Regaining agency with third spaces to address a pragmatic paradox - a process study of change in a nursing unit

EGOS 2024 - Milano

Harald Tuckermann, Center for Healthcare, University of St. Gallen,

Rorschacher Strasse 51, 900 St. Gallen, Switzerland, Email: harald.tuckermann@unisg.ch

Ibrat

Abstract (163): This paper explores how members of a subordinate unit address a pragmatic paradox. While paradox literature acknowledges insufficient agency as a critical condition for addressing paradox, it overlooks the catch-22 of enhancing meta-communication which requires agency to regain agency. Based on analysis of a change process in a nursing department we argue that actors can address this catch-22 by establishing third spaces – which are social spaces of communication to address contradictory issues. The process study reveals a trajectory of iteratively expanding agency from within the unit to other subordinate actors and to dominant actors, that is driven by spacing patterns of establishing third spaces. These insights form a process model that helps to explain how actors regain agency over time to address a pragmatic paradox. In addition to this contribution, the paper strengthens a relational view on paradox, argues for widening the understandings of paradox beyond contradictory demands, and speaks to literature on social spaces by revealing spacing patterns to establish third spaces.

Keywords: pragmatic paradox, paradox, third spaces, healthcare

Introduction: …

Paradox theory is a thriving field to explain the dynamic and incoherent nature of organizations. Paradoxes are "contradictory yet interrelated elements that exist simultaneously and persist over time" (Smith & Lewis, 2011: 382), like business and social goals (Smith & Besharov, 2019), or autonomy and control (Sundaramurthy & Lewis, 2003). Paradox scholars emphasized the significance of combining the opposites in order for actors to move forward effectively and avoid becoming paralyzed by the experience of paradox (Putnam et al, 2016; Schad et al, 2016).

However, this theory often assumes sufficient agency, defined as actors' capacity of making choices (see Fuchs, 2001) to address paradox (Berti & Simpson, 2021: 4). In contrast, actors often face limited agency (Gaim et al, 2021). This places actors in a pragmatic paradox (Berti & Simpson, 2021: 4), which is why assuming sufficient agency limits the heuristic potential of paradox theory (Berti & Cunha, 2023). To address a pragmatic paradox the above and other authors (Alvesson & Spicer, 2012; Fairhurst & Putnam, 2024) argue for enhancing meta-communication – i.e. communication about the pragmatic paradox – to regain agency. But, this approach overlooks that enhancing meta-communication requires agency to begin with. Addressing this circular requirement marks a catch-22, when it needs agency for meta-communication to gain agency.

We aim to develop theory to answer the research question of how organizational members can address the catch-22 of metacommunication and thus navigate a pragmatic paradox. Using process perspective (Langley & Tsoukas, 2010) and a constitutive view on paradox (Putnam et al, 2016) we assume that paradox emerge from and within the ongoing flow of organizing, that is the events, communications, actions, and decisions of organizational members (Abdallah et al, 2011; Jay, 2013; Le & Bednarek, 2017).

The empirical setting for this process study (Langley, 1999) is a change initiative in nursing department of a public tertiary hospital. This setting is promising, because hospitals are rife with paradox (Kraatz & Block, 2008), and nurses are traditionally subordinate to clinics (Huq et al, 2017).Over the studied 21 months the nurses had to meet contradictory demands of professional and administrative goals and experienced pragmatic paradox. In response, the nurses enacted a trajectory that enabled them to address the catch-22 and regain agency.

The analysis of these insights informs our model. It explains regaining agency by establishing so-called third spaces (Janssens & Steyaert, 1999). A third space "is a liminal and performative site of disruption and invention, and enunciation" (Putnam et al, 2016: 65). Third spaces are social spaces for communication among participants to engage with contradictory issues of their concern. (Jarzabkowski & Lê, 2017; Kellogg, 2011). Viewed over time, the third spaces reveal a three-stage trajectory of regaining agency. As the driver of this trajectory, we identify a set of what we call "spacing patterns". These patterns demonstrate the establishment of third spaces to address contradictory issues and thereby regain agency to escape a pragmatic paradox.

First, these insights contribute an explanation of how actors navigate a pragmatic paradox (Berti & Simpson, 2021). Second, we underscore the importance of social interactions in paradox theory that have received little attention (Jarzabkowski & Lê, 2017). Third, the study the spacing patterns help to explain establishing third and other social spaces which complements studies that explore their inner dynamics (Barge et al, 2008; Bucher & Langley, 2016; Derksen et al, 2019; Huq et al, 2017; Kellogg, 2009).

The next section elaborates on the catch-22 of pragmatic paradoxes and introduced our approach on third spaces in relation to agency. The methods section precedes that of the results section which shows the situation of limited agency, the contradictory issues, the third spaces and their establishment. The discussion section explains the model and its proposed contribution before concluding the paper.

Paradox research on responses and on third spaces

The paradox literature has developed important insights into navigating paradoxes. These decisions, actions, communications, or patterns thereof enable actors to address one (Andriopoulos & Lewis, 2009; Jay, 2013; Smith, 2014) or several (Jarzabkowski et al, 2013; Sheep et al, 2017) paradox(es), promote vicious or virtuous cycles (Clegg et al, 2002; Jarzabkowski et al, 2013; Smith & Lewis, 2011), and thereby risk paralysis (Lewis, 2000) or enable actors to tap the creative potential of paradox (Ford & Backoff, 1988; Raisch et al, 2018). The former result from so-called defensive responses that include avoiding or repressing the paradox, or by engaging in conflict and split the elements (Jarzabkowski et al, 2013; Poole & van de Ven, 1989). Such responses may temporarily relieve tensions (Putnam et al, 2016) but invite conflicts and turf wards (Lewis & Smith, 2022). In comparison, so-called active responses (Jarzabkowski et al., 2013) enable virtuous cycles and aim for a synergistic relationship that holds both poles intact (Clegg et al, 2002) by oscillating between the poles (Smith & Besharov, 2019), by integrating the poles (Pradies et al, 2020), by transcending the perspective (Jay, 2013), or by balancing paradoxical elements over time by situatively (Smith, 2014).

However, Berti & Simpson (2021: 3) point out that these responses assume that the actors enjoy sufficient agency: "individuals are free and able to choose how to engage with paradoxical tensions". These they call for investigating "pragmatic paradoxes" using a term by Watzlawick et al. (see Watzlawick et al, 1967). Pragmatic paradoxes highlight situations in which organizational members experience paradoxical tensions but find themselves with little agency to address them (Berti & Simpson, 2021; Cunha et al, 2022). Such situations result from power differences that limit the possibility for actors to point out the tensions and reflect on contradictory demands (Alvesson & Spicer, 2012; Berti & Simpson, 2021: 4; Fairhurst & Putnam, 2024; Hargrave & Van de Ven, 2016).

To address a pragmatic paradox, Cunha et al. (2022) and Berti & Simpson (2021: 30) note three pathways. Individuals can aim for self-protection and use "micro-emancipation" that include irony and sarcasm … and defy "routine absurdities embedded in labor processes (Korczynski, 2011, p. 1421) (ibid., 28), such as withdrawal or literal obedience (Cunha et al, 2022). Such means protect the affected individual initially but risk their paralysis over time and do not alter the situation that reproduces the insufficient agency (Fairhurst & Putnam, 2024). As an alternative, organizational members can opt for revolution which risks organizational demise (Berti & Simpson, 2021). A reforming third way aims for meta-communication – i.e. the possibilities to communicate about the situation (Berti & Simpson, 2021: 13). These and other authors (Cunha et al., 2022; Alvesson & Spicer, 2012) argue for "resorting individual and collective capacities to meta communicate, voice issues and expose contradictions" (Berti & Simpson, 2021: 32). Meta-communication "refers to open dialogue between different actors … [and to] introducing structured practices for critical reflection." (ibid.)

1.1.1 Catch-22 of enhancing meta-communication

However, this approach is paradoxical, because enhancing meta-communication by the actors with limited agency presupposes the agency, that they aim to regain through meta-communication. Means thereof like raising transparency, speaking up, collective reflection, or dialogue (Berti & Simpson, 2021) assume the agency of the subordinated actors to engage in these activities. Second, meta-communication assumes the participation of the other (often more powerful and less affected) actors engage (see Cunha et al., 2022: 5ff.), despite their possible interest in maintaining the status quo (Berti & Simpson, 2021: 26f). Third, pragmatic paradoxes are embedded in the organization, the structures of which dissuade meta-communication (Alvesson & Spicer, 2012). Actors lack the social spaces for meta-communication, the establishment of which requires agency.

