

Organizational Routines and Emotions

Vom Fachbereich Wirtschaftswissenschaften
der Technischen Universität Kaiserslautern
zur Verleihung des akademischen Grades
Doctor rerum politicarum (Dr. rer. pol.)
genehmigte

Dissertation

vorgelegt von

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Tag der mündlichen Prüfung: 02. Juli 2021

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D 386

(2021)

Abstract

Routines are an everyday phenomenon and traditionally have been seen as mainly static. The current view on organizational routines however changed the overall conception of routines to a source of continuous change and therefore opened an entirely new focus upon the field. Research addressing this focus led to the understanding, that routines can be both a source of organizational stability as well as a source of flexibility and change. This is because of the influence of the actors which enact those routines. Since those actors think, feel and care and thus breathe life into routines it is beneficial to further deepen our understanding about their influences on organizational routines.

Even though the potential for change lies within the actor, only little light has been shed on the effect of emotions concerning the dynamics of routines. This is somehow surprising, since emotions have become a recognized aspect of our organizational life over the years, and the importance of emotions in day-to-day activities has been confessed openly by many researchers.

Therefore, the guiding questions of this dissertation are how emotions influence the dynamics of routines and how the enactment of routines influences emotions? This is being explored over three papers. The first paper reviews the overlaps of routine and emotion research. The second and third papers are based on an ethnographic field study. Considering the insiders' emotions in the second paper and the outsiders' emotions in the third paper sheds light on the emotions of all routine participants and therefore aids in a more comprehensive understanding of the topic.

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Introduction

This dissertation sheds light on a still widely neglected topic in the field of organizational routines, the emotions of the routine participants. In the traditional view of organizational routines, they are sources of stability and accountability as well as mechanisms for the coordination of efficient work within organizations (March & Simon 1958; Cyert & March 1963). Being an everyday phenomenon, scholars defined them as “repeated patterns of behavior that are bound by rules and customs and that do not change very much from one iteration to another” (Feldman 2000: 611) and focused primarily on the structural aspects of routines, such as tasks, rules, hierarchy, and team composition (Feldman 2003; Hackman 1987). Change only comes exogenously by, for example, the introduction of a new technology (Feldman 2000). However, these studies did not consider behavioral changes among the actors during several iterations. In essence, the traditional perspective on organizational routines has viewed them as rarely changing with the purpose of providing actors with stable work descriptions that consequently lead to stability in results (Cyert & March 1963; March & Simon 1958; Geiger & Koch 2008).

Starting with the study of Feldman (2000) this view was criticized and challenged. She stated that routines not only have the potential to change through exogenous influences but are a source of continuous change themselves (Feldman 2000). Inspired by this line of thought, the practice-based approach on organizational routines emerged (Feldman & Orlikowski 2011). This view on organizational routines focuses on the fact that individual agents perform routines and this situation contains the potential for change from one performance of a routine to another. Therefore, routines are no longer abstract, formal rules but are “repetitive, recognizable patterns of interdependent actions, carried out by multiple actors” (Feldman & Pentland 2003: 95). This new framework acknowledges that “routines are not inert, but are as full of life as other aspects of organizations” and incorporates the potential for change “in the thoughts and reactions of the

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people who participate in the routines” (Feldman 2000: 626). Howard-Grenville (2005) followed up on this insight by stating that there is much more to learn about how the people who are enacting the routine influence its stability or flexibility. She identified the actors’ agency and the context in which the routine is enacted as important factors. The actors’ intentions as well as their orientations have an influence on how they enact routines (Howard-Grenville 2005). This perspective places the actors and their actions at the center of the discussion on routine dynamics. Today, scholars acknowledge that routines are processes in which actions form “the basis for the processual orientation of routine dynamics” (Feldman 2016: 29). The actors create the processual nature of routines, as they enact emergent and generative action patterns (Feldman 2016; Feldman, Pentland, D’Adderio, & Lazaric, 2016; Danner-Schröder 2020).

Focusing on actions in organizational routines strongly “enhances our ability to see and explore the ways that such phenomena as *people*, materiality, *emotion*, history, power, and time are connected” (Feldman 2016: 38; emphasis added). Subsequently, by considering actors as “people who think and feel and care”, the literature has begun to consider them in a more multifaceted way (Feldman 2000: 614; Wright 2019; Sargis-Roussel, Belmondo & Deltour. 2017; Eberhard, Frost & Rerup 2019). Going even further, Salvato and Rerup (2011: 480) conducted a multilevel research on organizational routines resulting in the question of “how do social context, interpersonal interactions, and emotions affect individuals’ and teams’ performance of routines within real organizations?” This research demonstrated not only the increased research interest in the emotions of actors but also a focus on social context and interpersonal interactions. However, the employees of a department not only shape social context and interpersonal interactions by enacting an organizational routine (i.e., insiders), but customers or employees from other organizational departments (i.e., outsiders) might also influence the routine. To consider all of these routine participants, Turner and Rindova (2018: 1274) urged a focus on the

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study of “routines that involve participation from a multitude of outsiders, where the interaction with and management of the collective is central to the effectiveness of the routine performance”. Some studies have fleetingly touched upon the emotions of insiders (e.g. Danner-Schröder & Geiger (2016) who described an agitated victim approaching a disaster-control team) or outsiders (e.g. Feldman (2000) who mentioned angry parents of students who were moving into university housing). Although research on organizational routines has stressed the importance of focusing on actors, little research has touched upon emotions, making only fleeting references to it.

Because routine research has not yet adequately examined emotions, the guiding research questions of this dissertation are: (1) What are the theoretical links between emotions and organizational routines? (2) How are emotions enacted among the insiders of organizational routines? (3) How do outsiders’ emotions unfold during the enactment of routines? (4) How do insiders react to situations where emotions occur during the enactment of routines?

To answer these questions, this dissertation project is divided into three papers. The first paper develops an emotional framework of organizational routines. To do so, it provides a theoretical overview of relevant aspects of the research literature on both routines and emotion. Regarding routine research, it reviews how scholars have conceptualized actors, identifying actors’ intentions, power, connections, understandings, and reflections as the main topics. The review of emotions and moods in organizations summarizes the general effects of emotions and moods on individual behavior as well as a selection of emotion concepts, such as emotional intelligence, emotion regulation, emotional labor, and emotional contagion. Bringing the insights of both areas of research together prepares this study to acknowledge that routines take place in emotional arenas and that both research fields share an analytical level. The paper then concludes with a discussion of the influences of emotions on the main topics of actors in routine research as well as a discussion of the influence of organizational routines on actors’ emotions.

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The second paper develops a process model that shows how insiders' emotions that occur for different reasons manifest themselves in routine enactment and how the insiders of the routines react to them. The basis of this paper is an ethnographic field study in an emergency department of a major German hospital. Gathering data in such a highly routinized but also emotional research context was very fruitful. It provided me with great insights and gave me the opportunity to observe (and learn much from) great people but also confronted me with much suffering and many strokes of fate, deaths, and sleepless nights. One insight from the study was the differentiation of reasons that produced emotions for insiders during the enactment of routines. Those emotions stemmed from both the routine itself and interpersonal encounters among the insiders of the emergency department. Situations in which emotions emerged from those two reasons are defined as emotional incidents. This field study found that insiders reacted to those emotional incidents with one or more of four responses: informing, clarifying, ignoring, and escalating. These findings and the resulting process model make three contributions to routine research. First, they identify emotions as a key driver in routine dynamics. Second, they identify differing or misaligned understandings about a routine as a primary reason for emotions in the enactment of routines. Third, the motivation to enact routines as effortful accomplishments stems from the actors' need for stability and security, which is in turn endangered by misaligned understandings about the routines.

The third paper develops a process model depicting how the emotions of outsiders to the routine unfold in the course of routine enactment and how insiders in turn respond to those manifestations. It also offers practical suggestions for the better management of outsiders' emotions. Also based on the ethnographic field study, this paper explores the variety of outsiders (e.g., patients, friends, relatives, paramedics, etc.) who frequent the emergency department as well as their emotions. Analyzing the outsiders and their emotions helps to identify the situations in which those emotions led to routine dynamics as emotional-outsider-dynamics (EOD).

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Since the routines in an emergency department must be maintained, independent from disturbing influences, insiders applied four mechanisms to counter these EOD and proceed with the enactments of routines: listening, comforting, rebuking, and accelerating. These insights offer two contributions to routine research. The first is a more multifaceted understanding of outsiders in organizational routines by considering aspects like their emotions, but also their potential to take actions in routine enactments. The second is identifying EOD and the respective reactions of insiders, which contributes to the research of coupling and decoupling of actions in organizational routines. Furthermore, the paper provides managerial implications on the importance of protecting the enactment of routines, improving the management of different groups of outsiders, and the benefits of staff training.

To demonstrate this dissertation as a comprehensive research project, areas of synergy over all the three papers will be presented in the conclusion.

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First Dissertation Paper

The Role of Emotions and Moods in Organizational Routines

—

A theoretical approach

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Statement of the problem

The key premise of this paper is that research on organizational routines has not yet sufficiently considered emotions. This oversight is surprising because in organizational life emotions represent a well-recognized phenomenon and the importance of emotions in day-to-day activities has been well documented (Brundin & Liu 2015; Elfenbein 2007; Fineman 2000). It is all the more surprising because Feldman (2016: 37) has stated that “emotion is an integral part of any performance and, thus, of patterning as well”. Moreover, the practice-based research on organizational routines was initiated by Feldman (2000) and her observation that the potential for routine dynamics is located in the actors who perform organizational routines as they “think and feel and care” (Feldman 2000: 614). Thus, Feldman (2000: 613) emphasized that “agency is an important aspect of this perspective on routines”, thereby building on the ontology that routines consist of a duality of structure and agency (Feldman & Pentland, 2003; Giddens, 1984). In their multilevel research on organizational routines, Salvato and Rerup (2011: 480) raised the question, “what is the role of emotions at the individual level in the performance of organizational-level routines”? Not separating the people who enact the routines from the routines themselves helps observers to see routines as a richer phenomenon (Feldman 2000).

It is against this backdrop that this study seeks to answer the following *guiding research question*: How do emotions influence organizational routines and how do routines influence emotions?

To address this research question, I start with reviewing how organizational routine research has conceptualized the performing actor so far, as emotions are an inherent part of actors. Focusing on the actor has advanced our understanding of these issues but some areas still await further exploration. The research literature in this area has largely neglected emotions, thereby foregoing a more holistic understanding of organizational routines and their enactment. To mitigate this shortcoming, I present emotion research that has relevance for organizational routine

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research. I do so by presenting general emotional influences on behavior as well as different conceptions such as emotional intelligence, emotional labor/regulation, and emotional contagion. The insights from these topics inform existing organizational routine research, culminating in a framework that illustrates the potential of greater attention to emotions in organizational routines. Building on that, I outline how insights from that perspective can be applied to organizational routines and how this influences routine dynamics, fostering a framework that emphasizes the emotional aspect of routines.

Actors in organizational routines

As a central feature of organizations, routines are a helpful mechanism to explain organizational phenomena (Pentland & Feldman 2005). Through them, organizations accomplish most of what they do (Cyert & March 1963; March & Simon 1958). However, research on organizational routines has come a long way. The early understandings were rooted deeply in social theory and viewed routines as sources of inflexibility, mindlessness, or inertia (Weiss & Ilgen 1985; Gersick & Hackman 1990; Ashforth & Fried 1988; Hannan & Freeman 1984). They were theorized as static vehicles to organize workflows and tasks in an efficient way that resulted in reliability and stability (Cyert & March 1963; March & Simon 1958). This kind of theorization however sees the actor's agency in writing a standard operating procedure rather than in executing the routine (Feldman & Pentland, 2003).

Feldman's (2000) pioneering study of the housing routine at a university shifted the understanding more toward another perception of actors' agency and a more dynamic perspective on organizational routines. Contrary to traditional theories of organizational routines, the resulting practice-based approach also concentrates upon the people who enact the routines (Feldman 2000; Feldman & Pentland 2003). This approach moved actors and their agency to

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the center of attention because they act and react in institutional, organizational, and personal contexts (Feldman 2000). It also contributed to an understanding of routines as processual in nature, existing through the performance and the patterning of actors, as they enact emergent and generative action patterns (Feldman 2016; Feldman, Pentland, D'Adderio, & Lazaric, 2016; Danner-Schröder 2020). Looking at routines through an agency lens, routines no longer determined the action of the actors who perform them, but on the contrary, routines enable agents to act flexibly (Feldman 2016, Feldman et al. 2016). Over the last twenty years, scholars have considered several aspects of organizational routines, including the role of actors' intentions, power issues, connections, understandings, and the ways in which actors reflect upon certain aspects of routines (see Table 1 for an overview).

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Intentions		Power		Connections		Understandings		Reflections	
Dittrich & Seidl (2018: 4)	Take a look on how "the enactment of means influence actors' ends, and how does this influence contribute to routine change" to contribute to a deeper understanding of intentionality in routine performance.	Feldman & Pentland (2003: 95)	Their framework brings "agency, and therefore, subjectivity and power back into the picture".	Feldman & Rafaeli (2002)	Organizational routines are consisting of interactions which inevitably lead to forming connections.	Feldman & Rafaeli (2002: 310)	They argue that "shared understandings help organizations maintain a pattern of behaviour that coordinates the actions of individuals while also adapting to variations in the internal and external environment".	Feldman & Pentland (2003: 95)	They state that "While organizational routines are commonly portrayed as promoting cognitive efficiency, they also entail self-reflective and other-reflective behavior".
Howard - Grenville (2005)	Identifies factors such as intentions and orientations that contribute to flexibility and persistence.	Pentland & Feldman (2005)	Power tensions are considered in relation to the struggles between ostensives (i.e. structure), which embody managerial interests, and the performances, which represent the very enactment of a routine (i.e. agency).	Turner & Rindova (2012)	The study identifies connections among organizational members, artifacts as well as connections to people not directly engaged in the routine as crucial factors for enabling the balancing of pressures for consistency and change in routine functioning.	Feldman & Pentland (2003, 2005)	Define the ostensive aspect as abstract understandings of how a routine should be performed. These understandings can however differ from actor to actor.	Feldman (2000: 625)	Actors are "reflecting on what they are doing, and doing different things (or doing the same things differently) as a result of the reflection".

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Feldman & Pentland (2003)	Intentionality of routine change	Howard - Grenville (2005)	The sources of power in changing routines are formal and informal authorities as well as access to certain resources.	Feldman (2016: 38)	States that "actions are inherently relational because they are connectors. Actions make connections.	Parmi-giani & Howard-Grenville (2011)	Agents have different intentions, motivations and understandings, what makes them unreplaceable.	Dittrich et al. (2016: 1)	They argue that "talk enables routine participants to collectively reflect on the routine and work out new ways of enacting it."
Feldman (2016: 14)	States that "further process orientation is possible through a deeper understanding of action as doings and sayings that display a spectrum of intentionality"	Dionysiou & Tsoukas (2013)	They argue that more powerful actors can alter situations in a way which suits them the most which implies an ability of more powerful actors to align the ostensive aspects of a routine with their very understanding of it.	Feldman & Rafaeli (2000)	Connections are a factor in how difficult it is to change organizational routines.	Turner & Rindova (2012)	They demonstrate that different stakeholders, while having different understandings about the waste collection routine, simultaneously enact patterns of targeted consistency and patterns of flexibility.	Edmondson et al. (2001)	They have shown how reflecting on a routine at the group level might facilitate routine change over time.
Pentland & Feldman (2008: 246)	Events between humans "are most subject to agency and improvisation, learning by experience, and also to the private intentions of the participants".	Danner-Schröder (2020: 10)	Actors "who have less power voluntarily align their performing and patterning over time in belief that the more powerful one is acting with integrity and has good reasons for his ideas, perspectives, actions".	Salavato & Rerup (2018)	Regulatory actions enhanced connections which help to balance conflicting goals in organizational routines.	Deken et al. (2016)	They describe how interdependent actions are affected by differences in actors' understandings	Turner & Rindova (2018: 1253)	They state that "participants engage in and reflect on action sequences, and share information and understanding through connections with other routine participants"

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Deken et al. (2016: 659)	They show "how actors accomplished novel outcomes and novel actions across several routines by "intentionally striving for novelty".
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Table 1: Overview of literature concerning actor aspects

Intentions

The practice-based approach has highlighted intentions as a key aspect of agency. Actors often bring their intentions to the performance of routines or their intentions emerge during the performance to accomplish the routine (Dittrich & Seidl 2018). Feldman (2016: 1) emphasized this perspective by stating that “further process orientation is possible through a deeper understanding of action as doings and sayings that display a spectrum of intentionality”. Organizational routines are events that Pentland and Feldman (2008: 246) described as “most alive” because of the participating actors. Thereby, they stressed the subjectivity, agency, and private intentions of routine participants as important. Many studies have considered actors’ intentions in organizational routines. For example, Howard-Grenville (2005: 619) stated that in the observed roadmapping routine of her study in a high-tech manufacturing company “a given routine performance came about through tacit negotiation of individual intentions and orientations”. Negotiation had to take place because a lot of varied intentions of multiple actors came together to enact routines. In Feldman’s (2000) study, changes in the damage assessment-routine of a university housing organization took place because of the intention of the building directors to educate the students about how to treat the property of others. Moreover, actors can have differing intentions as to why they should perform a certain routine. In the study by Deken, Carlile, Berends, and Lauche (2016), different intentions to enact the routine became apparent as actors performed the quality function routine. Some actors wanted to use this routine to address a specific problem, while other actors, which had another understanding of the routine, had no intention of applying the routine for this purpose. Instead, they felt strongly that another routine was more suitable. Dittrich and Seidl (2018: 111) introduced the concept of emerging intentionality by showing that instead of bringing particular intentions to a performance and then choosing the means to accomplish the respective ends, “the foregrounding of means within the concrete situation at hand might lead to the emergence of new ends to pursue”. However, the

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interdependence of intentions and emotions, as in cases that foreground different intentions (e.g., Deken et al. 2016). has not been analyzed thus far.

