I focused on third spaces (Putnam et al, 2016) and used several descriptive categories to capture social interaction: topics (what), participants (who), conduct (how), temporal occurrence (when), and location (where) (Bucher & Langley, 2016). The resulting set of 13 social spaces also included ad-hoc informal conversations, as well as historically grown spaces at LoHo (e.g., breakfast and afternoon breaks, ward rounds, or monthly ward team meetings). Within this set of social spaces, I searched for third spaces by establishing whether they were deliberately designed and whether they addressed a contradictory issue or instances. The remaining eight third spaces illustrate an ecology of third spaces of which I report six in the Result section (see Table 3). The ecology of third spaces provides the first part to explain how an organization can continuously cope with paradox.

Third, the analysis concentrated on how the identified third spaces emerged and were maintained by tracing the respective activities and events for each third space. Table 1 illustrates this step for one particular third space, the so-called leadership conversation:

Insert about here:

Table 1: leadership conversation's emergence and maintainance

Comparing these activities and events across all third spaces led to identifying and labeling different patterns, which were further aggregated into so-called moves. These moves include forming the issue, initiating social interaction, addressing the issue, and embedding third spaces. These moves illumine the emergence and maintainance of third spaces. They provide the second pillar to explain the continuous coping with paradox.

Fourth, I searched for an explanatory mechanism to guide developing the model (see Figure 3) (Langley & Tsoukas, 2010). Paradox literature was helpful for substantiating certain moves or patterns thereof, such as perceiving contradictions (Lewis, 2000) responsible for forming an issue. This move revealed a self-referential relationship: Instances aggregate into an issue, which in turn allows assigning further instances to this issue. Literature on recursivity (Hernes,

2008) and on duality (Farjoun, 2010) led me to highlight this self-referentiality, of instances and issues (Barnes, 1983), and of paradox, which all emanate from daily operations (Cunha & Putnam, 2017). Thus, the duality of contradictory issues and third spaces is central to the model. The model depicts the emergence and maintenance of an ecology of third spaces and explains how organizations can continuously cope with paradox.

Results: overview, contradictory issues and third spaces

The results section first provides an overview of the initiative, then discusses the interrelated contradictory issues and the paradox. Next, the results section summarizes descriptive data on six third spaces. The first-order analysis focuses on the ecology of spaces, and the moves that generate and maintain third space. These two pillars answer how the studied organization continuously coped with contradictory issues.

From conflict and lethargy to a “new atmosphere”

An open conflict between Ceho and Loho nursing staff preceded the focal period. This conflict began by surgeons criticizing LoHo’s nurses’ lack of professionalism. Nada, CeHo’s nursing director, sent nursing experts to analyze the situation and to detect the shortcomings in LoHo’s nursing. These results were fed back to LoHo over three workshops that ended in conflict. Elaine (HN-2) recalled: “It was almost as if they were threatening us: ‘You must change this and that, and if you don’t, then...’ It was as if everything we had done so far was not worth anything. All of us were furious.” Their Ceho colleagues also grew frustrated. “It was particularly difficult to change those aspects where they thought they were doing well. This was really challenging” (Nada).

Following this conflict between Ceho and Loho staff, Nada sent Rachel to Loho in order to support Loho’s nurses to pursue the required changes. After she arrived in July 2004, she

experienced a “lethargy” among LoHo nursing staff: “The staff has basically only reacted. They weren’t engaged proactively. They just swallowed everything and seemed quite lethargic.”

To begin with, Rachel adopted various measures to improve matters at Loho’s nursing department (including additional staff resources, introducing a nursing expert to advance caring standards, and providing training for head nurses). In May 2005, Loho nurses began observing the effects of these measures, among others, “a new atmosphere” in their teams: “Overall, our conversations about ward issues have become friendlier and more appreciative. Not with everybody, but things are growing” (Ulrika, HN-3). The author observed the head nurses actively committing at their meetings; a clearer focus on the nursing unit as a whole was also noticeable. Likewise, Rachel (interview, October 2005) noted: “The nurses are asking more questions and making more suggestions about how we could do things regarding caring and organizing in our department and in their teams. I have the feeling that they are more courageous to ask questions.”

Contradictory issue of leading and collaborating

Throughout the shift from “lethargy” to a “new atmosphere,” three interrelated contradictory issues had to be addressed that expressed the paradox of professional work.

A prominent one was what the organizational members called “leading” (Table 2). This issue conflicted with caring for patients, because leadership activities were both deviations from and conditions for caring. “Leading” involves various instances, such as documenting care activities or staff planning. For example, documenting care activities enables highlighting “all the nursing work and helps us to professionalize our work” (Dolores, nurse). Further, documenting is the basis for billing clinics, for budgeting and staff planning, and for steering workloads, which “are all things I need to work with” (Rachel). On the other hand, documenting keeps nurses from the core task, caring. “I need to document whatever I do, again and again. And the documenting takes longer than the doing.” (Joan, nurse). Thus, administrative tasks such as

documenting appear contradictory: They establish the conditions for ensuring caring activities, yet prevent nurses from caring (because they are time-consuming). Henrika (head nurse HN-1) observed: “When I work on the computer, my team doesn’t consider that work ... they think that I’m not really working.”

Over the course of the initiative, collaborating with other departments, particularly with the clinics, became contradictory. Collaborating requires both closeness to and distance from the clinics. For example, Hector preferred closeness: “You have to cooperate closely, and if not, we all go down the drain.” After all, nurses were subordinate to medical doctors: “The medical doctors give us [nurses] instructions on particular patients.” (Nada, nursing director). Yet, Nada continues that subordination is limited to “how we organize ourselves. That’s entirely our responsibility”. Otherwise, “the daily chaos becomes total”, for example, if the times of ward rounds change (Herbert, nursing expert). Therefore, “we have to distance ourselves a bit” (Henrika, HN-1). In addition, distance also helps that “the nurses ... to control our work. They double-check what we do, so that we minimize mistakes” (Anton, head surgeon). The central contradiction—between closeness and distance—spurred tensions between Rachel and Marvin (head of internal medicine). Rachel (LoHo nursing director) had “to watch out with him; he often tries to order my staff around.” Marvin lamented the “chain of command: Before we just did what was good and it was OK. Now I have to ask her first.”

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Table 2: instances, tensions and paradox

Third spaces, their emergence and maintainance

The issue of leading and the resulting activities produced six third spaces. The issue surfaced upon Rachel’s arrival in early July, 2004. Although she was introduced at a LoHo head nurse meeting, the head nurses were surprised: “We thought that she’d look at what we can improve ... We weren’t told about her official position, that she’s our superior” (Henrika, HN-1). Rachel

felt misplaced, as she had no access to Loho's nursing documentation (e.g., the duty roster, the monthly nursing report, the guidelines and checklists, and other documents on nursing standards). After her arrival Rachel introduced herself at every team's monthly meeting and explained the changes planned for the coming months. She was frustrated: "I hate having to tell everybody that I'm in charge."

During summer 2004, she interviewed all nurses "to establish the situation, how they think about it, which challenges they face in daily patient care and with getting organized." Her immersion in the local context surfaced the issue of leading: "There's no leadership. It's all wishy-washy. Everyone does as they please. Things don't get done because nobody feels responsible." Rachel noted that "They [head nurses] spend their spare-time fixing problems just to keep things going. You can't work like this for long."

In order to address the issue of leading, Rachel took different measures to stabilize the perceived situation. She suspended the change initiative, hired an additional nurse to help out on the wards, employed a nursing expert to advance nursing standards, and convinced Nada to replace the nursing director (Hector) with herself. Hector was overworked and on sick leave.

Besides these measures, Rachel began visiting every ward in the mornings and afternoons to meet every shift. The length of the visits varied depending on the emerging instances. Visits were informal, but followed a similar pattern: Rachel entered the nurses' station and asked the head nurse: "How are things going? Are you OK?" They discussed day-to-day issues (e.g., patient incidents, staffing, equipment, and the team atmosphere). Next, she addressed the team members, keeping the head nurse by her side and sometimes gently linking arms with her. When asked about this practice, she replied: "I want the head nurses to have a different, a more important position. I need them to be responsible for their ward, and they are my primary contact when I communicate with the ward." The ward visits also allowed Rachel to make her own observations: "It's important for me to see matters for myself, so I visit all the wards."

Second, Rachel followed an open-door policy that was meant to allow staff to freely approach her. Hector, her predecessor, had kept his door closed. Increasingly, nurses dropped in to complain about broken or missing equipment, about team issues or problems with colleagues, or vacation requests. Here, as well as during ward visits, Rachel aimed to provide rapid support to resolve the nurses' immediate concerns, for example, picking up the telephone to call the maintenance department or handing it to the nurse to order equipment or have it repaired. At the same time, Rachel established who ought to handle an issue: the nurse herself, her head nurse, or Rachel as their superior, for example, by referring team issues to the head nurse. This approach aimed to clarify roles and responsibilities and, on a deeper level, to address the issue of leading.