In other words, enhancing meta-communication requires agency to develop meta-communication in the organization, within and between the different groups of actors (Murphy, 2011). Such a circular requirement denotes a catch-22 (Ashforth, 1991). When actors cannot exit the situation, withdraw from it or risk revolution, they find themselves in a double bind (Putnam, 1986), which invites a vicious cycle of deteriorating agency over time. Exacerbated by conditions such as resource restrictions, subordinate actors are increasingly absorbed with upholding daily organizing with decreasing possibilities to change the situation (Fairhurst & Putnam, 2024). How, then, can (subordinate) actors enhance meta-communication and regain agency to navigate paradox?

Approach: Agency and third spaces

1.2 Approach: third spaces and agency

Enhancing meta-communication to address pragmatic paradoxes has two consequences for the approach we adopt in this paper: First, we adopt a relational understanding of agency that emphasizes interaction and communication (Burkit, 2015; Sewell, 1992). Second, we focus on sites of interactions, that is the social spaces for meta-communication to occur, for which we leverage the concept of so-called third spaces (Janssens & Steyaert, 1999).

1.2.1 A relational understanding of agency

For this paper, we draw on agency theory selectively that provides a large and diverse body of insights in the social sciences (e.g. Emirbayer & Miche, 1981; Fuchs, 2001; Burkit 2015; Sewell, 1992). From an individual perspective, agency means that actors can make choices, without or with reflexively considering their options (see Fuchs, 2001). A relational perspective on agency (Burkit 2015: 331) highlights that “we are always nested in some aspect of social relations”, therefore interdependent with the actions, communications of others as well as the

social setting in which we find ourselves in. Following Emirbayer & Miche (1981, cited in Burkit, 2015: 334) we understand that "agency is a relational and 'a temporally embedded process of social engagement'". In this respect, actors are simultaneously "acting upon others and being acted upon by others to varying degrees." (ibid., 334).

1.2.2 Agency as collective

A relational understanding highlights that agency is individual and collective which occurs in communication with others (Sewell, 1992: 21). Throughout communication agency can become distributed asymmetrically. "In these interdependencies there emerge power imbalances as some attain greater positions of power or control of key resources,…" (Burkit, 2015: 331). Such power differences impact the scope of agency individuals might sense as they are entangled in interactions with others. "Personal agency is, therefore, laden with collectively produced differences of power and implicated in collective struggles and resistances" (Sewell, 1992: 21).

1.2.3 Agency and social spaces

More specifically, Knox et al (2015: 1008) argue that social spaces and agencies co-implicate each other, where social spaces are sites of communication. Among others (Bucher & Langley, 2016), Kellogg (2011) elaborates, that and how social spaces allow actors to relate, exchange, and engage with one another to gain and maintain their agency, particularly when they find themselves in a situation of lacking agency. In paradox studies, scholars have shown the importance of social spaces for addressing paradox (Derksen et al, 2019; Huq et al, 2017; Jarzabkowski & Lê, 2017), for promoting understanding of paradox (Abdallah et al, 2011; Knight & Paroutis, 2017), for sensemaking (Jay, 2013), for learning paradoxical thinking (Luescher & Lewis, 2008), propose arenas for opposing views (Westenholz, 1993), or find spaces with peers that protected agency for addressing paradox (Pamphile, 2022). While these studies provide important insights, we know little on the establishments of such spaces and how

they can lead to regaining agency in order to respond to a pragmatic paradox. As Alvesson & Spicer (2012) point out organizations with lacking meta-communication also do not have the social spaces as part of their structure where meta-communication can occur. Thus, actors with insufficient agency not only require agency for enhancing meta-communication. They also face the challenge of establishing the social spaces for meta-communication.

1.2.4 Regaining agency through meta-communication implies a focus on interaction and social spaces

In this sense, the question of regaining agency to address pragmatic paradoxes becomes one of establishing social spaces for meta-communication (Alvesson & Spicer, 2012; Berti & Simpson, 2021; Cunha et al, 2022). The constitutive approach to paradox (Putnam et al, 2016) terms these social spaces "third spaces" (Janssens & Steyaert, 1999). "Third spaces" are social spaces in which actors may enunciate, understand, and envision responses to paradoxes. The adjective "third" implies that these spaces are distinct from the direct experience of the opposing poles of a paradox; but, third spaces are also part of the organizing from which such experience emerges. Third spaces, then, are "a way of steering complex organizing processes by introducing a 'third' element which creates space for developing both realities" (Steyaert & Janssen, 1999: 122).

1.2.5 Analytic framework: third spaces and "spacing patterns"

For the empirical analysis, we use descriptive categories to depict third spaces in term of their topics (what), participants (who), temporal rhythm (when) and conduct (how) (Bucher & Langley, 2016). These categories correspond to the prevalent understanding of third spaces as containers, i.e. as sites in which interactions occur. In addition, we leverage a process perspective according to which third spaces become through their enactment (Sivunen & Putnam, 2020: 1130), i.e. the "spatial performances or dynamic streams of action, interactions,

and movements." We aim to identify what we call "spacing patterns", which are recurrent activities to form and maintain third spaces. Therein lies the main difference to patterns studies, for instance, in research on co-working spaces that are concerned with how individuals occupy such a social space (Sivunen & Putnam, 2020; Kronberg et al., 2004; Knox et al., 2015). As spacing patterns establish third spaces, these become integral to a so-called liquid architecture (Kornberger & Clegg, 2004). In this view, social spaces serve to "balancing order with chaos and disorder (Sivunen & Putnam, 2020: 1131), based on the assumption of organizing as an ongoing flow of events." For our research, this focus on the emergence of third spaces starts from the insight that an organization in which members experience pragmatic paradoxes does not offer third spaces and thereby reproduces the status quo (Alvesson & Spicer, 2012).

1.2.6 Relevance for paradox studies: little attention to interaction in paradox studies

Given that actors in organizations often experience insufficient agency to address paradox undermines their individual well-being (Fairhurst & Putnam, 2024) and can promote risks for the organization as illustrated at Volkswagen (Gaim et al, 2021). In addition, today's societal challenges call for enhancing meta-communication and reflexivity in organizations (Alvesson & Spicer, 2012).

Besides this practical relevance, understanding how to address pragmatic paradoxes helps to expand the scope of paradox theory (Berti & Cunha, 2023). The circular requirement of the catch-22 of enhancing meta-communication broadens our understanding of paradox that often focuses on the elements. In addition, bringing in collective agency complements that of individual agency which is prevalent in paradox studies. Furthermore, doing so opens up the possibility of relating individual concepts of paradoxical mindsets (Miron-Spektor et al, 2017) with social interactions (Pamphile, 2022) that begin to receive more attention in paradox studies (Jarzabkowski & Lê, 2017) to explain surfacing (Huq et al, 2017), undermining (Abdallah et

al, 2011) or invisibilizing paradoxes (Tuckermann, 2019). Even with a paradoxical mindset (Miron-Spektor et al, 2017) actors need to engage others (Smith, 2014) in meetings and conversations. We know that social interactions are essential for coping with paradox (Derksen et al, 2019; Huq et al, 2017; Jarzabkowski & Lê, 2017), for interpreting instances (Knight & Paroutis, 2017), for sensemaking (Jay, 2013), for learning paradoxical thinking (Luescher & Lewis, 2008), or for exchanging opposing views (Westenholz, 1993). But we lack explanations of how third spaces become established by actors with insufficient agency.

Method: Process research on a single case

Research setting

The research setting for this process study (Langley, 1999) is a nursing department of a public tertiary hospital that underwent change following the merger with a larger hospital. To cut costs, the public owner announced its plans to merge a small local hospital (Loho) with a larger central hospital (Ceho) between 2002 and 2007. The nursing unit of LoHo was central to the overall initiative because nursing was bound up with various parts of the hospital's operations. The initiative involved adapting caring procedures, nursing unit management, and cooperation between Loho's wards and other hospital departments. Figure 1 shows the structure of the nursing department and the main actors (pseudonyms) involved during the field phase:

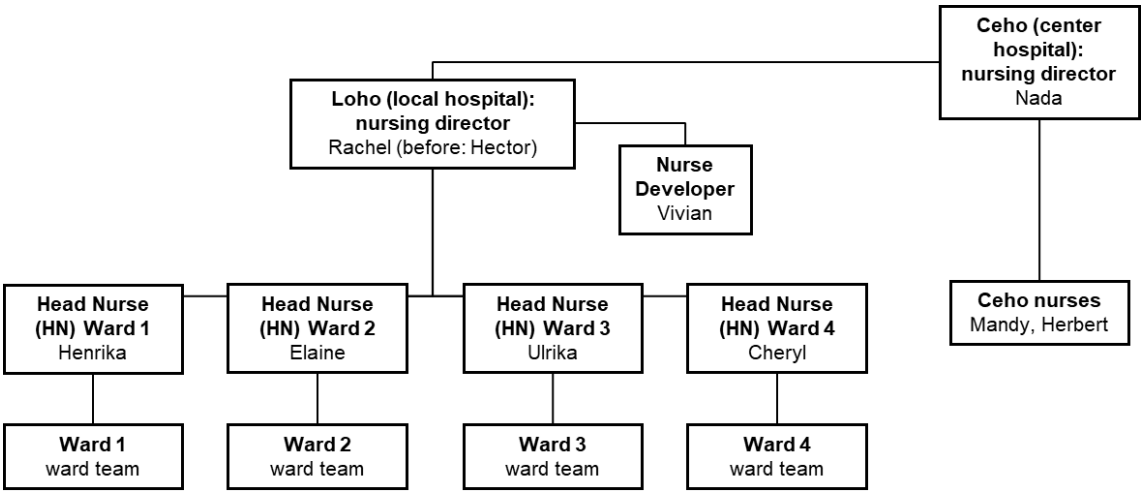


Figure 1: Organizational chart, actors (pseudonyms)

At the same time, nursing departments are subordinated to medical clinics and agency is distributed asymmetrically (Huq et al, 2017). As change and resource restrictions surfaced contradictory tensions (Smith & Lewis, 2011), the research setting is ideal to the purpose of our study. In addition, prolonged and open access enabled me to closely follow the change initiative in real time (Langley, 1999) that also triggered our interest in third spaces as a means to address pragmatic paradox which impregnated the early time of the field phase. Members of the nursing department felt lacking the agency to address the demands they experienced as contradictory between caring and administrative tasks which they summarizes as "leading", as well as inter-professional collaboration particularly with the clinics.

Exploratory approach and data gathering

Data gathering by the first author and another researcher included observations, semi-structured interviews, and documentary materials to collect diverse and rich data and allow triangulation. The field phase lasted 21 months (June 2004–December 2005) and included retrospective data until May 2003. We recorded our field notes (observations, numerous informal conversations, and our interpretations) in a journal. Seventy-three observations included ward meetings, nursing management meetings, and a four-week ethnographic visit to the surgery and internal medicine wards at both hospitals. All observations were documented in detail and transformed

into extensive memos shortly after occurrence. Furthermore, we validated our emerging insights with the participants in 28 validation sessions. We conducted 80 semi-structured interviews, each lasting one to two hours, to capture the interviewees' understanding of the initiative and their daily work. Interviews involved members of different healthcare professions (nursing, various medical disciplines, and administration) across hierarchical levels, from hospital executives to ward nurses. Interviews with key actors were repeated two to six times to trace their unfolding perspectives over time. All interviews were transcribed. We were granted access to 69 documents, including conceptual papers, minutes, annual reports, and email correspondence.

Data analysis and theorizing

Data analysis involved several iterations between data, emerging insights, and the literature to theorize from process data (Langley, 1999): a detailed case narrative and visual mapping enabled tracing issues that practitioners called "caring," "leading," and "collaborating." These issues contained numerous instances demanding attention and handling. The practitioners often described these issues in ways that indicated differences, tensions, conflict, or unease that indicate a possible paradox (Andriopoulos & Lewis, 2009; Jarzabkowski et al, 2013). Practitioners confirmed this relation during member validations where they explained the tensions as integral to treating patients while pursuing administrative tasks and struggling with the demands of different clinics. Accordingly, we framed these tensions as expressing an organizing paradox consisting of caring and administrative demands (Abbott, 1988; Huq et al, 2017), summarized in Table 2 of the Result section. In addition, own observations and interviews revealed the nurses' understanding of little agency, for instance when waiting for "someone who comes and help us" (HN X) at the beginning of the field phase, whereas later they noted a "new" and more pro-active atmosphere among themselves. These indicated the experience of a pragmatic paradox at first, and a transformation later.

To understanding this shift from little to increased agency, we analyzed how the practitioners addressed the instances and issues. These activities often were specific to a particular instance, such as procuring missing equipment, or supporting head nurses in staff planning. A striking similarly was that these responses emerged in social interactions (e.g., meetings or conversations). Also, these were important for Rachel who oversaw the change initiative who focused on social interactions to engage the nurses in the change initiative. Paradox literature offered the concept of third spaces (Putnam et al, 2016), so that we used the above-mentioned for their description. The resulting set of 13 social spaces also included ad-hoc informal conversations, as well as historically grown spaces at LoHo (e.g., breakfast and afternoon breaks, ward rounds, or monthly ward team meetings). Of this set of social spaces, we selected those as third spaces which aimed to address a contradictory issue or instances. The remaining six third spaces are the unit-of analysis to investigate their emergence and maintainance in the longitudinal data. Table 1 shows this step for the so-called leadership conversation:

Insert Table 1 about here

Comparing the emergence and maintainance across the six third spaces led to identifying and labeling different patterns, which we labelled spacing patterns inspired by respective literature (Sivunen & Putnam, 2020; Fairhurst &Putnam, 2024). Coding the data of each third space, we identified four spacing patterns: forming the issue, initiating social interaction, addressing the issue, and embedding third spaces. These patterns explain the emergence and maintainance of third spaces (Tables 4-7).

Fourth, we returned to the overall process to relate the third spaces and spacing patterns with the increased agency as experienced by the nurses. This step led to the process model we present in this paper. The model, first summarizes the analytic insight of a trajectory. Comparing third spaces over time shows that the nurses first strengthened their agency within the unit, before

seeking collaboration with other subordinate units, and the dominant clinics. In other words, they addressed the catch-22 of enhancing meta-communication by iteratively expanding their agency. In a final step of the analysis, we returned to the spacing patterns to understand what drives the overall trajectory. The concept of mutual constitution (Feldman & Orlikowski, 2011) and inductive bootstrapping helped to understand this interdependence of spacing patterns within a circular causality (Tsoukas & Cunha, 2017) that is consistent with our assumption of paradoxes emanating from daily organizing (Cunha & Putnam, 2017). The following result section shows the empirical insights that inform this model to explain how subordinate actors regain agency and address the catch-22 of enhancing meta-communication.

Results: Establishing third spaces and regaining agency

The results section is structured along

1.3 The outset: lethargy and draining contradictions

From "lethargy" to a "new atmosphere": regained collective agency

Members of the nursing unit described their movement of one from a "lethargic" to a "new atmosphere". The lethargic atmosphere presumably developed over the years with cost-cutting measures, a possible hospital closure and the exit of leading medical staff. This situation led to a cooperation with a larger center hospital -CeHo – that resulted in changing the nursing department, now under the leadership of Nada, the nursing director of CeHo. The change led to an open conflict between Ceho and Loho nursing staff that preceded the focal period. The conflict's trigger was the surgeons' critique that LoHo's nurses' lacked professionalism. The surgeons had tried to "*coerce*" LoHo nurses into their working mode and "*to wake them up from their beauty sleep*" (LoHo's leading surgeon). For Loho nurses these attempts were tough:

"*They had promised […] that they would not intervene in our organizing. But over time, it became more and more. We felt like being eaten alive with all their requests*" (Cheryl, HN-4).

Nada, CeHo's nursing director, sent nursing experts to analyze the situation and to detect the shortcomings in LoHo's nursing. These results were fed back to LoHo over three workshops that ended in conflict. Elaine (HN-2) recalled: "*It was almost as if they were threatening us: 'You must change this and that, and if you don't, then…' It was as if everything we had done so far was not worth anything. All of us were furious.*" Their Ceho colleagues also grew frustrated. "*It was particularly difficult to change those aspects where they [LoHo's nurses] thought they were doing well. This was really challenging*" (Nada).