Power

Feldman and Pentland's (2003) framework was the first to focus on agency and resulting from this, on power and subjectivity. This early consideration viewed power as imposed through managerial interests manifested in the ostensive aspect (dominance) and the interests of the labor force were aligned within the performative aspect (resistance). According to this approach, "changes in routines rely on the individuals who can 'turn exceptions into rules'" (Feldman & Pentland, 2003: 110). Howard-Grenville (2005) supported this interpretation by arguing that tacit negotiation of individual intentions is affected by the position and the experience of the routine participants and the degree to which they can use their power to influence change. Therefore, to change routines, the "agency of multiple actors, and their relative power, mattered" (Howard-Grenville 2005: 619). Furthermore, Salvato and Rerup (2018) have shown that routines can be regulated throughout the organizational hierarchy to balance conflicting goals. Bucher and Langley (2016) indicated that decision-making can be a prolonged process in teams without power differences. In sum, research on organizational routines has so far predominantly focused on power in terms of organizational positions and interpersonal dynamics, on power relations between groups or individuals, on access to resources by different participants, and on the roles actors take (Feldman & Pentland 2003; Zbaracki & Bergen 2010; Howard-Grenville 2005; Dionysiou & Tsoukas 2013). One exception in this regard is the work of Danner-Schröder (2020) about interpersonal interactions in routine dynamics. She argued that "patterns of actions change over time through interpersonal routine interactions of actors whose relationship is characterized by interpersonal trust and high power asymmetries by an alignment process of actors' patterning and performing in the direction of the more powerful actor" (Danner-Schröder 2020:

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9-10). The reason for these patterns is among other things an emotional attachment toward the leader, ergo, the more powerful actor.

However, how supervisors might build on positive emotions to influence routines or how employees react emotionally to other actors' exercising power has not been explored in detail.

Connections

Scholars have conceptualized organizational routines as consisting of multiple interpersonal interactions with other members of the organization. These interactions generate interpersonal connections, which facilitate the exchange of information as well as the development of a shared understanding (Feldman & Rafaeli 2002). Turner and Rindova (2012) identified such connections as crucial for the balancing of consistency and change. Furthermore, they called for incorporating connections with people not directly engaged in enacting the routine, such as customers or other employees (Turner & Rindova 2018). Similarly, Dittrich, Guérard, and Seidl (2016) showed how connections and input into reflective talk from people not participating in the reflected routine could be influential in changes to a routine's pattern, even though they were not directly involved in performing the routine. Feldman (2016: 38) stated that "actions are inherently relational because they are connectors. Actions make connections". Zbaracki and Bergen (2010) illustrated the potential for conflict if groups from different organizational units connected to engage in the same routine. Concerning change in organizational routines, Feldman and Rafaeli (2002) identified connections as a factor in how difficult it is to change routines. By analyzing conflicting goals in organizational routines, Salvato and Rerup (2018) found that regulatory actions enhanced connections, which then helped to maintain balance between those goals. However, studies have so far primarily analyzed connections as knots between

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different routines and actors. How these connections among actors—as people are not ‘things’ but instead feel, think and care—influence routines remains an open question.

Understandings

A common understanding is necessary not only for the kinds of actions that must be taken in certain situations but also for the organizational goal the routine is supposed to accomplish (Feldman & Pentland 2003). However, understandings of organizational routines can differ among participating actors depending on factors like organizational roles or the actual context in which the routine takes place. Therefore, multiple understandings may coexist among different actors at the same time (Feldman & Pentland 2003, 2005). Actors might have individual understandings concerning the same organizational routine, but they must still enact or accomplish it collectively (Dionysios & Tsoukas 2013). Considering this, Parmigiani and Howard-Grenville (2011: 418) found that “agents are not replaceable” because of their “different intentions, motivations and understandings”. Turner and Rindova (2018: 1256) observed that the enactment of routines “depends on the ability of participants to attend to action-based cues provided by others, and their understanding of how an observed action fits with actions that precede and follow it”. Nevertheless, Pentland and Feldman (2005) noted that actors could perform routines together even though they might have multiple and/or divergent understandings of those routines. Deken et al. (2016) described how differences in actors’ understandings of the patterns of a routine affected interdependent actions. Differences are more likely to surface when more actors with experience in the performance of the routine are involved. As soon as actors engage in the collective performance of a routine, different understandings, which might yield emotions and moods, emerge. Deken et al. (2016) already touched upon the topic, since in their narrative, the managers *unhappily* left a meeting after expressing different understandings of a set of routines that resulted in a disagreement on which approach to follow. However,

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the focus of that study was a different one, not the actors' emotions. The interaction of emotions, moods, and understandings, as in the process of developing a shared understanding or in the case of diverging understandings, has not been explored yet.

Reflection

According to Feldman and Pentland (2003: 95), “organizational routines are commonly portrayed as promoting cognitive efficiency, [but] they also entail self-reflective and other-reflective behavior”. Feldman (2000: 625) observed that engaging in organizational routines involves “people doing things, reflecting on what they are doing, and doing different things (or doing the same things differently) as a result of the reflection”. These reflections are not only occurring within the actor individually because “opportunities to reflect with other participants in the routine can have similar effects” (Pentland & Feldman 2005: 809). Examples include talk that enables actors to collectively reflect upon a routine (Dittrich et al. 2016), meetings that encourage group-level reflection and shared data reviews in cardiac surgery departments to implement changes (Edmondson, Bohmer, & Pisano 2001), and set-apart reflective spaces for intentional routine change (Bucher & Langley 2016). However, these studies are more concerned with the content of routines and are not focused on personal relationships within routines and the related emotions they generate.

Taken together, research focusing on the participating actors has revealed that individuals contribute to routine dynamics in unique ways because they bring connections, individual intentions, orientations, understandings, and reflections with them. Concerning the recognition of patterns, which is very important for routine accomplishments, Turner and Rindova (2018: 1253) found that “participants engage in and reflect on action sequences, and share information and understanding through connections with other routine participants”. Furthermore, power

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relations between individuals or groups within a certain routine can influence change in or the persistence of organizational routines (Danner-Schröder 2020).

Feldman's (2000) recognition of the importance of human actors ensured that future research found a place for people within organizational routines. However, thus far, this place is, as Wright (2019: 2) states, "a very limited and limiting one". This observation certainly applies to human actors as people who feel and care. Most of the studies so far have contributed to our understanding of how certain actions and cognitions result in differences in the performance or patterns of routines (Parmigiani & Howard-Grenville 2011; Salvato & Rerup 2011). However, because these are primarily rational and behavioral aspects, research focusing on actors in organizational routines has only briefly touched upon their emotions, by making fleeting references, which await further exploration. Offering illustrative and decided evidence, Feldman (2000) explicitly mentioned the *anger* and *hostility* the students felt after moving into the residence halls. Danner-Schröder and Geiger (2016) stated that their concept of knowing is not only cognitive but also consists of *emotions and feelings*. In their study of search-and-rescue teams in the aftermath of earthquakes, they demonstrated that actors had to *learn to control their emotions* in extensive rehearsals. In the study by Deken et al. (2016), a routine participant walked out of a meeting in *anger*, resulting in the temporary breakdown of a routine. Thus, I believe it is indispensable to explore the emotions of actors and their influence on routines to generate a deeper understanding of the phenomenon. Therefore, I now turn to the domain of theorizing that traditionally focuses on anger, hostility, and other affective states, namely emotion research.

Emotions and moods in organizations

Fineman (2000a: 1) stated organizations as emotional arenas where “workaday frustrations and passions – boredom, envy, fear, love, anger, guilt, infatuation, embarrassment, nostalgia, anxiety – are deeply woven into the way roles are enacted and learned, power is exercised, trust is held, commitment formed, and decisions made. Emotions and moods are not simply excisable from these, and many other, organizational processes; they both characterize and inform them”. Research on emotions in organizations often takes affect as starting point for its endeavors. The roots of this approach lie in the Affective Events Theory by Weiss and Cropanzano (1996), which identified the causes that trigger emotions in the workplace as events. They provided a framework for delineating affective responses to events in the workplace and the relationship between workplace behavior and affective—or as in our parlance: emotional—states. Researchers have identified affective processes, which are “more commonly known as emotions,” as strong workplace influences in organizational research because they are present at any time in work issues that matter to employees and their organizational performance (Barsade & Gibson 2007: 36). Affect can therefore be thought of as a general term for feeling states such as discrete emotions, for example, fear, love, or anger, and moods, for example, feeling cheerful or feeling down (Ekman 1992; Barsade & Gibson 2007). In this regard, a specific cause or target triggers discrete emotions, often resulting in physiological reactions and are rather short-lived and intense. In contrast, moods have a rather medium duration, are often not realized, and do not stem from a specific cause (Frijda 1986; Lazarus 1991; Barsade & Gibson 2007).

To comprehend the implications for organizational life better, I present selected effects and conceptions of organizational emotions and moods, which are later integrated into an emotional framework of organizational routines. The selection is based upon current emotion research in organizations (Ashkanasy & Humphrey 2011; Ashkanasy, Humphrey, & Huy 2017). The first section summarizes several studies that illustrate the effects of emotions and moods

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on organizational members to support the importance of not neglecting emotional effects in organizations. The second section describes selected emotion conceptions suitable for this study, including emotional intelligence, emotional labor, and emotional contagion as key cornerstones. For a brief overview of the effects of emotional aspects, see Table 2.

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Author(s)	Effects of Affect	Author(s)	Effects of Emotions / Moods	Author(s)	Effects of Emotional Intelligence	Author(s)	Effects of Emotional Contagion	Author(s)	Effects of Emotional Labor
Fredrickson (2001)	States that positive affect is usually linked to creativity and argues that (mild) positive affect increases creativity and cognitive flexibility	Lebel (2017)	The study explains how anger and fear can lead to productive behavior under particular personal and environmental circumstances.	Walter, Cole, and Humphrey (2011)	Came to the conclusion that there is evidence that emotional intelligence is positively related to leadership emergence and effectiveness, by reviewing the current literature.	Ashforth & Humphrey (1995:114)	They argue that "the notion of emotional contagion may play a critical role in a variety of group-level phenomena, including group synergy, organizational momentum or inertia, morale, groupthink, and organizational neuroses and other bureaucratic pathologies, as well as intergroup conflict".	Dahling and Perez (2010)	They found that older, more experienced workers were more likely to use deep acting. They were also more likely to express naturally felt emotions, and thus less likely to use surface acting.
Cropranzano et al. (2017)	They analyze the effects of affective entrainment at the group level.	Fineman (2003)	States that stress influences motivation in an inverted U-curved manner. From low motivation, lack of interest and boredom over high motivation and energy to panic paralysis.	Miao, Humphrey, & Qian, (2016, 2017)	They showed that emotional intelligence predicts job performance, organizational commitment, turnover intentions, and job satisfaction.	Dasborough, Ashkanasy, Tee, and Tse (2009)	They argue that emotional contagion can also affect the leaders.	Hochschild (1983)	Argues that performing emotional labor can have harmful effects on service providers because to display emotions that one does not actually feel can produce dissonance and feelings of inauthenticity.
Parke & Seo (2017)	They developed a model in which company practices, leaders, and routines combine to contribute to the de-	Amabile, Barsade, Müller & Staw (2005)	They state that positive mood results in managers being more optimistic and confident in their business decisions.	Brackett, Amyer & Warner (2014)	They found that men with lower emotional intelligence had problems in facilitating interpersonal relationships and engaged in	Diefendorf Erickson, Grandey & Dahling (2011)	They state that the presence of display rules is linked to greater levels of emotion regulation /surface /deep acting.	Van Dijk and Kirk-Brown (2006)	The state that when people identified with their role-related emotional displays then they did not experience emotional exhaustion,

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	velopment of an affect climate that affects employees' expression and experience of their emotion.				negative and deviant behavior.				but that people suffered negative outcomes when emotional labor created feelings of dissonance.
Isen (2002)	They noted that positive mood affects self-related, task-irrelevant cognitions leading to increased attention to task demands (see also Rank & Frese, 2008).	Rodell and Judge (2009)	They reported in their study that anxiety and anger had direct and indirect effects on counterproductive behaviors.	Wong & Law (2002)	They found that leaders' emotional intelligence is positively related to their follower's job satisfaction and other attributes like organizational citizenship behavior as well as that emotional intelligence has a strong positive effect on job satisfaction.			Bono and Vey (2007)	They found that surface acting leads to burnout and other psychological problems.
Ashkanasy & Humphrey (2011)	There is evidence to suggest that employees experiencing negative affect can be more effective than their positive affect colleagues in certain situations.	Mittal and Ross (1998)	They found that decision-makers are more willing to take risks in the presence of uncertainty when being in a positive rather than a negative mood.	Wolff Pecosolido & Druskat (2002)	empathy, as part of emotional intelligence, provides the input to process information that leads to a person behaving in an emotionally and socially competent manner.			Judge, Woolf, & Hurst (2009)	They concluded that surface acting was associated with negative mood, emotional exhaustion as well as decreased job satisfaction.
Forgas & East, (2003) / Forgas & George, (2001)	demonstrated that negative affect can lead to more vigilant monitoring of environmental events, and less susceptibility to persuasion (Forgas & East, 2003) and bias (Forgas & George, 2001).	Ashton-James & Ashkanasy (2005)	people which "are in a positive mood are more likely to attend to a person's positive attributes when forming an impression" p. 30	Jung & Yoon (2012)	State that higher emotional intelligence leads to significantly less counterproductive work behavior of employees.				

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Weiss, Nicholas & Daus (1999)	Argue that affect and job satisfaction are differentiable in that job satisfaction is shown to comprise a mixture of affective and cognitive attitudes toward the job.	To, Fisher & Ashkanasy (2015)	The state that negative emotions can play a positive role in promoting creativity and productivity.	Nikolaou & Tsaousis (2002)	Argue that the higher the emotional intelligence the lesser the employees felt stress at work.
Beal, Trougakos, Weiss, and Green (2006)	The found that negative affect was negatively associated with maintenance of the requisite display rules. This held especially true for employees who engage in surface acting.	Ashkanasy & Ashton-James (2005)	They argue that when in a positive mood, people tend to be more optimistic, entrepreneurial, and to take more risks because situational cues are interpreted on the basis of positive rather than negative experiences.	George (2000)	States that leaders with high emotional intelligence are better at creating a sense of enthusiasm among their group members.
Barsky and Kaplan (2007)	Stated that negative affect is associated with perceptions of injustice.	Kotter & Cohen (2002)	They state emotions to be the key to persuading people to change.	Reus & Liu (2004)	Argue that emotional intelligence/competence is especially salient in group situations
Staw & Barsade (1993)	They came to the conclusion that positive affect led to better decision making than negative affect. They also linked positive affect to deeper analytic processing and efficiency in decision making.	Baron (1990)	States that negotiators in positive mood tend to be more cooperative and less likely to engage in conflict.	Lopes, Grewal, Kadis, Gall & Salovey (2006)	The found that employees with higher emotional intelligence were rated by both their supervisors and teammates as having better social skills than employees with lower emotional intelligence ability scores.

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Lyubomirsky, King, & Diener (2005: 804)	Their meta-analysis has shown, positive affect is fundamentally linked with an individual's "active involvement with goal pursuits and with the environment"	Carnevale & Isen, (1986)	The argue that positive mood induces individuals to adopt more innovative problem-solving strategies.
		Forgas (1998)	Argues that negotiators in a generally negative mood are more competitive and receive poorer outcomes.
		George (1995)	States that leaders' positive moods were found to be associated with higher performance of the leader's group.
		Van Zomeren, Spears, Fischer & Leach (2004)	State that collective emotions have been shown to influence a variety of group outcomes.