Third, Rachel introduced so-called "leadership conversations." She took this measure based on observing head nurses' difficulties in performing administrative tasks and to provide the necessary support. These conversations, held situatively since July, 2004, became a weekly practice by October that year. Lasting up to two hours, they considered the head nurse's issues and Rachel's own observations. Topics included equipment, staffing, tensions among team members, and other administrative tasks (e.g., documenting care activities, and monthly staffing), and ward management training for the head nurses. Elaine (HN-2) recalled Rachel's surprise during their first conversation: "Rachel was surprised: 'What, you can't do this duty roster, nor the budgeting etc.?' No, we can't. Hector didn't allow us and did everything himself." Unlike her predecessor, Rachel's leadership aimed to strengthen her head nurses' ward management skills.

Fourth, and following her official appointment as Loho's nursing director in February 2005, Rachel chaired the monthly head nurse meetings. These were attended by the head nurses (Henrika, Elaine, Ulrika, and Cheryl), the nursing developer (Vivian), and Hector (Loho's former nursing director). These meetings, as she put it, were meant to enable head nurses to

“engage in the changes we’re pursuing.” At the meeting, she explained that they served to promote collaboration and reflection: “We can now discuss how we can help one another, and how the wards might think more in relation with each other. Besides, when we discuss projects or changes, we can share our experiences, for instance, the challenges each ward encounters and how they handle these” (Rachel). To achieve this overall aim, these meetings were adapted in various ways (see Table 3) to enable continuously addressing the issues of caring and leading. Regarding collaborating, the meetings now involved discussing every ward’s situation. Another part was reserved for other departments, who received the agenda and an invitation to the next meeting. For example, the catering manager attended a meeting on changing meal times to optimize nurses’ shifts. Likewise, the laundry manager came to explain their operations to enable the wards to better coordinate room cleaning. Shortly after these meetings, all attendees, as well as Loho’s departments and management, received the minutes (including decision updates and the nurses’ views on developing collaboration).

Fifth, in April 2005 Rachel announced that the first daily “morning meeting” would take place a month later. She introduced these meetings in response to the head nurses criticizing workload differences between the wards. After analyzing every ward’s care activities, and following conversations with the head nurses, Rachel initiated an away-day for head nurses to further advance their ward leadership and to discuss the morning meeting. The minutes of the head nurse meeting of April 2005 stated its purpose as ensuring “that night shifts update the morning shifts on extraordinary events, such as emergencies, deaths, admissions, etc. Also, I want all of us to know every ward’s daily workload... I consider this knowledge essential to expediting responses to unexpected workload increases.” These meetings began at 7 a.m., lasted 15 minutes, and followed a predefined structure (see Table 3). Morning meetings were attended by the night nurses, Rachel, and the nurses responsible for the wards.

Sixth, and to address the external collaboration with medical doctors, Rachel initiated weekly meetings with the heads of surgery and internal medicine. These half-hour informal conversations in the clinic head's office served to discuss day-to-day collaboration before matters "grow and suddenly explode" (Rachel). While doctors could instruct nurses on medical issues concerning patients, they were now required to settle organizational issues (e.g., the timing of ward rounds) with the nursing director. This change sparked a conflict with internal medicine. Martin, its co-head, complained: "So I first have to talk to her [Rachel] before approaching the wards; this didn't used to be like this. Now we have to follow the chain of command, which doesn't help handle issues as they arise." Rachel responded: "I have to be so careful that the medical doctors don't just order my people around. You have to be alert all the time, and sometimes even pick a fight." When interviewed later that year, Rachel and Martin both reported ongoing difficulties. These also led to the head nurse meeting deciding (November 2005) that all clinic requests had to be formally approved by the nursing director. Problems with internal medicine persisted until the end of the field phase. In comparison, the head of surgery and Rachel both reported improved cooperation (in interviews and via the minutes of the head nurse meeting).

First-order analysis: an ecology of third spaces emerging

The previously described six third spaces express an ecology of spaces. They are treated in the first-order analysis below, followed by the moves for their emergence and maintainance.

An ecology of third spaces

The identified third spaces form an ecology (Table 3) in which the contradictory issues can be addressed (column: what). The third spaces reached across the nursing unit and to external persons (column: who). The conduct (column: how) ranged from informal conversations to prestructured meetings. Third spaces followed an ad hoc or predefined meeting rhythm

(column: when), both on and off the wards (column: where). Overall, these third spaces provided sites for organizational members to enunciate and address their instances and contradictory issues repeatedly.

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Table 3: Descriptive overview on third spaces as an ecology

Three observations are noteworthy regarding how an organization continuously responds to paradox: First, enactment initially rested on the shoulders of a single actor (Rachel). Her engagement fulfilled Loho nurses' expectation that "she comes and helps us." Presumably, the direct support that Rachel gave the nurses enhanced her legitimacy and that of the third spaces. Second, and over time, the nursing staff noticed increasing collective enactment, which participants called a "new atmosphere." This shift—from a single actor to several ones—helped to maintain the created third spaces as part of the nursing department's way of operating. Third, initial third spaces were either rather informal (e.g., open-door policy or leadership conversations) or their pattern was subtle (e.g., foregrounding the head nurse during ward visits). Later third spaces (i.e., morning meetings, head nurse meetings) had an explicit and predefined structure. The earlier third spaces resonated with the prevalent informal conversations at LoHo at the time. Besides the ward's daily breakfast break, nurses often went for a coffee with a colleague "to talk a bit about everything" (Elaine, HN-2). The initial third spaces resonated with this informality. The later third spaces resonated more with an understanding of standardized nursing. These various measures —fulfilling support expectations, shifting from individual to collective engagement, and the double resonance with enacted informal and envisioned standardized practice— helped to enact third spaces, and to maintain them, in order to continuously address the contradictory issues.

As an ecology, the resulting third spaces addressed the contradictions between the issues of caring, leading, and collaborating. Ward visits and Rachel's open-door policy were associated with all three issues because over time staff members brought forth those instances that they

found important. Also, the head nurse meeting addressed all issues and coordinated these in a structured manner. The other third spaces —leadership conversations, morning meetings, inviting guests to head nurse meetings, and meeting of clinic heads— were associated explicitly with specific contradictory issues. Together, this ecology of third spaces served addressing contradictory issues across the nursing department and its partners within the hospital.

Emergence of third spaces

The third spaces emerged and were maintained through four moves: forming the issue, initiating social interaction, addressing the issue, and embedding third spaces. These moves form the second pillar for explaining how the studied organization continuously coped with contradictory issues.

The first move is forming the issue (Table 4). It contains two patterns, triggering and substantiating the issue. In the case setting, the issue of “leading” was triggered mainly by Rachel’s arrival. She lacked basic resources to adequately perform her task, and nobody took notice of her role and task despite being informed. Over the course of the first weeks, further triggering events revealed the lacking support between the wards, while challenges in collaborating with medical doctors had surfaced prior to Rachel’s arrival.

The second pattern involved substantiating the initial perception. Substantiation was mainly based on interviewing the involved actors and on observing ward activities. Rachel aimed “to see for myself, ... and take notes.” At a later stage, and regarding ward collaboration, substantiation also involved systematically analyzing ward workloads (based on documented care activities and conversations with the head nurses). As a result of substantiating the emerging issue, leading became differentiated into further instances, such as documenting care activities or staff planning. Data of Table 4 underscores these patterns of forming the issue:

Insert about here:
Table 4: forming the issue

The second move is initiating repeated interactions and involves two patterns (see Table 5): The first pattern is “enacting third spaces.” It denotes the repeated interactions initiated by Rachel (e.g., continuously leaving her office door open, or by visiting every ward in the mornings and afternoons). During these encounters she observed further instances (e.g., documenting care activities or staff planning). These led her to enact the “leadership conversations.” Later, the head nurses also observed and enunciated instances of collaborating with medical doctors that led to initiating the “meeting of clinic heads.”

A second pattern, which occurred later, was “announcing third spaces.” This pattern, for example, included devising a new third space (e.g., morning meetings). Similarly, Rachel announced various changes, designed to transform the meeting of head nurses into a third space.

Insert about here:

Table 5: initiating social interactions

The third move in the emergence and maintainance of third spaces is “addressing the issue with third spaces.” This move consisted of three patterns (Table 6). The first pattern is that some third spaces were explicitly designated to handle instances and the respective issue, for example the leadership conversation (issue of leading), the morning meeting (internal collaboration), and meeting clinic heads (external collaboration).

