MANAGING THE CATCH 22 OF ORGANIZATIONAL CHANGE PROCESSES – A SYSTEM THEORETICAL PERSPECTIVE ON COMMUNICATIVE PRACTICES

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Abstract: In today’s complex world, handling ambiguity, contradictions and paradox becomes important, while organizations face continuous change. We explore how to handle the paradox within processes of second-order change from an organizational perspective. Apart from the need to provide stability and change, change processes are paradoxical: How can a “new” organizing develop when it is understood within the “old”? The medium becomes the outcome and vice versa. The result turns into its own starting condition. With regards on how to handle such a catch 22, we know of individual coping strategies, see the results of handling paradox, became aware of communication at the centre stage and know conceptually that handling paradox is situated in practice. But, there are very few works that explore the process of unfolding paradox in change from an organizational perspective. How can the paradox of change processes be unfolded? The research focuses on communicative practices, rooted in social systems theory within a single, longitudinal and contextualist case study. Data gathering and analysis follow a reflexive methodology to develop theoretical insights from process data.

The turning point within the changing nursing department of two merging hospitals was that leadership and communication were needed to develop leadership and communication. To handle this operative paradox, first, we provide empirical data to enrich the rare studies. Second, we extract six interrelated communicative practices of handling it: the self-similarity between process and content; repeating the core theme on different levels; turning perspectives; relating daily and change organizing; suspending change; and beginning with daily challenges of the change recipients. Third, the overarching principle of these practices is "structuring communication". As a conceptual contribution structuring communication marks the recursive relation between the “new” and “old” organizing. As a parallel structure, it allows to view the process as it unfolds.
Introduction

Within the nursing department of a merging hospital leadership and communication are to be changed. Both functions evaporate in daily practice and risk the quality of patient care. At the same time, the change initiative needs communication and leadership in order to work. Taken together, the daily organizing and the change initiative form the process paradox of change: The old organizing needs to become a new organizing, but it impedes the change. The organization faces a catch 22: leadership and communication are necessary to develop leadership and communication. There is no logical solution, through which the recursive relationship between daily organizing and the change initiative disappears. The change initiative is paradoxical. How can it be handled?

Organizations and their environments face complexity (Brown & Eisenhardt, 1997): the world has become more dynamic, much more inter-connected, and fuller of surprises. Organizations decide under uncertainty, ambiguity. Change has become an ongoing task for organizations (Burnes, 2005; Orlikowski, 1996; Rindova & Kotha, 2001). Such change can be fundamental in that organizations alter their form, quality or state over time (van de Ven & Poole, 1995). Second-order change is to alter “shared meaning or frames of reference for the organization as a whole” (Bartunek & Moch, 1987). The process to do so is dynamic itself as events unfold over time (van de Ven, 1992). It is increasingly continuous rather than episodic (Weick & Quinn, 1999). Within a complex environment, change processes are non-linear (Tsoukas & Chia, 2002). They become self-referential, recursive, or endogenous (Langley & Denis, 2006; McNulty & Ferlie, 2004).

Self-referentiality, understood as something referring to itself or relating to itself (Ortmann, 2004) provides the basis for paradox (Luhmann, 1995). Differences, misunderstandings and contradictions become more likely in a complex context because actors tend to “ […]
frequently simplify reality into polarized either/or distinctions that conceal complex interrelationships” (Lewis, 2000). Departments within and organizations as such develop their own identities with the tendency of becoming blind towards decisions of others. Such blindness in turn leads to intransparency and contrariness within a system (see Neuberger, 2000). Throughout change, Jarzabkowski (2004), for example, explores the tension of stability and change from a practice perspective referring to their recursive and adaptive dimensions. Brown and Eisenhardt (1997) found that improvising helps to handle the tension of planning and acting, a notion conceptually elaborated by Clegg et al. (2002). Within second-order change, how something “new” can be developed when it is understood within the “old” is a systematical challenge (Bartunek & Moch, 1987). Similarly, Bate (2000) asks how to achieve cooperation within the context of competing clinics, pointing towards the recursive notion when the medium becomes the outcome and vice versa (Tsoukas & Papoulias, 2005). In a similar fashion, Denis, Langley & Rouleau (2007) shows how interventions feed back on the change agents through the evoked reactions of the organization or its environment pointing out a boomerang effect of leadership practices.

It seems as if paradoxes have become integral to organizations (Clegg et al., 2002; Neuberger, 1992). How to handle paradoxes in organizational change is the focus of the following paper. Such paradoxes of changing (Lewis, 2000) are concerned with the tension between “new” and “old” organizing.

“Paradox” originally stems from the Greek “para” and “dokain” and denotes at least two interwoven, but contradictory topics or contents found in rhetoric, logic and social reality (Poole & van de Ven, 1989; Putnam, 1986). The latter group of pragmatic and social paradoxes entails a wide variety of conflicting but interwoven perspectives, feelings, messages, expectations, identities, interests or practices (Lewis, 2000). Putnam (1986) distinguishes three types: Contradictory messages emerge in personal interaction, like the
order to participate in a change process with predetermined results (O'Connor, 1995). Self-reinforcing cycles denote interactive patterns between actors, as in the paradox of success (Miller, 1993), which can lead to vicious circles or double-binds (Neuberger, 2000). System-wide paradoxes refer to contradictions built into the structures of a social system, like centralization and decentralization (Hundsnes & Meyer, 2006).

All three types share the structural notion of an operative paradox: the conditions for the possibility of an operation – an initiative, a project, or a decision – simultaneously imply the impossibility of the very same operation (Luhmann, 1995; Ortmann, 2004). Second-order change processes follow a similar logic: Change becomes necessary because of the daily organizing but is impeded by the very same daily organizing. The medium becomes the outcome and vice versa (Tsoukas & Papoulias, 2005) as the result becomes its own condition to begin with (Bate, 2000). As the envisioned “new” contradicts the practiced “old”, change processes are paradoxical themselves (Barrett, Thomas, & Hocevar, 1995; Lewis, 2000). Such a process paradox of change involves how the mutually exclusive but related poles of “old” and “new” organizing emerge and how they are handled throughout events unfolding over time within an organization. How this paradox can be unfolded, is the guiding research question.