Table 2: Overview of emotions and emotional concepts

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General emotional effects

According to Ashkanasy et al. (2017: 175), “scholars have studied emotions and affect in organizational settings for over twenty years, providing numerous insights into how organizations and the people who work in them behave”. Reviewing all of these insights is not my aspiration and would also deviate from the purpose of this paper. Nevertheless, I want to explore some effects of emotions and moods on members of organizations can illustrate what effects they can have.

For example, Ashkanasy and Ashton-James (2005: 236) noted that “when in positive mood, people tend to be more optimistic, entrepreneurial, and to take more risks”. Emotions are present in political behavior, influence people’s decision-making, are essential regarding leadership style, and have been shown to influence a variety of group outcomes (Barsade & Gibson 2007; Van Zomeren, Spears, Fischer, & Leach 2004). Raghunathan and Pham (1999) found that sad individuals were prone to high risks/high reward options, and anxious individuals were prone to more low risk/low reward options in decision-making processes. Rodell and Judge (2009) reported that anxiety and anger had direct as well as indirect effects on counter-productive behavior. With respect to cognition, Isen (2002) argued that a reduction of task-irrelevant or self-related cognitions and their consequential facilitation of attention to task demands and task involvement were connected to positive moods. Not only do emotions influence how people process information, but they also influence employee’s evaluations and judgment. For example, people who “are in a positive mood are more likely to attend to a person’s positive attributes when forming an impression” (Ashton-James & Ashkanasy 2005: 30). Employees are in fact biased by their emotions and moods when evaluating or judging. Mittal and Ross (1998) for example found that moods can influence the perception of risks and therefore an individual’s risk-taking behaviors. Positive moods can also have a positive influence on motivation at work. Interestingly, negative moods may also have a positive influence on motivation

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in some circumstances (Pinder 2014). Whether moods have a positive or negative outcome on an employee's motivation depends on the overall attitudes and values of the employee (George & Jones 1997). Pinder (2014: 116) summarized this effect by writing that "work moods may change a person's retrospective evaluation of work and color the expectations he or she places on future job experiences," which in turn affects motivation. So, the way an individual evaluates and judges certain situations depending on their mood and emotional state generates varying motivational outcomes. Emotions can also have an influence on negotiation as an interpersonal task. Conflict is a feature of every organizational setting, and negotiations are an everyday phenomenon. They usually occur face-to-face and are supposed to resolve problems between groups or individuals. Adler, Rosen, and Silverstein (1998) found that anger and fear (of oneself and your opponent) are very influential emotions in negotiation processes. Whereas anger can have positive as well as negative outcomes on negotiation, fear had only a negative influence, but both could be managed in certain ways. Forgas (1998) demonstrated that people in a positive emotional state employ a direct and more confident style to make requests. When in a negative mood, employees make requests cautiously and more politely. With respect to the effect of affective processes, which are "more commonly known as emotions" (Barsade & Gibson 2007: 36,) on groups Barsade, Ward, Turner, & Sonnenfeld (2000) found that the more emotional and task conflict as well as less group cohesion and cooperation occurs the less positive affect exists within the group. Furthermore, emotional states, such as happiness have been documented to exert an influence upon employees' productivity and decision-making quality (Quick & Quick 2004). Droit-Volet and Meck (2007) even found that emotions such as arousal can influence the way people perceive time.

In essence, "individuals at work experience [...] daily hassles and uplifts that then determine immediate behavioral outcomes, as well as their attitudes that influence their longer-

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term outcomes” (Ashkanasy & Humphrey 2011: 215). However, the degree of emotional reactions of people are idiosyncratic and may differ across the workplace. Ashton-James and Ashkanasy (2005) presented a view on the individually differing consequences and manifestations of people’s emotions in the workplace. According to their analysis, emotional reactions differ because of differences in emotion management skills such as self-regulation or coping and understanding of emotions. The following sections consider these aspects in part.

Emotional intelligence

The concept of emotional intelligence gained research and managerial currency, as first introduced by Salovey and Mayer (1990) and later popularized by Goleman (1995). Emotional intelligence is “the capacity to reason about emotions, and of emotions to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth” (Mayer & Salovey 1997: 10).

Barsade and Gibson (2007: 40) explained that “the idea behind emotional intelligence in the workplace is that it is a skill through which employees treat emotions as valuable data in navigating a situation”. This interpretation ties into Goleman’s understanding of emotional intelligence, which is a bit more pragmatic and focuses more on emotional competencies. Goleman (2015) identified five distinct components of emotional intelligence at work: self-awareness, self-regulation, motivation, empathy, and social skill. The reason for its popularity can be traced back to the assessment of people in terms of their cognitive-rational intelligence, which was (in-)famously represented by intelligence quotient tests. This history explained why the advocates of this line of theory called for adding emotional intelligence to be put into the equation. That addition meshes with the goals of this study to extend a more cognitive field like organizational routines with an emotional component. Emotional intelligence further highlights the ability of individuals to manage their own emotions, starting with the ability to perceive

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emotions, how to react to them intra-individually, and how to respond to them when they arise in interactions with other people (Goleman 2015).

Studies of emotional intelligence have yielded interesting results. Brackett, Mayer, and Warner (2004), for example, tried to determine how emotional intelligence influences everyday behavior. For example, men with lower emotional intelligence had problems in facilitating interpersonal relationships and engaged in negative and deviant behavior. They found that problems in interpersonal relationships were suggested to come from having trouble in establishing meaningful social interactions.

Wong and Law (2002) studied the effects of the emotional intelligence of leaders and followers on their job outcomes. Their results showed that the leaders' emotional intelligence is positively related to their follower's job satisfaction and other attributes like organizational citizenship behavior. However, no relationship between the leader's emotional intelligence and the job performance of their followers has been documented so far. Wong and Law (2002) also found that regardless of the job, emotional intelligence has a strong positive effect on job satisfaction.

In their study of leadership emergence in self-managing teams, Wolff, Pescosolido, and Druskat (2002) found that empathy, as a part of emotional intelligence, provides the input to process information that leads to a person's behaving in an emotionally and socially competent manner. One conclusion of their results that has relevance to this paper's inquiry is that the empathic skill of emotional intelligence plays an important role in the emergence of leadership in self-managed teams. They assumed this result occurred because "emergent leaders need to understand, coordinate, and motivate individual team members" (Wolff et al. 2002: 519).

According to Jung and Yoon (2012), a higher emotional intelligence leads to significantly less counterproductive work behavior among employees. Counterproductive work be-

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behavior is the “voluntary behavior of organizational members that violates significant organizational norms” (Bennet & Robinson 2000: 356). Another effect of emotional intelligence in the workplace is that the higher the emotional intelligence, the less the employees feel stress at work (Nikolaou & Tsaousis 2002).

In summary, although critics reject the popularization of emotional intelligence as a guarantee for obtaining better employees, emotional intelligence can help to explain different organizational phenomena (Fineman 2000b).

Emotional regulation and emotional labor

While in their organizational environment, employees have to manage and regulate their expressions of emotions. For example, they might simply have a facial expression very different from their felt feelings. Therefore displayed emotions, such as gestures, facial expressions, tone of voice, or language can be distinguished from actually felt emotions (Rafaeli & Sutton 1989). The display of emotions different from those a person actually feels involves emotional regulation, which “refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions. Emotional regulatory processes may be automatic or controlled, conscious or unconscious, and may have their effects at one or more points in the emotion generative process” (Gross 1998: 275). Emotional regulation mostly occurs in the workplace to fit certain expectations as explained in the following.

Within a work environment, there are formal and informal expectations about what kinds of emotions should be displayed, a line of theory that Hochschild (1983) has addressed with the concept of emotional labor. These very informal and formal “behavioral expectations about which emotions ought to be expressed and which ought to be hidden” are called display rules (Rafaeli & Sutton 1998: 8). Display rules can be shaped at the organizational level but can also “emerge in, and vary by, work groups” or units (Diefendorff, Erickson, Dahling, &

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Grandey 2011: 171). They usually are general functions of occupational, societal, and organizational norms, which makes them interesting to consider against the backdrop of organizational routines. These norms do, however, vary across different cultures (Ashforth & Humphrey 1993). To adapt to such display rules, people often engage in emotional labor. For example, flight attendants must treat all customers with a smile, regardless of the customer's demeanor. They either simulate emotions they do not really feel (surface acting) or actively conform their feelings to the expected display rules (deep acting) (Hochschild 1983). Surface acting "involves conforming to display rules by simulating emotions that are not actually felt" (Mann 1997). This approach is possible by carefully presenting verbal and non-verbal cues, such as gestures, voice tone, and facial expressions. In the case of surface acting, employees attempt to conform to either an emotional display rule that is different from their actual felt emotions or an emotional display rule in which they feel no emotions. Deep acting, however, means that the employee actually has to feel or experience the emotions required by the existing display rules. To do so, they have to induce their feelings actively. This process can be compared to that of actors in a play who try to get into the right emotional state for a certain role. They can do so either by actively attempting to suppress or evoke an emotion or by imagining or remembering certain images, memories, or thoughts. To differentiate, the focus in surface acting lies more on the outward behavior of the employee, whereas the focus of deep acting lies more with the self-adjustment of the inner feelings of an employee (Mann 1997).

Emotional contagion

According to Schoenewolf (1990: 50), emotional contagion is a "process in which a person or group influences the emotions or behavior of another person or group through the conscious or unconscious induction of emotion states and behavioral attitudes". Colloquially speaking, emotional contagion relates to the observation that emotions can 'spread' from one person to another. This process occurs through the synchronization of "facial expressions, vocalizations,

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postures, and movements with those of another person, and consequently, to converge emotionally” (Hatfield, Cacioppo, & Rapson 1992: 153-154). Furthermore, emotional contagion is a mechanism through which emotions become social and collective. Barsade (2002: 667) found that people, in the context of emotional contagion, are “walking mood inductors”, who continuously influence the moods and subsequently the behaviors and judgments of the people around them. Results of emotional contagion were found to occur in organizational settings with high group cohesion (Totterdell, Kellet, Teuchmann, & Briner 1998). This finding is noteworthy because emotional contagion is a concept, among others, that has gained prominence in research on group interactions and leadership, suggesting that managerial decision-making and work attitudes (leading to cooperative behavior and fewer conflicts) can be influenced (Barsade 2002), making it a suitable issue for consideration in how organizational routines are enacted.

This introduction of emotional effects and the selection of concepts from the literature on emotion is just a part of what this literature has to offer, however it resembles the part that I think is most suitable for extending our understanding about organizational routines. In the following I will use the insights offered by this literature to further illuminate the potential of a focus on emotions in organizational routines to generate new insights that will contribute to a better understanding of actors and their emotions in routine enactment.

Toward an emotional framework of organizational routines

More than a decade ago, Elfenbein (2007: 3) wrote, “This is an exciting time to be a researcher interested in emotion in organizations”. This observation still holds true, especially with regard to organizational routines, because actors’ “emotions and the local context of micro social interactions are important dimensions that require separate attention” (Salvato & Rerup, 2011: 480). Organizational routines involve multiple actors within an organization (Feldman & Pentland 2003) and often unite certain work groups, which include “individuals with their own

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emotional histories, emotional agendas, and affective personalities” (Barsade & Gibson 2007: 49). Routines, therefore, offer a critical place for intense interactions among its members to get the tasks accomplished. Given the prevalence and relevance of both organizational routines and emotions, this study offers an integrative framework by using insights from emotion research to enrich the understanding of organizational routines. To accomplish this, I will begin by identifying organizations as emotional arenas in which routines are enacted, followed by stating that relevant aspects of routine research and concepts of emotion research share an analytical level. Subsequent to this, I will shed light on the influences of emotions on organizational routines by discussing how emotions can unfold amongst the different aspects of actors in organizational routines. Finally, to complement the framework, I will discuss several aspects of organizational routines in turn influencing actors’ emotions.

Organizations as emotional arenas

The broad existence of emotions and moods in organizations is undebatable and scholars have long described organizations as not only rational but also emotional arenas (Elfenbein 2007; Fineman 1993). As such, they bond but also divide their members. Emotions are deeply woven into both the learning and the enactment of roles employees fulfill in their organizations, including the process of decision-making or how power is exercised. Therefore, emotions cannot be excluded from organizational processes because they inform and characterize them (Fineman 2000). For some actors in organizations, for example, managers, there is an inherent need for rationality. They want an organization that is manageable, where emotions are unnecessary or unwanted, and where learning is rational and systematized. However, “emotions are still present in shaping thoughts, actions and learning-routines” (Fineman 1997: 20). Therefore, conceiving of the management of an organization as solely rational or driven by thought represents a fiction, as organizations are ‘emotional arenas’ (Fineman 1993, 1997, 2000). Thus, routine

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performances take place in these arenas and are, therefore, enacted with and through these very emotions.

Emotions originate within a person and therefore influence its actions (Frijda 2004). Because routines are enacted through the actions of multiple actors (Feldman & Pentland 2003, Danner-Schröder 2020), the emotional potential among actors should not be neglected. The fact that organizational routines are enacted in emotional arenas has been quite evident in previous research such as that of Feldman and Rafaelis (2002), whose study described managers' frustration over routine essential meetings that lacked the necessary conversations. LeBaron, Christianson, Garret, and Ilan (2016) described an intensive care unit patient's wife as angry and unhappy, Feldman (2000) wrote of angry parents and students, and Danner-Schröder and Geigers (2016) described a situation where a local inhabitant desperately shouted toward the rescue team.

Comparing the analytical levels

Organizational routines exist among several members of an organization because they are "interdependent actions, carried out by multiple actors" (Feldman & Pentland 2003: 95). This means that there are frequent interactions between two or more actors while they enact a routine. Considering this, the connection between organizational routines and emotions becomes even clearer with further analysis.

Ashkanasy (2003) distinguished five levels of analysis, in which emotions have an influence; four are relevant to this study. These levels are *within person*, which includes the experience of emotions and reactions toward emotions; *between persons*, which focuses on differences among individuals such as emotional intelligence skills but also different attitudes for example commitment; *interpersonal*, which includes emotional labor; *groups and teams*, which for example incorporates emotional contagion; and *organizational wide*, which contains emo-

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tional climate, a concept not considered in this study (Ashkanasy 2003, Ashkanasy & Humphrey 2011). These levels cover a wide spectrum from impulsive behavior to considered behavior, interpersonal relationships, and group behavior/group performance (Ashkanasy & Humphrey 2011). Interestingly, these levels are also applicable to the different aspects of actors discussed above. Understandings and intentions can be allocated to the first level, within person. But they can also be analyzed at the second level because they both contain a very personal and individual factor of or toward the routine, which can differ from actor to actor. Power can be incorporated in the between persons level as well because differences in power or hierarchy constitute an individual difference. The interpersonal level, which includes interpersonal relationships, contains the connections among the different actors of organizational routines. Reflection can be located in the interpersonal dimension as well; however, it is also applicable to the group and team level because constructive reflection about a routine can be accomplished by a collective group of actors (Dittrich & Seidl 2016).

As Figure 1 illustrates, there are several links between the prominent aspects of actors in organizational routines and the concepts of organizational emotion research, the interdependent actions between actors across different levels. Because emotions do have an influence on various aspects of organizational work, this linking brings these aspects closer together and locates them in a common frame. However, what is even more interesting is the potential for emotions and emotional concepts unfolding in the actors' enactment of routines, and also vice versa, the potential of routines to influence emotions and through this on possible routine dynamics. This study sheds light on how routine research can profit from considering emotions and emotional concepts by discussing different scenarios and possible outcomes.