A second and related pattern is “handling instances and thereby addressing the issue.” This pattern occurred in several third spaces: Instances brought forth during “open door” periods allowed Rachel to clarify an individual nurses’s, the head nurse’s, and her own responsibilities. Similarly, supporting head nurses with staff planning addressed the issue of leadership. At the morning meetings, wards reported their workloads to each other, thereby enabling them and Rachel to promote internal collaboration. Further, specific instances of external collaboration could be handled by inviting guests or, when meeting the clinic heads.

The data also points to a third pattern. It concerns the way of conducting a third space (Table 6). For example, during ward visits, I observed that Rachel first spoke to the head nurse and kept her close-by when engaging with the team. As Rachel explained, this practice underscored the role intended for the head nurses. Also, the explicitly structured morning meetings and the meeting of head nurses expressed Rachel's understanding that leading involves designating who decides what. On several occasions she explained so that "I think they [the staff] accepted that I need to decide certain things, but I want them to decide others" (Rachel).

Insert about here:

Table 6: addressing the issue

The fourth move involved embedding the created third spaces in daily organizing. One pattern was the official declaration of third spaces. The morning meetings were declared as such, and so were the leadership conversations. The other pattern of embedding third spaces was indirect. This pattern rested on an individual actor (Rachel) and on her continuously enacting the third spaces. Also, this pattern was indirect insofar as the contents of the third spaces entered official documentation (i.e., the minutes of the meeting of head nurses). For example, the "meeting with clinic heads" was not officialized itself, even if its contents were. Over the year, the minutes referred repeatedly to collaboration with medical doctors. Table 7 summarizes the embedding of third spaces by declaring them and by enacting and documenting their contents:

Insert about here:

Table 7: embedding third spaces

The four moves illumine how third spaces emerged and were maintained in the studied nursing department. Together with the resulting ecology of third spaces, these third spaces explain how contradictory issues were continuously coped with.

Second-order analysis: continuous responding to paradox

The second-order analysis discusses the previous empirical insights with the literature substantiate the model of continuous responding to paradox with third spaces (Figure 3).

An ecology of third spaces

The ecology of third spaces is the first pillar of explaining continuous responding to paradox (see Bucher & Langley, 2016; Putnam, 2014). A third space is a way of “steering of complex organizing processes” (Janssen & Steyaert, 1999: 122). An ecology of third spaces helps to address issues of concern to a particular organizational unit, to reach out to its members and partners by combining informal and formalized settings of third spaces, and by varying temporal rhythms and sites.

In terms of content, the ecology of third spaces presented here bears similarities with the space studied by Jarzabkowski and Lê (2017) or by Huq et al. (2017). These spaces enabled participants to both enunciate and cope with contradictory instances emerging from the restructuring initiative or from patient care, respectively. In contrast, the ecology of third spaces expands to several such settings, and thus enables addressing various issues, which helps to avoid overloading a single space with too many issues. Further, designating third spaces for issues helps actors to assign the instances of their concern to an issue by introducing it in a particular third space (Barnes, 1983). Furthermore, and in terms of participants, the ecology of third spaces reaches out to all staff members, and thereby answers the question of how to involve employees (Smith, 2014). In addition, actors know and can expect when and where — temporal rhythm and location— the third spaces occur (Luhmann, 2000). Ward teams knew when Rachel would be visiting, that her door was open, or when the morning meeting took place. Finally, the identified ecology of spaces contained different forms of conduct, ranging from informal conversations to predefined structures. Such diversity has two effects: First, the

diversity enables attending to nascent issues in informal settings (Baecker, 2005), while also reaching formal decisions in respective meetings (Rüegg-Stürm & Grand, 2019). Second, and specific to this case, the informal and formal conduct of the third spaces resonated with the different organizing at Loho and CeHo. The ecology of spaces connected with both and related them in a both-and manner. These aspects—addressing the issues, reaching out to employees, expectable rhythm and location, and variety of conduct— contributed to maintaining the third spaces. These spaces became integral to organizing, instead of remaining temporary. As such, an ecology of third spaces provides the sites for “exploring, articulating, and operationalizing the situated forms of tensions at hand” (Fairhurst, 2018: 5).

Emergence of third spaces

The second pillar of explaining how an organization can continuously respond to paradox is the emergence and maintainance of third spaces (Figure 3). The ecology of third spaces was not a pre-existing collective tool available for the organization to cope with paradox (Smith & Lewis, 2011: 392), like a pattern (Jarzabkowski & Lê, 2017) or pre-existing meetings (Derksen et al, 2019; Huq et al, 2017). Nor did a third party introduce these third spaces (Bucher & Langley, 2016; Jay, 2013; Luescher & Lewis, 2008). Rather, they emerged endogenously, and the model summarized my findings and show how this process occurs (Figure 3).

Insert about here:

Figure 2: Continuous responding to contradictory issues with third spaces

This model assumes that instances emerge from ongoing organizing (Cunha & Putnam, 2017), illustrated by the grey arrow. Organizing continuously triggers instances that can be contradictory. These instances can form issues (e.g., caring, leading, and collaborating in my case). In line with previous authors (Jarzabkowski & Lê, 2017), my study shows that instances and issues are crucial for organizational members. They are specific to the organizational setting (Clegg et al, 2002) and require continuous coping (Raisch et al, 2018). These contradictory

issues express a paradox, in this case that of professional work (Huq et al, 2017; Kraatz & Block, 2008).

The arrows (1–4) depict the moves that explain the emergence and maintainance of third spaces. Forming the issue (arrow 1) begins when actors perceive an instance that generates tension, conflict, or contradiction, and hence requires handling (Lewis, 2000). This perception highlights the importance of individual actors who trigger the forming of the issue (Bednarek et al, 2017; Knight & Paroutis, 2017; Miron-Spektor et al, 2017). The second pattern is substantiation the issue through analysis, or through social interactions, such as conversations, interviews, or meetings (Putnam et al, 2016), or facilitated workshops (Jay, 2013; Luescher & Lewis, 2008). Contrary to these authors, yet in line with others (Jarzabkowski & Lê, 2017), I argue that forming the issue does not necessarily require understanding the contradictory issue in question explicitly as a paradox.

The second move is to initiate a third space (arrow 2), which occurs, for example, by enacting or announcing that space. Albeit implicit, the former is similar to Jay's (2013) enacting workshops with the management team he studied. The latter appears similar to the meetings of an officially installed coordinating committee (Jarzabkowski et al, 2013). As noted by Janssen and Steyaert (1999), initiating social interactions is central to relating an issue to actors, and thereby provides the space such that organizational members know where, when, and who reflects on and responds to instances and issues (Bucher & Langley, 2016; Jarzabkowski & Lê, 2017; Pradies et al, 2020).

Third spaces serve to address instances and issues (arrow 3). One of the patterns observed in the present case was addressing the issue through the way a third spaces was conducted, for example, when Rachel expressed the role of the head nurses by talking to them first and by keeping them close-by during ward visits. The other two patterns have also been noted in the literature. For example, designating a third space for particular issues resonates with studies on

single third spaces (Huq et al, 2017; Jarzabkowski & Lê, 2017). These studies also contain the second pattern, that is, handling the instances and thereby addressing the issues. Even though some responses might appear trivial (e.g., solving missing or broken equipment), addressing them offers “small wins,” which in turn reinforce changes (Reay & Hinings, 2005). Their handling fulfills expectations and enhances the acceptance of the third spaces, when the organizational members note of the benefits of addressing the instances and issues of their concern through third spaces (Barrett et al, 1995).

The fourth move is to embed third spaces (arrow 4), either by declaring them directly or by indirectly documenting their contents in official meeting minutes. These patterns are known to help embedding responses (Jarzabkowski et al, 2013), but also serve for third spaces.

Duality of issue and third space in resonance with the organization

Together, the four moves illumine the emergence and maintainance of third spaces. Their arrangement in the model expresses a self-referential duality between a contradictory issue and third space(s). This duality is the theoretical mechanism (Langley & Tsoukas, 2010: 16) that is central to explaining how an organization can continuously cope with paradox. A duality is a mutually constituting relationship between two components (Farjoun, 2010). My model and the data emphasize that this duality is self-referential (Luhmann, 2000). The self-referentiality occurs, first of all, when actors perceive instances and assign them to an issue. This issue, in turn, emerges from the instances. Assigning further instances to that issue reproduces the issue over time (Barnes, 1983). Second, addressing the instance through third spaces reproduces the third space. The third spaces and the issues stabilize over time as actors realize that the third space enables them to address the instances of their concern (Barrett et al, 1995). Third, further third spaces emerge when instances indicate another issue. In my case, instances were assigned to leading and later also to collaborating, which created further third spaces. In this way, the ecology of third spaces emerged and gave rise to a new organizing amid contradiction (Cunha

& Putnam, 2017). Metaphorically, third spaces helped organizational members to pull themselves out of the mud of their own organizing (Putnam, 1986).