In the remainder of this article, we explore the literature on handling paradox and clarify the methodology of a single case study. It is followed by the fundamental change process within a nursing department of merging hospitals in two episodes. The first regards how the paradox emerged, and the second how it was handled successfully. Based on the six communicative practices identified, their overarching principle is defined as structuring communication. Structuring communication is the way to mutually relate the two opposing poles of “old” and “new” to unfold the operative paradox of change processes. The implications of this conceptual contribution for theory, research and practice are highlighted. Including three limitations to our study, the paper is concluded.
Paradox, Organizational Change and Communicative Practices

More traditional theories of episodic change are hardly concerned with handling paradoxes. Revolutionary change (Gersick, 1991) or Lewin’s sequential process model (Lewin, 1953) drive out contradictory thinking. They search for consistent explanation, following the idea of processes as a linear sequence of events (Quinn & Cameron, 1988). Handling paradox lies outside their explanatory scope (Eisenhardt, 2000), and handling paradoxes on the basis of “linear or rational problem solving do managers a tremendous disservice.” (Lewis, 2000).

Theories of continuous change are more suitable to study paradoxes. Change and stability are embedded in organizing as organizations stabilize and destabilize on going (Sturdy & Grey, 2003) within “a world of processes in which things [like organizations] are reifications of processes” (Poole & van de Ven, 2004). Orlikowski (1996) defines continuous change as “a series of ongoing and situated accommodations, adaptations, and alterations that draw on previous variations and mediate future ones”. Research is more concerned with what those involved actually do (Whittington, 2006), because “changes that are micro does not mean that they are trivial” (Weick & Quinn, 1999:378).

Regarding the question of how to handle paradoxes, the literature provides insights concerning the following four aspects: a focus on individual coping strategies; the increasing importance of the communicative interplay from which paradoxes emerge; a focus on the results but less on the process to unfold paradoxes; and the situated dimension of paradox to be investigated empirically.

First, and since there is not a rational solution for paradoxes (Beech, Burns, Caestecker, MacIntosh, & MacLean, 2004; Neuberger, 2000) empirical research offers means of coping with them (Lewis, 2000) or unfolding them (Luhmann, 2000), respectively. Confronting, transcending and immersing all involve meta-communication to identify and understand the paradoxical dynamics. Confronting the paradox is similar to seeking a solution so that one of
the opposing poles disappears (Clegg et al., 2002). But taking sides tends to increase the tension between the two opposing poles, because their relationship is mutually constitutive rather than uni-directional. Focusing on the relationship provides an example for *transcending* the paradox. It involves second-order thinking (see Watzlawick, Beavin, & Jackson, 2003) as this reflecting aims for a different understanding of the paradoxical situation to generate a new meaning of it. Accordingly, Westenholz (1993) conceives the capacity to think paradoxically as essential to reframe the individuals’ understanding. *Acceptance* goes a step further in that those involved *immerse* in a paradox (Beech et al., 2004). Immersing highlights that it is insufficient to think oneself out of a paradox, but use it as an invitation to act.

Second, the emphasis in continuous change shifts towards a communicative understanding. Some understand change as shifting conversations through conversations (Ford, 1999; Taylor & Robichaud, 2004). Others include the different perspectives of change agents (Beech et al., 2004; Denis, Lamothe, & Langley, 2001; Tsoukas & Papoulias, 2005) or change recipients (Balogun & Johnson, 2005; Orlikowski, 1996). Focusing on one perspective at the expense on the other, though, obscures the elaboration of how to handle paradoxes because “[…] the paradoxical dimensions of experiences are created and recreated in different patterns of interacting” (Beech et al., 2004). In a similar fashion, the above ways of handling paradoxes aim towards changing individuals rather than taking a communicative perspective. Changing individuals may be necessary but not sufficient to unfold paradoxes throughout organizational change. Individuals participate in a communicative dynamic of the organization, which is not totally under their control. Such complex systems are emergent (ibid.) or action generators (van de Ven & Poole, 1988). Even if individuals transcend and think paradoxically to cope with paradox, they may well fail as long as they are not able to change the communicative dynamic they are participating in. Unfolding paradoxes in organizations involves changing the communicative interplay from which the paradox emerges. Paradoxes are socially
constructed through the communicative interplay of the involved actors which mutually shape and stabilize each other (Lewis, 2000; Luscher, Lewis, & Ingram, 2006).

Investigating how to unfold paradoxes in organizational change, we search for respective communicative practices. Practices “… refer to shared routines of behavior” (Whittington, 2006), those patterns actors actually draw on throughout a change process as part of strategizing (Hendry & Seidl, 2003). From a social system’s perspective, practices denote actions that need to be understood, emerging from the communicative interplay of those involved (Luhmann, 2000). Communication is the fundamental element of social systems like organizations which in turn are non-trivial (von Foerster, 1994) networks of interwoven decisions (Luhmann, 2000). Communication is “the synthesis of utterance (including physical movements as well as speech or writing), information and understanding.” (Hendry & Seidl, 2003). Communication unfolds its dynamics because the understanding oscillates between the actors, and their respective utterances are to be understood (Luhmann & Schorr, 1986). Communication is therefore a social operation. Its dynamics cannot be reduced causally to individual action but emerges from their interaction. This interaction depends on how those involved perceive the other’s communicative contribution and how they understand their observation in relation to their expectations. Such expectations to what and how they understand each other’s utterances become structures as they are mutually held or stabilized throughout the communicative interplay. Such structures are communicative practices as recurrent patterns of interaction. They are actualized in the processes of emerging events so that the relation between practice and process is mutually constitutive. Practices refer to and actualize background understanding and can be expressed in materializations or artifacts. Actors draw on practices as they participate in organizing. We aim to identify communicative practices on how to unfold the observed operative paradox in organizational change.
Third, as paradoxes are observed within processes of organizational change, empirical works elaborate on their emergence and their dynamics. Hardly any focus on the process of how to unfold it. Bate (2000), for example, notes that cooperation is already needed to achieve it in the context of competing clinics. Focusing on the result, the process of how the change of unfolding this paradox occurred remains marginal. Similar, Denis and colleagues (2007) point out the challenge of leadership practices containing a boomerang effect of first promoting and later on imped ing the change process. How to interrupt such a self-reinforcing cycle lies outside their unit of analysis. Tsoukas & Papoulias (2005) as well as Rindova & Kotha (2001) highlight the recursive relationship of an organization and its environment without exploring the potential for paradox. Barrett et al. (1995) are one of the few empirical studies that shed light on the process of unfolding the operative paradox in change. Their illustrative case shows how the discourse of Total Quality Management (the “new”) was introduced into that of the military world of command (the “old”). Initially refused as inefficient, TQM gained momentum as those practicing it learned that TQM could support them in handling the problem of critique becoming stuck in the chain of command. Through practice the new understanding emerged. The study indicates that the condition (understanding TQM) and the result (introducing TQM) are mutually constitutive (see Weick, 1979). The operative paradox was handled by practicing TQM held in place by the command to implement it.