Following this conflict between Ceho and Loho staff, Nada sent Rachel to Loho to support Loho's nurses to pursue the required changes. As she arrived in July 2004, she made a double experience. One was passive opposition of LoHo's hospital leadership denying her an office, a house key, a parking place, and -more importantly- access to the intranet: "*I have no access yet [July 5th, 2004]. I have not seen the manpower planning, the monthly reports, all the stuff I could have worked with. What forms exist? Nothing is there, I have no access. And we know since April, that I am coming."* In addition, nursing staff appeared uninformed despite a formal introduction of Rachel prior to her arrival that also attended Henrika (HN-1) who said: "*We knew someone was coming. We thought she would look what we could improve. Then she was surprised that we didn't know she was our superior. We did not know her role."*

The first experience illustrates avoidance and denial (Berti & Simpson, 2021). The second experience indicates a pragmatic paradox the members of LoHo's nursing found themselves in. Rachel labeled the general atmosphere as "lethargic" among LoHo nursing staff: "*The staff has basically only reacted. They weren't engaged proactively. They just swallowed everything and seemed quite lethargic.*" An example I observed was the nurses' reaction to the closure of LoHo's maternity clinic during the beginning of the field phase. After the announcement in the

head nurse meeting, head nurses remained silent, and only shared in informal conversation with the author that taking out maternity was like ripping the heart out. To them it was like the closure of the emergency unit without which they did not feel that LoHo was a real acute hospital anymore (Marvin, head of internal medicine). Some interpreted these closures as a hostile takeover (Hector, LoHo's nursing director), while others were confused that the closure occurred during a period of a "*full house*" (Elaine). In a similar way, head nurses reacted passively when being informed of Rachel replacing Hector during a head nurse meeting, in November 2004. Without reaction during the meeting, staff commented to the author on the way back to the ward, that they had expected such a decision of Nada using the opportunity of Hector's burnout induced sick leave. These observations of LoHo's nursing indicate that LoHo's nursing staff found themselves in a situation of lacking agency, that was seconded by the passive resistance of LoHo leadership towards Rachel.

Ten months later, in May 2005, Loho nurses noticed "*a new atmosphere*" in their teams which was agentic: "*Overall, our conversations about ward issues have become friendlier and more appreciative. Not with everybody, but things are growing*" (Ulrika, HN-3). The author observed the head nurses actively committing at their meetings; a clearer focus on the nursing unit was also noticeable. Likewise, Rachel (interview, October 2005) noted: "*The nurses are asking more questions and making more suggestions about how we could do things regarding caring and organizing in our department and in their teams. I have the feeling that they are more courageous to ask questions.*" Overall, a more agentic atmosphere had developed in which head nurses also noted in the team that "*staff is standing up for themselves more*" (Ursula, HN-3). Illustrative is the following observation at the end of the field phase: In December 2005, hospital leadership informed the head nurses of (another) cost-cutting measure, which was the closure of LoHo's pharmacy. Instead of abiding this decision as those before, head nurses actively discussed the implications for ordering and storing medicine to ensure the department's patient care.

Throughout the shift from the "lethargic" to the "new" atmosphere surfaced contradictory issues of leading and collaborating that were in tension with nurses' caring work. The issue of "leading" was prominent (Table 2) and conflicted with caring for patients because leadership activities were both deviations from and conditions for caring activities. "Leading" involves administrative tasks (instances). For example, documenting care activities enables highlighting "*all the nursing work and helps us to professionalize and show our work to others*" (Dolores, nurse). Further, documenting is the basis for billing clinics, for budgeting, staff planning, and for steering workloads, which "*are all things I need to work with*" (Rachel). On the other hand, documenting keeps nurses from caring. "*I need to document whatever I do, again and again. And the documenting takes longer than the doing.*" (Joan, nurse). A colleague, Jill (nurse), complains about calling staff for the coming week: "*I hate these calls*" which the first authord observed her performing on the hallway in-between patient visits. Thus, administrative and caring tasks become contradictory for the nureses: They establish the conditions for ensuring caring activities yet prevent nurses from caring. Henrika (HN-1) observed: "*When I work on the computer, my team doesn't consider that work … they think that I'm not really working.*"

A second issue was collaborating that triggered tensions over the course of the initiative particularly with the clinics. Collaborating with the clinics of medical doctors was contradictory for the nurses which they described as being close and distant from the clinics. For example, Hector preferred closeness: "*You have to cooperate closely, and if not, we all go down the drain.*" After all, nurses were subordinate to medical doctors: "*The medical doctors give us [nurses] instructions on particular patients.*" (Nada, nursing director). Yet, she continues that subordination ends with "*how we organize ourselves. That's entirely our responsibility*". Otherwise, "*the daily chaos becomes total*", for example, if the times of ward rounds change (Herbert, nursing expert). Therefore, "*we have to distance ourselves a bit*" (Henrika, HN-1). Some medical doctors appreciate such distance because it helps that "*the nurses ... [to] control our work. They double-check what we do, so that we minimize mistakes*" (Anton, head surgeon).

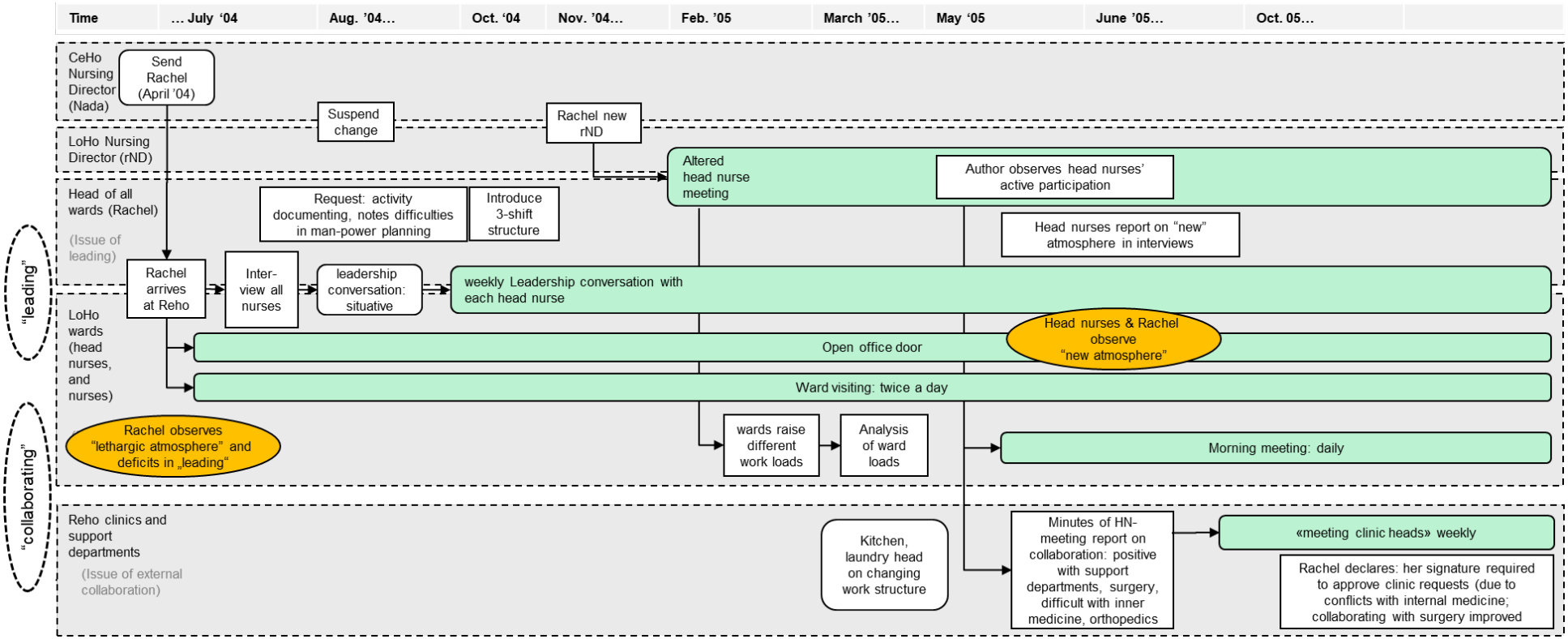
Other medical doctors, like Marvin (head of internal medicine) opposed it. Marvin lamented the "*chain of command: Before we just did what was good and it was OK. Now I must ask her first.*" Rachel (LoHo nursing director), in turn, stated that she had "*to watch out with him; he often tries to order my staff around. And sometimes you have to pick a fight*"

Insert Table 2 about here

Third spaces to address leading and collaborating

The way in which the nurses addressed the above issues of leading and collaborating centered on establishing social interactions, like meetings or semi-formal recurrent conversations, which we identify third spaces. Table 3 provides an overview of the six third spaces, that we selected in our analysis, and the figure below provides a visual map of their occurrence over time:

First surfaced the issue of leading, as mentioned above, upon Rachel's arrival in July 2004. Rachel introduced herself at every team's monthly meeting and explained the changes planned for the coming months. A this point in time, she was frustrated: "*I hate having to tell everybody that I'm in charge*." During summer 2004, she interviewed all nurses "*to establish the situation, how they think about it, which challenges they face in daily patient care and with getting organized*." With her immersion in the local context surfaced the issue of leading: *"There's no leadership. It's all wishy-washy. Everyone does as they please. Things don't get done because nobody feels responsible."* Rachel noted that *"They [head nurses] spend their spare-time fixing problems just to keep things going. You can't work like this for long."*