While the duality is general, the studied contradictory issues and third spaces are specific to the organizational setting (Cunha & Putnam, 2017). This specificity implies that content (what), conduct (how), and actors (who) of third spaces resonate with the organization: Content-resonance means that third spaces foreground the specific instances and their more enduring issues of concern to organizational members (Jarzabkowski & Lê, 2017; Pradies et al, 2020). Third spaces then appear supportive and guide actors in assigning upcoming instances to respective issues and third spaces.

A second resonance points to the way of conducting third spaces. As their introduction entails a change in organizing, they may generate contradiction, which in turn surfaces the paradox of learning (Smith & Lewis, 2011). This paradox denotes tensions between an enacted, old organizing and an envisioned, new one. To bypass such tensions, the ecology of third spaces in my case resonated with both of these poles. Changing from one to the other over time (Poole & van de Ven, 1989), the initial third spaces resonated more with one pole, whereas later ones resonated with the other pole. Overall, the ecology of third spaces resonate with both poles.

Resulting from the first two resonances, the third one concerns the involvement of organizational members in third spaces. Paradox studies have established the importance of individual actors and the challenges of involving others (Abdallah et al, 2011; Knight & Paroutis, 2017; Smith, 2014). My case confirms this insight, and adds the shift towards a collective, that is from Rachel to involving nursing staff and head nurses for coping with contradictory issues. This shift from a single to several engaged internal actors was fostered by the resonance in content and in conduct.

Discussion: third spaces for continuous coping with paradox

The empirical insights, the model, and its underlying duality, make three contributions to the literature on paradoxes: The main contribution is that third spaces help to explain how organizations can continuously cope with paradox. This explanation rests on two pillars: The first one is the ecology of third spaces. Moving beyond single spaces, an ecology of third spaces allows steering through complex organizing (Janssens & Steyaert, 1999) by attending to the “situated forms of tensions at hand” (Fairhurst, 2018: 12), by handling the challenge of reaching out to employees (Smith, 2014), and by fostering collective reflection (Jay, 2013). Third spaces are social settings in which actors generate the responses, which refer to a specific situation at a certain time (Cunha & Putnam, 2017). An ecology of third spaces extends beyond situationally confined responses and provides the basis for engaging continuously with paradox and its manifestations during daily organizing. As an overarching system (Putnam et al., 2014: 433), an ecology of third spaces meets the need for continuous coping (Raisch et al, 2018).

The second pillar offers of explaining continuous coping with paradox is understanding how third spaces emerge and are maintained. So far, paradox studies have often concerned temporary third spaces (Barge et al, 2008; Beech et al, 2004; Bucher & Langley, 2016; Jay, 2013; Luescher & Lewis, 2008), or have not explored how permanent third spaces emerge (Derksen et al, 2019; Huq et al, 2017). Complementing previous insights into the dynamics within third spaces, my model highlights the four moves of forming an issue, initiating social interactions, addressing the issue, and embedding third spaces. These four moves illumine the emergence and maintainance of third spaces based on their self-referential duality with contradictory issues. The model answers Jay’s (2013: 156) question: “When does it [reflective management of paradox] occur endogenously?”

These two pillars—the ecology of third spaces, and their emergence and maintainance—show how to tap the potential of third spaces as a “sanctuary for dialogue” (Putnam et al., 2016: 65), and as a site of “active reflection” (Jay, 2013: 138), in order to work through paradox (Luescher & Lewis, 2008) in a collective and continuous manner.

The second contribution to the paradox literature is that this paper adds to explanations for the shift from defensive to active responses. This contribution also furthers our understanding of how organizations can change their trajectory from vicious to virtuous cycles (Tsoukas & Cunha, 2017: 402). Previous theoretical models have often related these trajectories to either-or and both-and responses (Smith & Lewis, 2011), or to defensive and active ones (Jarzabkowski et al, 2013). However, scholars have shown that this association may be weak. For example, discourses of transcendence—a both-and, or active response—may lead to the dissolution of paradox (Abdallah et al, 2011). Settings for generating responses and the responses themselves may not prevail (Luescher & Lewis, 2008). These insights indicate that responses do not fully explain the shift from one trajectory to the other. In comparison, third spaces, for example, explain, why the shift from defensive to active responses occurred that Jarzabkowski et al. (Jarzabkowski et al, 2013) reported in their data but did not include in their model. In addition, the emergence and maintaining of an ecology of third spaces highlight what third parties achieve as these actors work on the shift from one trajectory to the other (Pradies et al, 2020). These actors enact third spaces that support organizational members in coping with paradox. However, their temporary support in shifting from defensive to active responses, and from vicious to virtuous cycles, leaves unaddressed whether the shift prevailed.

In comparison, the third spaces in my case prevailed. One difference in my case is that Rachel was in internal actor, as in Pradies et al. (2020), but remained in the organization. More importantly, Rachel focused not only on generating responses but on establishing permanent third spaces. In this way, my case illustrates how to overcome the often temporary involvement

of third parties, that raises the question of whether their activities had a lasting impact (Bucher & Langley, 2016; Jay, 2013; Luescher & Lewis, 2008). This question is important to explain a maintained shift from vicious to virtuous dynamics because existing models—that of dynamic equilibrium (Smith & Lewis, 2011) or that of interrelated paradoxes (Jarzabkowski et al, 2013)—fall short of explaining how virtuous cycles and active responses maintain themselves. My study adds third spaces as a means of remaining on a virtuous trajectory.

Third, the concept of third spaces addresses the calls for relating insights on individuals' paradox mindsets with those on social interactions, (see Andriopolous & Lewis, 2009: 709). This relationship is particularly relevant for understanding how organizations can continuously cope with paradox, which requires engaging employees (Smith, 2014: 1618).

My findings confirm the importance of individual actors, but also highlight the complementary importance of social interactions for continuously coping with paradox. A paradoxical mindset (Miron-Spektor et al, 2017) is necessary to enable organizations to continuously cope with paradox, provided the respective actors stay, maintain that mindset, and enjoy a respective degree of agency (Berti & Simpson, 2020). Yet in terms of responding continuously to paradox, relying on such actors is not sufficient without including their social interactions with other organizational members (Smith, 2014; Knight & Paroutis, 2017; Jarzabkowski et al., 2013). Social interactions may fail to promote a paradox perspective (Knight & Paroutis, 2017), may lead to dissolve paradox (Abdallah et al, 2011), or may escalate into conflict (Westenholz, 1993). Together, the ecology of third spaces and the moves for their emergence and maintenance complement previous insights into individual capacities to collectively cope with (Smith, 2014) and to help understand paradox (Knight & Paroutis, 2017). In addition, the establishment of an ecology of third spaces reduces the dependence on senior executives (Smith, 2014) or top management teams (Jay, 2013) alone, but connects their activities with

cross-sectional teams (Jarzabkowski et al, 2013), middle managers (Luescher & Lewis, 2008), or with subordinates (see Bucher & Langley, 2016).

Concluding remarks

This paper set out to explore how organizations can continuously cope with paradox. I empirically investigated and theorized the emergence and maintainance of third spaces. Furthermore, I have pointed out how the established ecology of third spaces assists actors in continuously coping with paradox. These insights contribute to the paradox literature by introducing third spaces into our theorizing, which has often been confined to understanding responses to paradox. In addition, my insights further our explanations about shifting organizations from vicious to virtuous cycles. Third, I have argued for complementing existing insights into individual capacities such as cognitive thinking with the social settings in which actors find themselves.

The limitations of my study suggest areas for future research. As a single case study in a pluralistic setting, my research suggests that third spaces, their emergence and maintainance need to be explored in other settings and with other paradoxes. Also, the ecology of third spaces requires further conceptualization. One key question concerns how third spaces are coordinated so that the work done in them avoids chaos and enables handling those instances that expand the boundaries of third spaces. Third, I have not explored the internal dynamics of such spaces. Future research could further explore, for example, which kind of responses specific third spaces bring forth. Also, the relationship between paradoxical thinking and third spaces merits closer scrutiny, in order to strengthen the micro-foundation of paradox. Furthermore, third spaces could be used to advance understanding of the relationship between either-or and both-and approaches to paradox over time. These are but initial suggestions to further advance the paradox lens by means of third spaces, which have the potential to better equip us to cope with contradictory issues continuously.

Studying third spaces complements prior work and concerns not only what individuals think (Luescher & Lewis, 2008) but also how they interact through establishing and maintaining third spaces. In organizational practice, these domains are intertwined. In our theorizing, they are often associated with an inherent (Schad et al, 2016) and a constitutive approach to paradox (Putnam, 1986; Putnam et al, 2016), respectively. In order to continuously cope with paradox, it is time for further work towards a synergistic relation between the two.

