How to embed paradox solutions –

a process perspective on establishing reflective routines during an organizational change in a nursing department

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Abstract: Exploring on a longitudinal case study of a change initiative in a nursing department, we explore the question of how to embed paradox solutions. Drawing on routine dynamics our study shows the emergence of reflective routines as both a medium and part of the outcome to handle a paradox. The establishment of reflective routines moves from individual observing, through repeated interaction, resonance with both poles of the paradox, towards embedding reflective routines formally while differentiating them in terms of topics, participants and temporal rhythm. Thereby, reflective routines overcome the separation between designers and implementers of paradox solutions and become an integral part to daily organizing within the studied organizational unit.

1 Introduction

Exploring a change initiative within a nursing department, this paper addresses the open issue on how to embed paradox solutions through establishing reflective routines.

Hospitals are exemplars of pluralistic organizations. These settings are often regarded remarkably stable to organizational change initiatives (Pettigrew, 2012; Tucker & Edmondson, 2003; Weick & Sutcliffe, 2003). Scholars tend to observe misunderstanding and conflict or practices of corrupting, diluting and postponing change initiatives (Denis, Lamothe, & Langley, 2001; Lozeau, Langley, & Denis, 2002),

The paradox lens provides a promising perspective to study pluralistic organizations because it resonates with the observed relative autonomy of internal actors that associates with ambiguous power relations of pluralistic organizations (Denis et al., 2001; Lewis & Smith, 2014). The paradox lens assumes that paradoxes are integral to organizations (Lewis, 2000; Putnam, 1986; Quinn & Cameron, 1988; Smith & Lewis, 2011). Paradox comes into play because organizations draw distinctions that form different subsystems (Ford & Backoff, 1988). These subsystems are independent and interdependent. They are sometimes incompatible, but necessary together to achieve overall success (Jarzabkowski, Lê, & van de Ven, 2013; Lewis & Smith, 2014).

The paradox lens invites their handling (Beech, Burns, Caestecker, MacIntosh, & MacLean, 2004); it fosters paradoxical thinking (Westenholz, 1993), triggers workable solutions (Luescher & Lewis, 2008), or consistently inconsistent decision-making (Smith, 2014) in order to relate the opposing poles or subsystems in a “both-and” way that leaves them intact (Clegg, Vieira da Cunha, & Pina e Cunha, 2002). However, the paradox lens notes the difficulties to embed paradox solutions within an organization. Scholars wonder whether envisioned solutions to paradoxes prompt lasting organizational changes (Luescher & Lewis, 2008), how to engage subordinates in these solutions (Jay, 2013; Smith, 2014), or how paradox solutions become integral to the organization (Jarzabkowski et al., 2013). This open issue of embedding solutions to paradoxes prompts the research question: How can paradox solutions become embedded in a pluralistic organization?

We adopt a process perspective because it contributes to an emerging dynamic view on paradox (Abdallah, Denis, & Langley, 2011; Jarzabkowski et al., 2013; Jay, 2013). As

process, organizations are actively accomplished, temporal social orders (Czarniawska, 2008; Hernes, 2008, 2014; Langley & Tsoukas, 2010; Tsoukas & Chia, 2002) based on and shaped by organizational routines (Dionysiou & Tsoukas, 2013; Feldman & Pentland, 2003; Feldman & Orlikowski, 2011; Grand, Rüegg-Stürm, & von Arx, 2010; Parmigiani & Howard-Grenville, 2011). Our focus lies on how reflective routines emerge over time. Studies on changing pluralistic organizations (Edmondson et al., 2001; Iedema & Carroll, 2012; Kellogg 2011) and on paradoxes (Luescher & Lewis, 2008, Jay, 2013; Jarzabkowski et al., 2013) note the importance of collective reflection when embedding paradox solutions.

The empirical research is situated within a public hospital and concerns a change initiative of a nursing department. A pluralistic setting is ideal to study paradoxes because they results from the different subsystems or worlds that manifest in the professions and disciplines of a hospital (Glouberman & Mintzberg, 2001; Luescher, Lewis, & Ingram, 2006; Luhmann, 2000; Smith & Lewis, 2011).

The empirical results of our longitudinal case study point to a process model of "routinizing reflection" that depicts the pattern of how to embed paradoxical solutions by establishing reflective routines. Reflective routines are collective and communicative patterns in which the involved professionals observe their daily work and the change initiative unfolding over time (see Adler, Goldofas, & Levine, 1999; Bresman, 2013; Pentland & Feldman, 2008). In this case, the reflective routines emerge from individually observing the daily work, required repeated interacting between those involved, embedding these routines formally and differentiating them according to topics, involved actors and temporal rhythm. The reflective routines assisted the change initiative, but also became a continuous and integral part of the daily work of the nursing department. The reflective routines are both the medium and part of the outcome of the initiative.

These insights on the emergence of reflective routines addresses the open issue on how to embed solutions to a paradox and offer four contributions (Jarzabkowski et al., 2013; Jay, 2013; Luescher & Lewis, 2008; Smith, 2014): First, routinizing reflection shows the pattern of emerging reflective routines that advances insights on individual and group reflection when handling paradoxes (Jay, 2013; Luescher & Lewis, 2008; Smith, 2014). Second, the model of routinizing reflection displays the importance of resonating with the opposing poles of the proposed and the enacted meaning structure. This double resonance

enables to weave the former into the latter, not only in terms of their content but also in terms of how the reflective routines are conducted (Abdallah et al., 2011; Andriopoulos & Lewis, 2009; Clegg et al., 2002; Jay, 2013; Smith, 2014). Third, routinizing reflection overcomes the separation between the senior leaders who envision the solution and their subordinates who are expected to enact it (Abdallah et al., 2011; Ford & Backoff, 1988; Luescher & Lewis, 2008; Smith, 2014; Smith & Lewis, 2011). The inclusion of organizational members to reflect on their daily work and on the envisioned changes addresses the risk of misunderstanding the proposed solution (Barrett, Thomas, & Hocevar, 1995; Bartunek & Moch, 1994; Westenholz, 1993). Fourth, designing and implementing paradox solutions occurs simultaneously within routinizing reflection. The literature implies that solutions are envisioned before they are implemented (Jarzabkowski et al., 2013; Luescher & Lewis, 2008). In comparison, routinizing reflection resonates with improvisation, which scholars understand as planning while acting (Clegg et al., 2002; Orlikowski, 1996; Weick, 1995).

Our study also speaks to the call in routine dynamics to explore the emergence of routines (Parmigiani & Howard-Grenville, 2011). In line with others (Feldman, 2003; Pentland & Feldman, 2008), routine emergence and change includes a reflection on the organizational understanding and implies enacting a different practice of performing routines.

In the remainder of the paper, we elaborate on the paradox lens and the challenge of embedding paradox solutions that leads to focusing on reflective routines in our analysis. The method section displays the research setting, the data gathering and analysis. The result section displays the change initiative in three episodes emphasizing the reflective routines and their emergence. The analysis leads to the model or “routinizing reflection”, which we discuss in terms of the literature before concluding the paper.

2 Theoretical Background: embedding paradox solution

Early work on organizational paradoxes[1] originates from psychology (Watzlawick, Weakland, & Fisch, 1974). In organization studies, Putnam (1986) distinguished contradictory messages on the individual level from self-reinforcing cycles between individuals and system contradiction within the organization. Fostered by Quinn &

[1] Paradox draws on a long tradition in philosophy, logic, and the social sciences (Putnam, 1986; Poole & van de Ven, 1989; von Foerster, 1994), the latter of which is the research stream this study refers to.

Cameron (1988), Smith & Berg (1987), and Poole & van de Ven (1989) studying paradoxes in organizations has developed into the paradox lens (Lewis, 2000; Lewis & Smith, 2014; Smith & Lewis, 2011). A core achievement is the departure from theoretical assumptions that highlight coherence over incoherence (Hernes & Weik, 2007; Quinn & Cameron, 1988), linearity over interdependence (Abbott, 1988; Ford & Backoff, 1988), and single over plural rationality in theorizing organizations (Lewis & Kelemen, 2002). In other words, "… paradoxes are at odds with the prevalent view of organizations as coherent entities." (Jarzabkowski et al., 2013: 246).

Paradoxes are "contradictory yet interrelated elements that exist simultaneously and persist over time" (Smith & Lewis, 2011: 382). Paradoxes contain two main characteristics (Ortmann, 2004; Putnam, 1986; Smith & Berg, 1987): contradiction and self-reference.[2] Whereas *dilemmas* share the opposition of two components, they do not involve self-reference (Lewis, 2000; Neuberger, 2000; Smith & Lewis, 2011). In a paradox, the opposing poles relate self-referentially, so that the two poles mutually constitute each other (Clegg et al., 2002). A paradox denotes duality, whereas a dilemma depicts dualism (Farjoun, 2010; Smith & Lewis, 2011).

A first contribution of the paradox lens is to approach such a situation as an opportunity to envision and to enact creative alternatives (Beech et al., 2004; Ford & Backoff, 1988). Many studies have focused on individuals and groups that generate solutions to paradoxes (Lewis, 2000; Lewis & Smith, 2014; Luescher & Lewis, 2008; Smith & Lewis, 2011). A core insight is learning to think paradoxically (O'Connor, 1995; Westenholz, 1993) and to accept paradoxes as invitations to act (Beech et al., 2004) to alter the interaction patterns from which a paradox emerges (Barley, 1986; Barrett et al., 1995; Luescher et al., 2006).

A second contribution is the shift from handling paradoxes by choosing between poles (either-or) to leaving both poles intact in both-and approaches (Clegg et al., 2002; Poole & van de Ven, 1989). Either-or approaches separate the opposing poles either in space by drawing boundaries or by creating departments as subsystems (Lewis, 2000); in time, either-or approaches imply to attend to the opposing poles sequentially. The literature often considers either-or approaches as short-term solutions with the risk of increasing the

[2] Smith & Berg (1987: 14) note self-reinforcing cycles as a third element. Since they result from self-reference (Ortmann, 2004; Neuberger, 2000) they are part of it and manifest in vicious or virtuous circles (Smith & Lewis, 2011).

tension between the poles (Clegg et al., 2002). In comparison, scholars view both-and solutions to create a dynamic equilibrium (Smith & Lewis, 2011), to move the organization forward (Jay, 2013), or to provide workable solutions (Luescher & Lewis, 2008), thus tapping into the creative potential of the paradox (Ford & Backoff, 1988).

Third, the literature associates either-or and both-and approaches with dualism and duality, respectively (Farjoun, 2010; Ortmann, 2004; Smith & Lewis, 2011). As a dualism, the focus is on the poles and their mutual contradiction. As a duality, the poles are also complementary (Farjoun, 2010). Dualism fosters a choice between the poles (Lewis, 2000). Duality motivates to keep the poles intact by considering their relation (Clegg et al., 2002), e.g. One example is the duality of structure and action by Giddens (1984) in which structures enable and restrict action as action draws on and thereby reconstitutes the structure (Farjoun, 2010; Feldman & Orlikowski, 2011). Another example reconstructs the study by Orlikowski (1996) on situated change (Clegg et al., 2002). These authors argue that improvisation relates the poles of action and structure, which means planning while one acts (Weick, 1993).

Fourth, scholars find that the persistent and dynamic relation of opposing poles is situatively and locally enacted. As the poles mutually reinforce each other their "… relationship is a local one, in the sense that it cannot be designed generically – it emerges from situated practice" (Clegg et al., 2002: 486). Likewise, Lewis & Smith (2014) argues for the importance of the dynamic processes and mirror the call for a process perspective within the paradox lens (Jarzabkowski et al., 2013).