Time
… July '04
Aug. '04…
Oct. '04
Nov. '04…
Feb. '05
March '05…
May '05
June '05…
Oct. 05…
CeHo Nursing Director (Nada)
Send Rachel (April '04)
Suspend change
Rachel new rND
LoHo Nursing Director (rND)
Altered head nurse meeting
Author observes head nurses' active participation
Head of all wards (Rachel)
(Issue of leading)
Request: activity documenting, notes difficulties in man-power planning
Introduce 3-shift structure
Head nurses report on "new" atmosphere in interviews
"leading"
Rachel arrives at Reho
Inter-view all nurses
leadership conversation: situative
weekly Leadership conversation with each head nurse
LoHo wards (head nurses, and nurses)
Open office door
Head nurses & Rachel observe "new atmosphere"
Ward visiting: twice a day
"collaborating"
Rachel observes "lethargic atmosphere" and deficits in „leading"
wards raise different work loads
Analysis of ward loads
Morning meeting: daily
Reho clinics and support departments
(Issue of external collaboration)
Kitchen, laundry head on changing work structure
Minutes of HN-meeting report on collaboration: positive with support departments, surgery, difficult with inner medicine, orthopedics
«meeting clinic heads» weekly
Rachel declares: her signature required to approve clinic requests (due to conflicts with internal medicine; collaborating with surgery improved

To address the issue of leading, Rachel took different measures to stabilize the perceived situation. She suspended the change initiative with its prior goals, hired an additional nurse to help on the wards, employed a nursing expert to advance nursing standards, and convinced Nada to replace the nursing director (Hector) with herself. Besides these measures of reducing temporary workload and raising resources, Rachel began visiting every ward in the mornings and afternoons to meet every shift, and followed an open-door policy (see Table 3). It was meant to allow staff to freely approach her, whereas Hector had kept his door closed. These measures helped Rachel to make her own observations, and to engage both with head nurses and staff continuously.

In addition, Rachel introduced the so-called "leadership conversations" as a third space for the issue of "leading." She took this measure based on observing head nurses' difficulties in performing administrative tasks and to provide the necessary support. These conversations were held situatively since July 2004 and became a weekly practice by October that year. Lasting up to two hours, they considered the head nurse's issues and Rachel's own observations. Topics included equipment, staffing, tensions among team members, and other administrative tasks (e.g., documenting care activities, and monthly staffing). Elaine (HN-2) recalled Rachel's surprise during their first conversation: "*Rachel was surprised: 'What, you can't do this duty roster, nor the budgeting etc.?' No, we can't. Hector didn't allow us and did everything himself.*" Whereas previous practice expressed low agency of head nurses, Rachel's aimed to strengthen head nurses to lead their wards which entails a stronger sense of agency.

Furthermore, Rachel developed the head nurse meeting into a third space, after her official appointment as Loho's nursing director in February 2005. These meetings were attended by the head nurses (Henrika, Elaine, Ulrika, and Cheryl), the nursing developer (Vivian), and Hector (Loho's former nursing director, now her vice-director). These meetings, as she put it, were meant to enable head nurses to "*engage in the changes we're pursuing.*" At the meeting, she

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

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

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

1.3.1 Analysis: Third spaces and regaining agency to address the catch-22 of enhancing meta-communication

Overall, the different third spaces (Table 3) provided organizational members with sites of interaction for the "steering of complex organizing processes" (Janssen & Steyaert, 1999: 122). The above third spaces helped organizational members to address issues of their concern, to reach out to its members and partners outside the nursing unit to address the contradictory issues of leading and collaborating in relation to the unit's work of caring for patients. Over time, the third spaces helped organizational members to regain agency by promoting meta-

communication and to move from the “lethargic” to the “new” atmosphere. Table 3 provides an overview of the third spaces along the descriptive categories defined in the method section.

Insert Table 3 about here

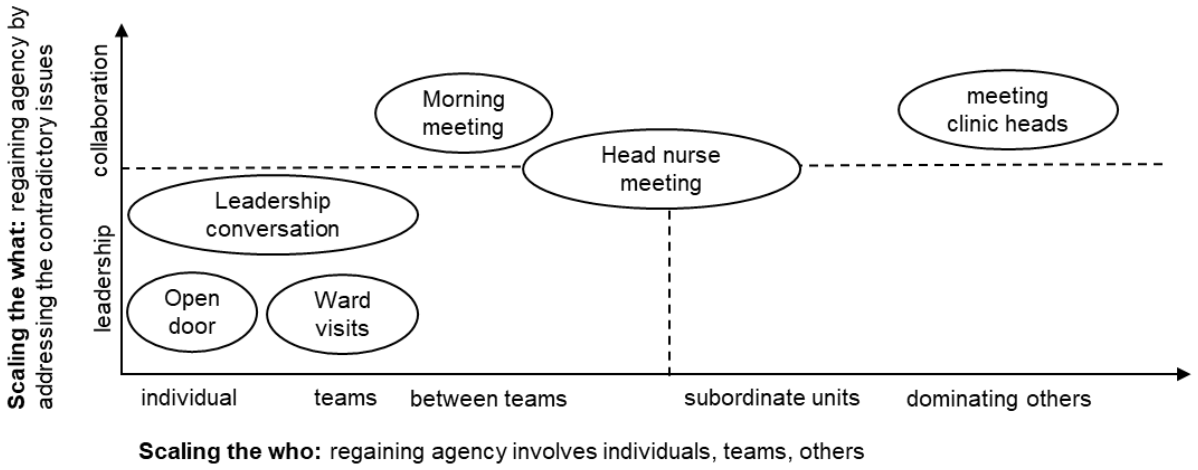
1.3.2 Analysis of relating third spaces with agency to handle paradox: three stages klar machen.

This section provided an overview of the third spaces for the nurses to regain agency. Their identification and temporal order of establishment helps to explain how the nurses regained agency.

The temporal occurrence of the third spaces suggests a trajectory of moving from individual towards a collective sense of agency. Initial third spaces – like open door and leadership conversation – emphasized individual nurses and head nurses, respectively. Clarifying tasks and responsibilities as well as support in handling them presumably fostered agency on the individual level. Ward visits referred to the team level while expressing the head nurses’ role as responsible for their team. In comparison, the morning meeting and the head nurses meeting expanded to the level between teams to both assist internal collaboration as well as the nursing unit as a whole. Head nurses meetings provided the space to reach out to other subordinate departments. In comparison, meeting clinic heads provided for the third space to address collaboration with the clinics.

This temporal trajectory of third spaces suggests that nurses regained agency by starting themselves before reaching out to other departments and the clinics. The temporal trajectory suggests that regaining agency to handle a situation of pragmatic paradox means to enact agency within – and here on the issue of “leading”, before establishing agency with other actors and in particular the more powerful others – to address the issue of “collaborating”.

The following figure summarizes this part of the analysis with distinguishing the two contradictory issues on the vertical axis, and the scaling from individuals to the powerful other on the horizontal axis. The third spaces are positioned in this field that also resonates with their temporal order of occurrence:



However, this part of the explanation of enhancing agency is partial given their absence at the outset of the study. It implies third spaces as containers, whereas their emergence requires the identification of what we called "spacing patterns" resonating with the processual understanding of third spaces as enactment (Sivunen & Putnam, 2020; Kronberg et al., 2004). The spacing patterns are the topic of the following section.

Spacing patterns of the third spaces

Our analysis of the emergence of the third spaces reveals four spacing patterns: forming the issue, initiating interaction, addressing the issue, and embedding third spaces. These patterns complement the above analysis and explain the emergence of third spaces.

The first spacing pattern is forming the issue (Table 4) that includes two patterns, triggering and substantiating the issue. The issue of "leading" was triggered mainly by Rachel's arrival. She lacked basic resources to adequately perform her task, and nobody took notice of her role

and task despite being informed. Over the course of the first weeks, further triggering events revealed the lacking support between the wards.

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

Insert Table 4 about here

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

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

Insert Table 5 about here

The third spacing pattern was "addressing the issue with third spaces." This move consisted of three patterns (Table 7). The first pattern is that some third spaces were explicitly designated to

handle instances and the respective issue, for example the leadership conversation (issue of leading), the morning meeting (internal collaboration), and meeting clinic heads (external collaboration).

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

The data also points to a third pattern. It concerns the way of conducting a third space (Table 7). For example, during ward visits, I observed that Rachel first spoke to the head nurse and kept her close-by when engaging with the team. As Rachel explained, this practice underscored the role intended for the head nurses. Also, the explicitly structured morning meetings and the meeting of head nurses expressed Rachel's understanding that leading involves designating who decides what. On several occasions she explained so that "*I think they [the staff] accepted that I need to decide certain things, but I want them to decide others*" (Rachel).