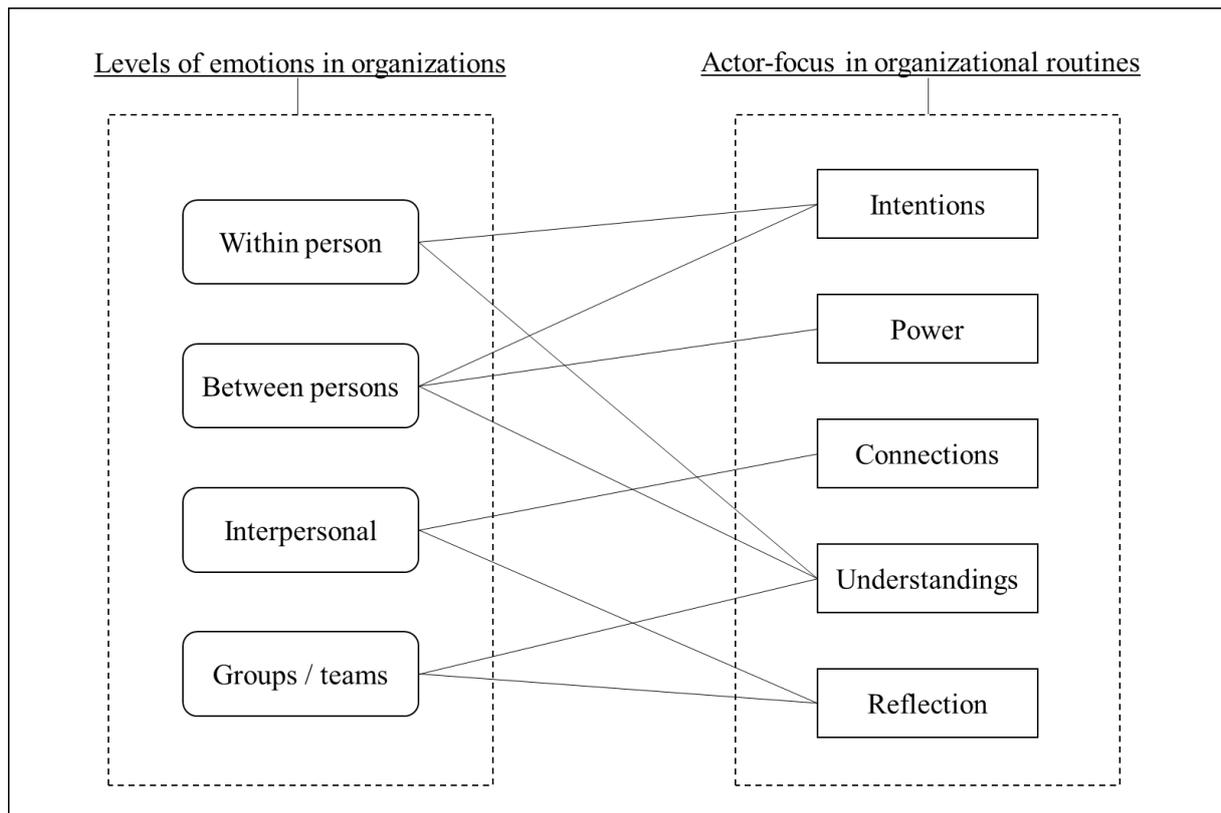


Figure 1: Links between the levels of emotions in organizations and the analytical levels of the actor-focus in organizational routines

Influences of emotions on organizational routines

The following section presents different scenarios to demonstrate how emotions can manifest themselves amongst different aspects of actors in organizational routines. It connects the insights of emotional research with the aspects of actors in organizational routines in a matrix approach. It discusses actors' intentions, power, connections, understandings, and reflections against the backdrop of emotional influences on actors and the emotional concepts introduced above. Doing so will demonstrate the big influential potential influence of emotions on actors in organizational routines on the one hand and insights on how they can manage these influences on the other hand.

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Emotions and intentions

Actors' intentions can be very influential in the enactment of organizational routines because their actions can be seen "as doings and sayings that display a spectrum of intentionality" (Feldman 2016: 1). Those intentions of course have the potential to be influenced by an actor's emotions or moods. This concerns not only those that influence the actual enactment of a routine (Howard-Grenville 2005) but also the intentions that concern why a certain routine should be enacted (Deken et al 2016).

Emotions and moods can shape actors' intentions to take certain actions a routine. For example, an actor in a good mood tends to be more optimistic, entrepreneurial, and prone to take risks (Ashkanasy & Ashton-James 2005). If an actor finds him or herself in a good mood, the intentions for acting in one or another way can be substantially shaped by this. Furthermore, Jung and Yoon (2012) found that higher emotional intelligence leads to significantly less counterproductive work behavior what is very interesting in this regard. Actors' intentions could therefore result in less counterproductive work behavior during the enactment of a routine if their emotional intelligence is higher. Less counterproductive work behavior would lead to better routine performances with fewer negative routine dynamics, such as disturbances.

As it was illustrated by Deken et al. (2016) different intentions regarding the enactment of a routine led some actors to become emotional because they were supposed to enact one routine and not another. This circumstance yields the potential for conflict among the actors during the subsequent enactment of the routine. In this regard emotional intelligence skills could be beneficial for the 'unhappy' actors, who did not intend to use this particular routine, because they can help them to regulate and communicate their emotions appropriately and thus prevent more conflict. Also, the emotional intelligence skills of the actors who do intend to use this particular routine could aid in the smooth enactment of the routine. Empathy and social skills as part of emotional intelligence can help them understand the emotions of the other actors,

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address them, and react in a socially competent manner, which in turn reduces the potential for further conflict.

Furthermore, effects of emotional contagion could become an issue because the behavior and expression of emotions could influence the other actors. If this expression takes an emotionally appropriate form, the potential for conflict might be further reduced through the emotional contagion of emotions such as appreciation. If, however, actors do not use their emotional intelligence skills to manage and regulate the expression of their emotions, the contagion of emotions such as anger or bitterness could occur, potentially leading to more conflict and routine dynamics.

Emotions and power

The power relations within organizational routines can influence actors' emotions and therefore subsequently the enactment of routines, which is why this is another interesting aspect to illuminate. A study by Fitness (2000) showed, for example, that what angered people depended upon their position in the organization. However, Howard-Grenville (2005) found that the relative power among multiple actors matters in changing organizational routines. Relative power might not depend solely on one's organizational position. Actors could also have implicit power, generated through superior skills, for example emotional intelligence skills. Still, a change in relative power might lead to emotional outcomes within groups. However, emotions are also a very interesting factor to consider regarding situations where actors have the power to make certain decisions during the enactment of a routine. Negative emotions for example can lead individuals to adopt low risk/low reward options (Raghunathan & Pham 1999) as well as positive emotions among decision-makers can make them more willing to take risks in uncertain situations (Mittal & Ross 1998). People are in fact biased by their emotions when judging and evaluating (Ashton-James & Ashkanasy 2005). This bias can be important in situations where people make decisions against the backdrop of routine adaptation, change, or persistence,

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as, for example, the housing directors in Feldman's (2000) study who adapted the housing routine. Rerup and Feldman (2011) found routines to be evolving as multiple trial-and-error processes occur. Actors must choose trials as responses to certain problems. These are important aspects to consider because the original view on organizational routines as stable and rigid standard operating procedures was initially conceptualized to reduce the need for decision-making (Nelson & Winter 1984). Actors' agency however entails the possibility of decision-making in organizational routines. This was for example shown in Bucher and Langley's study (2016: 3) in which they have considered decisions with regard to reflective and experimental spaces for intentional routine change because of the need "to pay more attention to how, where, when, and by whom such choices are made". In one of the reflective spaces, the implementation of change did not occur as planned because the participating actors did not make the necessary decisions. Therefore, it would be interesting to know what influence the emotional state of the decider could have on the resulting routine dynamics/evolution. It also raises the question of whether a different emotional state of the decision-makers would have been helpful to the situation if they had been more positive and therefore more optimistic or dauntless (Ashton-James & Ashkanasy 2005). Would emotional intelligence skills have been beneficial in settings where uncertain decisions with regard to a routine had to be made? Having recognized these situations, an emotionally intelligent actor in charge might have been able to induce positive emotions to help him make a risky decision. This could help to prevent situations like those in Bucher and Langley's (2016) study and therefore ensure the necessary adaptations in the routine.

The relation of power and emotions is also an interesting aspect to consider regarding the alignment of patterns and performances in organizational routines. Danner-Schröder (2020: 10) introduced the notion that actors "who have less power *voluntarily* align their performing and patterning over time in belief that the more powerful one is acting with integrity and has good reasons for his ideas, perspectives, actions". Her argument is that the less powerful actor

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has interpersonal trust and an emotional attachment to the more powerful actor. The emotional attachment is probably not only the result of the power difference but also through aspects such as the leader's emotional intelligence and leadership skills. Wong and Law (2002) found that the emotional intelligence skills of a leader influence their employees' job satisfaction and organizational citizenship behavior. Also, leaders can also be seen as "walking mood inductors" in the sense of emotional contagion (Barsade 2002: 667). Through this they influence the moods, and resulting from this, the judgments, and behaviors of their subordinates. Therefore, an argument can be made that emotional intelligence and emotional contagion can promote the emotional attachment of the follower to the leader as mentioned by Danner Schröder (2020) and subsequently have an influence on the performance and patterning of their followers over time.

Emotions and connections

As multiple people enact organizational routines, it becomes evident that they are connected (Feldman & Rafaeli 2002). These connections may be stronger or weaker depending on the organizational context and the behaviors of individuals. The strength of connections among actors is a considerable factor regarding emotional contagion. Especially since products of emotional contagion were found to emerge in settings with high group cohesion (Totterdell et al. 1998). Therefore, strong connections within organizational routines may enhance the dispersion of emotions and moods through emotional contagion. The results can be beneficial or detrimental depending on the type of emotions and moods. Considering the individual behavior, it is important to note that connections often come along with interpersonal encounters which have the potential for conflict among actors (Zbaracki & Bergen 2010). Keeping this in mind, Brackett et al. (2004) found that men with lower emotional intelligence skills have more problems in facilitating interpersonal relationships. They were more likely to engage in negative and deviant behavior, which can be a source of conflict and thus is counterproductive for developing

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or maintaining functional connections among the actors of a routine. Wolff et al. (2002) in turn identified that empathy, which is a part of emotional intelligence, aids in processing information in a way that leads to a person's behaving in a socially competent manner. Therefore, promoting an employee's emotional intelligence skills could help to reduce conflicts and emotional issues among the actors of a routine, avoiding encounters like the one Zbaracki and Bergen (2010) described between two actors who came close to throwing punches. Reducing conflicts helps to stabilize routine connections, which is highly important because stable connections also facilitate shared understandings in organizational routines. Such emotionally charged situations could also be diffused through emotional labor (Hochschild 1983). Being aware of what emotions can be acceptably displayed in certain situations might prevent emotional outbursts such as almost throwing punches. However, it was probably clear to both actors in Zbaracki and Bergen's (2010) study that throwing punches was not appropriate in any scenario or part of any display rule, making that example an exceptional situation. Emotional labor is more applicable to everyday situations among the actors who are connected in the enactment of routines.

Emotions and understandings

Feldman and Pentland (2003: 98) asserted that a "routine, as an agreement about how to do the work, reduces conflict". This agreement expresses a sense of shared understanding among the participants that develops through connecting, communicating, and negotiation (Dittrich et al. 2016; Feldman & Rafaeli 2002; Turner & Rindova 2012, 2018; Zbaracki & Bergen 2010). Although there may not be a conscious debate among the routine participants about their shared understanding of a routine is, there is communication and negotiation about it while performing and patterning. Communication and negotiation are often subject to emotional influences for example, spawned by anger and fear (Adler et. al 1998). Considering these influences helps to illuminate situations in which actors with differing understandings come together, such as the study by Deken et al. (2016) described above. Understanding the influence of emotions and

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how to deal with them can be beneficial; anger, for example, can give someone the impulse to overstep their authority or make excessive demands (Daly 1991). Also, to derive implications as how to deal with these situations is of importance. In this regard emotional intelligence can help to mitigate situations where anger or fear are present in the negotiation of different understandings of a routine's patterns. Since emotional intelligence skills aid in understanding and regulating a person's own emotions, they are better equipped to keep anger and fear in those negotiations under control. Furthermore, empathy as part of emotional intelligence helps the routine participant understand and classify the emotions of their 'opponent' which could help to come to a resolution or shared understanding that works for all of the routine participants. Emotional contagion could also be influential in these situations, where positive or negative emotional displays could lead to the dispersion of those emotions, contributing to different outcomes.

As stated above, there is also an individual understanding about the routines' patterns and how and why they are enacted (Dionsiou & Tsoukas 2013). Enacting routines successfully depends on the understandings of "how an observed action fits with actions that precede and follow" (Turner & Rindova 2018: 1256). This understanding is therefore built and created by the observation and perception of actions and how they fit into the enactment. Emotions have the potential to influence this perception. Emotional arousal can, for example, influence how a person perceives time (Droit-Volet & Meck 2007). For sequences of actions in routines, time is a very important aspect to consider as a recent study by Geiger, Danner-Schröder, and Kremser (2020) has shown. They identify the pace and the rhythm of a routine as the temporal pattern that is recognizable through the duality of event and clock time. The routine participants perceive these patterns. However, Geiger et al. (2020) did not consider the emotional influences of time perception in their study. To consider these aspects seems especially important in contexts that are emotionally charged, such as the work of firefighters or other disaster-control

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contexts. When the emotional state of an actor influences the observation and perception of timing in action patterns, it also influences the understanding of the actor regarding the routine enactment.

Emotions and reflection

To reflect on organizational routines is a cognitive process that requires knowledge about the routine. Considering this, it is also of interest that positive moods can lead to increased attention to task demands (Isen 2002) and being more attentive to the demands of routine performances may help actors recognize the potential for adaptation or adjustments by reflecting on them. The evaluation of and reflection on task demands may take place in separate reflective spaces or by engaging in reflective talk (Bucher & Langley 2016; Dittrich et al. 2016) and can be influenced by the emotions and moods of the routine participants. Therefore, promoting positive moods can encourage reflections on possible adjustments to the processes.

Additionally, collective reflections about organizational routines also include negotiations between the participating actors. Because the negotiating actors' emotions for example anger and fear, can have an impact on the negotiation style (Adler et al. 1998), their emotional management skills can help either to keep their emotions in check or to aid in mitigating the effects of other actors' emotions. Regarding negotiations, another interesting point is considering actors requests during collective reflections. Forgas (1998) demonstrated that a direct and more confident requesting style is adopted by people in a positive affective state. When they are in a negative mood, people make requests more cautiously and politely. Requesting is often about perceiving resources for one's agenda. Keeping this in mind while considering collective reflection about organizational routines could help to explain certain outcomes of such reflections, such as who is getting certain tasks or resources assigned. Being in a positive mood may, therefore, be beneficial for routine participants to request the resources needed in or for an

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adjusted routine. Therefore, emotional influences on the reflection about a routine are of importance and should be considered to enable fruitful exchange.

Knowledge about the different effects of felt or displayed emotions in collective reflections also aids in the promotion of display rules for these situations. The definition of desired emotional displays could help the actors to act and react appropriately and thus promote the reflection process by avoiding conflicts. Therefore, collective reflections could benefit from emotional labor.

Influences of organizational routines on emotions

After discussing different scenarios and influences of emotions on organizational routines, I will show how organizational routines can also have an impact on emotions as well. Of course, actors may simply be unhappy with a routine and the routine, therefore, evokes negative emotions in the actor. Regardless of this rather obvious thought I want to discuss several other aspects where routines affect actors' emotions. First, in general, organizational routines are perceived as calming and simplifying structures for actors. Second, routines can incorporate emotional patterns for their enactment. Third, a more macro aspect is considered by discussing organizations emotional capabilities and emotion management routines.

Perception of organizational routines as calming and simplifying structures

Organizations do not adopt routines solely for functional reasons, managerial control, or minimizing costs. Their existence also offers employees a framework within which to accomplish their tasks (Levinthal & Rerup 2006; Feldman & Pentland 2003). The routines that provide these frameworks are generally "conceptualized as sources of stability" (Feldman & Pentland 2003). They help to structure the tasks that have to be done, ensure that routine participants know what their co-worker's tasks are, and thus lead the routine participants through their workday, which is very helpful. However, I argue that this stability offers the routine participants the possibility of not worrying about which actions have to be taken or which steps have to be

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done, reduces their worry, and makes them less emotional overall. Feldman and Pentland (2003: 98) touched upon this interpretation, referring to Giddens (1984), by stating that “routinization of daily life helps to foster a sense of ontological security” for the actors, while “novelty can lead to anxiety and loss of security”. Miceli and Castelfranchi (2005: 295) described that “anxiety focuses on the *uncertainty about some event or state which implies a possible danger*”. Organizational routines can reduce the complexity that fosters employees’ uncertainty. Routines help employees to calm down, to feel safe because of these structures, and to reduce complexity and therefore uncertainty. In essence, organizational routines help to reduce emotional outcomes of their participants by providing an uncertainty-reducing framework, which lessens anxiety and enhances security.

Organizational routines incorporate emotional patterns

A lot of organizational routines, especially in the service segment, influence employees’ emotions. Exploring the concept of organizational routines through an emotional labor lens sheds light on certain aspects of the patterns and performances of some routines. Agency in organizational routines gives the ability to act flexibly in his performance (Howard-Grenville 2005). I argue that this flexibility also incorporates aspects such as controlling one’s emotions or the emotional expressions of actors. But as already mentioned above, there can be organizationally or unit-wide stated display rules in place which may constrain or guide the emotional reactions or expressions of a routine participant. In a way, such display rules function as patterns of an organizational routine to constrain or guide an actor’s emotional agency in the enactment of a routine because they are not to show (or have) real emotions. For example, constraining or guiding the emotional agency of actors can have beneficial outcomes such as increased self-efficacy during a customer interaction, because it relieves the actor from thinking about what emotions to show (Fineman 2008). In such cases, these constraints or guidelines are beneficial for the enactment of the routine. This benefit is also evident in the study by Danner-Schröder

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and Geiger (2016) in which they described the triage routine of a civil protection unit which was used to prioritize necessary actions at an operation site. To do so, the actors used a systematic procedure to categorize operation sites to facilitate the process of deciding which priority has to be assigned to each objective. This decision-making process, especially in a major emergency, underlies emotional influences, even though the routine contains a systematic procedure. Subsequently, knowing and regulating one's emotions during decision-making processes is important in such situations to ensure that the routine can be enacted appropriately. Danner-Schröder and Geiger (2016) described a situation where a member of a civil protection unit had to decide to send a victim away to avoid the disruption of a routine. He did so because there "was an unspoken consensus that prioritizing is indispensable, even if it means acting against one's immediate feelings and emotions" (Danner-Schröder & Geiger 2016: 18). This unspoken consensus among the routine participants to act in a certain way, even if it goes against one's emotions constitutes a unit-wide display rule. To act appropriately, this constrains and guides the actors in its, as I define it, emotional agency. Resulting from this is what Danner-Schröder and Geiger (2016: 22) described as "actions [which] ensured that the workflow could unfold according to the standard". Therefore, organizational routines incorporate patterns that concern the emotions of the performing actors and shape their emotional agency to ensure the desired outcome.