Fourth, the above study shows that paradoxes are not only socially constructed, but also embedded within a specific organizational context. Clegg and colleagues (2002) argue for the situated dimension of paradox. Their conceptual work is focused on the relationship between the poles of planning and action which mark the paradox of organizing. By doing so, they transcend the focus from the opposing poles towards their mutually constitutive relationship. This relationship is situated in local practice, i.e. within the interwoven, mutually constituting practices of those involved.
This conceptual article is promising, because it entails an organizational perspective. It calls for empirical research in order to comprehend the situated dimension of paradox. There are only very few empirical works in this realm (Barrett et al., 1995). Our empirical insights on how paradoxes of organizational change are unfolded within patterns of interacting (Beech et al., 2004) remain limited. Therefore and inspired by our empirical observation we further explore this path. Following the communicative shift and the increased micro-perspective in continuous change we seek to identify communicative practices to unfold the paradox of changing. We aim at a conceptual contribution, based on the relational focus proposed by Clegg and colleagues (2002).

**Single, interpretive case study**

Little prior research to unfolding paradoxes of changing from an organizational perspective implies an exploratory guiding question and calls for a case study design (Eisenhardt, 1989; Yin, 1994). The research is interpretive, assuming that meaning derives from context (Pentland, 1999), implying a contextualist framework (Pettigrew et al., 2001). Content contains the communicative practices, and the operative paradox. Process refers to the events unfolding over time. The context externally refers to the political decisions and the merging of the two hospitals, while the internal context contains the daily organizing of nursing. We explore change as it unfolds to “catch reality in flight” (Pettigrew, 1997). We follow visual mapping to depict this process (Langley, 1999). It includes major events, decisions, and ongoing developments and distinguishes the context of the merging hospitals.

The longitudinal case study is ethnographically informed leading to a comparative case of two episodes within one setting. In the course of the exploratory research we specified the research question (Eisenhardt, 1989). Starting broadly to understand how and why hospitals organize change, we were startled by the emerging paradox and specified the research
question. In relation to the literature, it became: How can the operative paradox of organizational change be unfolded?

Hospitals are considered paradoxical due to different reference frames coinciding within one context (Apker, 2003; Kan & Parry, 2004; Langley & Denis, 2006). They are seen as the most complex organizations (Glouberman & Mintzberg, 2001), in which self-referentiality is considered most salient (Langley & Denis, 2006).

The field phase lasted from April, 2004 and until February, 2006, from the end of the first until the end of the second episode. The displayed case study is expanded retrospectively to incorporate events the practitioners referred to.

Data was gathered in multiple ways by a two person team to allow for triangulation (Eisenhardt, 1989) and selected according to the above contextualist framework. A journal for field notes on observations, of meetings as non-participant observers, own interpretations and numerous informal conversations was kept. These notes on understanding practice and change were transcribed for mutual access. 73 observations were made, including ward meetings, meetings of nurse leadership and a one-week ethnographic visit on a ward of surgery and of inner medicine in both hospitals. These observations were shared with practitioners bottom-up at all hierarchical levels by conducting 28 feedback sessions in which observations and interpretations of ethnographic visits and meetings were validated. We conducted 80 semi-structured interviews of one to two hour length each, regarding the interviewee’s understanding of the change initiative in their work and organizational context. The interviews included the three professions involved (nursing, medical doctors, and management), at all hierarchical levels to explore the change process in its organizational context. Interviews with key informants from the affected nursing department were repeated between two and six times. All interviews were transcribed for analysis. Access was granted to 69 documents ranging from internal conception papers and presentations, to mail and email correspondence.
Each data source was taken one at a time and triangulated to the others systematically, enhanced by peer and member validation. The following three phase analytical strategy combines case study, process theory and narrative (Eisenhardt, 1989; Langley, 1999; Pentland, 1999): The first phase was to develop a case history by initially analyzing the provided conceptual papers, protocols, annual reports and email correspondence. Then, we included our own field notes of meetings and summaries of interviews to connect events, decisions and on-going developments. In order to understand the arising case history from the practitioners’ perspective, the informal conversations, the interviews and our research diaries were incorporated. This step lead to expanding the time span of the case study to include prior developments participants drew on to explain their view on integrating the two hospitals and merging the nursing departments. For an overview, we mapped the case history visually.

The second phase of the analysis was to identify episodes for further analysis to generate an explanation of the sequence of events. Following temporal bracketing, we searched for turning points in the case history as what participants and researchers interpreted as critical incidents to the unfolding events (Oliver & Roos, 2003). After a broad distinction, each episode was analyzed by coding the above data to the conceptual framework. The communicative dynamics and practices were compared to search for their differences and similarities. We then generalized from the specific practices and paradox to develop the structure that depicts the recursive dimension of a change process, in which the conceptual contribution is embedded. Finally, the case study was written as a narrative.

The third phase was to validate the findings with peers and practitioners. The research team looked for alternative interpretations within the relevant literature and within their own initiatives. Second, the case study was reflected with the practitioners in two workshops to assure correctness of the story and plausibility of the researchers’ analysis.

The following table provides a summary of the three phase analytical process:
**Process of data analysis after the field phase**

<table>
<thead>
<tr>
<th>1. Developing the case history</th>
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<tr>
<td><strong>1.1 Incident history:</strong> Analysis of external and internal documents focused on events, decisions, developments</td>
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<td><strong>1.2 Connecting incidents:</strong> Analysis of own meeting protocols, interviews for incidents’ connections</td>
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<tr>
<td><strong>1.3 Understanding incidents:</strong> Analysis of interviews and informal conversations to interpret the incidents including ethnographic observations, cross-checked with the research diary</td>
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<tr>
<td><strong>1.4 Visual mapping:</strong> Display of the entire case study, with events, decisions, developments and interpretations of participants and researchers; enlarging the time span retrospectively</td>
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<th>2. Identifying episodes of change theories in use</th>
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<tr>
<td><strong>2.1 Temporal Bracketing to distinguish between episodes:</strong> Identifying turning points or critical incidents of the change process according to participants’ and researchers’ interpretations</td>
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<tr>
<td><strong>2.2 Coding to identify communicative practices:</strong> Data of temporal brackets are coded to the unit-of-analysis to identify practices to unfold the process paradox of change</td>
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<tr>
<td><strong>2.3 Theory development:</strong> Comparative analysis of the practices and the paradox give rise to “structuring communication” as an overarching principle that relates the poles of the paradox within a recursive understanding of change processes</td>
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<tr>
<td><strong>2.4 Write up:</strong> Data is displayed as descriptive narrative to capture the process, including the participants’ understanding (first-order findings), and the analysis as second-order findings</td>
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<th>3. Validation and Final Version of case study</th>
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<tr>
<td><strong>3.1 Peer validation:</strong> Case Study is validated with research partner in the field (correctness of findings) and with the research team, members of which are investigating other hospitals (plausibility of findings)</td>
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<tr>
<td><strong>3.2 Member validation:</strong> Case study is validated by involved practitioners in two discussion-rounds to validate the correctness of the case history and the plausibility of the researcher’s analysis</td>
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<tr>
<td><strong>3.3 Revising case study:</strong> Case study is revised based on peer and member validation and literature</td>
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*Table 1: Analytic strategy*

**Merging the nursing department - unfolding the change paradox**

The following narrative provides context information first. Second, it contains the case history in two episodes, distinguished by the observed paradox. During the first episode, the operative paradox emerged as a result of the developments during 1997 to 2004. Handling the paradox lies at the core of the second episode, at the end of which the change initiative dissolved in daily management of the nursing department.