Recent developments point in two directions. First, scholars map different paradoxes. These works distinguish individual, group and organizational levels to locate paradoxes, including paradoxes that result from relating paradoxes (Lewis, 2000; Smith & Lewis, 2011). Second, Jarzabkowski et al. (2013: 250, emphasis added) call for a processual perspective within the paradox lens, to *understand the dynamics through which paradoxes are interlinked* and the way they generate outcomes that shape the ongoing response to paradox.". Lewis & Smith (2014: 15) observes that studies "depict the dynamic and mutually constitutive relationship between alternative poles of a paradox." One of the process studies has investigated the evolution of organizational understanding (Jay, 2013). This research highlights the continuous sensemaking over time to reframe the top

management's understanding in response to paradoxical environmental cues. Another study by Jarzabkowski et al. (2013: 255) finds a wide range of responses, including suppressing, confronting, and accepting a paradox within a single setting. Andriopoulos & Lewis (2009) reveal that handling paradoxes contains both differentiating and integrating managerial practices. Differentiating practices emphasize the distinguished parts of an organization and their unique contributions. Integrating practices highlight the relationships between the parts and their mutual benefits. Abdallah et al. (2011) explore the dynamic resulting from how managers reconstruct the paradox in their communication with organizational members. The managers' so-called discourses of transcendence aim to reinterpret the paradox. Discourses of transcendence draw on ambiguity to maintain commitment and unity in situations of difference, and thereby simultaneously provide the conditions of their own dissolution. Recently, Smith (2014) identifies consistently inconsistent decision-making of senior managers as a paradoxical solution to handle paradoxes. In her case, managers employ paradoxical decision-making patterns to handle paradoxes. These works strengthen a processual perspective within the paradox literature. They stress the dynamics of a paradox and its handling over time.

The paradox lens poses an important and current open issue which is the *struggle of how to embed solutions to a paradox* within a specific organization. Accordingly, our *research question* is*:* How can paradox solutions become embedded in a pluralistic organization? Without gaining a better understanding of how paradox solutions become organizational reality, the solutions turn into attempts with unclear impact that undermines the legitimacy for the paradox lens. It is timely to address this research question to show the utility of a paradox lens as a theoretical approach but also as a practically relevant one for pluralistic organizations.

Elaborating on the open issue, Smith (2014: 1618) reports on how senior managers struggle with engaging employees into their ways of handling paradoxes. Her study "… raises the question about how leaders can engage subordinates." The issue of engaging subordinates implicitly applies to studies that focus on the top management team. Jay (2013) follows this group's sensemaking in detail, but how the insights thereof emanate to the organization remains under researched. Likewise, Denis et al. (2001) call for "much more attention to the flow of leadership and change *throughout the organization*" (ibid: 832, emphasis added), reflecting on their study on the top management team. Investigating

middle managers, Luescher & Lewis (2008: 237) show how paradoxical inquiry works but acknowledge: “Yet whether such responses to paradoxes continued and how they affected larger structural changes is unknown.” To this end, Jarzabkowski et al. (2013) argue to implement procedures, such as cross-functional teams. A cross-functional team helps to sustain the envisioned way of handling the observed paradox. These authors do not elaborate on how such a team becomes established in detail. In sum, the cited studies are important to develop paradox solutions but remain limited as to how these solutions become part of the organization.

One reason for this struggle is the separation between those designing ways of handling the paradox from those on the receiving end (Bartunek, Rousseau, Rudolph, & DePalma, 2006). Solutions that are generated by certain individuals or groups within the organization bear the risk of being misunderstood by those members who do not participate in their development (Barrett et al., 1995; O'Connor, 1995). Westenholz (1993: 54) points out: “Proponents of paradoxical suggestions, however, in most cases suffer the same fate as all others: he or she is interpreted on the basis of the existing frame of reference.” Those on the receiving end of the designed ways of handling paradox remain outside the processes of learning to think paradoxically (Westenholz, 1993), of paradoxical inquiry (Luescher & Lewis, 2008), or of sensemaking (Jay, 2013). Such a separation prompts defensive reactions (Lewis, 2000). Defensive reactions tend to enhance the experienced paradoxical tensions and conflict (Luescher et al., 2006) leading to escalating vicious circles (Smith & Lewis, 2011). Furthermore, and related to the separation of designers and implementers, embedding a paradox solution requires to relate the paradox poles (Clegg et al., 2002), i.e. the proposed solution with the enacted one. Similar to an episodic change initiative (Weick & Quinn, 1999), embedding a paradoxical solution means to weave it into the ongoing and situative accomplishment of an organization (Langley & Denis, 2006). Therefore, a proposed solution relates to the enacted one while simultaneously aiming to shift it towards the proposed solution.

Routine dynamics offers a perspective to overcome the separation. Routine dynamics extends reflection from the designers of paradoxical solutions to those implementing them. Both groups perform routines and reflect on this performance continuously (Feldman, 2000; Parmigiani & Howard-Grenville, 2011). During routine performance, the organizational members may choose to deviate “whether in response to external changes or in response to reflexive self-monitoring” (Feldman & Pentland, 2003: 108). In the case

of deliberate routine change, scholars observe actors reflecting their organizational understanding (Feldman, 2003) that associates with a routine and vice versa (Rerup & Feldman, 2011). Organizational members jointly reflect on the process of changing a routine (Edmondson, Bohmer, & Pisano, 2001; Stiles et al., 2015) and employ learning (Bresman, 2013) or problem-solving routines (Adler et al., 1999). In hospitals, reflective routines are often used to continuously improve clinical practice (Iedema & Carroll, 2011).

Reflection is integral to performing routines as the involved actors continuously adjust their respective expectations and understandings (Dionysiou & Tsoukas, 2013). At this point, reflection differs from feedback. Feedback "involves the generation of information about system conditions that flow back to the system to control it" (Feldman & Orlikowski 2011: 1242). Feedback is not integral to a system and its development but provides a temporary reflection on a phenomenon. In comparison, reflection is integral to the social phenomenon in which it takes place (Feldman & Orlikowski, 2011; Zundel, 2012).

We focus on *reflective routines*. Routines are repetitive recognizable patterns of actions or communication of several actors (Feldman & Pentland, 2003). Reflective routines help to adapt routines, like problem-solving, review-reflection (Adler et al., 1999), or learning routines (Bresman, 2013). In hospitals, scholars report routines geared to continuously improve clinical practice (Iedema & Carroll, 2011), to reflect while introducing a new treatment regime (Edmondson et al., 2001), to train and to maintain the scientific standards of a medical discipline (Kellogg, 2011), or patterns of reflective and experimental spaces in a dialectic (Bucher & Langley, 2016).

3 Methods: longitudinal case study

We present a 3 year single case study of a public health care organization implementing major changes in the organizational routines after a merger of two independent hospitals. As a measure to enhance economic efficiency the public owner announced to merge a smaller regional hospital (Reho) with a larger hospital (Laho) between 2002 and 2007. The integration process mainly involved Reho departments and clinics to adapt to those of Laho located in the state capital with ca. 70.000 citizens. Reho is situated 20 km apart in a rural city of 9.000 inhabitants. Together, both hospitals are among the ten largest providers in Switzerland. In 2005, 445 medical doctors, 964 nurses and 884 support staff members treated approximately 60.000 patients in residence, and 70.000 in day care with

753 beds overall. Budget-wise, Laho is about nine times the size of Reho. Reho is an acute hospital, whereas Laho additionally offers services similar to a university hospital.

This research case seems especially insightful to analyze the embedding of paradox solutions. First, pluralistic organizations, like hospitals, are promising for simultaneously studying different types of routines and their links with each other. Their medical and nursing work is quite prominent and involves different organizing routines (Glouberman & Mintzberg, 2001). Second, a restructuring case fundamentally aims to alter an organization and is thus promising to study the deliberate change and emergence of routines (see also Denis et al., 2001; Jarzabkowski, Le, & Feldman, 2012). Third, the prolonged and open access of our research partner over a considerable time period enabled us to generate real-time data and to closely follow the initiative (Langley, Mintzberg, Pitcher, Posada, & Saint-Macary, 1995). Such real-time data helps to achieve what Pettigrew (2012) refers to as catching reality in flight and provides rich data and insights.

Our data set includes real time observations, semi-structured interviews, and documentary data to allow for triangulation (Eisenhardt, 1989). The field phase dated from April, 2004 until February, 2006. Data was gathered by a team of two persons including the first-author to allow for triangulation. A journal contained our field notes on observations, of meetings as non-participant observers, our own interpretations and numerous informal conversations. Seventy-three observations were made, including ward meetings, meetings of nurse leadership and a one-week ethnographic visit on a ward of surgery and of internal medicine in both hospitals. These observations were validated by participants in 28 feedback sessions. We conducted 80 semi-structured interviews of one to two hour length regarding the interviewees' understanding of the hospital merger in their work and organizational context. The interviews encompassed different professions involved and all hierarchical levels. Interviews with key informants were repeated between two and six times. All interviews were transcribed. Access was granted to 69 documents including conceptual papers, minutes, annual reports and email correspondence.

Data was analyzed taking a process perspective (Langley, 1999): First, we developed a case history making use of visual mapping. After analyzing the documents, we incorporated our field notes to connect events, decisions and on-going developments. In order to understand the arising case history from the practitioners' perspective, the informal conversations and interviews were incorporated in order of occurrence. Second,

applying temporal bracketing, we identified three distinctive episodes. For each episode we analyzed key events and actors and explored the emerging reflective routines in relation to the unfolding change initiative within the specific context of daily work at the nursing unit. It was at this stage that organized reflection and reflective routines emerged as important in our analysis, which prompted us to turn to the respective routine literature. Furthermore, we identified the professional understanding and underlying assumptions of nurses with regards to caring and organizing routines by analyzing their daily work with patients, supported by literature on pluralistic organizations in general (Denis et al., 2001; Jarzabkowski & Fenton, 2006; Denis & Langley, 2007), and on hospitals in particular (Glouberman & Mintzberg, 2001) because our data suggested the importance of the embeddedness of routines within the organizational context (Howard-Grenville, 2005). As to the routines themselves, we coded the data with the following analytical categories to depict reflective routine (Feldman & Rafaeli, 2002: 310ff.): what is performed (task), who is involved (actors), how it is performed (steps), and when is the performance of a routine triggered (trigger). The categories of who becomes involved on what, how, and when are sufficiently intuitive to guide the data analysis. They are abstract enough to avoid pre-conceptualizing a routine (Chia & MacKay, 2007) and help to depict the "ways of acting" (Jay, 2013: 140).

The third phase was to validate the findings with peers and practitioners. Workshops with the practitioners of the three professional domains were organized to enhance the reliability of our findings.

4 Results: establishing reflective routines

The result section presents the change process in three episodes. The first episode starts with the trigger of the integration until the paradoxical tensions between the nursing at Reho and at Laho. The second episode reports on the entrance of Rachel, deployed from Laho, to accompany the Reho nurses to adapt their routines. With Rachel becoming the nurse director at Reho, the third episode concerns the changes within Reho's nursing department. After a description of the events, the analysis is on how reflection on the change initiative occurs and on the observed impact on Reho's nursing.

Episode 1: Paradox salience in Reho's nursing department

Episode 1 contains the events that led to an open conflict between the involved actors (Figure 4-1). The conflict exemplifies the opposition between the Reho's enacted nursing practice and the proposed one of Laho and the salience of their paradoxical relationship at the time. Second, the episode displays that the Laho members practice reflection in terms of feedback they provide to Reho's nurses. Third, these feedback activities do not turn into reflection. One reason is that the content of the feedback and the way how Laho's nurses conduct these settings do not associate with Reho's practice, but rather with that of Laho.