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Tables and figures

Figure 1: Organizational chart, actors (pseudonyms)

Figure 2: Continuous responding to contradictory issues with third spaces

Table 1: leadership conversation's emergence and maintainance

Data (Instances)	Pattern	Move
Issue of leading		
"On Tuesday, I visited the wards and once I realized that they did not know me, I asked them whether they know who I was. 'No, who are you and what are you doing here?' Ups. So I had to reply that I am so-and-so, and now responsible for the wards, that I am the head of the wards now, and their boss. I hate having to say this." (Rachel, interview, July 2004)	triggering event(s)	
"I have no access to the files, the data yet. ... I do not know how they do the duty roster (man-power planning), I have no idea of the monthly report. These are all things I need to work with. What kind of forms, checklists, and guidelines to they have? I have no idea yet, because they are still trying to grant me the access to the intranet." (Rachel, interview, July 2004)		
"We just knew that someone is coming from Laho, who should work with us like the other nurse in January. We thought, she comes, looks at what we can improve. That she comes to help us. ... We have not been told what her official position was, that she is our superior now." (Henrika, HN-1, interview July 2004)		
"When we saw something, which nurse leaders should do, like ward guidelines, documentation, information flows and all that. There, we could only recommend something. We could not instruct them saying: 'From now on, you do it like this'" (Mandy, interview, July 2004). Such topics of organizing included (according to Mandy's report, document, Aug. 2004) changing the schedule of ward rounds, the participation of nurses on the ward rounds, securing the supply of material (e.g. bandages) on the wards, standardized procedure of handovers as shifts change, continuous training are to be "discussed", and missing pieces of equipment to be purchased.	substantiating the issue	forming the issue
"I am doing interviews with all the nurses, just to see what the situation is, how they think about it, what are their challenges in their daily work on the wards with patients, with getting things organized and all that. You it is important to get their point of view, also how do they feel right now, what are the worries and fears, and hopes. That you really have to take seriously." (Rachel, interview, Aug. 2004)		
Ulrika (HN-3) who also helped on Elaine's (HN-2) ward: "When I see them, they document more like guessing more or less what they have done. For instance on the ward of HN-2, where I have helped out the other day. I saw a nurse who worked from 7 am until noon, and mainly with a very complex patient. And then she went for her lunch (portioned shift), and there was not a single sentences documented of what she did. And she did not do a handover, just told me when she left that we may think of turning the patient in a while and offer him water. But there was nothing in the patient file either. On my ward, that is a no go."		
"You know Rachel was surprised saying: ,what you cannot do this duty roster, the budgeting and all this?' No, we cannot do it, the nursing director did not allow us to do it and did it all by himself. He became our nanny." (Elaine, interview, July 2004)	enacting third space	initiating third spaces
Observation of a meeting between Elaine (HN-1) and Rachel in July 2004: Rachel holds so-called „Leadership-Talks“ with each head nurse, after she learned from her observations and from the interviews hat the head nurses hardly fulfill their job of managing the ward. The head nurse explains that the budgeting and the ordering of nurse material for patient care was done by the nursing director so far. He also did the monthly report on the degree of work load on the wards and the budgeting. Thus, she and hear co-head nurses do not know how to do these jobs, who to talk to.		
Document: Leadership conversation is announced on the intranet in October 2004		
Minutes head nurse meeting, Feb. 2005: The minutes state that the leadership conversation is part of the weekly work, along-side the decision that head nurses should use a day per week for administrative tasks	announcing a new or adapting an existing third space	
Observation (research diary): Leadership conversation addressing instances of ward leadership (August 04 mainly man-power planning, Oct 04 also documenting, and later also personnel questions like hiring, firing, handling team conflicts, qualification needs of staff members	third space designated to the issue	
Observation (research diary): In such encounters, Rachel and the head nurse have a paper notepad each with comments on instances they would like to discuss. Rachel's emerge from her observations on the wards and the two participants go through them. Rachel had learned from her observations and from the interviews hat the head nurses hardly fulfill their job of managing the ward. The head nurse explains that the budgeting and the ordering of nurse material for patient care was done by the nursing director so far. He also did the monthly report on the degree of work load on the wards and the budgeting. Thus, she and hear co-head nurses do not know how to do these jobs, who to talk to.		
Minutes, head nurse meeting (May, 2005): head nurses and the Rachel report that all but one ward (HN-2) now practice the "office day" for the HN (ensuring she spends 20% of her weekly work-tome on organizing tasks		
Observation (research diary) of a meeting of Elaine (HN-2), and her representative with the Rachel on a Thursday evening in July (6.30-8.30 pm) in which the three nurses try to define the duty roaster for the month of August. Rachel explained to the first author beforehand, that she wants to have the duty roster done well before the head nurses informs her team to avoid changes and to be able to explain it, because all the participants expect dissatisfaction within the team when their wishes are not met. Furthermore, Rachel wants to have the duty roster procedure well in place before she changes the structure of the day from portioned shifts to 3-shifts. The meeting lasts for about two hours and takes place in the over time of the participants. The issue appears highly complicated to the participants for the following reasons: the team members all have a high load of over time already which requires reduction. Several team members are part-timers, in degrees varying from 30 to 80%. Some members work full-time. The head nurse or the nursing director had already granted vacation requests in the past, and some team members have called in sick, while others announced their pregnancy. Furthermore, the duty roster needs to comply with the rule that that it complies with the correct ratio between fully trained nurses among the ward's team present on a particular day. Sitting their with several sheets of paper, the monthly report with the cumulative figures of individual and team working hours, and the number of patients already in and those expected, the three nurses go around in circles to finally finalize the duty roster for the next month.	handling instances and thereby addressing the issue	addressing the issue with third spaces
Observation (research diary): Rachel supports head nurses in their concerns and acts more like a coach, for example on issues of team conflicts, or in complicated man-power planning. In an informal conversation she repeats her explanation of her conduct during ward visits in that head nurses have a new role and more responsibility: "in the past, they could hide behind the team, now they have to stand there and say: this is how we do it."	conduct expresses the handling of issue	embedding third spaces
Minutes head nurse Meeting Feb. 2005: Rachel officializes the "leadership conversation" on a weekly basis, minutes state also, that there is an office day for head nurses so that they can use 20% of their work time for organizing work like ensuring documentation, man power planning, personnel topics and projects they engage in with Vivian, nursing developer.	explicit declaration of third space	
Research diary: Leadership conversation takes place weekly since August, 2004 with each head nurse, after announcing the leadership conversation on the intranet (Oct., 2004) Rachel converts the situative meetings with individual head nurses into weekly and regular meetings regarding the same topics	informal embedding through enacting and documenting contents thereof	
Minutes Head nurse meeting June, 2005: Rachel requests all HN to provide her with budget requests so that she can include them in her budget plan that enters into the overall hospital budgeting in Fall, 2005		
Document, minutes of head nurse meeting October, 13th, 2005: Rachel requests all head nurses to review man-power planning with her before informing the team of next month's man power plan.		
Document, minutes of head nurse meeting Nov , 2005: All but one ward (HN-2)report that documenting care activities works and they manage to do it comprehensively and timely after the care activities		