We follow the notion of Abbott (1988) that “meaning is defined by story” which is already part of the constructs (Pentland, 1999). Each episode includes a description and an analysis. To distinguish the two, the former is written in the present tense, and the latter in the past tense. A summary of the identified practices to unfold the operative paradox within the nursing department concludes the section.
Context of the change process: integrating hospitals

The hospital region was founded on January 1st, 2003 due to a state initiative to enhance competition and efficiency by dividing the local healthcare system into four regions. The hospital region consisted of a large central hospital (Laho) and a smaller regional hospital (Reho) both of which draw on a century long history. The former is located in the state capital with ca. 70,000 citizens and the latter is situated 20 KM apart in a rural city of 9,000 inhabitants.

The hospital region is one of the ten largest providers in Switzerland. In 2005, 445 medical doctors, 964 nurses and 884 support staff members treated ca. 60,000 patients in residence, and 70,000 in day care using 753 beds. Budget-wise, Laho is about nine times as large as Reho. It is considered a pure acute hospital, whereas Laho also offers special services in treatment, research and education, similar to a university hospital. The services are defined by the government, for which the hospital region receives a budget in return.

The hospital region is led by the Kanton’s health department, the head of which presides the board of directors consisting of experts who are to strengthen the economic perspective. The executive board of the hospital region consists of the rotating heads of clinical departments, the director of nursing as well as administrative departments and is lead by a CEO. The CEO of Reho is member of this board. The following figure summarizes this structure, including the merger of the nursing departments:
Apart from implementing this structure prior and past to the official starting date, the merger of the nursing department was integral to this strategic change. Its success was important because nursing operates in a matrix with all clinics and most support functions of a hospital, so that it provides a necessary condition for realizing the merger in day-to-day practice.

**Episode 1: The emergence of the paradox**

The emergence of the paradox involves a seven-year period, beginning in fall 1997, when the hospitals faces increased economic pressure. The episode lasts until July, 2004, when the change agent is sent to Reho to pursue the merger of the nursing department with that of Laho. The following figure provides an overview of the events:
Prior to the hospital region, the organizations face economic pressure during the nineties. In fall 1997 the health department announces to close down Reho to cut public spending. Reho’s CEO describes the involved crisis for his hospital as follows:

*We had organized ourselves well. But they replied: „You will be closed down to cut costs.“*
*I could not believe it! That closure plan was the wrong move!*

As a consequence, two members of Reho’s executive board explain, fewer patients enter the hospital. With fewer cases, it becomes increasingly difficult to hire residents with a good reputation, since the hospital is not considered an attractive workplace anymore. Over the coming years, revenues shrink while the fix costs remain.

Meanwhile, the regional hospital mobilizes the public. After demonstrations, media coverage, and a petition, the health department withdraws its closure plan on May 5th, 1998.

Voluntarily, Reho and Laho begin cooperating more closely. After defining basic rules of cooperation they form a project group. It is coordinated by the administrative department of Laho and aims to integrate all relevant interfaces of the two organizations. Administrative
functions of facility management, technical support and the administration are merged in 2000 to realize cost synergies and to prepare for the emerging hospital region. Afterwards, the project team plans the merger of clinical departments. As the regional emergency service becomes operated from the centre hospital, Reho’s CEO points out that closing down their emergency service to the public changes the hospital’s core function. Not doing so, in the other hand, leaves Reho with high fixed costs. The merger of gynecology in 2003 gives rise to the same dilemma and is followed by unsuccessful attempts to mobilize the public to prevent its closure in 2004.

Meanwhile, the consequences of the prevented closure of Reho leads to reduced capacity, particularly in the clinic for surgery. But the respective department of Laho is operating at maximum capacity. After a few months of lending room capacity, the two clinics merge. As the label of the initiative “one clinic – two sites” indicates, the Laho department takes over the one at Reho and implements its structures in a few months until fall 2002.

While the hospital region is started officially on January 1st, 2003, the surgeons face difficulties with the nursing department at Reho. In May, 2003, the head of surgery complains to the nursing director of the hospital region about inadequate professional standards. The nursing director sends two nursing experts from the surgical department of the Laho to visit their colleagues for ten days. They analyze the situation and define measures to improve professional practice. In August, 2003, these measures are agreed upon between the director of nursing of the hospital region (i.e. of the Laho) and her colleague who leads Reho’s nurses. The measures mainly aim at harmonizing nursing practice in the small hospital to that of the large one. They involve professional standards, but also some organizational dimensions, like changing the schedule of ward rounds, assessing the ward’s leadership, enhancing the opportunities of continuous advanced training, and buying new equipment. The nursing
department of the smaller hospital is asked to implement these measures, supported by an expert from Laho over a two-month period at the beginning of 2004.

This expert as well as his two colleagues before, is welcomed by the local employees. They are motivated to improve their daily practice. He, in turn, experiences the challenges of volatile time schedules, shifting contact persons for nurses on the ward and differing expectations of the clinics towards the ways the nurses organize the ward. Furthermore, leadership on the ward seems lacking for him in that the head nurse is engaged in caring for patients while her employees miss her support. Reho’s director of nursing does not appear present for his employees and communication within and among the wards as well as with their superior does seem to be highly informal, rather than structured by official meetings.

At the end of the period, the experts summon the employees to present their insights. While the stay was highly appreciated, this meeting is understood differently by Reho’s nurses:

*It was almost like they were threatening us: “You must change this and that, and if you don’t, then…” It was totally different than before.*

Reho’s staff feels as if all they did was bad. They say that their colleagues in the larger hospital had much more time and resources to fulfill the changes expected from them. At Reho, “all came down at once”.