Emotional capabilities and emotion management routines

Distinguishing different levels of conceptualization, Feldman and Rafaeli (2002) introduced a macro and a micro level of organizational routines. The macro-level includes "understanding about why actions need to be taken", and the micro-level focuses on "understandings about what actions need to be taken" (Feldman & Rafaeli 2002: 323). This conceptualization also applies to emotions in organizational routines. On the one hand the micro-level incorporates as

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stated above, emotional labor for example, and what actions need to be taken to consider emotions in routine enactment. And on the other hand, the macro-level includes organizational routines that reflect “the collective knowledge and skills to manage the emotions of its members when needed to realize desirable organizational outcomes” (Huy 2012: 244). Those emotional management routines incorporate the organization’s capability to identify, monitor, distinguish, as well as attend to employees’ emotions. This capability includes both the individual and the collective levels because individual emotions can also influence collective or organizational outcomes (Huy 1999, 2005). It is beneficial for organizations to develop emotion management routines. Such routines reduce the need for emotional competences among employees, for example emotional intelligence as well as their individual dispositions (Huy 2012). Emotional management routines help employees to act or react according to certain emotional situations in their everyday work. At an individual and a collective level, these routines also guide and constrain the actors’ emotional agency as well. Therefore, understanding how to manage emotions at the macro-level of the organization is important. It is especially important for research on routines to acknowledge these emotion management routines because they fill another blind spot about the actors’ reasons for taking certain actions in the course of enacting a routine. The reason for these actions might not be apparent simply by observing the enactment of the routine at the micro-level. Therefore, considering the macro level and the existence of emotional management routines as guidelines for and constraints on emotional agency aids to shed light on the facets of routine enactment.

Conclusion

As initially stated, the potential for routine dynamics lies in the actors who perform organizational routines as they “think and feel and care” (Feldman 2000: 614). Acknowledging that actors have feelings and emotions that influence routine dynamics offers several insights for the research on routines. Recognizing that routines are enacted in emotional arenas and that

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some of their core aspects share an analytical level with prominent aspects of research on emotions helps us to further decrypt the blackbox of actors' agency and its influence on routine dynamics. Thus, emotions influence actors' intentions, power, connections, understandings, and reflections in organizational routines and can help to explain certain emotional situations evident in previous research. Furthermore, organizational routines also influence emotions as well. In addition to their role as simplifying and calming structures, organizational routines also operate at a micro- as well as a macro-level to influence the emotional agency of the performing actors.

As this is theoretical review the paper is of course limited by existing studies. However, I do not claim that this paper is to be seen as a conclusive overview over the existing literature. Also, there are several other approaches to explore the emotions of humans in organizational routines, such as a neuroscientific view of emotions. However, those included in this literature review are the most fruitful for the endeavor of connecting organizational routines with emotion research. Furthermore, the theoretical revision and merger of the topics only is a starting point and still awaits extensive empirical research on the matter.

The topic of emotions in organizational routines has much potential for additional empirical research. Not only regarding intentions, power, connections, understandings, and reflections in organizational routines but also many other aspects. For example, Sonenshein (2016) mentioned routines that incorporate a drive for creativity and novelty and their influence on the emotional dimension of the actors. Another very interesting aspect to explore is the influence of emotions on the perception of time because time and the timing of actions is also a very prominent topic of current research on routines (Turner & Rindova 2018, Geiger et al. 2020). Finally, it would also be fruitful to explore the influence of emotions on the enactment of routines in a variety of contexts, from a calm office to more extreme contexts such as disaster

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control or emergency departments. Such studies have the potential to generate great insights into research on routines.

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Second Dissertation Paper

Enacting Emotions in Organizational Routines

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Introduction

The field of study that focuses on organizational routines has devoted little attention to emotions, which is surprising because emotions represent a well-recognized phenomenon in organizational life and the importance of emotions in day-to-day activities has been well documented (Brundin & Liu 2015; Elfenbein 2007; Fineman 2000). This neglect is all the more surprising because Feldman (2016: 37) stated that “emotion is an integral part of any performance and, thus, of patterning as well”. Moreover, practice-based research on organizational routines has stressed the potential for routine dynamics located in the actors who perform organizational routines as they “think and feel and care” (Feldman 2000: 614). Feldman (2000: 613) emphasized that “agency is an important aspect of this perspective on routines” by building on the ontology that routines are a duality of structure and agency (Feldman & Pentland 2003; Giddens 1984). Thus, researchers should not separate the people who enact the routines from the routines (Feldman 2000). Building on this insight, Salvato and Rerup (2011: 480) in their multilevel research on organizational routines raised the question, “what is the role of emotions at the individual level in the performance of organizational-level routines”? Salvato and Rerup (2011: 480) also asserted that “routines can be broken down into their behavioral-cognitive and/or performative/ostensive components and that emotions and the local context of micro social interactions are important dimensions that require separate attention”.

Although research on organizational routines has stressed the importance of focusing on actors, subsequent research has only briefly touched upon emotions and emotional skills, making only fleeting references to it. Offering illustrative evidence, consider Feldman (2000) who mentioned explicitly the *anger* and *hostility* of the students after the moving-in process into the residence halls. Danner-Schröder and Geiger (2016:23) stated that their concept of knowing was not only cognitive, but that it also consisted of “emotions, bodily expressions, and feelings”. In their study of search-and-rescue teams in the aftermath of earthquakes, they

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demonstrated that actors had to *learn to control their emotions* in extensive rehearsals. Deken, Carlile, Berends, and Lauche (2016) gave an example of a routine participant who walked out of a meeting in *anger*, resulting in a breakdown of the routine. Thus, it is indispensable for generating a deeper understanding of the phenomenon to explore actors' emotions and how they unfold in the enactment of organizational routines. It is against this backdrop that we seek to answer the following *guiding research question*: How are emotions enacted in organizational routines?

To answer this question, based upon an ethnographic study of an emergency department we apply a routine dynamics perspective to investigate how emotions drive routine dynamics (e.g., disruptions, change, and stability) and how they contribute to the enactment of routines. This approach helps us to differentiate among different reasons for emotions in routine enactment namely emotions toward the routine itself and emotions that occurred due to interpersonal encounters between employees. Identifying these reasons provided further insights into how actors reacted toward different types of emotional sources and the resulting emotional incidents, the situations in which these emotions emerged during the enactment of a routine. We found that the actors who experience emotional incidents addressed them with certain mechanisms in trying to resolve them. We also found that the purpose of using these mechanisms differed according to the source of the emotions in either targeting another participant's or one's own emotions.

Our paper makes three contributions to routine research. First, we contribute to research on routine dynamics by identifying emotions as key drivers for routine dynamics as routines do not only entail cognitive aspects, but also incorporate emotional components (Cohen 2007; Dewey 1922; Salvato & Rerup 2011). Second, we contribute to the research on emotionally-laden understandings in organizational routines and how actors share these understandings

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(Feldman & Rafaeli 2002; Bucher & Langley; Dittrich 2016) by identifying differing understandings about a routine as a main reason for emotions in routine enactment. Our third contribution is toward a conceptualization of routines as effortful accomplishments (Feldman & Orlikowski 2011; Feldman 2016), as we state the actors' need for stability and security as a motivation for these effortful accomplishments. This stability and security are not only endangered by novelty in routines (Feldman & Pentland 2003) but also by misaligned understandings that result in undesirable routine performances. Incorporating the contribution of emotions in organizational routines conceptually offers a more fully-fledged account of organizational routines. Adopting such a lens, sensitizes us for routine dynamics and the performing actors that cannot be explained by turning a blind eye on emotions. In doing so, it is important to consider endogenous dynamics and to ask how emotions unfold in the agency of actors.

Routine dynamics and emotions

Early understandings of organizational routines conceptualized them as sources of inflexibility, mindlessness, or inertia. Accordingly, routines were theorized as static vehicles to organize workflows and tasks in an efficient way that resulted in reliability and stability (Cyert & March 1963; March & Simon 1958). This approach, however, viewed the source of actor's agency as embodied in the person who wrote a standard operating procedure rather than in the person who actually executed the routine (Feldman & Pentland 2003). In this realm, research on emotions in strategic renewal has emphasized that emotion management routines can contain certain demands on an employee concerning the display or use of emotions (Huy 2002). These demands mostly consist of standards provided by the management for how to react to certain emotional influences, which should be countered. Emotions management routines are seen as beneficial for organizations because they are likely to reduce the need for individual emotional competences (Huy 2012). The concept of emotional labor likewise asserts that formal and informal expectations exist toward the kinds of emotions that should be displayed (Hochschild 1983).

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Emotional labor specifies that regardless of their own emotional states, employees have to display the organizationally desired emotions at work. Well-known examples include the fast-food industry or the work of flight attendants where employees have to treat all customers with a smile (Leidner 1999, Hochschild 1983). Both of those concepts posit that there are certain expectations about how to behave or not to behave emotionally in certain situations. The idea is to relieve actors of the task of deciding which emotions to display or how to react to emotions, leaving agency as mentioned above, embodied at the person writing the SOP or developing the display rules.

Contrary to these approaches, research on routine dynamics has stressed the importance of the people who enact the routines because they do not necessarily act according to rules and guidelines (Feldman 2000; Feldman & Pentland 2003). Considering actors as important sources for endogenous change, previous research has suggested many different influences for routine dynamics, including the interrelationship among routines (Kremser & Schreyögg 2016; Deken et al. 2016; Turner & Rindova 2012; Spee, Jarzabkowski, & Smets 2016), coordinating processes (Jarzabkowski, Lê, & Feldman 2012; LeBaron, Christianson, Garrett, & Ilan 2016), trial and error (Rerup & Feldman 2011), collective reflection (Dittrich et al. 2016; Bucher & Langley 2016), creativity and novelty (Sonenshein 2016; Deken et al. 2016), culture (Bertels, Howard-Grenville, & Pek 2016), and emergency contexts (Danner-Schröder & Geiger 2016). All of those influences relate either to the content, such as the study by Turner and Rindova (2012), which highlighted connections as an important routine content; the process, such as the study by Dittrich et al. (2016), which pointed out how actors reflect on certain routine processes; or the outcome, such as the study by Sonenshein (2016), which directed attention to creative outcomes of a routine. These findings resonate with Feldman's (2000: 620) summary of the four reasons related to content, processes, or outcomes that can produce routine dynamics: 1.) "actions do not produce the intended outcomes"; 2.) "actions produce outcomes that create new

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problems”; 3.) “rather than producing problems, actions can result in outcomes that produce new resources”; and 4.) “the outcome produced is intended but that participants still see improvements that could be made”.

These dynamics exist because actors “think and feel and care” (Feldman 2000: 614), which is why actors moved into the center of attention because they act and react in institutional, organizational, and personal contexts. However, these contexts are more than just the environment in which routines are enacted. According to Fineman (2000), work contexts are ‘emotional arenas’ where “workaday frustrations and passions – boredom, envy, fear, love, anger, guilt, infatuation, embarrassment, nostalgia, anxiety – are deeply woven into the way roles are enacted and learned, power is exercised, trust is held, commitment formed and decisions made. Emotions [...] are not simply excisable from these, and many other, organizational processes; they both characterize and inform them” (Fineman 2000: 1). Even though the actor moved to the center of this research, there is still very little knowledge about “how such “people” contribute to the “enactment” of organizational routines” (Wright 2019: 1) in these emotional arenas. However, researchers have not taken emotions into consideration even though there is considerable evidence to demonstrate the emotional potential in routine research. Nigam, Huising, and Golden (2016), for example, showed how the anxiety of a general surgeon influenced his choices in the block allocation routine for an operating room, which was a very inefficient practice. His anxiety stemmed from his belief that “every patient has an angry family and a lawyer” (Nigam et al. 2016: 564). Furthermore, his staff commented on this routine by stating that they “would be happy” not to be in the operating room every evening. In the study by Salvato and Rerup (2018), actors reported their frustration and conflicts because of opposing opinions about the goals of a routine. Furthermore, Howard-Grenville (2005) described how an actor expressed her frustration about other actors who are responsible for a related routine, which influences the performance of the routine of which she was a part of. Turner and Rindova

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(2018) recorded the stress and frustration of garbage collectors that stemmed from customer expectations during the garbage collection routine. Keeping these observations in mind, we feel that further exploring the role of emotions in how routines are enacted and how emotions drive routine dynamics merits further attention. Paying closer attention to emotions also resonates with recent calls to consider the actor in more multifaceted ways (Feldman 2016; Wright 2019; Sargis-Roussel, Belmondo, & Deltour 2017; Eberhard, Frost, & Rerup 2019).

Research setting and methods

Research setting

To explore emotions as part of routine performances, we decided to focus on a research setting in which organizational routines and their continuance are critical. It was also very important that the setting was a highly emotional environment that displayed all kinds of emotions and ways of handling them. Therefore, we theoretically sampled (Patton 1990) an emotionally charged research context, the emergency department of a German state hospital, the Westpfalz Klinikum Kaiserslautern, with about 950 beds in more than 20 buildings. This central emergency department is a joint treatment area where physicians from different fields of expertise and a nursing team work together to treat patients in urgent need of help. The nursing team consists of intensive care nurses, paramedics, and medical assistants. The emergency department (ED) consists of 15 treatment rooms, 2 shock rooms, and an admission ward with 12 beds attached to it. Of the 15 treatment rooms, 5 are for patients who are admitted to the ED on a gurney. The other 10 treatment rooms the patients which were capable to walk were treated. This emergency department handles about 48,000 patients each year. Activities include registration of patients, initial examinations, necessary tests such as laboratory tests, electrocardiograms, X-ray, computer tomography and sonography, diagnosis, treatment, and transferring patients to surgeries or other departments. The physicians and nurses of the emergency department operate in a very emotional environment because they are confronted with every imaginable

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and possibly life-changing injury and diagnosis, strokes of fate, the life stories of patients, and inevitably death. Additionally, all of these activities happen in a very fast-paced and dynamic setting where working as a team is extremely important, where each person must be able to rely on their colleagues, and where decisions often need to be made within the blink of an eye (Edmondson, Bohmer, Pisano 2001; McDaniel & Driebe 2001). To be in control of these situations the employees of the emergency department enact well-trained routines that enable them to react effectively to every unfolding scenario, including rushes of patients and all different kinds of injuries.

Studying this research objective with our research interest dictated an ethnographic research design (van Maanen 2011; Yin 2017). As part of this study, the first author had full research access over the course of 15 months to the above outlined emergency department. Therefore, he had the opportunity to closely observe organizational routines enacted in an emergency department with different shift and team compositions. Whenever a patient came in, the team followed routines with individual trajectories depending on the patient's injuries and conditions (Christianson 2019, Danner-Schröder & Ostermann, 2020). This repetitive process allowed the first author to observe several iterations of the same routines within the emergency department, which were enacted by different team members in different team compositions (Faraj & Xiao 2006).

Data collection

The process of data collection consisted of four steps. The first step was the familiarization stage, during which the research team was introduced to the staff of the emergency department and managers of the Westpfalz Klinikum Kaiserslautern. In this step, there were several meetings with different actors within the hospital. Moreover, the first author was introduced to responsible physicians and nurses who showed him the department and its features and also explained to him emergency procedures because in real deployments there would be no time to

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explain any processes as every second counts. In the second step, the first author continued to participate as an embedded observer in full 7- to 9-hour shifts. This observation data formed the primary part of the data collection, as it was of the utmost importance to observe closely the performances by actors to understand how routines were actually enacted, how they were adapted to particular situations, and why they were adapted (Gherardi 2006; Feldman & Orlikowski 2011). This research approach required a deep embedding in the field. The staff whom the researcher accompanied and shadowed gave running commentaries and eagerly answered his questions during the shifts, which allowed him to understand the processes and routines within the ED (McDonald 2005). These first two data collection steps consisted of approximately 560 hours of observations, which resulted in a deep understanding of the work that is done in the emergency department, as it has a unique characteristic in a hospital. In a third step, 14 formal interviews were conducted. Table 1 provides an overview of the interview partners, their functions, job experience, and their affiliation time with the emergency department. All interviews were recorded and transcribed. This summed up to 226 printed pages.