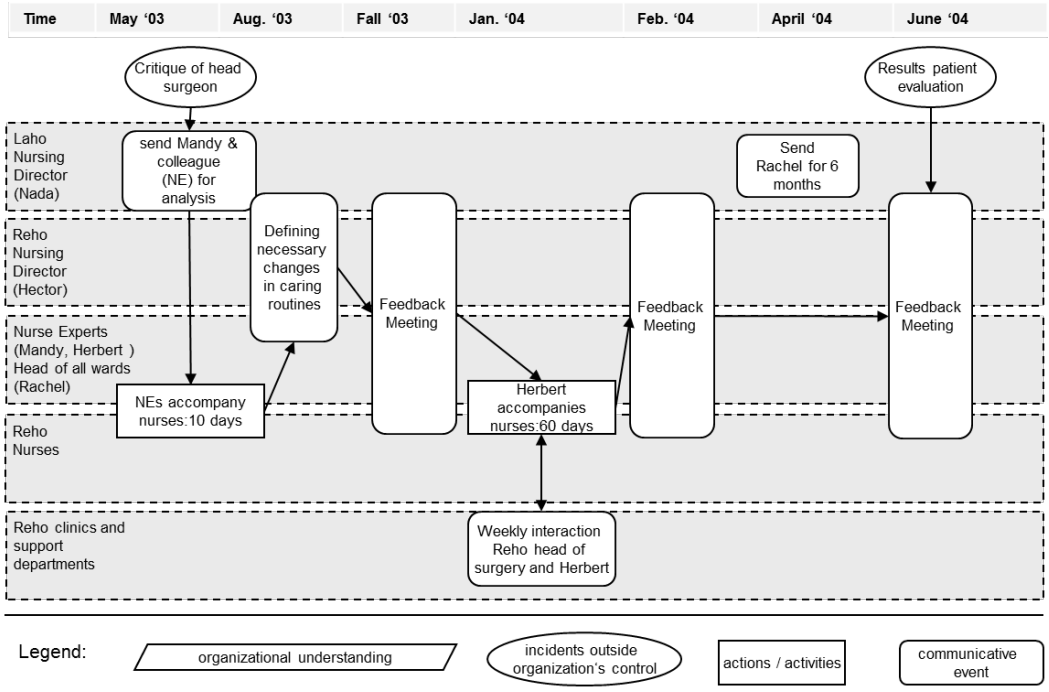


Figure 4-1: Integrating nursing, episode 1

In May 2003, John, the head of surgery, complains about inadequate professional standards. Nada remembers: "John said to me: you lost control at Reho. You have to do something about it." The nurses of Reho observe the proposed changes to become excessive: "At the beginning, the surgeons acknowledged that they would leave us our own way of doing things. But over time, their demands become more and more. We felt like being eaten alive", says Cheryl (HN-4).

In response to John's critique, Nada sends two nurses from the surgical department of the Laho to visit their colleagues at Reho for ten days. Mandy and her partner participate in daily work and feel "heartily welcome, even though we were the outsiders" (Mandy). Being present in the daily work on the wards, Mandy notes that "they were happy we came." During their visit, Mandy and her colleague concentrate on the caring routines,

such as patient mobilization or wound treatment. They also assess the handling of patient data in the patient file, the ordering of material, and the managing of bed capacity. Analyzing these procedures, Mandy asks herself "what are the deficits here?" in comparison to the professional nursing practiced at Laho. Identifying deficits in terms of the content of standard caring procedures and in terms of how nurses use checklists and formal guidelines is their main focus. With regards to organizational tasks, they could only place recommendations: "When we saw something, which nurse leadership should do, like ward guidelines, documentation, information flows. There, we could only recommend something. We could not instruct like: 'From now on, you do it like this.'"

In August 2003, Mandy and her partner report their analysis to Nada and Hector, the nursing director of Reho. According to Nada, the goal is "that Reho practices the same nursing as we do at Laho". The report entitled "measure catalog" contains a list of required changes in nursing standards. For example, the wound treatment and the pain treatment are to be "removed" and "replaced" with the ones practiced at Laho. Topics of organizing like changing the schedule of ward rounds are to be "discussed", and missing pieces of equipment are to be purchased. Hector takes notice of the results as recommendations: "The suggestions were helpful for me to see what we could use for our development."

In the fall of 2003, Nada, Mandy, and her colleague provide a "feedback" to the Reho nurses who they summon in the local meeting room on the fourth floor and remotely from the wards. "There we told them of all the caring topics. We told them honestly about everything that did not work and where they had deficits", says Mandy. According to her, the reaction of the Reho nurses was two-fold: some Reho nurses thanked them, while others were startled by the magnitude of deficits in nursing standards.

In January 2004, Nada sends a nurse, Herbert, for two months to Reho to support the implementation of the new or changed nursing standards. Herbert understands his task as to implement the Laho "folder of nursing guidelines", the exemplary file, at Reho. He engages with the Reho nurses in the daily work on the wards, and the Reho nurses appreciate his support. Ulrika (HN-3) says: "He came for quite some time, really trying to help us out and he did a lot of teaching on the job." Besides working on the wards, Herbert meets weekly with Anton, the leading surgeon at Reho, to "discuss how it is going, how to handle specific problems and such things" (Anton). Between the two, they decide on how to proceed to implement the guideline folder.

At the end, Nada, Herbert, and Mandy summon the Reho nurses in the meeting room. They use an Excel spreadsheet with an overhead projector to state the issues that remained to be changed. The Reho nurses feel intimidated and angry: “It was almost like they were threatening us: ‘you must change this and that, and if you don’t, then…’ It was like all we had done so far was not worth anything. All of us were furious” (Elaine, HN-2). Likewise, their Laho colleagues become angry. Later on, Nada reflects: “It was difficult to change particularly those aspects in which the Reho nurses think they do them well. This was really challenging.”

Reflective routines and feedback action side-by-side: During this episode, reflection occurred separated. Reho nurses used their mostly informal routines while the Laho employees discussed the change initiative internally and conducted feedback meetings. Table 4-2 contains a summary of these activities:

reflective routine	Who	What	When	How
Going for a coffee and chatting	• nurses of same or different wards	• personal impressions of the wards, the department, the hospital, other departments • encounters with patients, family members • caring routines	• ad hoc; idiosyncratic	• bilateral informal conversation
Z’Nüni (daily morning coffee break of wards)	• nurses of a ward		• daily in ward office room	• informal group conversation
Accompanying in performing caring routines	• Herbert, Mandy (Laho) • ward nurses (Reho)	• performing caring routines • in part organizing routines • structure of ward rounds	• temporary period (10 days, 2 months)	• reflection on action • training on the job
Feedback meetings	• Nada (Laho) • Mandy, Herbert (Laho) • head nurses (Reho) • ward nurses (Reho) • Hector (Reho)	• caring routines: deficits and required changes • equipment • qualification • organizing routines	• scheduled meetings	• structured according to the project plan of Laho
Herbert meeting Reho’s leading surgeon	• Herbert (Laho) • Anton (Laho)	• the current development, devising further steps	• once, twice a week during January-February, 04	• informal conversation

Table 4-1: Reflective activities and routines during episode 1

At Reho, reflective routines are informal. They highlight the personal relationship between those involved. As Elaine (HN-2) explains, one goes for a coffee with a befriended colleague “to talk a bit about everything”. Such encounters occur situationally depending on the ward’s workload and among nurses with personal relationships. On a more regular basis, the nurses on the ward engage in conversations regarding patients, the hospital,

medical doctors, and all sorts of topics during lunch breaks as well as during their breakfast break at 9 am in the back of the ward's office room. Here, I observe informal group conversations on whatever is currently important to them. The breakfast break appears a private context to converse openly among the ward team members.

The Laho nurses held three types of feedback. First, for ten days or two months, respectively, Mandy and Herbert accompanied Reho nurses in their daily work. Herbert recalls: "I tried to be available for them and their questions and I conducted training sessions for them." Daily engagement allowed them to work on "a lot of topics", says Herbert. "We worked on how to do the actual patient care work, but also in more organizational stuff, like the logistics of the material the nurses need for their work, the flexible ward rounds of the different clinics, and we also looked at the handovers at the end of a shift; a lot of topics." His presence is appreciated at Reho: "He came for quite some time; really trying to help us out and he did a lot of teaching on the job" (Cheryl, HN-4).

Second, Herbert and Reho's head of surgery, Anton, met regularly to discuss what was going on at Reho's nursing on the surgical ward. Anton states: "I met with Herbert every week once or twice. We discussed how it is going, what are the challenges and problems and how to resolve them. So we could see how it develops and how we get the nurses up to our standard." This reflection on the change remained internal to these Laho members.

Third, Reho nurses participated in three "feedback meetings" between the fall of 2003 and June 2004. Nada, Herbert, and Mandy summoned the Reho nurses and their nursing director, Hector, to the feedback meetings that took place in a meeting room that was separate from the wards. Mandy recalls: "And then we gave them at Reho a feedback. We mentioned all the caring standards we had analyzed. And we frankly told them what did not work and in which areas there were deficits." The feedback was in line with Nada's task of adapting Reho's nursing to that of Laho. The nurse experts presented their view of Reho's nursing from their perspective of nursing at Laho. The Reho nurses received these observations according to their understanding. Henrika (HN-1) recalls: "It was like all we had done so far was not worth anything. All of us were furious." In particular, the Reho nurses find the feedback meeting in February 2004 dramatic: "This meeting was dramatic. All the wards were present, and Nada—I saw her for the first time really—and Mandy and Herbert. They held their presentation and there they just stated that this and that is to be

improved here at Reho. This and that is not good. They put a slide on the projector, I find this terrible. And when we asked, if there was anything positive about our work or if all is bad, they got quite angry" (Elaine, HN-2). Her superior, Hector, agrees: "We do not need someone who comes here, summons everybody into a meeting room and tells us that we fail in all our work."

The salience of the paradox as observed impact: The observable impact is the conflict between the members of Laho and of Reho. This conflict expresses the salient paradox of the Reho and Laho nursing opposing each other. The reflective activities offer three reasons for the conflict to occur.

First, Reho nurses both disagree with the content and the conduct of the feedback provided, as Elaine (HN-2) indicates with her interpretation of using a projector. The deficit-orientation with its implication of a future nursing similar to that of Laho contrasts the enacted one at Reho. During the feedbacks, each side observed the other in terms of its own understanding.

Second, confusion fuels this opposition. It arises from the perceived difference in accompanying Reho nurses and the feedback meetings. On the one hand, Mandy's and Herbert's engagement with the Reho nurses in their daily nurse activities is appreciated as support. On the other hand, their feedback focuses on the ostensive dimension of the routines as in the written report, such as guidelines, standard operating procedures, or checklists. The feedback states what requires adaptation but not how that may be achieved.

Third, Reho nurses hardly participate in their department's development, namely, when accompanied in their daily work and when summoned to the feedback meetings. But they are excluded from the meetings between Herbert and Anton, or from Mandy's analysis.

These three reasons foster the opposition between the understanding of nursing at Reho and at Laho.

Episode 2: Emergence of reflective routines

The second episode demonstrates the emergence of the three reflective routines. Episode 2 ranges from Rachel's arrival as the person responsible for all Reho wards until her appointment to become the new nursing director at Reho at the end of 2004 (Figure 4-2).