Two months later, in Spring 2004, the results of a regular external survey of patients’ perspectives on Swiss hospitals show a lack in professional work, missing empathy and time as well as unclear responsibilities for patients. Despite the attempts and the willingness to improve their work over the past months, nothing appears to have changed, concludes the head of the region’s nursing department. She decides to send a head nurse of Laho for a period of six months to Reho. This change expert is her direct subordinate and becomes part of Reho’s nursing leadership. She is responsible for all wards and is supposed to conceptualize the implementation of nursing standards, to assess the level of personnel qualification
as well as leadership; to develop a concept for advanced training and to assist the wards in planning and organizing their daily work. After her stay, the nursing department in Reho is supposed to continue on its own.

On June 28th, 2004, the change expert introduces herself at the monthly meeting of head nurses. When she arrives a week later to start the initiative, nobody seems to know of her coming. A head nurse, who attended this meeting herself, says:

_We knew someone was coming. We thought she would look at what we could improve. Then she was surprised that we didn’t know she was our superior. We did not know her role._

Similarly, the change expert feels to be in the wrong place, also missing an office, a key and access to Reho’s intranet to have a look at manpower planning of the wards:

_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._

On the other side, employees explain their dependence on the nursing director:

_She [change agent] said: ‘What? You cannot do that yourself?’ No, we were not allowed to. Sure, the nursing director is like our nanny, taking care of everything. But we have not the permission to do this ourselves._

The change agent perceives a lack in ward leadership. Acknowledging the high morale in that everybody is busy on the wards, nobody appears responsible. The ward crews seem absorbed by patient care; whereas they seem to be somewhat “lethargic” in that they only react to the change attempts to their work or to demands of other departments within the hospital. Nurses at Reho feel overwhelmed with the coming changes and the critique of their work.
The operative paradox

The daily organizing and the demand for a fundamental change of the nursing department formed the operative paradox in that the result of developed leadership and communication turned into the condition for this process.

As the results of the external survey demonstrated that the attempt to introduce professional standards failed, a change agent was sent to enhance professional standards while developing communicative structures and leadership. These topics were part of a “new” organizing directed towards daily organizing at Laho. They emerged, because within the “old” organizing at Reho leadership and communication evaporated, risking daily patient care. Employees were absorbed with daily patient care, but lacked independence from their superior for decisions or activities relating the ward, such as manpower planning. The nursing experts observed that the nursing director was not present on the wards. They and the change agent found that communication did not seem to work. Particularly, the arrival of the change agent could not be communicated sufficiently through official meetings. For these insights of lacking communication and leadership as well as professional standards criticized earlier, the change initiative become necessary. At the same time, the daily organizing impeded their intended enhancing. Leadership and communication became necessary to develop leadership and communication. The outcome turned into its own condition. Graphically, the following figure describes the operative paradox:
Figure 3: The process paradox of change in the nursing department

The operative paradox is integral to the change process: First, both poles of “old” and “new” organizing were present at the same time, carried by change agent and change recipients, respectively. Second, these poles emerged in a recursive relationship. The “old” made the “new” necessary, while impeding it. Furthermore, the change initiative was embedded in the daily organizing. The initiative involved a fundamental change, in which the change recipients gained a new understanding of organized communication and leadership to aid daily patient care, and not diminishing the capacity for it. Illustrated by the arrival of the change agent and the difficulties involved, the organization faced the challenge integral to second-order change processes. It mounted to the question, how to unfold the catch 22 without ending up running around in circles?

**Episode 2: Unfolding the paradox**

The following episode is focused on how the paradox is unfolded and the change initiative turned towards a successful end. The episode lasts from July 2004 until February, 2006, when the merging of the nursing department dissolves in its daily management. The following figure provides an overview of the events:
The daily problems observed in the previous section become pressing. In August, 2004, the change expert and her superior decide to postpone the planned changes for the sake of securing daily caring for patients. Overall, the change expert is surprised by the lack of what she knows as normal leadership functions undertaken by wards.

The change expert engages with the wards by supporting them in their manpower planning, helping out with documentation, organizing missing pieces of equipment and other work normally done by the head nurses. She visits the wards twice a day, tries to be accessible for nurses keeping her door open and conducts interviews with all employees to include their perspective into understanding the current situation. Once a week, she meets with each head nurse to discuss daily questions of organizing the ward and leading the team.

From September 2004 onwards, the change expert gathers the notion that changes in the nursing department at Reho depend much on the department’s leadership and on developing structured forms of cooperation with clinics and support functions. The head of the region’s
department nominates the change expert as the new director of Reho’s nursing, while the former becomes her subordinate, from February, 2005 on.

With the changed leadership of Reho’s nursing department, the former change agent starts interventions from February, 2005, onwards: advanced training over the year 2005 includes team leading, management by objectives, and documenting nursing activities. Professionalizing nursing standards involves the preparation of the wards for primary care, and implementing nursing meetings on the wards to reflect on difficult cases, for instance. These standards are prepared by nursing teams across the wards in close coordination with the department of nursing quality and development of the hospital region.

Simultaneously, existing meetings are altered and new ones implemented: The monthly meeting of head nurses takes place every fortnight, to discuss and decide about topics regarding the department as a whole. Now, protocols and agendas are distributed directly after or prior to each meeting, respectively. The audience includes not only the wards but also the clinics, support functions and Reho’s executive board. They can invite themselves to participate, or are asked to join the meeting when the director of nursing regards their presence necessary. For example, the nursing department introduces three shifts which alter the beginning of work in the morning and at noon, effecting meal times. Instead of deciding the change internally, the head of the kitchen is invited to the head nurses’ meeting. He explains the consequences for his daily operations at the end of which nursing and kitchen reach a mutual agreement which allows enough time until the new shift system is introduced.

The meetings and the protocols contain clear distinctions between information, decisions and emerging topics including more detailed explanations of the nursing department. With these changes, the head of Reho’s nursing aims to include systematically the relevant actors of nursing and beyond into the changes underway.
The previously existing conversations between each head nurse and her superior are now institutionalized. This so-called “coaching” is scheduled every fortnight to discuss organizing and leading the ward teams. Such work is carried out during the newly implemented, so called “leading day”, which grants a head nurse one day a week for this type of work.

Like before, the director of nursing visits the wards twice a day and leaves her office door open for employees to talk to her in order to stay informed about emerging topics, questions and potential problems. During conversations with employees a continual focus is on distinguishing what an employee needs to handle personally and what he or she needs to discuss with his or her direct superior. The director of nursing explicitly includes or refers employees to their head nurse to strengthen her position within daily communication routines. Adding to this development are several changes in personnel with employees coming from the larger hospital, which and according to a head nurse “carry the new spirit with them to us”.