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Function	Job experience	Affiliation in the ED
Chief physician—Internal medicine	22 years	12 years
Senior physician—Neurology	9 years	7 years
Senior physician—internal medicine	10 years	7 years
Assistant physician—trauma surgery	5 years	6 months
Assistant physician—internal medicine	5 years	4 months
Head nurse	40 years	40 years
Deputy head nurse	18 years	10 years
Nurse	19 years	13 years
Nurse	40 years	22 years
Nurse	21 years	18 years
Nurse	36 years	23 years
Nurse	14 years	9 months
Nurse	17 years	2 months
Nurse	38 years	21 years

Table 1: Interviewees of the study

The fourth and last step consisted of the collection of documents, which includes guidelines, training documents, handbooks, and annual reports.

Data analysis

Analyzing the data took place in six steps. In a first step we started coding the dataset with in-vivo codes using the terminology of the ED. This process was very helpful in identifying and categorizing different routines and maintaining an overview of the extensive dataset (Glaser & Strauss 1967). We began by coding for the different professions of the employees, such as physicians from different fields (neurology, trauma surgery, internal medicine, etc.), nurses, trainees, interns, and receptionists. This task also included identifying the team composition for the shifts, which special tasks were assigned to the nurses, and in which area of the ED they were positioned. There were three shifts during the day. Each team consisted of 2-3 nurses per treatment area (walking patients or recumbent patients) and a flexible number of trainees and

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interns. The ED had a very high fluctuation of interns because an internship there is a prerequisite to becoming a paramedic. During every shift, there were special tasks assigned to some of the nurses such as applying plaster casts, staffing the shock room, refilling the medicine cabinets, or being in charge of anesthetics. Understanding the team composition and the tasks was very important to grasp the different patterns and, therefore, to identify the enacted routines. Additional coding included how patients were managed in the ED, such as arrival at the emergency department (on foot, wheelchair, or gurney), getting admitted, being assigned to a certain field (neurology, internal medicine, surgery, etc.), seating or ‘parking’ them in the waiting areas, calling/bringing them into the treatment/shock rooms, and receiving the required treatment. In case of a successful treatment, the patients were either discharged or admitted to another ward; in cases of the death of a patient, they were transported to the morgue. This coding helped us to develop a better understanding of how and why the different actors acted while managing patients. Using these insights from our initial in vivo codes, we identified the following routines: patient registration, patient treatment, patient transfer, patient discharge.

In our second step we analyzed our data more focused by concentrating on the actions of the observed routines. To do so, we created chronological case narratives for several of the routine performances. We used these narratives to create narrative networks which were very useful for visualizing and representing specific actions (Pentland 1999; Pentland & Feldman 2007). This procedure proved to be incredibly helpful for identifying and characterizing not only actions but also reactions. As Feldman (2016: 38) stated: “A focus on action enhances our ability to see and explore the ways that such phenomena as people, [...] [and] emotion [...] are connected in enacting in organizational routines”. The third step concentrated on the emotions of the actors who enacted these routines and the coding of these emotions using the list of Ekman’s (1999: 55) basic emotions, such as amusement, anger, contempt, disgust, contentment, embarrassment, excitement, fear, guilt, pride in achievement, relief, sadness/distress, shame,

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sensory pleasure, and satisfaction. However, because they occurred most prominently, our coding focused only on the negative emotions in Ekman's list. Then in a fourth step, in a sequence of more focused coding, we examined why emotions occurred during routine performances. It became clear that emotions differed according to their target and their origin. We clustered the reasons for emotional outcomes by the actors into two categories, *the routine* itself, which meant the routine process, content, or outcome, and *interpersonal encounters* among the actors. In this regard we defined the situations in which emotions toward the routine or because of interpersonal encounters emerged during the enactment of the routines as *emotional incidents*. Thus, in a next step we analyzed these emotional incidents and examined how the actors *reacted* to them. We clustered those reactions into four mechanisms and coded them accordingly. The first category, *informing*, was coded when actors in the routine shared information about a routine with another actor in a calm and understanding manner. The second category, *clarifying*, described all instances where an actor shared information about a routine with another actor but in a more offensive or aggressive manner. The third category, *ignoring*, described all instances where an actor did not share any information and therefore ignored other actors. In the fourth category, *escalating*, we included all situations in which an actor escalated the situation to a superior.

Findings

We present the analysis of our data through four representative vignettes that illustrate how emotions originating for different reasons unfolded in the enactment of the routines. The first two vignettes concern the emotions of the actors toward parts of a routine, either the process, the content, or the outcome. The last two vignettes consider emotions occurring because of interpersonal encounters between routine participants. Each vignette is followed by an analysis that identifies the sources or the reasons for the emotions and identifies the emotional incidents. It also identifies the mechanisms used by performing actors toward the described incident, such

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as ignoring, informing, clarifying, or escalating. No vignette exhibits all of the mechanisms, but all mechanisms are covered in one of the four vignettes. In conclusion we summarize the findings and incorporate them into a process model.

Emotions toward routine process, content, or outcome

Because routines are performed by actors who, as human beings, have emotions toward the frameworks in which they live and work, these emotions also emerge during the enactment of routines. In many situations we observed, the actors' emotions emerged because of aspects of routines they enacted, were affected by, or observed. The following vignettes consider situations where emotions toward aspects of the treatment routine resulted in emotional incidents, which consequently unfolded in the routine enactment. Due to the emotions of some actors, other actors reacted by enacting one or more of the mechanisms, such as informing, clarifying, ignoring, or escalating. In Vignette 1, an emergency physician had an emotional reaction toward the processes and content of the treatment routine. In Vignette 2, a nurse had an emotional reaction toward the outcome of an enacted treatment routine.

Vignette 1

After being called to treat a man in the shock room, physician Mike Müller walks down the hallway where he passes a sobbing young boy on a gurney. The boy is from Bulgaria, is 11 years old, does not really speak German, and is in the ED because of spraining his ankle at school. Mike enters the treatment room area and walks toward nurse Sarah. She is currently trying to take a blood sample from a 64-year-old man who had a recent heart attack. Mike interrupts her rudely, "Someone immediately has to look after the boy because he is currently lying out there unsupervised". Sarah calmly sets the needle back down on the sterilized surface and replied politely, "The parents have been called repeatedly, but we could not reach them yet. And without the parent's permission, we are not even allowed to touch the boy. We'll keep on trying to reach the parents, but as you can see, we are very busy otherwise!" pointing at the

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surrounding treatment rooms. Then she continues to treat her patient. Mike turns around indignantly, approaches nurse Sam, stands in his way making him stop and makes a similar request as that to Sarah. Because Sam heard how Sarah already explained the situation to Mike, he just ignores Mike and walks around him to see if the blood results for his patient are ready. In the meantime, Martin, another nurse who has been in the ED for a long time, overhears the conversation while preparing an infusion for the woman in treatment room two and then sees Mike leaving the area. Mike returns to the hallway and tries to communicate with the boy asking him where it hurts. He points at his ankle, and Mike starts to examine it. In this moment, Martin also enters the hallway and sees Mike examining the patient he is not allowed to touch. Martin approaches the physician and says in a provocative tone: “Dr. Müller, this boy is taken care of. We know he is out here, but we are not allowed to treat him as long as his parents are not here or have given their consent to do so. I am sure there is some other place where you can be of help”. Mike replies in a very rude fashion: “I don’t think you know how to do your job. This boy is unsupervised in a hospital hallway and he is obviously hurt”. Martin replies: “We are treating the patients we can right now, and he is obviously no emergency”. As a reply, Mike takes out his cellphone, shows it to Martin and says: “As a matter of principle, I could report you to the police because of leaving this minor patient unsupervised.” Martin looks at him in disbelief, raises his voice and takes two steps closer to Mike: “I do not think you understand your position here. We are working like crazy right now. There is a man in the shock room and the woman in treatment room four is about to pass away. If you want, you can call the police but I do not think that it will help any of the patients here if you keep interrupting our work. Have a nice day!” Then he walks back, takes up the infusion, and proceeds to administer it. Mike did not call the police and walked out of the ED, saying to a paramedic: “Well I understand that they cannot bend over backwards. But I still feel sorry for the boy.” Five minutes later, the parents of the boy arrived.

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-Emotional incidents due to the routine process, content, or outcome-

The case of Mike Müller shows how emotions toward the treatment routine of the boy can influence the enactment of this routine, as he illegitimately began to examine the boy. It even had an impact on the treatment routine of other patients. Mike rudely interrupted the work of a busy nurse and other staff because he wanted the boy to be taken care of. He was very emotional and loud as he made his demands. His behavior created emotional incidents for other treatment routines as well, not only the one with which he was concerned. The anger and excitement of the physician mainly targeted two of the three dimensions of the boy's treatment routine, the process and the content. First of all, the process. Mike was furious about the fact that nobody was taking care of the boy and, therefore, that there was basically no real process occurring. He emphasized this perspective with his statement about how the other employees do not understand how to do their job. He displayed empathy because the boy was left both unsupervised and untreated, which made Mike angry. Secondly, the content. Mike obviously did not agree with the protocol of the routine, which was to wait for the approval of the parents to treat the child (which he as a physician should also know) and not to touch or treat the child until this approval could be secured. Since he obviously did not agree with the content of the routine, he started to examine the boy.

-Resulting mechanisms to handle the situation-

It was obvious that Mike did not understand or approve of the way the treatment routine concerning the boy was executed. He did not understand the routine and how and why the actors enacted it in this way. By calling the parents and waiting for them, they had done everything that could have been done in this situation and then proceeded with their work because it was more pressing than standing next to the boy in the hallway. Sarah calmly *informed* the physician about the procedure of the routine. She shared the information with him about how those situations were handled in the ED and also informed him about what had already been done so far.

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She also pointed out that there were several more urgent patients to whom they needed to attend. She reacted in this manner in hopes that her response would clear the situation, and she could keep doing her job. “Some people get agitated, then you have to bring them back to earth so they leave you alone”, she stated. Since he turned away from her, this observation proved true in this case.

Sam handled the approaching physician differently. Even though Mike briefly hindered him from doing his work, Sam simply *ignored* him and turned away. On the question of why he did not respond to Mike, he later said: “There are some people you can explain certain things a thousand times and they will still keep on annoying you about it. It is not worth doing it in the first place. I just ignore them if possible”. So, he decided to handle or counter this interruption by the physician by ignoring him, which worked quite well for him in this situation.

However, Martin followed and then confronted the physician. In this way, Mike interrupted another treatment routine. The fact that the physician started to examine the boy anyway shows how little he respected the facts that Sarah explained to him. Therefore, Martin had to set Mike straight and *clarify* for him again that the routine was being executed as it should. At that time, it meant that after calling the parents, the staff had to wait for their approval or arrival. While explaining this routine to the physician, Martin’s temper flared up, he raised his voice, and he moved closer to the physician to emphasize his point. He became visibly excited and angry. He then chose to clarify the routine to Mike and the way it was and already had been performed so far as the proper way to solve the situation and ensure an undisturbed routine performance. In this situation, an undisturbed routine performance meant no progress in the boy’s treatment at all. Since Martin’s clarification resulted in Mike’s not continuing to treat the boy and then leaving, Martin’s actions resolved the situation.

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Vignette 2

During a relatively busy morning shift, a paramedic enters the treatment area for recumbent patients and announces a patient's arrival to nurse Verena: "The patient is 67 years old, very demented. His wife said he fell down at home. The place looks like.... I can't even describe it. His wife seemed also slightly demented, the kids don't seem to care, and they regularly refuse entrance to the home care service." Verena replies: "We are pretty busy but just bring him in right away. Treatment room 3." The paramedic leaves and returns with the patient. The moment Verena sees him her jaw drops as the patient looked so filthy and unkempt. He does not seem to understand nor care where he is. Because of his fall he has a minor cut on his forehead. After recovering from the initial shock at the patient's condition, Verena and an intern, Marc, begin to treat him. They started by cleaning the cut, taking blood samples, and taking an electrocardiogram. While doing so, the real condition of the man becomes more apparent. He has urinary tract infection, aphthae (blisters inside the mouth cavity), and, due to the overall lack of hygiene, several skin infections and skin fungi. After the initial treatment the physician, Oliver Klein, arrives, examines the patient, and places a patch on the cut. Due to the patient's advanced dementia, it is hard to communicate with him. Oliver repeatedly asks him if he has a headache or if he feels nauseated to determine whether he has a concussion. But the man doesn't reply clearly enough. Therefore, Oliver orders a CT scan and says: "If that does not show anything troubling, we'll send him right back home". Marc pushes the gurney with the patient on it to the CT scanner and returns with him after 30 minutes, pushing him back into the treatment room. Oliver approaches the computer, examines the patient's CT scans, turns around, and says: "Well, looks like his treatment is done, he is going home. Verena, finish the paperwork and call for a transport for the man, please. Call me if the next patient is ready for examination". Then he leaves the treatment area. Verena turns around, walks into treatment room 3, calls Marc, and says in a very compassionate tone: "We will not send this man home. We are not done yet. I mean, look at him." Marc replies: "But Dr. Klein said to send him home because his treatment

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is done.” Verena looks at him for a second. “No can’t do that. This is so sad. It is a shame to send him away like this. We need to at least restore his hygiene a bit and take care of the skin infections and the aphthae.” After 30 minutes, Oliver comes back into the treatment area and sees Verena nursing the patient. He calls her out of the treatment room with a stern expression on his face but then says in a calm manner: “Verena, I thought I told you to call for a transport for this man, not to nurse him. There are three other patients out there that need medical attention. That is our job here. Not cleaning and nursing unkempt patients. As sad as it is, you are blocking a treatment room. Please vacate the room and call for a transport so we can bring in the next patient.” Verena looks at him and replies stubbornly: “I am almost done. I will finish this!” As Oliver is about to reply, Verena turns around and goes back to the patient. With a shake of the head, Oliver turns around, leaves the treatment area, and comes across the head nurse, Robert. “Robert, I know how compassionate Verena is, but I think it is important that you remind her that if we have patients waiting outside, we can’t spend unnecessary amounts of time with one patient. As sad as this sounds”. Robert slightly nods his head and while he is walking toward the treatment area, he says “Yes, I will talk to her”. Later during the shift, Robert sees Verena and calmly talks to her about the incident, listens to her replies, but also informs her about the point he has: “I know you have a big heart. But we are here to attend to acute medical needs; that is our priority. It is important that you understand and keep it in mind”.

-Emotional incidents due to the routine process, content, or outcome-

This vignette illustrates emotions directed toward the treatment routine enacted on the patient. Verena did not complain about the fact that the patient was treated. However, she showed how unhappy she was with the outcome of the routine and chose not to accept it. Simply treating the initial reason for which the patient was brought into the ED was insufficient for her. She displayed much empathy when she said: “I know that this is beyond what we are supposed to do

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here. Nevertheless, I think it is not ok to just stop because we treated his cut and ruled out a concussion. This is just sad". Her stubborn reaction toward Oliver displayed her remaining emotions toward the decision to send the man home immediately. Nevertheless, the emotional incident her actions created meant that three other patients had to wait outside the treatment area for the treatment of their medical issues. She prolonged the waiting times and consequently delayed the treatment of those patients. Marc did help Verena to nurse the patient, but he did not seem to have such an emotional reaction toward the outcome of the routine. For him, as he stated later, "the job was done". After the incident, Oliver confided to us that he could quite understand Verena's urge to help the man because of his living situation and sickness, but stuck to his opinion: "Of course the patient's story and his physical state is sad, but our job here is clear!". To understand the several reactions of the actors to this emotional incident, a more detailed analysis follows.

-Resulting mechanisms to handle the situation-

The actors in this scenario enacted different mechanisms to handle the emotional incidents that resulted from the fact that an actor had and expressed emotions toward the outcome of the routine. Verena did not complain about the fact that the man was treated, however, she did not comply with Oliver's order to send the patient back home. When he came back to the treatment area, Oliver saw Verena not treating a new patient but still attending to the demented man with the cut on his head. He then called for Verena and *informed* her, not only about the fact that there were three more patients waiting outside, but also about what her job was in the ED and what it was not. By doing so he *informed* her about the results of her actions as well as which actions were not part of enacting the original treatment routine. It did not seem to bear fruit because Verena turned around to finish what she has started. Instead of following her, Oliver just shook his head. He did not choose to approach her again but instead *to escalate* the situation to her superior, Robert the head nurse. He did so because "hopefully she at least listens to him".

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It was important to him so a similar situation would not happen again in the future. As a result, Robert then talked to Verena later and *informed* her again about the necessity of understanding what was part of treating a patient in the ED and what was not.

Emotions because of interpersonal encounters

The following vignette illustrates emotional outcomes that occur because of interpersonal encounters, such as conflicts, with other routine participants. Similar to the analysis of the first vignette, the emotional reactions which occur as well as how they are handled by the performing actors are identified.