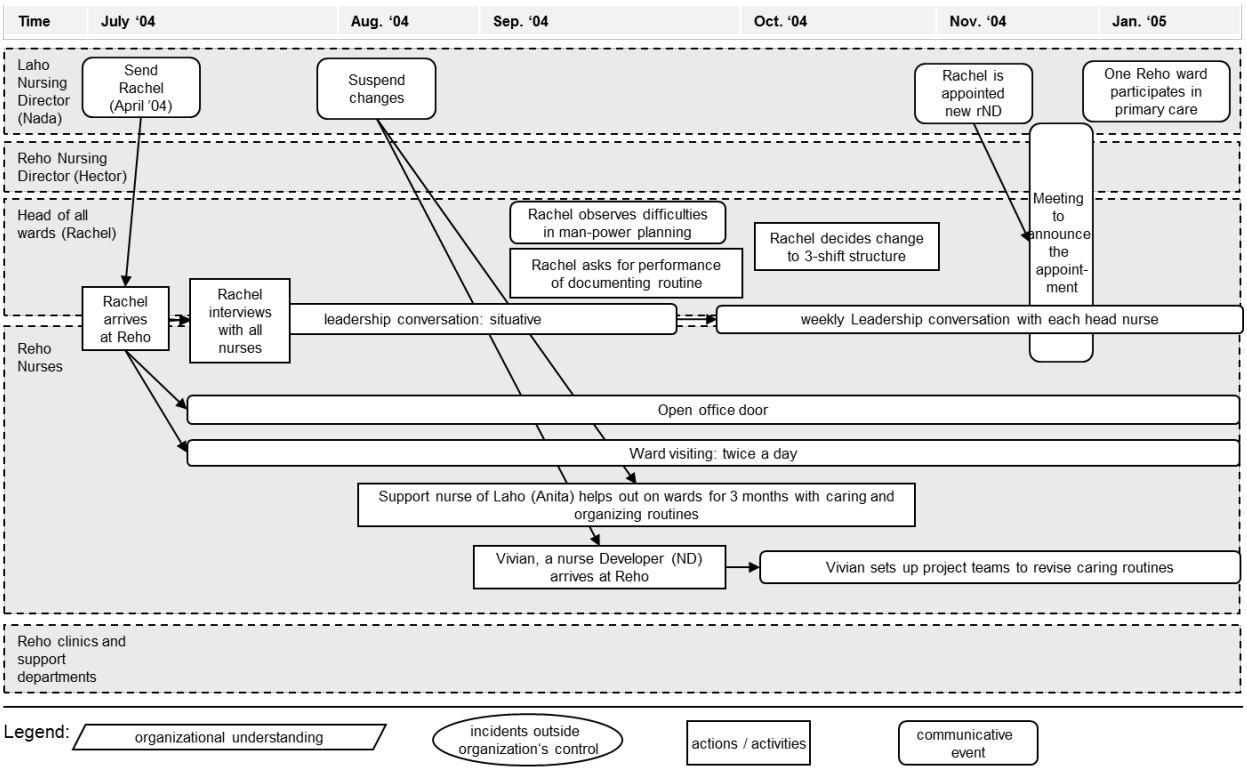


Figure 4-2: Integrating nursing, episode 2

In April 2004, Nada decides to deploy Rachel, a head nurse of Laho's internal medicine department, to Reho for a six-month period. Rachel is Nada's direct subordinate and part of Reho's nursing leadership team. Rachel is in charge of the wards and asked to conceptualize the implementation of nursing standards, to assess the level of personnel qualification as well as leadership, to develop a concept for advanced training, and to assist the wards in planning and organizing their daily work. After her stay, the Reho's nurses should continue the development by themselves.

On June 28, 2004, Rachel introduces herself at the monthly meeting of head nurses. When she commences work a week later, nobody seems to know her: "We thought, she comes, looks at what we can improve. That she comes to help us. … We have not been told of her official position - that she is our superior now" (Henrika, HN-1). Rachel feels that she is in the wrong place without access to Reho's internal data. With this experience Rachel visits each team in their monthly team meeting, introduces herself, and explains the planned changes within the coming months.

During the summer of 2004, Rachel interviews all nurses "to see what the situation is, how they think about it, what their challenges are in their daily work on the wards with patients, with getting things organized and all that. It is important for me to get their point of view, also how do they feel right now, what are the worries and fears, and hopes."

Simultaneously, Rachel visits each ward in the morning and in the afternoon and leaves her office door open to invite her subordinates to approach her. In such situations, Rachel aims to provide fast support to the nurses' immediate problems. To this end, Nada grants Rachel a Laho nurse, Anita, for three months. Anita describes her own role as the "girl for every job", helping out in caring for patients, with documentation, and gathering care material or equipment.

For Rachel, the lack of ward leadership is a central challenge: "There is no leadership. It is all wishy-washy. Everybody does what she wants. And then it is not done, because nobody within the teams feels responsible." Rachel addresses the leadership topic within the monthly wards' team meetings and encourages the nurses to discuss, decide, and implement certain topics collectively, while other topics will be decided by her. "And I think they accepted this, that there are some things, I decide, but others which I want them to decide." At the same time, Rachel begins meeting with every head nurse on a weekly basis—the "leadership conversation"—to discuss topics related to running a ward.

In August, 2004, Rachel and Nada decide to suspend the planned changes. In their view, sustaining the daily work on the wards takes priority. While many staff members are on vacation, the hospital admits a high number of often complex patients. In this period of high workload, a nurse explains that she and her colleagues have less courage to ask questions but rather aim to "get the job done somehow". Henrika (HN-1) would like to have time "with someone who reflects with us this whole situation." Likewise, Rachel notes that "everybody is so lethargic, they swallow everything. At the same time, they are over-worked. They spend their spare-time to fix arising problems just to keep everything running. You cannot work like this for long."

In September 2004, the position of a professional nurse developer (ND) is filled. Vivian's task is to revise and adapt the caring routines jointly with the nurses. She begins to assess various standard operating procedures and accompanies nurses in performing them. Some routines like waste disposal, pain treatment, and support in digestive relief require adapting the documents, which are published on the intranet in December 2004. For other care routines, Vivian organizes project teams of Reho nurses to discuss and revise standards, such as wound treatment, food provision and support, or hygiene.

In October 2004, Rachel introduces the 3-shift work day and asks the wards to abandon their traditional portioned shift structure. This adaptation "reduces handovers and helps to

clarify the responsibility a nurse holds for a certain patient" (Nada). All but one ward implements this shift. Elaine (HN-2) explains their exception: "But then we were asked to quit our portioned shifts entirely, where someone works in the morning, goes home for lunch, and comes back to work until nightfall. We have tried it with the three shifts. But on my ward, it does not work. We are just such a small team."

In November 2004, Nada reaches an agreement with Martin, Reho's CEO, to replace Hector, the existing nursing director of Reho, with Rachel. The decision is communicated to the nurses at the end of the month. Returning to the ward of HN-2 I visited during the week, the nurses informally discuss the topic. The change in personnel is not surprising to them, and the nurses appear slightly positive because they feared the end of Rachel's stay drawing near. Jill, a nurse, comments: "I am not surprised. This change has been in the air, and I think it might not be bad after all."

Three reflective routines in episode 2: In episode 2, three reflective routines emerge that are "ward visits", "open office door", and "leadership conversation". They express a shift from caring to organizational topics. After describing the reflective routines, follows the observed impact of Rachel becoming accepted by Reho nurses. Table 4-3 provides an overview of the reflective routines:

reflective routine	Who	What	When	How
Ward visits	• Rachel • head nurse • present ward nurses	• whatever comes up as an immediate issue • non-immediate issue: strengthening head nurses	• regular: twice a day • duration: ca. 15 min. per ward	• unstructured conversation: "Are you doing OK"? • notes by Rachel
Open office door	• Rachel • whoever visits (ward nurses, head nurses, nursing developer; employees outside nursing unit)	• immediate issue brought forward by the visitor • non-immediate issue: strengthening head nurses, visitor's responsibility	• ad hoc; • varying duration (a few minutes up to half an hour)	unstructured conversation
Leadership conver-sation	• Rachel • head nurse of a ward	• respective ward: e.g. team leadership; personnel questions; tension between caring and organizing routines • concerns of and support for head nurse	• regular weekly meeting • duration: 1-2 hours	• limited structure: the head nurse's, and Rachel's concerns • no minutes, but individual notes

Table 4-2: Reflective routines during episode 2

In July 2004, Rachel begins *visiting each ward* in the morning and in the afternoon. These visits last for varying times depending on the surfacing issues. The visits occur in a seemingly informal, unstructured way. Observing several encounters reveal a similar pattern. Rachel enters the nurse office room and approaches first the head nurse with the question: “How are things going? Are you OK?” She converses with the head nurse over her issues of the day, including patient incidents, staffing, equipment, and the atmosphere within the team. Afterward, she includes the team’s present members. At this stage, Rachel seeks to keep the head nurse by her side, sometimes gently linking her arm to hers. Inquiring about this observation, Rachel replies: “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.” Furthermore, the ward visits allow Rachel to make her own observations. “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.”

Second, explicitly keeping the *office door open* allows employees to feel free to approach Rachel. Knocking on the door, the visitor is invited in while Rachel interrupts her own work. The issues range widely. During 2004, they often include broken or missing equipment and infrastructure. The conversations are unstructured and informal. However, I observe that Rachel sorts out with the visitor who should handle her issue. It can be the visiting nurse herself. With other issues, Rachel refers the nurse back to her head nurse, such as requests for vacation, training, or conflicts among nurses. Rachel herself handles issues, e.g. the collaboration between medical doctors and ward nurses, problems between patients’ family members and the ward nurses, or difficulties in acquiring special equipment: “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.”

Third, responding to the comment that “there is no leadership” on the wards, Rachel initiates the so-called “*leadership conversation*”. This is a meeting of her with a single head nurse to discuss issues of running her ward. Started situatively, the leadership conversation becomes a weekly practice by October 2004 and is officially included in the nurse unit’s structure on February 10, 2005. The leadership conversation lasts up to 2 hours to discuss the issues of the respective head nurse and of what Rachel observes on the wards. These issues include, for example, equipment topics, personnel issues, or team

conflicts. Furthermore, Rachel aims to strengthen the idea that the head nurses ensure documentation of care activities and to practice the manpower planning for their ward. On one such occasion in July 2004, I observed how a head nurse, her representative, and Rachel engage for two hours after work to define the duty roster for the following month of August. It appears to be a complicated task for all participants due to the team's high over time, varied part-time work contracts, and the requirement of highly qualified nurses to be present on the ward each day. Overall, the goal for Rachel is to strengthen the head nurse's position. Elaine, HN-2, recalls Rachel's surprise during their first conversation: "Rachel was surprised saying: 'what you cannot do this duty roster, the budgeting and all this?' No, we cannot do it, Hector did not allow us to do it and did it all by himself."

Gaining acceptance within the family meaning structure as observed impact: The observed impact of the second episode is that Rachel becomes increasingly accepted within Reho's nursing unit after the Reho nurses hardly noticed her when she arrived. Gaining acceptance resulted from several sources.

First, Rachel addresses the expectation of support, "that she comes and helps us" (Henrika, HN-1). Anita therefore assists her for a couple of months: "I am just here to help out. I go to the wards and see what I can do". Helping on immediate tasks assists to stabilize the fragile work situation, Rachel observed in August 2004.

Second, Rachel immersed in the local context. For her, it is important "to see for myself, so I visit all the wards, and take notes." Rachel aimed to learn "how they [Reho nurses] feel, what are their worries and fears, and hopes". Immersion involved the interview series with all employees, the continuous ward visits and to keep her office door open.

Third, Rachel and Nada decided to suspend their change initiative and focus on stabilizing the existing work to uphold patient care during the summer of 2004. According to Anita "it was quite clear this month that everybody is close to the edge." Suspending the change initiative presumably relieved Reho nurses to some extent.

During this episode, Rachel gains acceptance and the three reflective routines do as well. Instead of an outside feedback, these routines become integral to the nursing unit's work because their performance supports the Reho nurses on their challenges. The emerging reflective routines allow the nurses to detect their daily challenges and act upon them.

Episode 3: Further differentiating and embedding reflective routines

This episode displays the further emergence of reflective routines and their embedding within the nursing unit. Episode 3 begins with Rachel as the new nursing director of Reho in February 2005 and ends in December 2005 (Figure 4-3).