Over the year, though, changing the manpower planning remains a difficult issue. In the past it was much more oriented towards the individual needs of those involved. Now, it is supposed to focus more strongly on the department’s needs. Similarly difficult is the documentation of one’s own activities. Such administrative work keeps nurses from their actual work of caring for patients. Nurses feel that there is less time for patient care and for informal conversations among them, but also that gossiping ceases.

In May, nurses feel more self-confident, more motivated to ask for help to develop their ward’s daily work, and that there is more mutual help for each other. For the latter, a morning meeting starts the same month, to mutually inform each other about the capacity on the wards, incoming patients and any incidents during the previous night.

At the same time, the nursing department begins to develop its relationship with other departments. Starting with support functions like the laundry or the x-ray department, different clinics are included later on. Here, cooperation develops with ups and downs. After the
past critique, surgery enjoys the open and quick handling of issues with the director of nursing. Internal specialists dislike that demands for changes in organizing have to be discussed with the director of nursing and not with the ward, as usual in the past. Other medical doctors, the director of nursing mentions, still try to intervene on such issues. The wards are asked to distinguish treatment from organizing and pass on the latter to the head of the department. Over the year 2005, this topic remains but appears to improve slowly.

At the end of 2005, nursing at Reho seems to approach a similar professional practice as that of Laho. Several quality evaluations of different nursing standards reach similar results. Also, the Reho’s nurses develop a professional nursing standard which is now practiced throughout the hospital region.

**Six communicative practices to unfold the paradox**

The previous episode described how the operative paradox within the change process of the nursing department was unfolded. Six interrelated practices enhanced a more structured form of communicating, while strengthening leadership capacity. Doing so involved the self-similarity between process and content, repeating the core theme on different levels, turning perspectives from wards to the nursing department as part of the hospital at large and relating daily and change organizing. Prior to these, change was suspended and the changing the organization emphasized working on daily challenges. The following table provides a summary of the six interrelated practices:

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-similarity</td>
<td>the process of how to achieve what is intended is similar to the results serves</td>
<td>providing coherence, avoiding misunderstanding, thus aiding stability in change</td>
</tr>
<tr>
<td>Repeating the core theme</td>
<td>the basic idea is repeated on different levels, in different context, from micro- to macro settings</td>
<td>providing coherence by mutual correspondence</td>
</tr>
<tr>
<td>Turning Perspectives</td>
<td>taking the perspective of the other allows to include the effects of one’s own decisions on other parts of the organization, thus widens the context of otherwise restricted decisions</td>
<td>broadening departmental perspectives towards the organization, and embedding decisions into the organizational context</td>
</tr>
<tr>
<td>Practice</td>
<td>Description</td>
<td>Effect</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Relating daily and</td>
<td>The change initiative and daily organizing are protected and distinguished from each other while being connected to irritate each other.</td>
<td>maintaining the difference to aid the change process without overwhelming the change recipients</td>
</tr>
<tr>
<td>change organizing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspending Change</td>
<td>Before conducting the change initiative, the daily organizing is stabilized</td>
<td>Enhancing the capacity of the change recipients to undergo the change; Legitimacy of what exists but is in need of change</td>
</tr>
<tr>
<td>Working on daily</td>
<td>Changing the organization starts with daily problems the change recipients (and not the change agent) face.</td>
<td>positioning of the change agent; positive experience with changing the organization; legitimacy of the change initiative</td>
</tr>
<tr>
<td>challenges</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Table 2: Practices to unfold the paradox*

Self-similarity between process and content indicates that developing communicative settings was the medium and the outcome of the change process. Self-similarity included the following aspects: The change agent practiced from the start what she envisioned and what began to emerge as the ideal organization. She focused on wording, and on continuously involving head nurses in conversations as well as coaching them regularly to explicitly strengthen their position. The change agent re-arranged communicative settings throughout the nursing department. Such measures allowed to handle internal questions systematically and to structure topics such as collaboration with other parts of the organization. Structuring communication in such a way was the medium as well as the outcome of the change process.

Integral part of self-similarity was the practice of “repeating the core theme”. Micro settings like conversations or wording and macro settings like meetings mirrored each other. Displaying the emerging new direction of the nursing department in multiple settings supported the new form of organizing by providing coherence. On the level of individual conversations, the nursing director was aware of how she and her colleagues talked. It included a clear distinction between decisions, discussions, and information, which in turn was resonated in the meeting protocols and the meeting of head nurses. Being present for the employees by visiting wards twice a day and following an open door policy was accompanied by pointing out which issues were to discuss with nursing director, which with the head nurse.
and which a ward nurse should handle herself. By doing so, the leadership position of the head nurses was strengthened as well as that of their employees.

Third, turning perspectives became part of daily organizing, within the daily morning meeting for instance. Nurses heard about the current situation of their colleagues to view their own work load in this context. Also, inviting guests into head nurses’ meeting during decision-making allowed turning perspectives. The example of the kitchen illustrates, that such a practice allowed the nursing department to view itself in the context of other participants in daily organizing. By doing so, it became possible that the deciding nursing department could view the consequences of its decisions. Rather than focusing on the problems provided to them by others, the perspective turned to include consequence they imposed on others.

A further aspect of turning perspectives was that the agenda as well as the protocols of the head nurses’ meeting were sent to the other departments of the hospital. These could either invite themselves to a meeting or were invited by nursing. Doing so, not only carried the organizational context into nursing decision-making. It also embedded these decisions more strongly within the organization. This practice created a sense of publicity for and legitimacy of decisions. Their broader embedding also provided the possibility for clinics and support functions to gain a deeper understanding of the nursing perspective.

Fourth, relating daily and change organizing involved a reciprocal relationship of securing as well as irritating change and daily work. On the one hand, working with patients demands high stability. It relies strongly on what has proved to work and needs securing from outside irritations. On the other hand, organizing change needs to be secured from daily work, particularly when emergencies run high demanding nurses to support a specific patient situation. Settings times and places regularly and in advance allows for the involved to organize themselves accordingly. The semi-monthly meeting of the head nurses as well as their coaching with the nursing director, served as special contexts to reflect, plan and practice
managing and changing the organization. Within these contexts, new ways of communicating and decision-making could be practiced. The contexts themselves were distinguished from daily work in terms of their set and recurrent time as well as space as they took place in a special meeting room or the nursing director’s office, respectively. Over time, the new ways of leading and communicating diffused on the ward level. In order to connect the change with daily work, the change agent included the perspective of the change recipient systematically by conducting an interview series, on-going visits of the wards, informal conversations and the coaching of head nurses. Such engaging allowed gaining a specific understanding of the work context.