Insert Table 7 about here

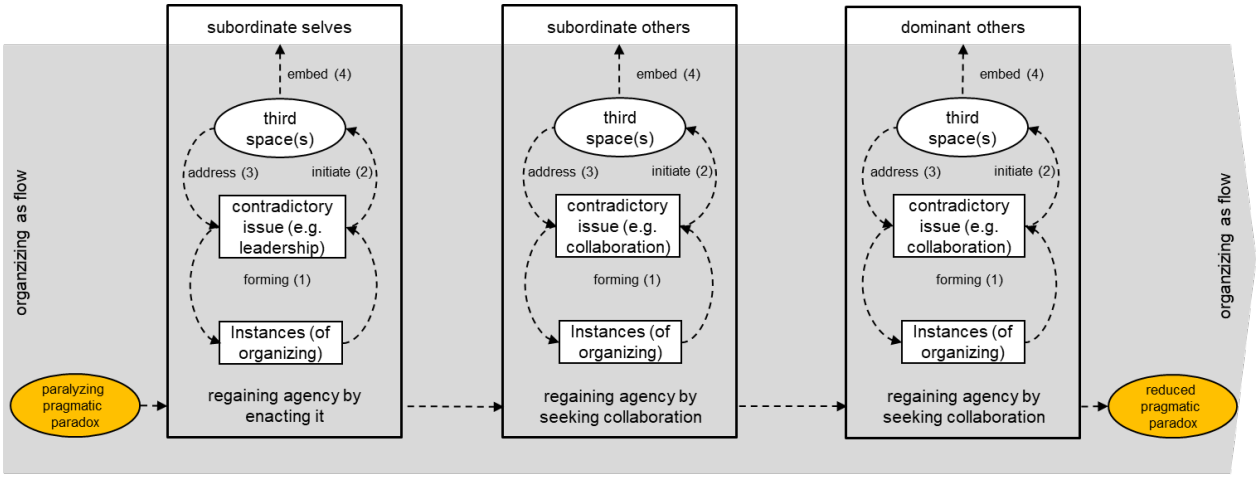
The fourth spacing pattern involved embedding the third spaces. One sub-pattern was the official declaration of third spaces. The morning meetings were declared as such, and so were the leadership conversations. The other pattern of embedding third spaces was indirect. This pattern rested on an individual actor (Rachel) and on her continuously enacting the third spaces. Also, this pattern was indirect insofar as the contents of the third spaces entered official documentation (i.e., the minutes of the meeting of head nurses). For example, the "meeting with

clinic heads" was not officialized itself, even if its contents were. Over the year, the minutes referred repeatedly to collaboration with medical doctors. Table 6 summarizes the embedding of third spaces by declaring them and by enacting and documenting their contents:

Insert Table 6 about here

2 Discussion: regaining agency iteratively through third spaces for enhancing meta-communication

The four spacing patterns illumine the emergence of the third spaces with which the organizational members addressed the issues of their unit at the time and thereby enacted and expanded agency. These insights lead to a model depicted in Figure 2 that explains the movement of regaining agency to address a pragmatic paradox through establishing third spaces. The model explains how the nurses left their "lethargy" atmosphere of little agency and worked towards a "new atmosphere" with a higher degree of agency:



2.1.1 Trajectory of regaining agency

The starting point is a situation of perceived low agency that required change. Under this condition surfaced the paradoxical issue of "leadership".

Over time, the nurses expanded their agency through three stages starting with themselves (subordinate selves), including subordinate others and then the dominant others (rectangles in figure X). This movement provides a first part of the explanation of addressing the catch-22 of enhancing meta-communication: Instead of confronting the circular requirement upfront with the dominant actors, the three stages suggest an iterative expansion of agency over time. The first stage starts within the unit and involves the instances and issues of their own concern. Addressing these instances and issues shows the actors their agency. Even if such instances might appear trivial – like getting a broken hair-dryer repaired – they provide "small wins" that are known to promote change and the enactment of agency (Reay et al, 2006).

The second stage expands the agency by seeking collaboration with other actors on issues at hand to further develop the unit. These efforts combine integration and differentiation practices (Andriopoulos & Lewis, 2009) by collaborating with others in order to advance the unit's development. In the case, nurses seeked for support of the hospital kitchen and laundry, and in return offered supporting them on their concerns. Not only seeking but also offering support to others demonstrates to the actors their agency, not expanded from within the unit towards subordinate others.

During the third stage, agency iteratively expands to the powerful others, in this case the clinics. This expansion requires a change within the self-understanding of the subordinate in relation to the powerful others in order to address issues of collaboration. Such a transcendence is a dynamic process within the unit (Jay, 2013) as the nurse's diverging concepts of a "close" or "distant" relationship with medical doctors indicate. In addition, expanding agency towards the powerful others, requires again differentiating and integrating strategies (Andriopoulos & Lewis, 2009) because of their heterogeneous reactions towards an increasingly agentic subordinate unit. Seeking integration with some, might also help to confront the other (Kahane,

2017). In either case, both demonstrate enhanced agency, either by finding collaborative integration or by conflictual differentiation.

In sum, the three-stage trajectory provides an explanation for addressing the circular requirement that is integral to enhancing meta-communication so that actors can regain agency when finding themselves in a situation of pragmatic paradox. However, this explanation does not yet explain the driver of the trajectory.

2.1.2 Spacing patterns to establish third spaces drive the trajectory

We argue that the driver for the trajectory of iteratively expanding agency are the spacing patterns to establish third spaces, because they are lacking in settings with pragmatic paradoxes (Alvesson & Spicer, 2012), but essential for addressing pragmatic paradoxes (Berti & Simpson, 2021; Cunha et al, 2022). In addition, agency is not only individual but also collective and rests on communication. “Agency entails an ability to coordinate one’s actions with others and against others, to form collective projects, to persuade, to coerce and to monitor the simultaneous effects of one’s own and others’ activities.” (Sewell, 1992: 21). These activities are communicative. This communication occurs in social spaces that are intertwined with agency (Burkit et al. 2015). In the case of addressing pragmatic paradoxes this is why the establishment of third is a critical driver of the above trajectory (Janssens & Steyaert, 1999).

The above model combines the analytically derived spacing patterns to explain the establishing of third spaces. The ongoing flow of organizing produces a stream of instances that actors consider to act upon. For establishing third spaces, the actors assign these instances to an issue (spacing pattern 1, arrow 1), like “leadership” or “collaboration” in the case above. Assigning further instances to that issue reproduces the issue over time (Barnes, 1983), while other instances can lead to forming another issue. The issues provide the thematic focus of the third space, which triggers initiating recurrent interactions (spacing pattern 2, arrow 2) between

organizational members to address the issue and its instances (spacing pattern 3, arrow 3). The third spaces and the issues stabilize over time as actors note that the third space enables them to address the instances of their concern (Barrett et al, 1995), demonstrating agency. Embedding the third space (spacing pattern, arrow 4) introduces them as part of organizing (see Jarzabkowski et al., 2013).

2.1.3 Assumptions / boundary conditions of the model

The above explanation of establishing agency draw on a process view of organizing (Langley & Tsoukas, 2010) and the related constitutive approach to paradox (Putnam et al, 2016):

First, the model highlights an endogenous view in which the actors, agency and third spaces are integral to the flow of organizing (Hernes & Weik, 2007). As the establishment of third spaces indicates they are temporal stabilizations that require continued accomplishment rather than being entities introduced from the outside. The demarcation of third spaces as meetings with defined times, duration, participation, and conduct, distinguishes them from the ongoing flow of organizing.

Second, the model leverages a circular causality (Tsoukas & Cunha, 2017). As indicated above, forming the issue is mutually constitutive with the observed instances, and so is addressing the issue critical to maintaining third spaces. This causality emphasizes the fragility of establishing and maintaining third spaces, particularly in a context of pragmatic paradoxes and associated power differences. Such mutual constitution (Feldman & Orlikowski, 2011) exemplifies a so-called “bootstrapped induction” (Barnes, 1983) in which categories emerge from and reproduce events in social life. It highlights that the paradoxical issues in question, like leadership and collaboration in this case, are specific to the organizational setting studies, and so are the particular third spaces that we identified in our analysis. As noted by others (Jarzabkowski &

Lê, 2017; Pradies et al, 2020), addressing paradoxes is a matter of "situated forms of tensions at hand" (Fairhurst, 2018: 12).

Third, and following a constitutive approach to paradox, the model emphasizes the importance of reflection as a communicative affair (Fairhurst & Putnam, 2024) for actors to step back" from organizing within organizing (Gutzan & Tuckermann, 2019). The focus then is on third spaces rather than individuals, their mindsets (Miron-Spektor et al, 2017) or action patterns (Smith, 2014). Whereas these express either/or and both/and approaches to addressing paradox, third spaces illustrate so-called more-than approaches. They provide the means to find responses or workable solutions to paradox for a group of actors, which is essential when addressing pragmatic paradoxes that involve the catch-22 of regaining agency through enhancing meta-communication.