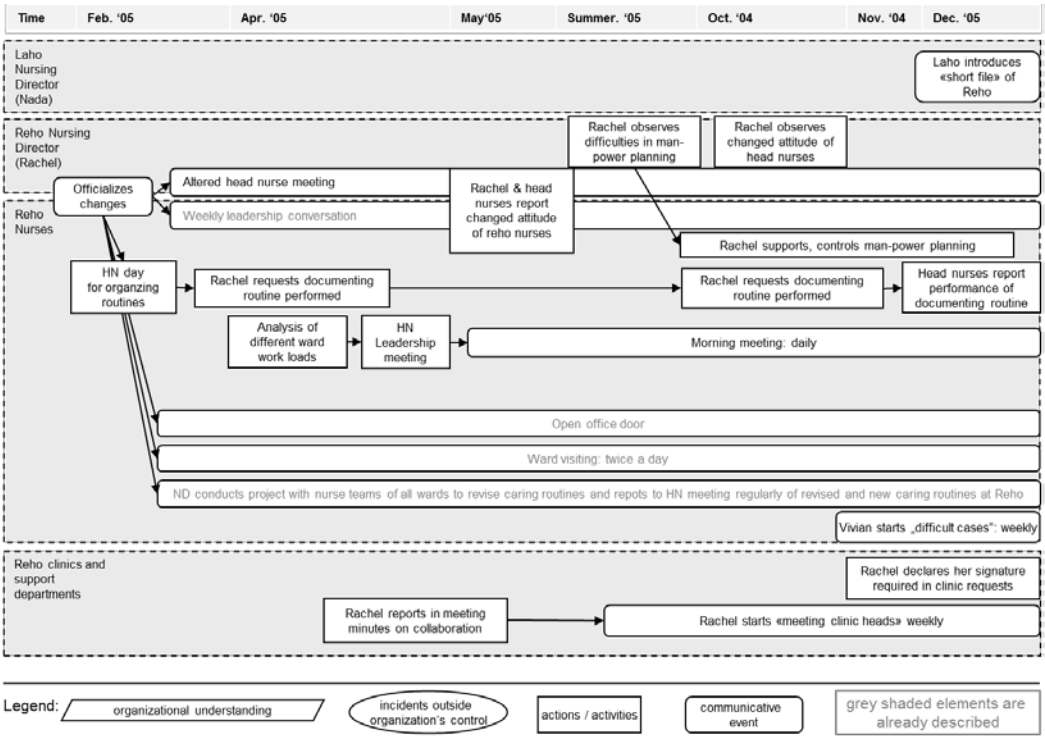


Figure 4-3: Integrating nursing, episode 3

As Reho's new nursing director, Rachel initiates changes from February 2005 onwards. Advanced training throughout 2005 includes team leading, management by objectives, and documenting nursing activities (April, 2005). Professionalizing nursing standards involves the preparation of the wards for the primary care concept (January to September, 2005) and the introduction of team meetings to reflect on difficult cases (November, 2005). Nursing teams across the wards work on these adaptations in close coordination with Vivian and her Laho unit of nursing development. Meanwhile, Rachel continues to visit the wards daily and leaves her office door open. Rachel and the head nurses continue the "leadership conversations".

On February 10, 2005, the new Reho nursing director leads the monthly head nurse meeting with the head nurses (Henrika, Elaine, Ulrika and Cheryl), the nursing developer (Vivian), and Hector (former nursing director of Reho). Rachel pursues the following aim: "I want that the head nurses engage themselves in the changes we pursue." This goal takes until May 2005 to be noticed within the nursing unit.

One change in the head nurse meeting is to invite guests and to allow self-invitations by other departments and clinics to the head nurse meeting. The invitation of guests emanates to the collaboration between departments. Over the year, the minutes of the head nurse meeting refer to this development: collaboration is noted to improve with emergency care and ambulance (March 2005), while the minutes contain problems in collaborating with medical doctors. In July 2005, Rachel initiates weekly meetings with the heads of surgery and inner medicine to discuss emerging issues in daily collaboration before "they grow and suddenly explode" (Rachel).

At the head nurse meeting in March 2005, Rachel introduces the daily "morning meeting" after observing that wards observe different workloads. The daily morning meeting with the night shift nurses, Rachel, and the nurses responsible for the wards aims to share events of the night and the expected work for the day. The minutes of the head nurse meeting (March, 24th, 2005) state: "I [Rachel] aim to become faster in reacting to unexpectedly increased work load."

In May 2005, the head nurses observe what they call an "attitude change" of the ward teams. Ulrika, HN-3, observes in her team: "I have the feeling that now they can admit when an error occurred. They can stand there and say: ok, that happened. But also, they can stand their ground more firmly and argue. In total it has become more friendly and appreciative in our talking with each other on work issues on the ward. It is not with everybody, but I see it growing now." During my regular visits in the head nurse meeting, I notice a stronger engagement of the head nurses in the discussions of topics in May 2005 and a clearer focus on the nursing unit as a whole. In comparison, previous meetings bore the tendency to focus on operative issues, such as broken sinks or missing hair driers.

Over the year, the minutes to the head nurse meeting contain continuous observations about the changes, both in caring and in organizing routines. In caring routines, Vivian reports several revisions of nursing standards, including the creation of a so-called "short file", a patient file designed for short hospital stays. The short file is passed on to Laho, where Nada decides to have it introduced to all wards by 2006. Also, an external patient survey states that the performance of selected caring routines improved up to the level similar to that of Laho. At the same time, I observe during episode 2 and 3 that the routines of manpower planning and of documenting care activities are regular topics in the head nurse meeting. Their adapted performance remains difficult. While manpower planning

remains challenging, the documenting routine improves. All but one head nurse report in November 2005 that they enact the documenting routine comprehensively and timely.

Three reflective routines in episode 3: During episode 3, three additional reflective routines appear, that are summarized in Table 4-4, listed in their temporal order:

Reflective routine	Who	What	When	How
Head nurse meeting	• Rachel (nursing director) • Hector (former nursing director) • head nurses, • Vivian, nurse developer (ND), • guests (as to topic: medical doctors, heads of other departments)	Nursing department : • internal cooperation among wards, • cooperation with clinics, other departments, • hospital initiatives • issues brought forth by the head nurses	• regular meeting every fortnight (since 02/05, before: monthly) for ca. 2 hours	• (1) general topics of nursing director (categorized along: informing, discussing, deciding (as group or by the nursing director) • (2) specific initiatives • (3) round of wards: topics of the wards; informing, bringing up topics • (4) closure • (5) documentation (artifact) distributed to wards, nursing director, clinics, hospital management
Morning meeting	• Rachel (nursing director) • night shift nurses • all nurses responsible for the wards	End of night shift: • incoming patients, significant events during the night • clarifying ward's workload • balancing workload	• daily meeting for 15 Min.	• reports of the night shift nurses • nursing director informs of planned workload (incoming and outgoing patients) • clarifying mutual need for "lending" nurses
Meeting medical doctors	• Rachel (nursing director) • heads of clinics (Anton, Martin)	• issues of collaborating between the nursing unit and the clinics	• weekly and ad-hoc meetings • duration varies	• presumably unstructured conversation focused on the issue at hand

Table 4-3: Reflective routines during episode 3

First, in the *head nurse meeting*, Rachel announces that it is becoming a reflective routine with the aim "that the head nurses engage themselves in the changes we pursue". Besides this focus on changing the nursing unit, the head nurse meeting is also supposed to serve to jointly reflect on the ongoing work. She describes: "Here, we can talk about problems on the wards or within the nursing unit as a whole. And I can gather opinions and perceptions of the head nurses of how work is coming along. Also, we can discuss how we can help one another, so that the wards think more in relation with each other. And, when we discuss the projects or changes, we can share the experience, like the challenges each ward encounters and how they handle them."

The head nursing meeting is adapted in various ways. First, the temporal rhythm increased from once to twice a month. Second, the topics are aimed to shift from operational details of specific wards to issues regarding the nursing unit as a whole. Third, the internal meeting structure becomes clearer. At the beginning, the nursing director goes through general topics and explicitly marks whether she informs the attendants, invites discussion, or asks for a decision. This is followed by reports on ongoing initiatives such as adapting caring routines before each head nurse contributes her concerns one after another. Fourth, the documentation of the meeting follows this structure and is completed shortly after the meeting. The minutes are distributed to all attendants as before, but additionally to all clinic and department heads and to Reho's CEO. Likewise, unlike before, a meeting agenda is distributed to this audience. Fifth, guests are explicitly invited to the head nurse meeting and other departments are allowed to invite themselves.

The second reflective routine is the *morning meeting*. The morning meeting addresses the daily challenges of wards and their work load differentials. Performed daily and with members of all wards, the morning meeting allows the participants to gain insights on the current workload of their own and of the other wards.

The morning meeting results from the head nurses observing differences in work load between the ward teams and also a "victim" attitude among nurses: "Well, if I take the ward of Ulrika (HN-3). They always have the feeling to be left behind and complain that they have too few nurses in their team but the highest workload. To me, they consider themselves victims. And my colleague, Ulrika (HN-3), tries to motivate her team to be more open and to leave that victim attitude. But it is not easy" (Henrika, HN-1). Rachel has a similar impression but on another ward: "They (ward 2 of Elaine) often think: 'we poor things. We have so much work and the other wards have an easy day.'"

After assessing the work load of the wards in April 2005 and holding a head nurse workshop on managing the wards that followed a training course on team leadership a week before, the "morning meeting" starts in May 2005. The head nurse meeting minutes of March 24, 2005 contains the following explanation: "The reason for the morning meeting is that all present in the morning shift are informed by the night shift about remarkable events, like emergencies, deaths, entry of patients etc. Also, I want that we all know each ward's daily work load… With this knowledge, I aim to become faster to react to unexpected increased work load." The morning meeting at 7am lasts for about 15

minutes and includes the night shift nurses, Reho's nursing director, and all the nurses responsible for ward teams.

The third reflective routine "*meeting clinic heads*" emphasizes the collaboration between them and the nursing unit. As common at Laho, medical doctors are entitled to instruct nurses on medical issues concerning patients, they should discuss organizational issues like times for ward rounds with the nursing director. This shift resonates with Laho where the nursing unit is separate from the clinics.

This change sparks a conflict with the clinic of inner medicine. Martin, Reho's CEO and co-head of inner medicine, states: "That I have first to talk to her [Rachel] before being able to approach the wards did not exist here before. We now have to follow the chain of command, but that is not helpful to handle issues as they arise." Rachel explains her view: "I have to be so careful that the medical doctors do not just order my people around. You have to be alert all the time, and pick a fight sometimes, so that it is clear that the medical doctors approach me first when they want organizational changes on the wards".

In order to handle such issues continuously and in a timely manner, the "meeting clinic heads" provides the continuous space to reflect on and handle issues of collaboration. It takes place once a week, lasts for about 30 minutes, and includes Reho's nursing director and the respective clinic head. Later in the year, Rachel and the head of surgery report in interviews and the minutes of the head nurse meeting that their cooperation improved significantly, but the problem remains with inner medicine. The minutes of the head nurse meeting (November 2005) contain a restatement of the instruction given to head nurses in July to refuse doctors' instructions on organizational issues. Cheryl, HN-4, mentions in November 2005 that a clinician tore up his notes and slammed the door when she asked him to approach Rachel with his request of changing the ward round times. Likewise, within the nursing unit, Hector, Reho's former nursing director, states in an interview in November 2005: "The collaboration with the clinics has become more difficult". One of the head nurses (Henrika, HN-1) remains skeptical: "In general, I do not quite like the idea to separate the nursing department so strongly from the clinics."

Noting the shifting in the nursing unit as observable impact: In the third episode, the researchers and the practitioners observe a shift with the Reho's nurses: In May 2005, I notice a stronger engagement of the head nurses in the discussions of the topics and a clearer focus on the nursing unit as a whole. Rachel reports such a change with the head

nurses in the meetings minutes in October 2005. The head nurses note a shifting attitude of their team members in May 2005. “There is a new atmosphere here at Reho. It is not with everyone, but it is growing” (Ursula, HN-3).

The displayed data also shows that this shift does not mean that Laho’s nursing replaces that of Reho. Regarding the collaboration with medical doctors, Elaine (HN-2) appreciates some distance while questioning the separation, like Henrika (HN-1): “I do not quite like the idea to separate the nursing department so strongly from the clinics.” Similarly, Hector, the former nursing director feels that “the collaboration with the clinics has become more difficult”. Several head nurses mention the increased workload for them as a result of their enhanced engagement in task like ensuring documentation or manpower planning. Given these pieces of data, Laho and Reho nursing appear in parallel.