Fifth, the *change initiative began by handling challenges of the change recipients*. Such support ranged from providing help with man-power planning to support patient care and solving equipment problems. Besides their actual solution, solving problems demonstrated the nursing director’s nursing competence as well as showing that her presence was helpful. Over time, the change agent gained her respective role in the eyes of the nurses. They, in turn could observe that changing their organizing provided benefits. Envisioned changes needed to prove fruitful to support the wards to uphold their on-going treatment. Starting with daily challenges stabilized daily organizing, because arising problems could be handled, before they evolved. Daily work became less subject to surprises which freed resources for the change initiative.

Sixth and integral to the last practice is *suspending change*. Working on daily challenges meant to stabilize what existed before trying to change it. That was the explicit strategy during the early times of episode two. The change agent, for example, planned the weekly plan for the employees, even though this task belonged to the head nurse. Organizations need to ensure that they continue daily operations. Change can take place when daily organizing is secured to free up resources to change it. Stabilizing finally involved respecting the existing way of organizing which presumably enhanced dismissing it.
Unfolding the process paradox by structuring communication

Structuring communication at the core of the empirical practices

The above six practices supported unfolding the paradox, in that leadership and communication were the conditions to develop leadership and communication. At the end, the nursing department caught up in their quality evaluations as well as starting innovating nursing standards to be used throughout the hospital region.

As indicated in the former section, the six practices to unfold the process paradox of change are interrelated. They share the structuring of communication as an overarching principle. Structuring communication is the outcome as well as the way to achieve it. As the literature of handling paradoxes, we follow the emphasis of meta-communication (Watzlawick et al., 2003). But, structuring communication differs in that it refers to the organizational and less to the individual coping with paradox. The latter argue that new communicative practices enter the organization via individuals (Jarzabkowski, 2004) or identify individual ways of handling paradox by means of confronting, transcendence or immersing (Lewis, 2000). Structuring communication in turn stems from the organizational perspective. The six communicative practices emerge from the interaction between those involved that evolve throughout the change process. They are actualized on-going within and shape the changing and stabilizing of the organization. “Structuring” indicates the process through which on-going communications stabilize and develop. “Structuring communication” as a principle to unfold the process paradox of change means a level of second-order observation to observe the change process as it emerges within the specific context of on-going organizing.

Structuring communication involves two levels: structuring within communicative settings and between them. The first is more concerned with micro-issues of how to conduct meetings, conversations and wording. The second refers to connect and distinguish between different
communicative settings. It concerns a more macro perspective on the organization as a whole. Structuring communication is self-similar, in that the medium becomes the outcome.

On the macro-level unfolding the paradox involved the development and introduction of different communicative settings. The morning meeting of the wards regarded their daily work. The meeting of the head nurses was to discuss and decide topics regarding the department as a whole. On the same level of leadership, the coaching between nursing director and head nurse was the context to reflect on issues of organizing the respective team. Between the nursing department and the clinics, the head of nursing conducted monthly meetings in order to resolve issues of cooperation. Structuring communication included the connection of these meetings and their embedding in the hospital: The former took place via the members of those meetings. The latter was achieved on the one hand by distributing the agenda and the minutes of the head nurses’ meeting to all wards, the clinics, the support functions and to the general management of the hospital. On the other hand, these constituents could invite themselves to participate, or were invited to the meeting to participate in decisions.

The meetings as well as the minutes contained clear distinctions between information, decision and emerging topics, including more detailed explanations than before. Such a distinction is part of the micro-level of structuring communication. It included an emphasis on wording and the way to handle conversations on behalf of the head of nursing. Over time, such micro-changes diffused to the ward leading nurses and their employees.

**A recursive model of unfolding paradox**

Whereas part of the literature on unfolding paradox identifies individual strategies of coping with paradox, these empirical insights are based on an organizational perspective. We develop a theoretical understanding of how to unfold the operative paradox of change as a conceptual contribution in two steps: First, we abstract the change process as a communicative interplay between the change agent and the change recipients to provide a more detailed concept of
change processes. Second, this recursive process model is related to the conceptual insight of focusing on the relationship between the two opposing poles of “old” and “new” organizing.

Structuring communication was medium as well as outcome to the change process (see Tsoukas & Papoulias, 2005). This process is recursive, because the development of the “new” takes place within the “old” triggering the systematic challenge of second-order change processes (Bartunek & Moch, 1987). Change processes emerge from the communicative interplay between the change agent and the change recipients. Whereas others describe this interplay as different conversations (Ford, 1999), we develop a two-actor model. Doing so, we avoid to focus on one perspective at the expense of the other (Balogun & Johnson, 2005; Beech et al., 2004; Denis et al., 2001; Orlikowski, 1996). Change agents are ascribed the call for change and the responsibility to conduct it. Change recipients observe the change agent’s communications and react. Such reactions are themselves communications to be observed and understood by the change agent. Over time, the change process emerges from this communicative interplay. It depends on the respective understanding of change agents and change recipients, the communications of which needs to be understood by the other.

The change recipients put the intervention to the test within its context (Luhmann, 2000). As a result, the interventions of the change agent can be either seen by the change recipients as an improvement or a thread to daily organizing. Regarding the change agent, the change recipients’ reaction to the interventions can be understood as confirming or disconfirming, which in turn gives rise to respective subsequent interventions (Ford, Ford, & D'Amelio, 2008). In each cycle, the options remain, leading to the specific course of the change process, including new challenges or solutions.

Whether a dynamic change process is considered a success or not, also depends on the understanding of the involved actors. In our case, the change process was seen successful in the sense that it diffused into daily organizing of the nursing department.
The following graph depicts the communicative interplay between change agents (CA) and change recipients (CR) from which the change process emerges over time:

Paradoxes of changing (Lewis, 2000) involve the mutually exclusive poles of “old” and “new”. Change agents are attributed the envisioned ideal organization (the “new”) whereas the change recipients are related to the current organizing (the “old”). As they interact during the change process, misunderstandings, tensions, and contradictions are likely to occur (Beech et al., 2004). Throughout each cycle within the above model, the involved actors can understand each others’ communications as favorable or not.

The two opposing poles resonate the core challenge of second-order change processes (Bartunek & Moch, 1987). The process paradox of organizational change emerges as the “old” is considered in need for change. The “old” impedes the process out of the same reasons, because the “new” and its interventions are understood within the reference of the “old” daily organizing. Whereas the “new” lacks the legitimizing proof of having worked, the “old” allowed for the organization’s survival in the past. The envisioned organizing lacks a respective reference, which evolves through practicing it (Barrett et al., 1995).