Discussion: navigating pragmatic paradox with third space

The case illustrates and the model explains how subordinate organizational members can regain agency and to navigate a pragmatic paradox (Cunha et al, 2022). These empirical insights and the above model offer three contributions:

First, the model explains how actors navigate a pragmatic paradox. Actors can handle the catch-22 of enhancing meta-communication with a trajectory of iteratively expanding their agency, driven by establishing third spaces through mutually constitutive spacing patterns. This explanation carriers forward the current insight of addressing pragmatic paradoxes in two ways: First, we reveal the catch-22 of enhancing meta-communication which has been overlooked so far. Second, our explanation demonstrates how to address the catch-22 which otherwise leaves actors knowing but unable to respond to pragmatic paradoxes. Thereby, we substantiate the approach of enhancing meta-communication (Berti & Simpson, 2021; Cunha et al, 2022).

Second, the model speaks to calls in paradox literature for relating individual cognitive approaches (Miron-Spektor et al, 2017) with social approaches (Andriopoulos & Lewis, 2009) focusing on communicative settings to address paradox (O'Connor, 1995). My study particularly strengthens a relational perspective on paradox (Pamphile, 2022) and complements her by investigating third spaces not outside but within organizing, by showing explicitly how third spaces promote agency, and by elaborating on the spacing patterns to establish third spaces. In addition, the model expands other paradox studies by integrating third spaces explicitly. For example, the Jarzabkowski et al. (2013) point out that dialogue – i.e., a third space for different actors to address contradictory issues - was the crucial for actors to overcome opposition and conflict, but without including this empirical insight in their explanatory model.

Third, our analysis moves re-opens the prevalent understanding of paradox. Since the emergence of the dynamic equilibrium model (Lewis, 2000; Smith & Lewis, 2011), paradox has often been defined as contradictory elements that persist over time. While this understanding is well suited for various experienced tensions – like those of leadership and collaboration in the case above – it risks obscuring the dynamic within paradox (Cunha & Putnam, 2017) and limits the explanatory scope of the paradox lens in general (Berti & Cunha, 2023). By explicating the catch 22 of enhancing meta-communication, we re-invite previous understandings of paradox that highlight circular requirements. These can trigger double binds and vicious cycles (Ashforth, 1991; Putnam, 1986), or so-called outcome ironies (Langley, 2021). Opening up to different understandings of paradox, we argue, can help to further expand the field of paradox studies in organizations and embrace the dynamic nature of paradox and of addressing them in relation.

Fourth, the model speaks to literature on third spaces within (Huq et al, 2017; Jarzabkowski & Lê, 2017; Jay, 2013; Luescher & Lewis, 2008) and beyond paradox literature, like organizational change (Kellogg, 2011), routines change (Bucher & Langley, 2016), or multi-

stakeholder dialogue (Cunliffe & Scaratti, 2017). These studies and related ones addressing paradoxes (see Derksen et al, 2019; Huq et al, 2017; Jarzabkowski & Lê, 2017; Luescher & Lewis, 2008) provide valuable insights in the internal dynamics of third spaces and point out the important role of external or internal supporting actors (Barge et al, 2008; Beech et al, 2004; Bucher & Langley, 2016; Jay, 2013; Luescher & Lewis, 2008; Pradies et al, 2020). As third spaces are associated with these supporting actors, scholars like Luescher and Lewis (2008: 236f) or Jay (2013: 156) wonder if participants continue enacting these spaces after their departure. In comparison, the spacing patterns illumine not only what supporting actors do, but also point to an answer of how third spaces might be maintained, despite their fragility due to the circular logic of their establishment. The spacing patterns show how social spaces in organizations emerge as part of organizing and even as a deliberate capacity of organizations to develop their "liquid architecture" (Kronberg et al., 2004). Such a capacity appears increasingly important for organizations and their members in the face of the uncertainties and ambiguities we face in our world today.

Concluding remarks

This paper set out to explore how members of a subordinate unit can navigate a pragmatic paradox. we investigated and theorized the emergence and maintainance of third spaces. These insights contribute to navigating pragmatic paradoxes by showing how actors can address the catch-22 of enhancing meta-communication and regain agency.

The limitations of my study suggest areas for future research. As a single case study in a hospital setting, my research suggests that third spaces, their emergence and maintainance need to be explored in other settings to substantiate and further develop on spacing patterns and on regaining agency. Also, the third spaces require further conceptualization. One key question is how third spaces are coordinated so that the work done in them avoids chaos and enables handling those instances that expand the boundaries of third spaces. Third, I have not explored

the internal dynamics of such spaces and future research could further explore how these dynamic shape different responses. Also, the relationship between paradoxical thinking and third spaces merits closer scrutiny, to strengthen the micro-foundation of paradox. While intertwined in practice, our theorizing tends to separate them through the association with an inherent (Schad et al, 2016) and a constitutive approach to paradox (Putnam, 1986; Putnam et al, 2016), respectively. However, navigating paradox is a matter of what we think (Luescher & Lewis, 2008) and how we interact and communicate with one another (Jarzabkowski & Lê, 2017). In today's world of disruptions, uncertainty and ambiguity, we need third spaces that provide a "sanctuary for dialogue" (Putnam et al., 2016: 65), and a site of "active reflection" (Jay, 2013: 138).

References

Abbott, A. (1988) *The System of Professions*. Chicago: The University of Chicago Press.
Abdallah, C., Denis, J.-L. & Langley, A. (2011) Having your cake and eating it too. Discourses of transcendence in organizational change dynamics. *Journal of Organizational Change Management*, 24(3), 333-348.
Alvesson, M. & Spicer, A. (2012) A Stupidity-Based Theory of Organizations. *Journal of Management Studies*, 49(7), 1194-1220.
Andriopoulos, C. & Lewis, M. W. (2009) Exploitation-exploration tensions and organizational ambidexterity: managing paradoxes of innovation. *Organization Science*, 20(July-August), 696-717.
Ashforth, B. E. (1991) The Whys and Whereforres of organizational Catch-22s: Common typens and their implications for organization development. *Public Administrative Quarterly*, 14(4), 457-482.
Barge, J. K., Lee, M., Maddux, K., Nabring, R. & Townsened, B. (2008) Managing dualities in planned change initiatives. *Journal of Applied Communication Research*, 36(4), 364-390.
Barnes, B. (1983) Social Life as Bootstrapped Induction. *Sociology*, 17(4), 524-543.
Barrett, F., Thomas, G. F. & Hocevar, S. (1995) The central role of discourse in large-scale change: a social constructionist perspective. *Journal of Applied Behavioural Science*, 31(3), 352-372.
Beech, N., Burns, H., Caestecker, L. d., MacIntosh, R. & MacLean, D. (2004) Paradox as invitation to act in problematic change situations. *Human Relations*, 57(10), 1313-1332.
Berti, M. & Cunha, M. (2023) Paradoxes, Dialectics or Trade-offs? A double loop model of paradox. *Journal of Management Studies*, forthcoming, 1-47.
Berti, M. & Simpson, A. V. (2021) The dark side of organizational paradoxes: the dynamics of disempowerement. *Academy of Management Review*, 46(2), 252-274.
Bucher, S. & Langley, A. (2016) The Interplay of Reflective and Experimental Spaces in Interrupting and Reorienting Routine Dynamics. *Organization Science*, 1-20.
Clegg, S., Vieira da Cunha, J. & Pina e Cunha, M. (2002) Management paradoxes: A relational view. *Human Relations*, 55(5), 483-505.
Cunha, M. & Putnam, L. L. (2017) Paradox theory and the paradox of success. *Strategic Organization*, 1-12.
Cunha, M., Rego, A., Berti, M. & Simpson, A. V. (2022) Understanding pragmatic paradoxes: When contradictions become paralyzing and what to do about it. *Business Horizons*, 16.
Cunliffe, A. L. & Scaratti, G. (2017) Embedding Impact in Engaged Research: Developing socially useful knowledge through dialogical sensemaking. *British Journal of Management*, 28(1), 29-44.