5 Analysis: Reflective routines as outcome and medium

The results section reports how the change unfolded. The *first episode* ended with an open conflict pointing to the paradox of the opposing nursing practices. The *second episode* depicts reveals the emergence of reflective routines rather informally. The *third episode* shows the further development of reflective routines and their formalization. Also the organizational members note the shift in their own understanding of nursing.

The following analysis demonstrates reflective routines as outcome and as medium of the change initiative. As an outcome, the comparison of the six reflective routines shows their differentiation according to topics, involved actors, temporal rhythm, and degree of visible structure. This differentiation implies that the reflective routines are integral to a continuous development of the nursing unit. As a medium and second, the establishment of the reflective routines involves four components, supported by favorable conditions that were created as non-routine activities and that resulted from the reflective routines. Fourth, these analytical insights lend to a process model of establishing reflective routines as both a medium and an outcome of the deliberate change attempt.

Reflective routines as outcome: Reflection of caring and of changing

Comparing the reflective routines shows that they differentiate along the themes Reho’s nursing unit deemed important. The reflective routines reached out to all employees, occurred both ad hoc and at predefined times, and ranged from unstructured to formalized

meetings. Presumably, the reflective routines provided an overall structure to avoid that either routine became overloaded with topics or participants, thus jeopardizing handling the situation at hand. Thus, the reflective routines fostered the stabilization of daily work. Finally, the reflective routines addressed both Reho's' and Laho's nursing in terms of the content and in terms of how they were conducted.

The *topics of the reflective routines* encompassed the two themes central to the nursing unit at the time: caring work and tasks related to leading and organizing the wards. The first theme was to improve the caring work within the nursing unit. This topic was most obvious in the "morning meeting", "difficult cases", and the "project teams". The second theme was to strengthen what Rachel called leadership and communication on and between the wards. This theme included routines like manpower planning and documenting, leading personnel, or establishing the role of the head nurse. These topics were prominent in the "leadership conversation", the "head nurse meeting", and the "meeting of clinic heads", but also occurred in "open office door" and "ward visits".

The *involvement of actors* across the different reflective routines shows that they included all hierarchical levels of the nursing unit, and stretched beyond to other department representatives within Reho. The nursing director and the head nurses participated in the "head nurse meeting", the "leadership conversation", and depending on their presence also in the "morning meetings." The Reho team nurses were included in "open office door", in "ward visits", and "morning meetings" and reached out to all three shifts of the nursing unit. Externals met either individually with the nursing director in case of "meeting clinic heads" or with the unit's upper hierarchy in the "head nurse meeting". Overall, the varying participation lead to that the reflective routines reached out to all members of the nursing unit and beyond and provided the opportunity that they "engage in the change process" (Rachel with regards to head nurses, episode 3).

In terms of *temporal rhythm*, the reflective routines took place ad hoc and in varying but previously defined times: ad-hoc interaction was integral to "open office door". Twice a day, Rachel visited the wards to converse with the members of the morning and afternoon shifts. Once a day, the "morning meeting" included also the night shift. The "leadership conversation" and the "meeting clinic heads" took place weekly. Every fortnight, the "head nurse meeting" was scheduled for Thursday afternoons.

The reliable rhythm allowed attending to topics of varying urgency and over a prolonged period of time. This rhythm helped to turn reflective routines into an ongoing and continuous part of daily practice at Reho's nursing unit. This is because these rhythms foster expectability of a structured work process. Thus, they addressed Herbert's observation of the "daily chaos" during episode 1.

The *way of conducting* the reflecting routines ranged from informal conversations to pre-defined meetings with an identifiable sequence accompanied by an agenda and meeting minutes. The "open office door", the "meeting clinic heads" were rather informal, structured by the issues at hand. The "ward visits" contained a subtle pattern of similar questions and approaching the head nurse first before engaging with the team while keeping her in range. Likewise, the "leadership conversation" contained two structuring components: the issues brought forth by the nursing director and the respective head nurse. In general, these meetings also appeared as a more informal conversation without an official agenda or documentation but with handwritten notes. A more explicit structure was found in the "morning meeting" with a stable sequence of the night shift nurses' report, followed by the planned entrances and exits with the morning shift nurses, and the possibilities of how to handle them. An explicit structure was observable within the "head nurse meeting", which involved general topics of the nursing director, reports on current initiatives, and a round of topics raised by the head nurses. The agenda and the minutes stressed the rather formal character. Overall, the respective structure of the reflective routines resonates with the different tasks of these settings. Whereas informal conversation are known to be less restrictive to emerging topics (Baecker, 2005), more formalized meetings that included minutes help to declare decisions. The more informal settings assisted observing emerging topics. The more formalized ones supported the closure of issues by fixating how to proceed.

The differentiation of the reflective routines along topics, actors, temporal rhythm, and conduct fostered that the members of nursing observed their daily work collectively. The reflective routines provide a layer of reflecting and enabled jointly acting upon these observations. In their differentiation, the reflective routines are a means to structure the daily work in terms of topic, time, and involvement.

Furthermore, the differentiation of reflective routines *resonated with Reho's and Laho's nursing practice*. Whereas reflective routines were informal at Reho, rather formalized settings were common at Laho.

The resonance with Reho's nursing occurred in at least three ways: First, the immediate issues that were addressed in the "open office door" and the "ward visits" routine were those of the Reho nurses. In comparison, the identified deficits in episode 1 expressed the concerns of Laho's nurses. Second, the routines "open office door", "ward visits", and the "leadership conversation" are rather informal conversations that were similar to the private conversations common at Reho. During the first episode, feedback appeared rather formal in comparison. Third, the location of the reflective routines referred to Reho's nursing. Ward visits (episode 2), and the morning meeting (episode 3) took place on the wards. In comparison, the feedback meetings during episode 1 were located remote from the nurses' work place.

Also, the reflective routines resonated with Laho's nursing: First, reflective routines concern the challenge of lacking ward leadership. Issues brought up in the routines of "open office door" and "ward visits" provided an opportunity to clarify with the participants who would be responsible to handle the issue. Most explicitly, the "leadership conversation" regarded the topic of ward leadership. Second, the temporal regularity and expectability resonated with Laho, whereas temporal structures hardly existed within at Reho's nursing. Third, the reflective routines expressed the importance of organizational topics. At Reho, they are "not considered real work" (Henrika, HN-1).

Overall, the reflective routines resonated with Reho's and Laho's nursing. The ones of episode 2 associated rather with Reho as to how they were conducted. Those of episode 3 rather expressed that of Laho.

Reflective routines as medium: Establishing reflective routines

As a medium, *the establishment of the reflective routines* reveals four components besides the differentiation of the reflective routines and their resonance with both nursing practices. *During episode 2*, I detect individual observation through immersion in the local context; repeated interaction; and resourcing through swiftly addressing issues at hand. These three components are mutually reinforcing and occur in parallel. *During episode 3*,

reflective routines differentiate further, and the reflective routines become embedded through their official declaration and their documentation.

The first component is *observing emerging issues*. Observing is an ongoing activity throughout all three episodes and an important condition to detect potential challenges to the further development and to enable those responsible to act accordingly (Zundel, 2012). During episode 1, observing occurred as Mandy and Herbert accompanied Reho nurses in their daily treatment work. Likewise, from episode 2 onwards, the nurse developer Vivian continued this practice. Vivian describes it as part of her task as nurse developer: "We need to develop this culture of reflecting our work, also among each other, when two nurses are at the bed-side with the patient so that they can tell each other: 'hey, this and that you could do better.'" While these observations mainly concerned nursing work, Rachel also detected topics regarding the teams, personnel, infrastructure, or ward leadership. In sum, continued observing allows to detect emerging issues, which may trigger further investigation like the work load differences between the wards that preceded the introduction of the morning meeting. Likewise, meeting clinic heads followed the observation of challenges within their collaboration with the nursing unit.

The second component is to perform the emerging reflective routine repeatedly with others. *Repeated interaction* creates expectability and recognizability of the emerging pattern (Feldman & Pentland, 2003). Starting during episode 2 with visiting wards and keeping the office door open, reflection was practiced repeatedly. As pointed out above, the temporal repetition varies between the different reflective routines and creates an expectable rhythm. Depending on the reflective routine, repeated interaction fosters reflection both on a broad range of issues (ward visits, open office door) or on a specific topic (ward leadership, collaboration with clinics, morning meetings). Through their focus and their expectable repetition, such actions become recognizable patterns and help to channel arising issues.

A third component is that reflective routines have *recognizable consequences* that foster *their acceptance* in the eyes of the participants (Reay, Golden-Biddle, & Germann, 2006). As pointed out at the end of episode 2, gaining acceptance was challenging because meetings do not count as "real work" at Reho. At the same time, Reho nurses expected support in their daily work. Addressing this expectation by handling the concerns of Reho nurses enhanced Rachel's reputation and showed the benefits of the reflective routines. At

the same time, handling the nurses' concerns provided an opportunity to perform and to address Rachel's view of "lacking ward leadership", e.g. by sorting the topic in terms of responsibilities.

The fourth component to establish reflective routines regards their *direct embedding within the organization*. One aspect is their formal declaration in the head nurse meeting. The other aspect is to document and distribute these declarations as well as the reflections on the change process by the nursing unit.

Regarding the first aspect, most of the reflective routines gain a formal status during episode 3. The "leadership conversation" becomes formalized in February 2005, and the "morning meeting" a month later. The adaptations within the "head nurse meeting" are clarified in February 2005 and performed in the meeting conduct. In comparison, "ward visiting", "open office door open" and "meeting clinic heads" are not officially initiated. However, the topics thereof, like the collaboration between the nursing department and the clinics is a frequent topic of the meeting minutes.

The second aspect is the consistent use of the head nurse *meeting minutes to document the changes* that the members of the nursing department observe. This documentation in the official minutes congratulates the accomplishments and critically reminds that for example the documenting routine is still not observed to be practiced as expected. Documenting the changes in this way may foster acknowledgement and reinforcement to members of the nursing department to continue developing their practice of the routines in question. Beyond the nursing department, the documentation of topics regarding collaboration makes these issues available to the wider Reho public of clinics, departments, and Reho's management. The minutes contain positive notes on collaboration with some departments as well as the continued struggle with others. In sum, the official declaration of reflective routines and the continued documentation of the unfolding changes seem to have reinforced the change process.

Enacting conditions: Non-routine activities and reinforcing effects

In order to establish the reflective routines required several *important conditions*, some of which are non-routine actions and others are reinforcing effects of the reflective routines.

Among the *non-routine activities* to enhance favorable conditions are investments at Reho, the lack of time pressure, and Rachel's professional background at Laho, besides the

interview series with of all employees at the beginning of episode 2. First, Reho's nursing received *resources*. Personnel resources included Anita as a temporary support and Vivian as a permanent one. They demonstrate Laho's investment into the nursing during episode 2. In episode 3, other investments become visible with setting up the Adipositas center or a day clinic for chemotherapy. Also during episode 3, Laho's nursing department offers further training to Reho nurses, mainly on issues of ward leadership, thus noting the preferred focus of the future development. Reho's nursing unit also provided head nurses their office day equivalent to 20% of their work time. Second, I did not detect that the integration of Reho's nursing into that of Laho followed *pre-defined deadlines*. Rather, Laho's executive board allowed for the integration to evolve at its own pace. This lack of time pressure allowed suspending the planned changes during episode 2. Third, *Rachel's background* at Laho contributed to the favorable conditions. She had the experience that and how Laho's nursing works. These conditions further assisted the change initiative and the establishment of the reflective routines.