Table 2: instances, tensions and paradox

Data (Instances)	Tension	Issues	Paradox
"When I work on the computer, my team doesn't consider that work ... they don't think that I'm not really working" (Henrika, HN-1 of Loho).	administrative activities increase and thwart caring activities		
"These [e.g. documented care activities, manpower planning] are all things I need to work with" (Rachel, Ceho nurse, and head of Loho wards).			
Jill (nurse of HN-2) reports in an informal conversation that she is worried that with increased documentation there is less time for patients and feels that all this „administrative work“ gets more and more. But that would thwart the idea of caring. For her, the caring depends on the direct contact with patients, of building a good relationship with them, which impacts on the patient's well-being			
"We have all these standard operating procedures, all these types of different patterns of how we care for patients, like treating wounds, providing food and support in eating, planning the patient's exit and so forth. And we have the administrative work, like how we document that work, how we conduct the handover at the shift's end and all that. All these nursing standards tell us exactly, what we are able to do, what we are allowed to do according also to legal regulations, and in relation with medical doctors. In my view, these nursing standards protect the patients, and us, and they guide us when we do our work every day." (Vivian, nurse developer, interview)	manpower planning is necessary for caring but keeps from caring	contradiction of caring and leading	
Observation of shadowing the wards (Nov., 2004): Shadowing the deputy head nurse who is on the phone as she walks down the hallway from one patient room to another. She calls off duty nurses to come and help on the next day, and says: "I hate this telephone and all that ... There is no time for my patients."			
"You know we try to do the man-power planning. But it is quite complicated. All in my team have too much over time, and you also have to respect their family obligations and all. Then we have a lot of part-timers, who I cannot just call and ask them to come." (Ulrika, HN-3, interview)			
"I have to do the duty roster now. But many of my team request vacation and there are so many individual wishes. In principle, they can have three wishes on the dates and that is it. But these are these issues when you do not want to hurt anybody and when you want to do justice to every one. But it is just impossible to plan the month to everyone's liking. You never get it right. There is always someone dissatisfied." (Elaine, HN-2, interview)	documenting care activities comprehensively and timely provide to ensure caring but deviates from caring		professional work
"Imagine this: The head nurse jumps in to do the patient care on the days, when none of her team wants to come because they already have so much over time. The next day, that head nurse does a night shift, because none of her team wanted to. Then the head nurse takes a day off. Then she comes another day to fill another hole. You know, doing it like this is impossible. You cannot lead a team this way." (Rachel, interview)			
"I think with the documentation, there is a bit of resistance among the nurses. We have to do more and more administrative stuff and have to prove over work increasingly. But that just gives us less time with our patients. Maybe, this change in documenting timely and comprehensively is not so well communicated in terms of what we are doing it for. And I feel that the nurses just do not like doing the administrative things that much. They do not see the sense of it for the patient. And nurse, well, they are more the doing type who like to keep themselves busy physically. It appears that they are less inclined to work in front of a Computer." (Vivian, nurse developer, interview)			
„We are supposed to document everything, in the patient file and in the computer to document our activities more comprehensively and timely so that we do not forget it. But how should I do that in such a bee-house?" (Elaine, HN-2, interview)			
"Elaine [HN-2] does not write reports, she cannot document anything, and she and her team just do not do it. Just because there is no one who looks after them and ensures that all of the team document their work, and that is what we have decided, but on her ward, it just doesn't stick." (Rachel, interview)			
Ulrika (HN-3) who also helped on Elaine's (HN-2) ward: "When I see them, they document more like guessing more or less what they have done. For instance on the ward of HN-2, where I have helped out the other day. I saw a nurse who worked from 7 am until noon, and mainly with a very complex patient. And then she went for her lunch (portioned shift), and there was not a single sentence documented of what she did. And she did not do a handover, just told me when she left that we may think of turning the patient in a while and offer him water. But there was nothing in the patient file either. On my ward, that is a no go."			
Minutes of Head nurse meeting (over the year) repeatedly refer to documenting nurse activities, urging a timely documentation (April, 2005), reminding of documenting (among man-power planning, budgeting) (May, 2005), up to that most wards practice it except one (Nov, 2005): All but one ward (Elaine, HN-2) report that documenting care activities works and they manage it comprehensively and timely after the care activities.			
"I need to document whatever I do, again and again. And the documenting takes longer than the doing." (Joan, nurse, interview)			
"I have the feeling that I do something and have to document it, again and again. The documenting takes more time than the doing. The whole administrative work is just increasing more and more. All of the team sit in front of computers and write, that is so much more than before" (Elaine, HN-2, interview, December, 2005)			
"Overall, the medical doctors of course give us the medical instructions on particular patients, like medication or taking blood samples and the like. But, first, there are core care functions like food provision, hygiene support, and patient mobilization that are purely up to the nurses. Here, the medical doctors are not allowed to give orders, also not on how we organize ourselves. That is entirely in our responsibility. They cannot just go to ward and say: I want this and that done differently" (Nada, nursing director of Ceho, interview)	collaboration requires closeness and distance	contradiction of leading and collaborating	
"You have to be friendly with the clinics. This is the only way to run a nursing department, you have to cooperate closely, and if not, we all go down the drain" (Hector, interview, Nov. 2005)			
"In general, I do not quite like the idea to separate the nursing department so strongly from the clinics. Because: I do not believe that the nursing has a lower status [as proponents of the higher independence of the nursing department argue]. But, at the same time, the experience we have sometimes is also true that the medical doctors just intrude in our work all the time. Sometimes, we have to distance ourselves a bit ... But, we and the clinics should stay in the same tune." (Henrika, HN-1, interview, Nov. 2005)			
"You need to watch out with him [head of inner medicine]; he often tries to order my staff around. You really have to be alert, always in fighting stance. He, for example, just writes emails to them to change something like ward rounds, but this is not the way such a request should be processed." (Rachel, interview)			
Marvin (head of inner medicine) laments the "chain of command" Rachel introduced. "So I first have to talk to her [Rachel] before approaching the wards; this didn't used to be like this. Now we have to follow the chain of command, which doesn't help handle issues as they arise."			
"The nurses control our work. They double-check what we do, so that we minimize mistakes." (Anton, head surgeon LoHo, interview)			
"Nursing is dependent on the medicines and therefore always interested to receive all relevant information from the doctors." (Dolores, nurse, interview)			
"Without some expectable times like fixed doctors' ward rounds, the daily chaos becomes total." (Herbert, nurse, interview)			
Observation (Head nurse meeting, Oct., 2005): Elaine (HN-2) reports that one of the doctors requested a change for ward rounds and had some other wishes. As she referred him to Rachel, he just tore up his papers and slammed the door leaving the ward office.			
"The collaboration has become more difficult. Each party (clinics and nursing department) insist on their view with the result that the nursing director [Rachel] has to handle the issue, and that occurred now a couple of times." (Hector, interview, Nov., 2005)			

Table 3: Descriptive overview on third spaces

Third space	Issues (what)			Actors (who)			Procedure (how)		Time (when)		Location (where)	
	caring	leading	collaborating	Nursing Director	Head Nurse (HN)	Staff	External	implicit (informal)	explicit (defined)	irregular (on demand)	regular (pre-scheduled)	on site
ward visits	instances vary (equipment, patients, work load etc.)	instances vary, clarifying tasks, responsibilities through the conduct and by addressing instances	instances of challenges with medical doctors	Rachel	HN of each ward	present team members		informal conversation, keeping HN near to express their roles to the team			2/day, 15 min. per ward	ward station
open door		instances vary, but include personal ones (equipment, vacation requests, team conflicts etc.); clarifying tasks, responsibilities using the instance at hand		Rachel		present ward nurse		informal conversation (sorting issues)		varying length		office nursing director
leadership conversation		instances vary around administrative tasks (documenting care activities, main-power planning, team dynamics, personnel etc.)	(non reported)	Rachel	HN of each ward			informal, structured by instances of participants			1/week, 60-90 min.	meeting room
head nurse (HN) meeting	reports of project teams advancing nursing standards	instances of administrative tasks, projects, hospital objectives for nursing, etc	instances on the wards reported by head nurses; guests participation on instances of collaboration (e.g. kitchen, laundry)	Rachel, and Hector	Henrika, Elaine, Ulrika, Cheryl	Vivian (nurse developer)	invited guests, e.g. kitchen, laundry, ambulance, etc., but not medical doctors		1. topics of nursing director (categorized along: informing, discussing, deciding) 2. specific initiatives, projects, collaboration topics (guests) 3. round of wards: topics of the wards; informing, bringing up topics 4. closure with open topics 5. documentation distributed to wards, nursing director, clinics, hospital management		2/month, 180 min.	meeting room
morning meeting	night occurrences, patient entries, planned exits	wards' work loads, mutual support		Rachel	present head nurses	night and morning shift			1. reports of the night-shift 2. report of morning shifts 3. clarifying mutual need for "tending" nurses		daily, 10 min.	ward station
meeting clinic heads			instances of collaboration	Rachel			head of surgery, of inner medicine	informal conversation			1/week, ca. 30 min. each	office of clinichead
difficult case meetings	challenging cases				selected head nurses (depending on project)	ward team, Vivian			following "nursing anamnesis" procedure		1/week, 45 min.	ward station
project teams	nursing standards of primary care concept					nurses of different wards	Vivian		according to project plan	on demand; temporary		ward station