In the ED, many different staff members work together, including nurses, physicians, medical assistants, and interns. Working with others always holds forth the possibility of conflicts, which the next vignette illustrates. Vignette 3 details an emotional reaction by a nurse to an order by a physician. Vignette 4 illustrates a nurse's emotional reaction toward the work attitude of a trainee.

Vignette 3

During a hectic day, all the treatment rooms for patients were occupied and the staff was busy. This day, there are not only two nurses on duty, Peter and Barbara, but also two interns who are in training to be paramedics. Their job is to watch and learn from the nurses and to help them by doing minor chores such as checking vital signs or taking blood. While Peter and Barbara are both taking care of a patient, Josh Forster, a visceral surgeon walks up to an intern named Michael and asks him to prepare a syringe of anesthetics and administer it to the patient in treatment room two. Michael reacts startled but Josh already walks away before he can even reply. Not knowing what to do, he approaches Barbara and asks: "Dr. Forster asked me to give the patient in treatment room two an anesthetic. Where can I find it?" Barbara looks at him in disbelief and replies incredulously: "He did what?!" She gets louder: "This is unbelievable. You are not allowed to administer such things and he should really know that! Where did he go?".

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Michael points in the direction Josh went. Barbara storms out of the room to find Josh. She finds him in one of the doctors' rooms typing a report. Barbara confronts him in an agitated tone: "Dr. Forster, it is not acceptable that you instruct the interns to administer anesthetics. They are not trained to do so and if they mess up the dosage and harm the patient it is on me. Because I am their superior! And you should know that! Next time, direct these things to one of the trained nurses!" The visceral surgeon looks startled and rudely replies: "How am I supposed to know that? He could easily just have told you to do it then." Barbara touches her forehead with her hand and takes a deep breath. Then, with no further comment toward Josh, she turns around and walks back to the treatment rooms where she gathers the interns to tell them to go get a staff member if anything like this situation occurs again and never to administer any anesthetics to patients. Then, 15 minutes after Josh requested the intern to do so, she administers the anesthetic. After finishing that procedure, she returns to her original patient. Later that day, she approaches Alan, the deputy head nurse of the ED, tells him the story, and asks him to talk to the surgeon again because, as she states, "I do not think he understands how things are done around here and he should really hear it from you once more, so he remembers!"

-Emotional incidents due to actions of other actors-

The work in the ED requires nurses and physicians to work together to provide adequate treatment for the patients. This process requires teamwork and to know who of the staff on duty is in charge of certain procedures, whether it is who learns whether there are free beds in other wards to forward patients out of the ED or who is in charge of plastering casts during the shift. Someone who is working in the ED usually knows who is responsible for these different tasks because there is a chart for every shift that provides this information. However, it is general knowledge that although they support the treatment of the patients, interns do not administer anesthetics. Josh's lack of knowledge about this fact and his resulting request produced quite

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an interruption in the routine performances because he requested inappropriate medical activities from an intern who then had to ask Barbara what to do. As a result, the treatment routine for the patient in need of the anesthetic was delayed because Josh addressed the wrong person and because his request made Barbara so angry that she did not immediately administer the requested anesthetic. She was so angry about the mistake Josh made that it resulted in her going after him. Even after she confronted him, she was still so agitated that she needed to talk to Alan about it because “that man does not take me seriously”, as she told us later. Her emotional reactions stemmed from having to work with Josh, who made a mistake out of ignorance or missing knowledge and did not demonstrate any regret about his error.

-Resulting mechanisms to handle the situation-

Barbara not only followed the surgeon because it would serve the ongoing enactment of the treatment routine but also to ensure future performances occurred the right way and to avoid this mistake to be done again. As she explained later, “If no one tells him how it is done here, he will do this over and over again and create turmoil”. To make certain, she *clarified* the routine in an agitated tone, told him what his mistake was, what the right way of making his request would have been, and also clarified the potential consequences for her and the patient. It could have consequences for her because she was responsible for the interns and for the patient because an intern is neither trained nor allowed to administer anesthetics properly.

She also *informed* the interns that they must not administer any anesthetics and to contact a staff member if a similar situation happened again. By doing so, she ensured that future enactments of the treatment routine would not be disturbed by occurrences like this one.

Since the situation was not sufficiently resolved for her by simply clarifying it to Josh, Barbara later *escalated* the situation to her superior on duty, Alan. She did so because she was not convinced that the situation was resolved. She had a persistent concern that Josh would do

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something like this order again. In the hope that he would remember it if someone of a higher rank than her explained it to him, she escalated it to Alan.

Vignette 4

Fortunately, there are also rather quiet and relaxed days in the ED. On one of these days, Maria, a nurse, and two trainees, Liz and Jill, are in charge of the area for recumbent patients. Liz has been a trainee in the ED for six months and Jill for 10 months. Four of the five treatment rooms are empty. The patient, who is lying in room 1, is stable and is awaiting transport to the cardiology department. A paramedic from an ambulance crew enters and announces the arrival of a new patient whom they just brought to the ED and who is waiting outside on his gurney. He describes the patient's symptoms which are minor heart problems, explains what treatment has been done so far, hands over the admission papers, and then leaves. Meanwhile, the patient remains 'parked' outside the treatment area. Liz, who is sitting on a chair, says: "I don't want to bring him in right now. Everything is so nice and quiet in here". Maria overhears her saying that, turns her head and immediately chides her, "Are you kidding me?! There is nothing else to do, and that man needs medical attention. You will go out there and bring him into treatment room 2 immediately! This is not how we work here". As a reaction, Liz rolls her eyes but refrains from replying, gets up and brings the patient into treatment room 2. The patient is stable and only requires basic tests, such as ECG, blood pressure, and blood tests. Then he gets connected to a heart monitor and waits for the physician. After taking care of the patient, Maria gathers Liz and Jill and explains to them that if there is room for new patients in here, they have to be brought in and treated immediately. "Liz, there is no need to roll your eyes!" she says giving Liz a very stern look, "You never know when there is a wave of patients coming in, so treat all patients as long as you have the time to do so. Otherwise, you could risk lives! Apart from that, the waiting patient might be suffering".

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-Emotional incidents due to actions of other actors-

Shifts with several trainees and interns are a common occurrence in the ED. They have to learn how to handle the highly dynamic work environment an ED has to offer, how to react to exceptional situations, how to work as a team, and of course how to treat patients according to their conditions. Although some days can be very strenuous and stressful, there are also comparatively calm days. Those days can also produce emotional incidents as this vignette makes evident. Liz's statement and her apparent work attitude really upset Maria. She could not relate to the idea that someone would delay the treatment of a patient that requires medical attention just because it was "so nice and quiet" at the time. This comment made her so angry that she actually chided Liz, which is something Maria, with over 25 years of work experience and a calm temper toward patients, was not known for doing. Even after treating the patient, Maria was still upset about the situation and also that Liz brazenly rolled her eyes. As she said later, "It really makes me angry when they act as if they already know everything".

-Resulting mechanisms to handle the situation-

The fact that Liz hesitated to bring the waiting patient in constituted a delay in the enactment of the treatment routine. This delay and the way Liz justified it led to Maria's reaction, which was very straightforward and well-focused. She immediately and angrily *clarified* to Liz, in a harsh tone, that the ED does not operate in that manner and that there was no apparent reason to delay treating the waiting patient. Even after the patient was treated and appeared to be stable, the emotional incident was not resolved for Maria, which is why she gathered the trainees again. To make certain that they understood that letting patients wait is unacceptable and that such delays must not become the rule, she *informed* them again of the necessity of beginning the treatment routine of a patient immediately. Therefore, those kinds of occurrences were less likely to happen in future enactments of the treatment routine, which was very important to Maria in resolving the situation: "Sometimes I get upset by the young trainees. I know they are

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here to learn and as you can see, they really have to learn! Especially these things, otherwise there will be chaos in the ED. Therefore, you teach them, and the issue is over”.

Toward a process model of emotional incidents and actors’ respective response mechanisms

As the structure of our findings demonstrate, there is a useful distinction to be made regarding the target and origin of emotions. An actor can have emotions toward different aspects of a routine, or emotions can arise because of personal interactions among actors while performing a routine. Some emotions arise from diverging or missing understandings about how a certain routine is supposed to be enacted. Actors employ one or more of four mechanisms in situations where emotions arise in routine dynamics, which we defined as emotional incidents. The first is *informing*, which means sharing information about a routine with a routine participant in a calm and understanding manner, such as telling an anxious intern or a trainee what procedure comes next. The second mechanism is *clarifying*. It also includes sharing information about a routine with another routine participant but in a more aggressive and determined way. An actor may, for example, clarify who is a part of the routine or what the next step of a routine is. In situations in which this mechanism occurred, the actor enacting the mechanism was either in an emotional state or was aware that a more aggressive tone was necessary for getting the message across. The third mechanism is *ignoring*. This mechanism is a decision not to share any information about the routine in question and simply to ignore another routine participant, so the actor can continue to perform his or her current task in the routine. This mostly happened in situations where the actors either did not have the time to share any information or believed that it was not necessary or counterproductive to do so. The fourth, mechanism is *escalating*. Employing this mechanism, an actor escalates the situation by reporting to a superior, so that he or she can intervene and clear the situation by sharing information about the routine with the routine participant in question. The four mechanisms are aimed at managing the situation and

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therefore are beneficial for ensuring an unimpaired routine performance for the performing actors in the present or the future. To underpin our findings, Table 2 provides further supporting data for these identified mechanisms.

Type of Mechanism	Representative Observations / Quotations from the Data
Informing	
sharing information about a routine with a routine participant in a calm and understanding manner	<p>“Could you please put more effort into the documentation of patient records. If you don’t do it properly, avoidable mistakes happen.” (physician to physician)</p> <p>The receptionist interrupts the nurses during their shift handover because she thinks that a woman whom two policemen delivered needs to be seen right away. The head nurse informs her that “the woman has received initial medical attendance by the paramedics and is perfectly supervised considering the two tall policemen. She couldn’t be safer for the next 10 minutes. So please calm yourself down and let us finish the shift handover in peace!”</p> <p>A physician calmly informed a new nurse about the importance of being more aware while doing her tasks. (she almost administered too much anesthetic to a patient)</p>
Clarifying	
sharing information about a routine with another routine participant in a more aggressive and determined way	<p>“Samuel, could you hurry with the patient’s ECG, already? I took his blood samples. Which by the way is not my job.” (physician to nurse)</p> <p>“What are we having these meetings for if people don’t stick to what we agreed to? Instead of the meeting I could have treated patients. So, for the future, let’s do it as we agreed to!” (nurse to physician)</p> <p>“Last week a younger physician was very condescending to me and the trainees. That really put me out of my stride while doing my job. That’s when I had to give him a piece of my mind and tell him that this tone does not work in the ED!”</p>
Ignoring	
not sharing any information about the routine to another routine participant and ignoring him or her	<p>A physician ignores a colleague who is telling him to be more accurate in documenting things in the patient record while sewing a patient’s cut.</p> <p>A nurse ignores a snide comment from a physician that did not agree with the nurse’s assessment of a patient’s condition.</p> <p>Samuel is finishing paperwork for a patient so she can be transferred to another department and free up a treatment room. A physician asks him to conduct an ECG on another patient. He ignores her and proceeds with his task.</p>

<p>Escalating</p> <p>approaching a superior so he/she can then share information about a routine with another routine participant</p>	<p>“I asked for his name because I wanted to file an official complaint to his superior [...]. This behavior (refusing to treat a patient because it would be another department’s job) is inhumane!”</p> <p>“Would you please tell them, especially the younger colleagues, to be thorough with the patient records!” (Physician to the chief of medicine)</p> <p>A physician approached the deputy head nurse after a new nurse almost administered a potentially life-threatening dosage of anesthesia to a patient, so that he can again tell her to be more aware of what she is doing.</p>
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Table 1: Supporting data for identified mechanisms

There is also another distinction to be made in the use of these mechanisms and the reason for their application. In emotional incidents that arise from emotions toward the process, content, or outcome of a certain routine, the mechanisms are used as a reaction to the emotions of another routine participant. In situations of emotional incidents sourcing from emotions because of interpersonal encounters during the enactment of a routine, the mechanisms are used as a reaction to the actor’s own emotions. They are used to manage the actor’s own emotions toward a colleague by for example telling him of (clarifying) or appealing to a superior (escalating).

Figure 1 summarizes our findings by showing how the respective actors react to emotional incidents. These emotional incidents can either originate from interpersonal encounters or because of emotions toward a routine. Once such an incident unfolds in routine dynamics, the actors in the routine react by using these mechanisms to manage the emotional incident and therefore counter its results. This reaction might happen as a conscious act or as an affective reaction. What needs to be acknowledged is, that the mechanisms themselves can also be laden with emotions as the clarifying mechanism demonstrates and therefore could be considered as an emotional incident in another routine. This dual role is for example evident in Table 2 in the first quotation for clarifying in which the physician is annoyed and interrupts the nurse who is enacting the patient transferal routine by clarifying that he is supposed to conduct an ECG.

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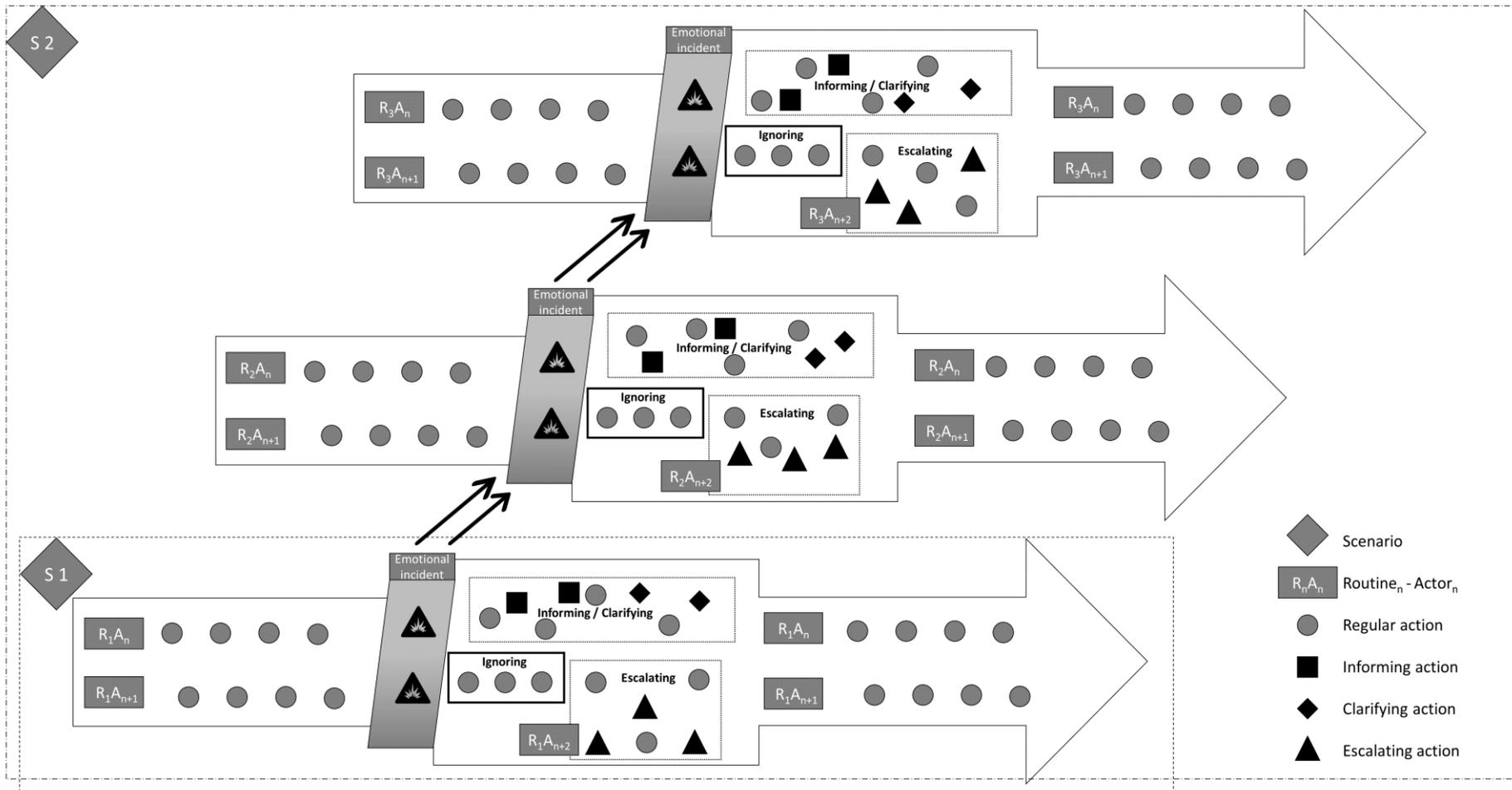


Figure 1: A process model of mechanisms for managing emotional incidents in routine enactment

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If the mechanisms used by the actors manage the situation and resolve the emotional incident, the original routine performance continues as Figure 1 shows in Scenario 1 [S1]. More than one mechanism may be necessary to manage the emotional incident regarding the enactment of a certain routine. This approach is evident in Vignette 2 when Barbara not only *clarifies* the situation to Josh but also *informs* the interns and then later even *escalates* the situation to her superior. By applying three mechanisms, she conveyed all of the necessary information, resolved the emotional incident, and felt able to continue treating her patient. There is also the possibility that the applied mechanisms only help to manage the emotional incident with regard to one routine, but the source of the underlying emotions (diverging understandings about a routine) still exist, which yields subsequent emotional incidents in other routine performances as it is apparent in Vignette 1 and in Scenario 2 [S2] in Figure 1. In Vignette 1, the first mechanism Sarah used was informing because she was in the midst of a patient treatment routine. She informed the emotionally charged Mike of the routine and then proceeded to enact the treatment routine of her patient. Unfortunately, this mechanism of conveying the information about the boy's treatment routine did not resolve the underlying emotions, which is why the next emotional incident occurred for Sam when Mike hindered him from getting the blood results for his patient. Sam used the ignoring mechanism, which worked out for him because it enabled him to continue enacting the treatment routine for his patient. Nevertheless, this mechanism did not convey any information to Mike, which could have helped to mitigate his emotional state. Only when Martin very persistently clarified to him that this was the right way for the routine to be enacted and that he just needed to understand did he calm down, and no more emotional incidents occurred, enabling Martin to go back to the treatment of his patient and ensuring a further unimpaired treatment routine for the boy. In essence, the unsuccessful management of an emotional incident can contribute to routine dynamics in other routines, even though in the case of Vignette 1, the underlying source of the emotional incident was the missing understanding of an entirely different routine.