The establishment of the *reflective routines also reinforced this development*. First, the swift support on issues at hand enhanced the legitimacy of both the persons involved (Rachel, Anita, and Vivian) and the reflective routines they initiated. Showing visible support was crucial during the initial stages in episode 2. Second, the reflective routines supported that the Reho nurses take into account the other wards and the nursing unit as a whole. The morning meeting served to see the work situation of one's own ward in relation to that of the others. Differences in perceived work load could then be handled while simultaneously offering a more collective view between the different wards. In a similar way, the head nurse meeting attended to the nursing unit as a whole with its revised structure and focus. Seemingly operative details of specific wards such as missing equipment were now handled in the open door routine or the ward visits. In these ways, the array of reflective routines reinforced attention to the nursing unit as a whole and to its different wards. A third reinforcement effect could have resulted from documenting the observed changes. The timely meeting minutes contained the head nurses' views on how the changes developed. As Reho's clinics, departments, and upper management received the minutes, the observations on the changes could become a more public affair. They bore the potential to reinforce the development, for instance, by demonstrating that the collaboration with other clinics worked well with one but not with the other.

The model “routinizing reflection”

The analysis of the reflective routines as both outcome and medium for shifting from an enacted practice of Reho’s nursing towards a proposed one (Laho) lends to a model of establishing reflective routines (Figure 4-5). This model shows how to embed a solution to the paradox of the opposing practices of nursing (upper and lower oval). The components of individual observing through immersion in the local context, repeated interaction, differentiating, resourcing through immediate support and embedding reflective routines in the center of Figure 4-5 explicate how the reflective routines emerged in this case. The reflective routines of the episodes 2 (Table 4-3) and 3 (Table 4-4) encompass an array of different contents, participants, temporal rhythms and internal conduct. Thereby, the reflective routines provided a means to deliberately change the nursing department. This change is salient to the actors observing themselves.

The establishment of the reflective routines first involved observing emerging issues through immersion in the local context. By repeating such interactions (arrow 1) on the wards and with the employees and head nurses, the reflective routines became recognizable patterns. Addressing and handling the challenges of the participants reinforced the acceptance of the reflective routines and of the actors involved (arrow 2). According to the emerging issues, the reflective routines became differentiated (arrow 3) into settings with different temporal rhythms, participants and varying degrees of pre-defined structures. This mixture helps to address issues of varying urgency. It creates rhythm through expectable temporal structures with simultaneous flexibility (arrow 11). Furthermore, individual observing becomes collective through the reflective routines. Embedding the reflective routines involves their formal declaration, their official documentation, and that of the observed changes (arrow 12). The documentation is distributed both within the unit and beyond to important contact partners. The distributed documentation fostered that these decisions and changes turn into a more public affair (arrows 4, and 5). Figure 4-5 depicts this process as a model of establishing reflective routine, which I call “routinizing reflection”.

The model depicts the components and the resonance of the reflective routines with Reho’s and Laho’s nursing practice. The enacted one provides the reference as to how participants interpreted the activities (see episode 1), indicated by arrow 6. Therefore, performing activities to become routines need to associate with the enacted practice and did so,

particularly during episode 2 (arrow 7). At the same time, the reflective routines were associated with the proposed practice during episode 2 and 3 (arrow 9) due to Rachel's background, the goal of the nursing integration, and the focus and conduct of several reflective routines (arrow 10).

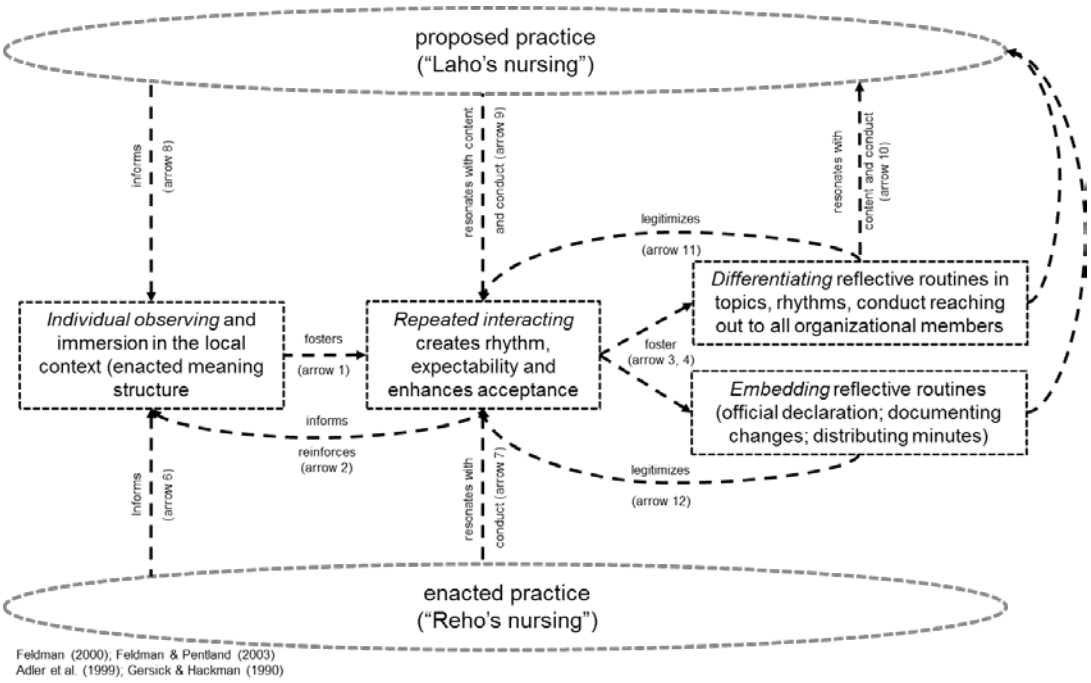


Figure 5-1: Model of routinizing reflection

This model of routinizing reflection explains how the change of the nursing unit unfolded. First, this model draws on reflection as integral to an organizational phenomenon (Feldman & Orlikowski, 2011; Zundel, 2012). Reflection questions and is part of organizing. Reflection occurs continuously during routine performance (Feldman, 2000; Feldman & Pentland, 2003), and the question then is how to routinize reflection as a collective achievement in order to move an organization forward. Along these lines, studies reporting successful hospital changes emphasize the importance of reflection, (Edmondson et al., 2001; Iedema & Carroll, 2011). Furthermore, reflective routines require that the handling of issues are visible to those who are on the receiving end of a deliberate change initiative (Reay et al., 2006). Such swift solutions generate the capacity to act within a situation (Feldman, 2004). Establishing reflective routines is therefore a matter of performing them while simultaneously establishing the respective understanding of such a routine (Pentland & Feldman, 2008). In addition, the double resonance expresses that reflection is integral to the social context in which it takes place and which it aims to alter.

Second, this model draws on the notion of self-referentiality or mutual constitution (Feldman & Orlikowski, 2011; von Foerster, 1984), which is integral to the paradox lens (Lewis & Smith, 2014; Smith & Lewis, 2011). The self-referentiality comes to the fore when the enacted and the proposed practice turn into opposition (Lewis, 2000). This conflict emerges from how the two relate with one another. When participants interact in such a way that they each interpret the other from their own view tends to foster conflict (Westenholz, 1993). In order to alter a practice, the reflective routines need to establish themselves first within that very practice by associating with it. Changing occurs from within. The establishment of reflective routines provides a means to this bootstrapping challenge (Barnes, 1983; Czarniawska, 2008). This is why the reflective routines are both the medium and part of the outcome to the change initiative. The reflective routines provide a means to handle the self-referentiality involved that leads to the salience of paradox during change. This view moves beyond the processual understanding of reflection proposed by Zundel (2012). He suggests reflection as a management by walking around but without elaborating on how individual reflection becomes collective. In addition, without visible consequences of the reflective routines that address the challenges observed, reflection risks paralyzing action (Czarniawska, 2008). For these reasons, routinizing reflection becomes important.

6 Discussion: Routinizing reflection to embed paradox solutions in a pluralistic organization

The model of routinizing reflection depicts the establishment of reflective routines as both a medium for and an outcome to handle the salient paradox of opposing practices, like Reho's and Laho's nursing. This model addresses the current struggle observed in the paradox literature of how to embed paradox solutions and contributes in four ways.

First, the model of routinizing reflection *depicts the process of how reflective routines become established*. The paradox literature emphasizes the importance of reflection when organizational members engage with paradoxes. Westenholz (1993) calls for the possibility that organizational members can reflect on paradox. Jay (2013: 138) argues "that active reflection on organizational paradox, by both scholars and practitioners, will result in our better understanding processes of change." Luescher & Lewis (2008) show the significance of reflection in order to generate alternative solutions to perceived

problems by middle managers. Jarzabkowski et al. (2013: 261f) mention cross-sectional teams that adjust to opposing interests and elaborate on taken-for-granted assumptions. The managers in Smith (2014) highlight the importance of continuously interacting with organizational members on paradoxical tensions and their solutions. These and other studies (Edmondson et al., 2001; Iedema & Carroll, 2011; Kellogg, 2011) show how the involved actors use reflection to develop workable, temporary solutions to paradoxes.

However, the literature hardly addresses how such reflective routines emerge. The model of routinizing reflection addresses this niche and builds on the insight that reflection is ubiquitous (Brannick & Coghlan, 2006; Holland, 1999) and occurs continuously when organizational members perform routines (Feldman, 2000).

The model of routinizing reflection complements the literature that highlights the importance and the use of reflection. Kellogg (2011) provides a concept of "relational spaces", which is similar to routinizing reflection. Relational spaces are informal reflective routines in which organizational members relate with one another, reflect on a deliberate change initiative, and coordinate their actions. The model of routinizing reflection is similar in this respect but different in the following four aspects (see Bucher & Langley, 2016). First, relational spaces are formed bottom-up by organizational members who are in opposition to a dominant group. In comparison, routinizing reflection was an integral component to the change initiative and initiated by the (later) nursing director. Second, routinizing reflection encompasses several reflective routines, whereas a relational space is a single routine. Third, reflective routines became officially declared and thereby formalized, whereas relational spaces remain informal. Fourth, relational spaces draw on the opposition between two groups and provide a means of the less powerful one to form itself. Routinized reflection aims at overcoming this opposition.

The model of routinizing reflection shows the emergence of reflective routines that organizational members employ to generate solutions to an observed paradox. It therefore addresses the current open issue of how to embed paradoxical solutions.

The second contribution is that the *reflective routines associate with both the poles of the paradox*. The proposed model of routinizing reflection is sensible to the dimensions of different contents and ways of acting in how the involved actors perform their daily work. This insight draws on the observation that emergence of reflective routines resonated with

the enacted and the proposed organizing practices in terms of the topics and in terms of enacting these topics.

In comparison, the process studies on paradoxes attend to the opposing poles rather on a content level. The organizational understandings generated in Jay (2013) develop over time to first address one, then the other and at the end both organizational understandings. Luescher & Lewis (2008) report on solutions to paradoxical tensions experienced by middle managers that aim to associate the opposing poles. Smith (2014) and Andriopoulos & Lewis (2009) elaborate on managers' framing issues as integrative in order to relate the poles of exploration and exploitation.

This literature hardly attends to the ways of how the paradox poles are enacted. With their focus often on senior (Abdallah et al., 2011; Andriopoulos & Lewis, 2009; Jay, 2013; Smith, 2014) or middle managers (Jarzabkowski et al., 2013; Luescher & Lewis, 2008), these studies take into account the respective group's ways of acting, but downplays the patterns of those who enact the paradox poles. For example, exploring evokes a different practice than exploiting (Andriopoulos & Lewis, 2009), making art (or health care) a different one than becoming economically efficient (Abdallah et al., 2011) or a scientific laboratory than a business (Jay, 2013). Therefore, leaving both poles intact situatively {Clegg, 2002 #4} implies not only to relate their contradictory content {Lewis, 2000 #29} but also their respective ways of enacting these contents.

This contribution of relating opposing poles in terms of their content and their different conduct is particularly relevant when embedding paradox solutions. During such a process, the resonance with the enacted organizing practices helps to enhance the legitimacy of the proposed one. For example, direct support known as "small wins" (Barrett et al., 1995; Reay et al., 2006) enables the respective actors to generate resources to further pursue the proposed organizing practice (Feldman, 2004). Generating such resources can take time because it means to handle the challenge that the proposed organizing practice is interpreted from the perspective of the enacted one (Bartunek & Moch, 1994; Westenholz, 1993). Therefore, embedding paradoxical solutions requires relating with the opposing poles in terms of their contradictory contents and their respective ways of acting.