Table 4: forming the issue

Data (Instances, selected and excluding data of table 1)	Pattern	Move
Issue of leading	triggering event(s)	
"On Tuesday, I visited the wards and once I realized that they did not know me, I asked them whether they know who I was. 'No, who are you and what are you doing here?' Ups. So I had to reply that I am so-and-so, and now responsible for the wards, that I am the head of the wards now, and their boss.I hate having to tell everybody that I'm in charge. " (Rachel, interview, July 2004)		
"I have no access to the files, the data yet. ... I do not know how they do the duty roster (man-power planning), I have no idea of the monthly report. These are all things I need to work with. What kind of forms, checklists, and guidelines to they have? I have no idea yet, because they are still trying to grant me the access to the intranet." (Rachel, interview, July 2004)		
"We just knew that someone is coming from Laho, who should work with us like the other nurse in January.We thought that she'd look at what we can improve ... We weren't told about her official position, that she's our superior." (Henrika, HN-1, interview July 2004)		
Issue of collaborating		
"Well, if I take Ulrika's ward, they always seem to feel left behind and keep complaining that they have too few nurses in their team but the highest workload" (Henrika, HN-1, interview, March 2005)		
"They (Elaine's ward) often think: 'we poor things. We have so much work and the other wards have an easy day.'"' (Rachel, interview, Feb. 2005)		
"Without some expectable times like fixed doctors' ward rounds, the daily chaos becomes total." (Herbert, interview, Sept., 2004)		
Meeting minutes (March-Oct, 05) reveal instances in collaborating with medical doctor, where these are discussed as the issue of collaboration		
Issue of leading	forming the issue	
"When we saw something, which nurse leaders should do, like ward guidelines, documentation, information flows and all that. There, we could only recommend something, We could not instruct them saying: 'From now on, you do it like this'" (Mandy, interview, July 2004). Such topics of organizing included (according to Mandy's report, document, Aug. 2004) changing the schedule of ward rounds, the participation of nurses on the ward rounds, securing the supply of material (e.g. bandages) on the wards, standardized procedure of handovers as shifts change, continuous training are to be "discussed", and missing pieces of equipment to be purchased.		
Observation (research diary, July, 2004): Rachel introduces herself in each wards' team meeting, informs the employees of the coming changes, but without referring to the negative external evaluation. She explains after the meeting to the first author that doing so would just increased the mistrust which she felt during her arrival, apart from the ignorance.		
„We are supposed to document everything, in the patient file and in the computer to document our activities more comprehensively and timely so that we do not forget it. But how should I do that in such a bee-house?" (Elaine, HN-2, interview)		
Ulrika (HN-3, interview, May, 2005) who also helped on Elaine's (HN-2) ward: When I see them, they document more like guessing more or less what they have done. For instance on the ward of HN-2, where I have helped out the other day. I saw a nurse who worked from 7 am until noon, and mainly with a very complex patient. And then she went for her lunch (portioned shift), and there was not a single sentences documented of what she did. And she did not do a handover, just told me when she left that we may think of turning the patient in a while and offer him water. But there was nothing in the patient file either. On my ward, that is a no go.		
int. Collaborating (issue)		
Minutes, head nurse meeting (April, 2005): Vivian (nurse developer) presents her analysis of the work loads of all wards, based on the documented activities and through conversations with each head nurse		
Observation (research diary, April, 2005): Rachel analyzes with the nurses of ward 2 the situation on their ward due to their perception to be on a high work load.		
Minutes head nurse meeting (April, 2005): On April 12th, 2005, Rachel and the head nurses spent an away-day for advancing management topics (man-power-plan, team-leadership, personnel issues; budget planning) and discuss the analysis of wards' work-loads which results in the establishment of the morning meeting.		
Ext. Collaborating (issue)		
Head nurse meeting minutes (Mach, 05, 2005): head nurses and Rachel list difficulties in collaboration with the clinics of inner medicine an		
Head nurse meeting minutes (March, 24, 2005) states that cooperation with the emergency care unit has improved.		
Head nurse meeting minutes (April, 2005): On April 12th, 2005, Rachel and the head nurses spent an away-day for advancing management topics (man-power-plan, team-leadership, personnel issues; budget planning) and discuss the analysis of wards' work-loads which results in the establishment of the morning meeting.		

Table 5: initiating social interactions

Data (Instances, selected and excluding data of table 1)	Pattern	Move
Issue of leading Observation (research diary, several entries): Rachel always has her door open. While I am there, and a nurse comes, she interrupts her work to attend her with her concern.	enacting third space	initiating third spaces
Rachel (informal conversation, Oct 2004) laments about the increasing demands of nurses for help in all sorts of instances and issues ("I am the jerk for everything right now")		
"We had a lot of topics of how to do the actual patient care work, but also in more organizational topics, like the logistics of the material the nurses need for their work, the flexible ward rounds of the different clinics, and then we looked at the handovers at the end of a shift. A lot of things [however, Herbert stays only for 2 months, prior to Rachel's arrival]. (Herbert, interview, Sept., 2004)		
Observation during shadowing (research diary, July and November, 2004): Rachel visits the wards twice a day, in the morning and the afternoons		
Rachel (informal conversation during ward visits, research diary): "Going around and visiting the wards and teams regularly is sort of common practice for me. It is important for me to see for myself, so I visit all the wards, and take notes. When you are new in a place you walk around with open eyes. Afterwards, you are in the structure and get blind to these things."		
Issue of collaborating Rachel (informal conversation, June 2005, research diary): "I just call Anton (head of surgery) when there is an instance, like one of his staff ordering my ward team around. We get that sorted out quickly so he talks to me first before getting to my staff."		
"With him (Head of surgery) it is good to clarify quickly the instance so that things do not pile up and then you have an explosion. At that point it is too late to do anything." (Rachel, interview, July, 2005)		
Issue of leading New (since Feb. 05) meeting structure of the head nurse meeting (document, agenda and minutes of the meeting): standing agenda point "round of wards" (leading) in which each head nurse reports current situation on her ward and relays staff instances to the head nurses, e.g. experience with documenting nurse activities, staff availability, required equipment	announcing a new or adapting an existing third space	
New (since Feb. 05) meeting structure of the head nurse meeting: inviting guests (ext. Collaboration) as to respective topics, e.g. meal times discussed with head of kitchen in order to change shift structure in nursing (March, 05); head of laundry to handle the collaboration for ensured changes of bed sheets, and staff clothing (April, 05); administration (April 05) to improve the monthly reports for the nursing unit		
Observation (research diary), meeting minutes: New (since Feb. 05) meeting structure of head nurse meeting: standing agenda item "report on projects" (caring) which regard updates on nursing standards, like wound treatment, hygiene, safety in medication allocation etc. These reports by Vivian result from the project teams with nursing staff to improve standards.		
February 2005: declaration of changed meeting structure of the head nurse meeting via the meeting agenda and meeting minutes		
Issue of collaborating Head nurse meeting minutes (April 05): The purpose is to ensure "that night shifts update the morning shifts on extraordinary events, such as emergencies, deaths, admissions, etc. Also, I want all of us to know every ward's daily workload... I consider this knowledge essential to expediting responses to unexpected workload increases."		
Document, minutes of head nurse meeting, July, 2005: Rachel announces that there is a weekly meeting with head of surgery; and with head of inner medicine to discuss cooperation on a regular basis		

Table 7: embedding third spaces

Data (Instances, selected and excluding data of table 1)	Pattern	Move
Open door: no explicit declaration	explicit declaration of third space	
Ward Visits: no explicit declaration		
Leadership conversation: officially declared (table 1)		
Observation head nurse meeting (Feb. 2005): Rachel explains the structural changes of the head nurse meeting with standing topics of ward rounds to address the concerns of staff, the report on projects to discuss the advancement of developing caring and administrative standards; the invitation of guests for enhancing collaboration; and the distribution of agenda prior and minutes shortly after the meeting to the nursing and other departments, as well as to hospital leadership. Rachel explains that she wants the participants all take part in the process of developing the nursing department.		
Rachel (observation head nurse meeting, February 2005): "We can discuss how we can help on another, an dhow the wards might think more in relation with each other. Besides, we can discuss projects or changes, we can share our experience, for instance, the challenges each ward encounters and how they handle these"		
Head nurse meeting (April 05): Rachel announces the purpose of the morning meeting: it to ensure "that night shift updated the morning shift on extraordinary events, like emergencies, deaths, admissions, etc. Also, I want all of us to know each ward's daily workload... I consider this knowledge essential to expediting responses to unexpected workload increases."		
Meeting Clinic head: no explicit declaration		
Open door: enacted since July 2004	embedding through enacting and documenting contents thereof	embedding third spaces
Ward Visit: enacted since July 2004		
Leadership Conversation, enacted since July 2004 (announced in October 2004)		
Document, minutes of head nurse meeting, May, 2005: Rachel and Vivian (nurse developer) report that all but one ward (HN-2) now practice the "office day", which means that most head nurses use the granted 20% of their work time for administrative tasks.		
Meeting agenda, minutes (documents) of head nurse meeting indicate recipients : From Feb 05 onwards, agenda is distributed prior, and minutes one day after the HN-Meeting to all participants, and hospital administration, Kitchen, Laundry, Clinic heads and hospital leadership		
Minutes Head nurse meeting June, 2005: Rachel requests all HN to provide her with budget requests so that she can include them in her budget plan that enters into the overall hospital budgeting in Fall, 2005		
Document, minutes of head nurse meeting October, 13th, 2005: Rachel requests all head nurses to review man-power planning with her before informing the team of next month's man power plan;		
Document, minutes of head nurse meeting October, 13th, 2005:rND observes that HN take more responsibility for their wards in daily work, and in developing the wards		
Document, minutes of head nurse meeting Nov , 2005: All but one ward (HN-2)report that documenting care activities works and they manage to do it comprehensively and timely after the care activities		
"For me, I see myself not only in working with patients and in pushing the interests of my team within the unit. I try to approach things now sort of more global if you like. I have now also to really see that I do all the documenting and plan the work load better. And also with personnel decisions, Rachel includes us in the hiring process which I really appreciate because I can check if someone fits into my team or not." (Ulrika HN-3, interview, Nov. 2005)		
Meeting minutes (March-October, 05): Minutes contain specifications of what medical doctors can order ward staff to do and what not. Instances relating to organizing (e.g. new tasks for the ward, reporting for medical doctors, change in times of ward rounds) are to be transferred to Rachel to discuss with clinic heads.		
Minutes head nurse meeting, Feb. 2005: relationship between wards, emergency care unit and ambulance service reported to improve		