Paradoxes of organizing are structured by improvising to relate the mutually exclusive poles of planning and acting. Both poles remain present without creating a new entity that would
lead to an endless sequence (Clegg et al., 2002). We propose that structuring communication relates the poles of “old” and “new” within paradoxes of changing in a similar fashion. In the above case study the six practices of structuring communication within and between communicative settings allowed to unfold the process paradox of change. Relating the poles of “old” and “new” by structuring communication can be sketched as follows:

![Figure 6: Structuring communication to unfold paradoxes of changing](image)

Structuring communication is a means to create a parallel structure (Kanter, 1983) regarding the change process. It allows the actors to mutually consider their respective perspectives, their understandings of the observations regarding the other’s actions or communications, and to explore potential paths for conducting the change process. Structuring communications means to make sense of the change process within its specific context as it unfolds by providing connectivity between change and daily organizing, and by turning perspectives. Self-similarity of process and content and Repeating the core theme of what emerges support coherence, and hence stability throughout the transforming of the organization. On-going legitimacy for changing the organization is enhanced by suspending change and starting with daily challenges of the change recipients.

**Implications for theory, research, and practice**

**Recursive change as bootstrapping**

Organizing change processes gives rise to focus on handling the process paradox of change. Such a process is recursive. Topics, results, involved actors and the sequence of events emerge from the communicative interplay of those involved. We strengthen the focus on
paradox as a core challenge integral to such processes. With regards to the research on paradoxes, we propose that structuring communication relates the opposing poles of “old” and “new” recursively to unfold the operative paradox involved.

Recursivity and paradox point to change processes as “bootstrapping”. The metaphor indicates that someone pulls himself out of the mud by his own shoestrings, highlighting self-referentiality (Barnes, 1983). Because of gravity logically impossible, bootstrapping points towards the challenge to create the ground the organization is standing on in order to move. Transferred to change processes, the question we suggest for future research is to explore in more depth, how stability in change is established and maintained (Mintzberg & Westley, 1992; Pettigrew et al., 2001). We started on this path by pointing out that the six practices of structuring communication support stabilizing the communicative interplay during its changing. The expectations of the involved actors regarding the organization and its future evolve. Stability is rather to be accomplished than assumed as fixed. To view stability in change as an accomplishment draws on the understanding that change initiatives are part of continuous change and embedded in those ongoing daily operations the change initiative aims to alter. A presumed source of providing stability does not exist.

For future research, we suggest to further explore how stabilizing is established and maintained during fundamental change processes. In words of the metaphor: How does an organization establish the ground in order to pull itself out of the mud by its own shoestrings?

**Reflexive research to observe the process as it unfolds**

Researching change processes directly as they unfold (Mintzberg, 1979) over a longer period of time to catch reality in flight (Pettigrew, 1997) means that the researchers enter the scene. The “new” is directed to ensure organizational sustainability in the future. The “old” refers to daily organizing, and “observing” this process towards academia. Applying the above model, research becomes a third perspective:
Researchers accompany an organization handling a process that does not contain a designed solution. Faced with uncertainty, expectations emerge. We found ourselves in the tension between observing and consulting (for a reconstruction in detail, see Tuckermann, 2007). Researchers can be drawn into the change process when practitioners try to use them as impartial judges, as legitimizing a specific perspective, or as scapegoats to the observed challenges. How to handle such research dynamics themselves requires structuring of communication to reflect on the process as it unfolds. We suggest for future research to more strongly address the process of what researchers actually do within the field as part of their data section, a notion we hardly found in empirical studies (Barley, 1990; Iedema, Degeling, White, & Braithwaite, 2004; van Maanen, 1982).

Reconsidering stability in the practice of change

Stabilizing is not only a core challenge for theory and research, but also for practitioners throughout the entire change process. The above model of the communicative interplay indicates that in each cycles change agents and change recipients can understand each other as confirming or disconfirming, or as improving or threatening daily organizing, respectively. Change processes are subject to surprises, disappointments or conflict, because both actors refer to different spheres of the organizations: Change agents are to enhance future
sustainability of the whole organization. Change recipients continue their work during change and refer to daily organizing.

There is a time, in which both – the “old” and the “new” – are being referred to simultaneously, as in the second episode of the case study (see also Barrett et al., 1995). Both poles co-exist, thus change oscillates between them. To stabilize this oscillation without erasing it is the task of structuring communication. It involves organizing a parallel organization for the change process on the macro-level between communicative settings as well as on the micro-level within them. Such a parallel structure allows practitioners to observe the change process unfolding, including their mutual understandings in order to work on productive solutions. Stabilizing for organizing change emerged in our case when those involved secure their relationship, their understanding and their expectations of the process. The factual dimension of what is to be changed rests on the processual and relational stability without which success becomes risky.

Organizational change as unfolding paradox

The study contains three limitations: First, according to Weick’s (1979) magical triangle, this research emphasizes specificity at the expense of generalizability while aiming at moderate simplicity. The investigation allows exploring in depth the dynamics of one change process to handle the operative paradox of it. In the future, we encourage more case studies taking an organizational perspective on the process to unfold paradoxes. Their comparison across industries can lead to more robust generalizations and enriched insights to their situated management. A second limitation is the conceptual simplification on two actors. Part of the complexity of change rests on different actors becoming involved and uninvolved over time so that future studies could provide fruitful insights on their roles and relationships to explore the interactive dynamics in more depth and complexity. Third, an important path to do so is a stronger focus on the time dimension. In our study it unfolded as part of the story. It will be
interesting to gain more analytic insights into the rhythm or pace of change as part of initiatives’ interaction dynamics.

This research was inspired by the empirical observation of the operative paradox in that leadership and communication are necessary to develop leadership and communication. The daily organizing of the nursing department needed this fundamental change and impeded it at the same time. How could such a paradox be unfolded within the organization? Neither the literature on organizational change processes, nor the studies of handling paradoxes provide comprehensive insights into unfolding an operative paradox from an organizational perspective. We conducted an explorative, longitudinal single case study to observe the paradox and search for communicative practices to handle it. Six practices make up what we termed structuring communication within and between communicative settings. Structuring communication marks the relationship to unfold paradoxes of changing; namely the relationship between the mutually exclusive poles of “old” and “new” organizing. This conceptual contribution is based on a recursive understanding of change processes as communications systems. We point out for theory to pursue the path of investigating the relationship of paradoxes, while strengthening the emergent insight on change processes as endogenous. This path implicates for research to follow a reflexive methodology that is related to the phenomenon by structuring communication. For practitioners, providing stability during change processes becomes a core task, which includes viewing change as a reciprocal or communicative interplay between change agents and change recipients.

Following the topic of this paper, it seems appropriate to end it accordingly. Once we become used to a paradoxical perspective, we cannot escape them anymore (Handy, 1994: 12), it seems. We are left with the aftertaste of not knowing whether paradoxes say more about the social reality we live in, or rather about us as participating observers.
Literature