Derksen, K., Blomme, R., Cluwé, L., Rupert, J. & Simons, R. (2019) Breaking the Paradox: Understanding how teams create developmental space. *Journal of Management Inquiry*, 28(3), 366-380.
Fairhurst, G. T. (2018) Reflections: Return Paradox to the Wild? Paradox Interventions and Their Implications. *Journal of Change Management*, DOI: 10.1080/14697017.2018.1552505, 1-17.
Fairhurst, G. T. & Putnam, L. L. (2024) *Performing Organizational Paradoxes*. New York: Routledge.
Feldman, S. M. & Orlikowski, W. J. (2011) Theorizing practice and practicing theory. *organization Science*, 22(5), 1240-1253.
Ford, J. & Backoff, R. W. (1988) Organizational Change in and out of Dualities and Paradox, in Quinn, J. B. & Cameron, K. S. (eds), . *Paradoxes and Transformation. Towards a theory of change in organization and management*. Cambridge: Ballinger.
Gaim, M., Clegg, S. & Cunha, M. (2021) Managing impressions rather than emissions: Volkswagen and the false mastery of paradox. *Organization Studies*, 42(6), 949-970.
Gutzan, S. & Tuckermann, H. (2019) Neat in theory, entangled in praxis: A practice perspective on the social notion of collective reflection in organisations *Management Learning,*, forthcoming, 1-39.
Hargrave, T. J. & Van de Ven, A. H. (2016) Integrating Dialectical and Paradox Perspectives on Managing Contradictions in Organizations. *Organization Studies*, 38(3-4), 319-339.
Hernes, T. & Weik, E. (2007) Organization as process: Drawing a line between endogenous and exogenous views. *Scandinavian Journal of Management*, 23, 251-264.
Huq, J.-L., Reay, T. & Chreim, S. (2017) Protecting the Paradox of Interprofessional Collaboration. *Organization Studies*, 38(3-4), 513-538.
Janssens, M. & Steyaert, C. (1999) The World in two and a third way out? The concept of duality in organization theory and practice. *Scandinavian Journal of Management*, 15, 121-139.
Jarzabkowski, P. & Lê, J. K. (2017) We have to do this *and* that? You must be joking: Constructing and responding to paradox through humor. *Organization Studies*, 38(3-4), 433-462.
Jarzabkowski, P., Lê, J. K. & van de Ven, A. H. (2013) Responding to competing strategic demands: how organizing, belonging, and performing paradoxes coevolve. *Strategic Organization*, 11(3), 245-280.
Jay, J. (2013) Navigating paradox as a mechanism of change and innovation in hybrid organizations. *Academy of Management Journal*, 56(1), 137-159.
Kahane, A. (2017) *Collaborating the Enemy. How to Work with People You Don't Agree with or Like or Trust*, 1 edition. New York: Random House.
Kellogg, K. C. (2009) Operating Room: Relational Spaces and Microinstitutional Change in Surgery. *American Journal of Sociology*, 115(3), 657-711.
Kellogg, K. C. (2011) *Challenging Operations*, 1 edition. Chicago: The University of Chicago Press.
Knight, E. & Paroutis, S. (2017) Becoming Salient: The TMT Leader's Role in Shaping the Interpretive Context of Paradoxical Tensions. *Organization Studies*, 38(3-4), 403-432.
Kraatz, M. S. & Block, E. S. (2008) Organizational implications of institutional pluralism, in Greenwood, R., Oliver, C., Suddaby, R. & Sahlin, K. (eds), *The Sage Handbook of Organizational Institutionalism*. London: Sage, 243-275.
Langley, A. (1999) Strategies for Theorizing from Process Data. *Academy of Management Review*, 24(4), 691-710.
Langley, A. (2021) Paradox as Irony: Inspirations from Jazz, Linguistics, Mathematics, Poetry and other Stories, in Bednarek, R., Cunha, M., Schad, J. & Smith, W. K. (eds), *Research in the Sociology of Organizations on Both/and-ing paradox theory: Interdisciplinary dialogues on organizational paradox*, 1-16.
Langley, A. & Tsoukas, H. (2010) Introducing "Perspectives on Process Organization Studies", in Hernes, T. & Maitlis, S. (eds), *Process, Sensemaking, and Organizing*. Oxford: Oxford University Press, 1-26.
Le, J. K. & Bednarek, R. (2017) Paradox in Everyday Practice: Applying Practice-Theoretical Principles to Paradox, in Smith, W. K., Lewis, M. W., Jarzabkowski, P. & Langley, A. (eds), *The Oxofrd Handbook of Organizational Paradox*. Oxford: Oxford University Press, 490-509.
Lewis, M. (2000) Exploring Paradox: Toward a more Comprehensive Guide. *Academy of Management Review*, 25(4), 760-776.
Lewis, M. W. & Smith, W. K. (2022) Reflections on the 2021 AMR Decade Award: Navigating paradox is paradoxical. *Academy of Management Review*, 47(4), 528-548.
Luescher, L., S. & Lewis, M. (2008) Organizational change and managerial sensemaking: Working through paradox. *Academy of Management Journal*, 51, 221-240.
Miron-Spektor, E., Ingram, A., Keller, J., Smith, W. K. & Lewis, M. W. (2017) Microfoundations of organizational paradox: the problem is how we think about the problem. *Academy of Management Journal*, forthcoming, 1-50.
Murphy, P. (2011) The paradox of dialogue. *Policy futures in education*, 9(1), 22-28.
O'Connor, E. S. (1995) Paradoxes of Participation: Textual Analysis and Organizational Change. *Organization Studies (Walter de Gruyter GmbH & Co. KG.)*, 16(5), 769.
Pamphile, V. (2022) Paradox peers: A relational approach to navigating a business-society paradox. *Academy of Management Journal*, 65(4), 1274-1302.

Poole, M. S. & van de Ven, A. (1989) Using Paradox to Build Management and Organization Theories. *Academy of Management Review*, 14(4), 562-578.
Pradies, C., Tunarosa, A., Lewis, M. W. & Courtois, J. (2020) From vicious to virtuous paradox dynamics: work of supporting actors. *Organization Studies*, 1-23.
Putnam, L. (1986) Contradictions and paradoxes to build organization and management theory, in Thayer, L. (ed), *Organization Communications: Emerging perspectives*, 1 edition. Norwood, NJ: Ablex Publishing, 151-167.
Putnam, L. L., Fairhurst, G. T. & Banghart, S. (2016) Contradictions, dialectics and paradoxes in organizations: a constitutive approach. *Academy of Management Annals*, 10(1), 1-107.
Raisch, S., Hargrave, T. J. & Van de Ven, A. H. (2018) The learning spiral: A process perspective on paradox. *journal of Management Studies*, 55(8), 1507-1526.
Reay, T., Golden-Biddle, K. & Germann, K. (2006) Legitimizing a New Role: Small Wins and Microprocess of Change. *Academy of Management Journal*, 49(5), 977-998.
Schad, J., Lewis, M. W., Raisch, S. & Smith, W. K. (2016) Paradox Research in Management Science. *The Academy of Management Annals*, 10(1), 5-64.
Sheep, M. L., Fairhurst, G. T. & Khazanchi, S. (2017) Knots in the Discourse of Innovation: Investigating Multiple Tensions in a Reacquired Spin-off. *Organization Studies*, 38(3-4), 463-488.
Smith, W. K. (2014) Dynamic Decision Making: a model of senior leaders managing strategic paradoxes. *Academy of Management Journal*, 57(6), 1592-1623.
Smith, W. K. & Besharov, M. L. (2019) Bowing before dual gods: how structured flexibility sustains organizational hybridity. *Administrative Science Quarterly*, 64(1), 1-44.
Smith, W. K. & Lewis, M. W. (2011) Towards a theory of paradox: a dynamic equilibrium model of organizing. *Academy of Management Review*, 36(2), 381-401.
Sundaramurthy, C. & Lewis, M. W. (2003) Control and Collaboration: paradoxes of convergence. *Academy of Management Review*, 28(3), 397-415.
Tsoukas, H. & Cunha, M. (2017) On organizational circularity: vicious and virtuous cycles in organizing, in Smith, W. K., Lewis, M. W., Jarzabkowski, P. & Langley, A. (eds), *The Oxford Handbook of Organizational Paradox*, 1 edition. Oxford, UK: Oxford University Press, 393-412.
Tuckermann, H. (2019) Visibilizing and Invisibilizing Paradox: A process study of interactions in a hospital executive board. *Organization Studies*, 40(12), 1851-1872.
Watzlawick, P., Jackson, D. D. & Bavelas, J. B. (1967) *Pragmatics of human communication: a study of interactional patterns, pathologies, and paradoxes*. New York: Norton.
Westenholz, A. (1993) Paradoxical Thinking and Change in the Frames of Reference. *Organization Studies*, 14(1), 35-58.

Tables

Table 1: emergence and maintainance of leadership conversation

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

Table 2: Instances, issues, and paradox

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

Table 3: overview of third spaces

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

Table 4: forming the issue

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

Table 5: initiating social interactions

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

Table 6: embedding the third space

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

Table 7: addressing the issue

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