Table 6: addressing the issue

Data (Instances, selected and excluding data of table 1)	Pattern	Move
<p>Observation (research diary, several entries) on "open door" practice: instances encompass all issues, often instances of leading (e.g. lacking equipment, material; sometimes team conflicts)</p> <p>Observation (research diary, several entries) of daily ward visits: No explicit association with a specific issue. Instances concern caring (e.g. handling difficult patients, conversations with family members), collaboration with medical doctors (e.g. noting demands of medical doctors), and leading (lack of personnel due to sudden sick leaves, problems with equipment).</p> <p>"I also go to the team meetings in each ward each month, and I explained them there that they should discuss their topics there, decide them and implement them. I try to tell them of the importance to do that together. Of course, there are also issues, which I have to decide myself as the head of the wards. Topics that come from hospital management or so. And I think they accepted this, that there are some things, I decide, but others which I want them to decide." (Rachel, interview, July 2004)</p> <p>Observation, meeting minutes since February, 2005: Parts of the meeting are designated for "round of wards" (leading) in which each head nurse reports current situation on her ward and relays staff instances to the head nurses, e.g. experience with documenting nurse activities, staff availability, required equipment; but also to indicate instances of collaboration with other departments</p> <p>Observation, meeting minutes since February, 2005: Parts of the meeting are designated to external collaboration (inviting guests), e.g. meal times discussed with head of kitchen in order to change shift structure in nursing (March, 05); head of laundry to handle the collaboration for ensured changes of bed sheets, and staff clothing (April, 05); administration (April 05) to improve the monthly reports for the nursing unit</p> <p>Observation, meeting minutes since February, 2005: Parts of the meeting are designated on "reports on projects" (caring) which regard updates on nursing standards, like wound treatment, hygiene, safety in medication allocation etc. These reports by Vivian result from the project teams with nursing staff to improve standards.</p> <p>"The other thing what I want is, that if there are differences in work load between the wards, that we can decide on the spot which team can lend a nurse for the day. Sort of learning to help each other across the wards, that is what I want." (Rachel, interview, March, 2005, explaining the purpose of the morning meeting, also in meeting minutes head nurse meeting, April 2005)</p> <p>"Meeting Clinic heads" are geared to address instances of collaboration with medical doctors (Rachel, interview, May, 2005)</p>	third space designated to the issue	
<p>"It was quite clear this month (August, 2004) that everybody is close to the edge. We have so many calls and requests for bagatelles that I could not believe that the nurses would call us for such little things. A typical example: There calls a nurse to tell me that a hair shaver is broken. So, I tell her that we have technical support department and that she should go there and get it fixed." (Anita, CeHo nurse, interview, Aug. 2004, who was temporarily deployed to help out at LoHo)</p> <p>Observation of conversation between Rachel and nurses during "open door" encounters: Upon requests of nurses and instances they bring up to her, Rachel often refers them to their head nurse, like on issues of man-power planning or how the documenting can be done.</p> <p>Observation of ward visits (research diary, several entries): Rachel and Anita help the ward teams with various instances (like ordering missing equipment, or collecting instances of collaboration with medical doctors to address separately)</p> <p>Rachel (informal conversation, research diary, Sep., 2004): "On one of the wards, they wait for a blood pressure gauge they have ordered half a year ago. Well, I got on the phone and had that fixed in five minutes."</p> <p>"I am just here to help out. I go to the wards and see what I can do. Like helping in caring for patients, or looking with them at the documenting procedure. I look to find missing equipment, or getting things repaired... all these sort of things. I am the girl for every job so to speak ("Mädchen für alles"). (Anita, nurse from CeHo, interview Aug. 2004)</p> <p>Head nurse meeting minutes (April 5, 2005): Rachel instructs head nurses that medical doctors must approach her on issues regarding the cooperation with wards (previous practice: medical doctors instructed nurses on these issues directly, as they continue on issues of caring for specific patients); Rachel informs all clinics of this directive; head nurses report (in Head nurse meeting) on problems with cooperating with medical doctors</p> <p>Meeting observations (research diary, head nurse meeting minutes, March, 2005): inviting guests allows to handle the instance (e.g. change meal times with the kitchen) and others - Kitchen head critiques that the wards do not collect the trays after lunch in time - are decided in the meeting, so that head nurses ensure that</p> <p>Meeting observations (research diary, head nurse meeting minutes, April, 2005): The laundry services explains its difficulties with sheet changes in time because of staff shortage, so that the head nurses offer to collect sheets to relieve the laundry crew of this task.</p> <p>Rachel (informal conversation, April 2005): Based on the continuing difficulties in practicing documenting, man-power planning and her observation that the head nurse do not make use of their office day yet, she invites them all to meeting that concerns daily issues of organizing and how to handle them.</p> <p>Head nurse meeting minutes (May, 05): Head nurses report that the collaboration with the kitchen and the laundry service improved (besides that with the emergency team, and the first responders as they bring in patients)</p> <p>Head nurse meeting minutes (Oct. 2005): Rachel observes that head nurses take more responsibility for their wards in daily work, and in developing the wards</p> <p>The author observed 1 morning meeting (in May, 2005) that followed the pre-defined structure of reports by night shift, round of wards of upcoming activities, clarification of work load and possibilities for mutual support. In several interviews (Fall, 05) head nurses report that they have sent staff to other wards on several occasions.</p> <p>Minutes head nurse meeting (June, 2005): Rachel reports in the head nurse meeting that she clarified with the surgeons to stick to the agreed times of medical ward</p> <p>Minutes of head nurse meeting (November, 2005): Rachel and head nurses decide in meeting to inform medical doctors that requests regarding cooperation and organization are invalid for the wards if they lack the signature of Rachel</p>	handling instances and thereby addressing the issue	addressing the issue with third spaces
<p>Observation of conversations with nurses who come to her office (open door; research diary, several entries): by supporting the nurse, Rachel displays her understanding of leadership, which she describes as follows (Rachel, Interview, July, 2004): You have to be available for your team on all sorts of topics so that you can develop and keep a productive atmosphere on your ward. For example, if you just say in an authoritarian way: 'that is your problem if your boy-friend left you and I just expect your work to be performed here'. Do you know what would happen on your ward? After a while, nobody would come to work anymore."</p> <p>Observation (ward visits, research diary, several entries): During ward visits, Rachel first approaches the head nurse first with her common question: "How are things today?". When talking to team members she wants the head nurse by her side, sometimes gently clinging to her arm. Rachel (informal conversation, during ward visits): I want the head nurses to have a different, a more important position. I need them to be responsible for their ward, and they are my primary contact when I communicate with the ward. I want them to know what is going on in their team and when I need to know something I want to ask them and not anybody else</p> <p>"It is really a challenge that the head nurses assume their role as such. Right now, I again see that they do the task as a whole team, even though it is her job on planning the shifts. Then it does not work because everybody enters their wishes. Now they have to be the superior, they have to stand in front of the team and assume their responsibility" (Rachel, interview, Oct., 2004)</p> <p>"I want them to be part of the change process. We can now discuss how we can help one another, and how the wards might think more in relation with each other. Besides, when we discuss projects or changes, we can share our experiences, for instance, the challenges each ward encounters and how they handle these" (Rachel on the purpose of the head nurse meeting, informal conversation, March, 2005, research diary)</p> <p>organizational objectives and less getting caught up in little details (like a dysfunctional sink on a ward room). There was hardly any HN doing something else during the meeting. It appears as if the new structure - report on project, ward concerns, inviting guests since February 2005 - starts to impact on the participation by the head nurses.</p> <p>Document (agenda, head nurse meeting): agenda contains abbreviations that indicate whether an instance is informed (and thus decided by Rachel), discussed (for a later decision), or jointly decided within the meeting</p> <p>Observation (research diary, July, 2005): The morning meeting is short and follow the pre-defined structure of night shift report, morning shift report of incoming and outgoing patients, and the question of who needs and who can offer support on a ward for that day</p>	conduct expresses the handling of issue	