The third contribution is that *routinizing reflection overcomes the separation between the designers and implementers of a paradox solution*. The proposed model depicts the

establishment of reflective routines that includes the actors responsible for the change initiative and the handling of the paradox as well as the actors who are supposed to alter their work routines. In comparison, the paradox literature places a strong importance on the senior leaders (Ford & Backoff, 1988). "Organizations emerge as *leaders* respond to foundational questions, constructing boundaries that foster distinctions and dichotomies." (Smith & Lewis, 2011: 388, emphasis added). Being involved in the creation of paradox, senior leaders hold "substantial responsibility to enable the interplay between differentiated efforts and see more holistic synergies between the strategies" (Smith & Lewis, 2014: 131). Accordingly, researchers focus on the capacity (Denison, Hooijberg, & Quinn, 1995) or the practices of differentiation and integration senior leaders employ (Andriopoulos & Lewis, 2009; Smith & Tushman, 2005) in order to sustain the relation of the opposing poles (Smith, 2014), including the diluting effects of their own actions (Abdallah et al., 2011).

In these empirical studies, the organizational members who are to implement the resulting changes are hardly considered in generating these solutions. Luescher & Lewis (2008) focuses on the middle managers but does not include their subordinates in the process of paradoxical inquiry. Jarzabkowski et al. (2013: 263) mentions meetings of senior and project managers as one of the procedures that assist the emergence of a both-and approach to solve the opposition between departments. These insights suggest the importance of overcoming the separation between those generating and those enacting the solutions to paradox. Keeping these two groups separate evokes the risk that paradoxical solutions are interpreted on the basis of the organizational understanding which the solution aims to alter (Westenholz, 1993). As in episode 1, a similar separation associated with the conflict between the actors and the meaning structures. Therefore, the separation of the two groups helps to explain the current struggle of implementing paradoxical solutions.

The model of "routinizing reflection" extends reflection across an organizational unit by differentiating reflective routines, which include the different organizational members in order to establish reflection as an ongoing observation oriented towards those issues deemed important. Routinizing reflection thereby moves beyond the call for "a forum for discussion where carriers of reference could meet and discuss" (Westenholz, 1993: 54). It extends from settings of both senior and project managers (Jarzabkowski et al., 2013: 263) or those that focus only on the senior (Jay, 2013) or on the middle managers (Luescher & Lewis, 2008), who are said to be responsible for generating paradox solution. After all,

reflection is ubiquitous to routine performance (Feldman, 2000; Feldman & Pentland, 2003).

The fourth contribution is that the model of routinizing reflection suggests that the *generation and enactment of paradox solutions occur simultaneously*. The literature on paradoxes contains important insights, first, on the solutions to paradoxes and their perceived impact on reproducing paradoxical tensions or on enabling sustainable alternatives (Lewis, 2000; Smith & Lewis, 2011). Second, and in generating such solutions, we learn from Luescher & Lewis (2008) about paradoxical inquiry to arrive at a temporary solution, while Jay (2013) shows a continuous engagement on paradoxical tensions as sensemaking. Third, recent studies show the effects of such actions. They may lead to further sensemaking (Jay, 2013), to reproducing the paradox and its relation to other paradoxes (Jarzabkowski et al., 2013), to undermining itself over time (Abdallah et al., 2011), or to the ongoing struggle to embed paradoxical solutions within the organization (Smith, 2014). These studies tend to suggest a sequential view. A paradox once salient invites managers to reflectively generate a temporary solution followed by embedding this solution within the organization. As a result, the embedding of the solution may evoke a further cycle of this sequence.

In comparison, our case and the model of routinizing reflection suggest that generating and embedding reflective routines occur simultaneously. In this respect, the model of routinizing reflection resonates with the notion of improvisation (Clegg et al., 2002), which indicates to plan while acting (Weick, 1993), similarly to Pentland & Feldman (2008), who argue for the importance of performing a new routine along-side designing a new understanding of that routine. Such a pathway can be detected in the cross-sectional teams reported by Jarzabkowski et al. (2013: 261f) in order to “adjust” different interests of the involved actors. Our model elaborates on this stage empirically and thereby illuminates further how adjusting emerges within the organization. In this respect, routinizing reflection moves beyond the individually triggered interactions of managers with employees (Abdallah et al., 2011; Smith, 2014) to establish reflective routines as integral to the organization.

For our research, routine dynamics provided a promising perspective. At the same time, our insights offer *inspirations for routine literature* that becomes increasingly interested in the emergence of routines (Parmigiani & Howard-Grenville, 2011) in general and their

deliberate change in particular (e.g. Bapuji, Hora, & Saeed, 2012; Feldman, 2003; Stiles et al., 2015).

First, *deliberately changing routines implies the salience of the paradox* that contains the potentially opposing poles of the enacted and the proposed meaning structure with which a routine associates (Rerup & Feldman, 2011). Actors turn to their organizational understanding in order to generate a shared reference to come to terms with the enacted and the proposed routine (Feldman, 2003). Then deliberately changing routines turns into a paradoxical endeavor. Changing routines requires simultaneously shifting the organizational understanding and the routines that express and draw on it. This paradoxical challenge has not yet been addressed within routine dynamics literature but appears integral to it because of the self-referentiality on which routines are based (Cohen, 2007; Dionysiou & Tsoukas, 2013; Feldman & Orlikowski, 2011).

Second, in handling this paradoxical challenge, the model of routinizing reflection *attends to deliberately changing routines*. Recent studies explore the change of single routines within one meaning structure (Bapuji et al., 2012; Stiles et al., 2015). Returning to Pentland & Feldman (2008), these authors argue that only altering its ostensive dimension is prone to failure. Simultaneously, deliberate routine change requires performing the proposed routines (Bucher & Langley, 2016). Our findings indicate, that such performing implies a gradual shifting from the enacted routines towards the proposed ones so that the emerging routines associate with both poles of the paradox. This double association is both a matter of understanding the routines (their ostensive dimension) and their enactment in practice (their performative dimension). Because changing routines deliberately requires shifting both dimensions at the same time, reflection becomes essential to observe this process collectively.

Third, we complement the insights that changing routines require collective reflection (Howard-Grenville, 2005). Collective reflection includes experimenting with new routines and learning as a non-routine action throughout the change (Edmondson et al., 2001; Rerup & Feldman, 2011). Scholars have shown how routinized reflection supports to move an organization forward (Adler et al., 1999; Bresman, 2013). My findings contribute to how reflective routines become established. While the establishing process was integral to a temporary initiative, the continued practice of reflective routines fosters ongoing

development and stabilization. After all, “routine is both the building block of stability and also the foundation of adaptation” (Feldman & Rafaeli, 2002: 328).

7 Concluding reflections: orchestrating reflection

In this paper, we address the open issue of embedding paradox solutions by exploring a change process within a hospital. While we have learned from the literature important insights on how to engage with opposing poles and how to envision paradox solutions, we still know little of how to embed them within the organization. We addressed this niche from a process perspective and focused on routine dynamics that highlights the importance of reflection, as does the paradox literature. Empirically, we focused on reflective routines and their emergence throughout a single case of a change initiative which we observed in real-time over a period of almost three years. Our analysis lends to a model of routinizing reflection that overcomes the separation between designers and implementers of paradox solutions; that associates the enacted and the proposed organizing which mark the poles of the paradox; that implies that designing and implementing paradox solutions occur simultaneously; and that highlights the establishment of reflective routines as a means to embed paradox solutions while moving the organization forward. These insights contribute to the paradox lens, and speak to routine dynamics.

At the same time, our study bears several limitations like the following three: First, our focus on reflective routines and their emergence helps to explain how the deliberate change initiative moved forward so that it weaves into the ongoing routine performance (Langley & Denis, 2006). This focus is selective in that it attends less to the change of specific treatment or organizational routines. However, we attended to several and not a single reflective routine. Focusing on a single routine would have obscured the role of reflective routines in our case as they extend to the entire department as both medium and outcome of the change. Like some recent research (Bucher & Langley, 2016), future research could investigate more explicitly the detailed relationship between reflective routines and the specific routines they aim to alter.

Second, our insights on establishing reflective routines builds on how such a process unfolds on the shop floor. Here, patients require attendance irrespective of the circumstances. In comparison, the top management team is more remote from the imperative of treatment. Second, the diverse perspectives are more salient at the executive

board level than within a single profession. Future research could investigate further how reflective routines become established between professions and within the top management, thus combining insights from our research with those of Jay (2013).

Third, our study is a single one. The use of different change initiatives and regular and extensive feedback workshops with the organizational members validated our findings internally. Beyond the organizational setting, our publications and workshops for practitioners indicated that the findings also resonate with other hospitals in the Swiss Healthcare sector. Therefore, they bear moderate generalizability, particularly on the general insights that rather concern process than outcome (see Stiles et al., 2015). However, future studies in other knowledge-intensive organizational settings could provide enriching insights into the establishment of reflective routines.

Besides, our study points to several conceptual topics: First, we could further elaborate the role of reflection in relation to routine performance and to the organizational understandings with which routines associate. Recent studies (Bucher & Langley, 2016) explore this direction, which could benefit from the paradox lens. Future research could embark on the paradoxical side of routines as patterns in variety (Cohen, 2007; Dionysiou & Tsoukas, 2013) and investigate how a routine is recognized as such. Future research could for example provide insights into how in detail mutual expectations emerge over time in specific settings and instances, thereby empirically enriching the concept of Dionysiou & Tsoukas (2013) and move beyond their two-actor-model.

Second, future research could elaborate on collective reflection when deliberately changing routines. The literature reports the importance of collective reflection (Howard-Grenville, 2005) when actors attend to their organizational understanding (Feldman, 2003), engage in in trial-and-error learning (Rerup & Feldman, 2011), explicate taken-for-granted assumptions as they enact their coordination (Jarzabkowski et al., 2012), employ learning (Bresman, 2013) or problem-solving routines (Adler et al., 1999). Building on these works, future research can further explore collective reflection as a means for deliberate change to relate with continuous change (Langley & Denis, 2006; Weick & Quinn, 1999).

Third, self-referentiality (duality) could provide a starting point to further develop the paradox lens as process. Based on self-reference, a process view on paradox could consider the paradoxical tensions as well as the self-confirmation in the same theoretical concept

of duality. Furthermore, we could also reconsider the very definition of paradox to attend to a process perspective. For example, social systems theory (Luhmann, 2000) defines paradox as an accomplishment that produces the conditions for its own possibility and impossibility (Ortmann, 2004). In comparison, our current definition tends rather to highlight the poles than their relation (see Smith & Lewis, 2011). A process concept of paradox accentuates the interdependence of paradoxical poles, as Farjoun (2010: 203) points out with view on stability and change: “both are contradictory yet complementary.”

Finally, our research approach of engaging with practitioners over a period of time that included regular feedback workshops is worth to explore in future research. As in other research (Luescher & Lewis, 2008; Jay, 2013), our role as empathetic observers (Langley, 2009) who provide feedback offered itself a temporary pattern of reflection. Thus, our research practice was part of the phenomenon we explored.

In conclusions, we learned that because reflection is ubiquitous and managing a pluralistic setting implies orchestrating reflection. Managing within and of the pluralistic organization pursues the task of channeling the ongoing reflection by establishing reflective routines that foster organization-wide decisions to ensure the present and future value creation of treating patients. This view corresponds with Heifetz (1994: 14f) notion of leadership as “influencing the community to face its problems.” Such a reflective approach applies also to leaders, managers and researchers. It invites us to observe, reflect and develop our respective ways of acting. Karl Weick (1995:219) sums up the concluding thought with reference to managers: *"Problems that are never solved are never solved because managers experiment with everything except with what they themselves do and think. When people try to change their surroundings, they have to change themselves, their own thinking and acting – not someone else."*

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