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An investigation of whether the mechanisms took place in identifiable patterns yielded no evidence for putting the mechanisms in a universal order, though. Nevertheless, we found that escalating always appeared after one of the other mechanisms. The actors never began the management of emotional incidents by escalating the situation to a superior.

Overall, our findings help to understand why and where emotions occur that can contribute to the enactment of a routine and also how the performing actors handle them. Differentiating between emotions that are targeted at the routine itself and emotions that originate from interpersonal encounters and differentiating whose emotions are to be managed expand our understanding of routine participants' emotions in organizational routines. Furthermore, identifying the mechanisms of informing, clarifying, ignoring, or escalating aids in understanding the actors' reactions to these emotional incidents.

Discussion

We add to the literature of emotions in organizational routines by proposing that actors' emotions contribute to routine dynamics in the enactment of organizational routines. Emotions evoke distinct reactions in the performing actors. Taking the actors' emotions into account while studying organizational routines helps us to see the participating actors as well as their way of enacting the routines in a more multifaceted manner.

Our findings broaden the existing literature in the following three primary areas: First, the identification of emotions as contributors to routine dynamics. Second, the identification of actors' deficiency in understandings about the respective routines as a primary reason for emotional incidents. Third, what drives the participating actor to react to such emotional incidents.

Emotions unfold in routine dynamics

To elucidate the role of emotions in organizational routines, we built upon previous research that suggests that routine dynamics can be evoked by many different factors. Those influences

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relate primarily to the content (Turner & Rindova 2012), the process (Dittrich et al. 2016), or the outcome (Sonenshein 2016) of a routine. Feldman (2000) summarized the reasons related to content, processes, or outcomes that can produce routine dynamics. Those reasons seem to create routine change through a very rational method of comparing the desired routine with the existing one. When executing a routine does, for example, not produce the desired outcome, actors take actions to fix the problem to reach the desired outcome. However, as several researchers have observed, organizational routines entail not only cognitive aspects but also incorporate emotional components (Cohen 2007, Dewey 1922, Salvato & Rerup 2011).

In light of this, our findings show that emotions also affect routine dynamics (e.g., the emergency physician insisting on treating the boy). Although routine dynamics in relation to the content, process, or outcome can stem from a rational comparison of the desired routine with the actual one, our study adds to this, that participants can also react emotionally due to routine content, processes, or outcomes, which can produce routine dynamics. Therefore, we can enrich theorizing on organizational routines by complementing the cognitive aspects mentioned by Salvato and Rerup (2011) with emotional reactions by routine participants to a routine that can potentially result in routine dynamics.

However, we go even further and highlight that routine dynamics are also subject to emotions, which do not stem from the three aforementioned aspects of a routine and therefore help to answer the question by Salvato and Rerup (2011: 475): “how do social context, interpersonal interactions, and emotions affect individuals’ and teams’ performance of routines within real organizations?”. The interpersonal encounters in which the actors find themselves embedded while performing the routine, especially the interaction with other routine participants, holds a great deal of potential for emotions. Our study illustrates that those emotions can have an enormous impact on routine dynamics as they influence the participating actors. They

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cannot be discounted in any routine performance because actors always develop emotions toward their co-workers or the routine itself. Alluding to the observation of Watzlawick, Bavelas, and Jackson (2014) that one *cannot not* communicate, we submit that one *cannot not* feel emotions when engaged in organizational routines. That is why our study suggests that emotional incidents resulting from interpersonal encounters—which happen while enacting one or another organizational routine—contribute thoroughly to routine dynamics.

In essence, our study shows that emotions are integral to organizational routines. They cannot be viewed as something separate from routines but arise through the enactment of routines and that dealing with emotions is part of that very enactment.

Deficiency in understandings as a main reason for emotions

Considering the different situations in which routine participants showed emotions, there is an overarching pattern of missing or divergent understandings of the routines and how they ought to be performed. Participants were missing information about why something had to be done, what had to be done, or who was part of the routine. However, as Feldman and Rafaeli (2002) stated, having a shared understanding of what actions have to be taken in a specific instance of a routine or why a routine has to be performed at all is very important for organizations. They also illustrated that the adaptations of organizational routines depend on those understandings. In a sense, what actions can be taken depends on the shared understandings of the actors. Furthermore, as Pentland and Feldman (2005: 808-809) wrote, “Each [routine] performance provides an opportunity for members to act out their differences and an opportunity to understand the routine differently”. The acknowledgment of differing understandings about a routine as triggers of emotional incidents, in turn, helps elucidate some of the mechanisms the actors use.

An analysis of three of the mechanisms – *informing*, *clarifying*, and *escalating* – indicates that they all seek to share information about the routine. Informing more decently and calmly, clarifying more roughly and offensively, and escalating to include a superior which

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then should also inform or clarify the situation to the routine participant who has a divergent understanding of some aspect of the routine. The overarching objective of these mechanisms is to heal this deficiency and divergence in the understanding of the routine and therefore ensure a smoother ongoing performance then and in the future. This interpretation supports Feldman and Rafaeli's (2002: 315) statement that "verbal communication among organizational participants is one way shared understandings are created". Sharing those understandings also took place in reflective spaces (Bucher & Langley 2016) and promoted a discussion about the routine in question. This conception is similar to that of reflective talk by Dittrich et al. (2016), which states that participants in the routine collectively reflect upon the routine to discuss new ways of enacting it. The cases in this study, however, demonstrate that discussions or sharing information about the routine was not only about new ways to enact routines or new patterns but also to discuss and share information about *current* patterns, the routine itself, and its current enactment. Nevertheless, reflecting upon or discussing new or current aspects of enacting a routine creates a better shared understanding and might prevent emotional incidents from affecting routine enactment. It is to say that not all of the identified mechanisms serve this purpose, as ignoring does not help in sharing information with other routine participants. However, the majority of emotional incidents observed in this study were addressed by attempting to share information and to heal the deficiency in understanding of the routine.

To summarize our study gives detailed insights on the origin of emotions as they result from deficiencies in the shared understanding of a routine. By identifying the three mechanisms of informing, clarifying, and escalating, it sheds light on how the verbal communication to resolve this deficiency takes place.

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Identifying the motivation for continuing routine enactment

Not only the identification of the deficiency in understanding as a source of emotional incidents and subsequently routine dynamics is of interest, but also identifying what motivates the actor's reactions towards them.

We saw that, by using one or more of the mechanisms, actors aimed to (1) realign the common understanding and information about the patterns that had to be enacted and to avoid getting further off track, or (2) ignore the interfering factor to avoid getting off track in the first place. We call this application of the mechanisms *healing* and *preventing*. Using informing, clarifying, or escalating to manage an emotional incident that interferes with one's performance of a routine seeks to heal a deficiency in understanding. This approach realigns the understanding of the espoused routine and gets the routine performance back on track. It also aims to prevent further undesirable routine dynamics that might result from the initial deficiency in understanding. This ties into Feldman's statement that "it often takes considerable effort to produce "the same routine"" (Feldman 2016: 35). We identify *healing and preventing* as such effortful accomplishments because they represent this kind of "flexibility of performance that allows us to maintain and sustain some stability in the ostensive patterns created" (Feldman 2016: 35). Their purpose is the continuous production of "outcomes that are similar to the ones that have been produced previously (effortful accomplishment)" (Feldman & Orlikowski 2011: 1245). However, what motivation lies behind this kind of effortful accomplishment? We identify this motivation by tying into the thought that organizational routines give actors a feeling of stability and security. Feldman and Pentland (2003: 98) stated that "generally speaking, routines are conceptualized as sources of stability". Both stability and change stem from dynamics and underlie the prevailing structure but also the agency of the performing actors (Feldman 2003). The performing actors feel comfortable in those routines because they know of its guiding patterns and as we know "agency can contribute to persistence" (Howard-Grenville 2005:

619). Therefore, the “routinization of daily life helps to foster a sense of ontological security” for the actors, whereas “novelty can lead to anxiety and loss of security” (Feldman & Pentland 2003: 98; see also Giddens 1984).

But novelty in routines is not the only source of routine-related anxiety. We argue that not only novelty in new patterns (Feldman & Pentland 2003) but also in ways of misaligned understandings resulting in undesirable performances or the inability to perform a routine because of interferences can lead to emotions such as insecurity, anger, and anxiety. The need to avoid insecurity and anxiety is also evident in the study by Danner-Schröder and Geiger (2016: 20): “Routine participants knew that not compromising the workflow was of utmost importance for an effective and safe operation. [...] As our findings have shown, this knowing about the priorities, which was cognitive as well as emotional, enabled the enactment of prioritizing activities”. In their study, even if a routine involved several unusual actions, the actors perceived the patterns of the routine as stable. This finding suggests that actors have a desire, an emotional component, for a real or even just perceived stability in the routine enactment. Therefore, in these situations, it is more important to retain the workflow as it is than to change the pattern, and it is also important to stabilize the pattern prophylactically for future enactments.

To summarize, the effortful accomplishments of healing undesirable routine performances because of misaligned understandings and of preventing them from occurring again in the future are also motivated by actors’ emotions such as anxiety and insecurity. In essence, emotions and emotional incidents can be indicators of deficiencies in understanding. In turn, the mechanisms applied by the actors to counter these incidents, and therefore to heal and prevent, are also motivated by emotions.

Limitations and opportunities for further research

An emergency department at a large hospital is a nearly unique working environment. Usually, employees cannot simply just leave the workplace / situation or quit doing their jobs. The department is open continuously. To quit or to exit the workplace is not really possible in this kind of work environment, but doing so may be a plausible reaction to emotional situations in other work environments. Furthermore, this study has considered only negative emotions and their effects and has neglected instances where positive emotions have led to routine dynamics.

This study focuses on the actors who perform the routines, but much routine work includes other routine participants or outsiders. How their emotions could result in emotional incidents and therefore influence the enactment of the routines is also of interest. They might also have and display emotions toward a routine and emotions resulting from interpersonal encounters.

Because the idea of *preventing* relates to the future of certain routine performances and is therefore relevant to the discussion of time in organizational routines, it would be interesting to determine how different actions are targeted on different time dimensions of organizational routines and how they unfold.

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Third Dissertation Paper

The Squeaky Wheel Gets the Grease

—

How Outsiders' Emotions Contribute to Routine Dynamics

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Introduction

In many different organizations with varying levels of stress, employees can perform the necessary operations and continue to do their job. Much is accomplished through the employees' enactment of organizational routines, which are defined as "repetitive, recognizable patterns of interdependent actions, carried out by multiple actors" (Feldman & Pentland 2003: 95). Those routines are a source of stability but also of flexibility and "have been regarded as the primary means by which organizations accomplish much of what they do" (Feldman & Pentland 2003: 94, referring to March & Simon 1958; Cyert & March 1963; Thompson 1967; Nelson & Winter 1982). Because organizational routines are an omnipresent and very important factor in organizations, several studies have attempted to unravel the different aspects of organizational work that contribute to the enactment of those routines (see, for example, the studies in the special issue on routine dynamics in *Organization Science* 2016). Highlighting the performance aspect of the actors and the way their actions unfold during the enactment of organizational routines has become more and more important. As Feldman, Pentland, D'Adderio, and Lazaric (2016: 506) stated: "Conceptualizing routines as patterns of action helps us move beyond routines as things. Routines are repetitive streams of situated action". This statement articulates well how routines are enacted within different situations taking place in organizations. It is also important to understand that routine enactment "can be interpreted (or cut) in many different ways by both insiders and *outsiders*" (Feldman et al. 2016: 506; emphasis added). Insiders are employees of the organization and are part of the enactment of the routine. Outsiders might be customers of the organization. Taking outsiders of the routines into account is important because they are often involved in the enactment of routines. However, the facets of outsiders in organizational routines have only been addressed fleetingly by very few studies, and the field awaits a thorough exploration (Feldman et al. 2016; Pentland & Rueter 1994; Turner & Rindova 2012, 2018).

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Focusing on outsiders has much potential for theoretical research as well as managerial research and practice. That is why Turner and Rindova (2018: 1274) called for scholars to study “routines that involve participation from *a multitude of outsiders*, where the *interaction with and management of the collective is central to the effectiveness* of the routine performance” (emphasis added). Also, Salvato and Rerup (2011: 475) asked, “how do social context, interpersonal interactions, and emotions affect individuals’ and teams’ performance of routines within real organizations?”. Those aspects are of the utmost relevance in many organizational contexts. However, one that caught only very few attention in organizational routines is the aspect of emotions.

This gap in the literature raises several questions. How do the emotions of outsiders unfold during routine enactments? How do insiders respond to outsiders and their emotions while enacting a routine? What practical implications can be derived from these interactions to manage the influence of outsiders’ emotions, especially in emotionally intense situations?

To address these questions, I conducted an ethnographic study in the emergency department of a major hospital. That context includes not only frightened, angry, tense, or confused patients and relatives but also ambulance crews, emergency physicians, and police officers add to the list of potential outsiders. They are frequently present, interact with the employees (insiders), and have to be managed in many different ways to enact routines effectively. Therefore, an emergency department is a highly dynamic, emotionally charged, and stressful work environment with employees of different professions working together. They enact a variety of organizational routines, which are indispensable because everyone needs to know what to do in certain situations and needs to rely on others to do their particular jobs.

This study extends the literature about outsiders in organizational routines by on the one hand identifying their emotions as considerable reasons for routine dynamics and on the other

hand by acknowledging them as taking actions in the course of routine enactment. It also identifies several mechanisms that insiders use to manage outsiders and their emotions. Discussing the existence of outsider emotions as well as the reactions of the insiders to them, this study also contributes to the literature of coupling and decoupling actions in routine enactment. Finally, the study reinforces the notion of strengthening hospital processes and offers advice on how to manage different groups of outsiders to do so.

Considering routine participants in routine research

The prevalent focus insiders

Originating from standard operating procedures, performance programs, genes, or habits, routines were long associated with stability and inflexibility (March & Simon 1958; Cyert & March 1963; Nelson & Winter 1982). This view has been substantially challenged and overturned by a lot of research that has been conducted since Feldman's (2000) study introduced a more dynamic conception of routines, which acknowledged the potential of routines to change as well as to remain stable and opened a new perspective (Feldman & Orlikowski 2011, Rerup & Feldman 2011). The resulting view on routine dynamics considered routines to potentially be stable as well as flexible by taking the endogenous influences of actors who enacted the routines into account (Feldman, 2000, 2003; Howard-Grenville, 2005; Pentland & Feldman, 2008). The actors of organizational routines and their agency have come more and more into focus as Feldman (2000: 613-614) stated: "When we do not separate the people who are doing the routines from the routine, we can see routines as a richer phenomenon. Routines are performed by people who think and feel and care". Routines are of a processual nature and exist through the performance and the patterning of actors, as they enact emergent and generative action patterns (Feldman 2016; Feldman et al. 2016; Danner-Schröder 2020). These actions, which are doings and sayings, are "especially bound up in what others do" (Feldman 2016: 33). Furthermore, to con-

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sider actions more focused “enhances our ability to see and explore the ways that such phenomena as people, materiality, emotion, history, power, and time are connected in enacting organizational routines” (Feldman 2016: 38).

Toward integrating outsiders and their emotions in organizational routines

Exploring the phenomena of people in organizational routines allows us to take all the different routine participants into account. There have been increasing calls to consider those who enact organizational routines as more multifaceted individuals (Feldman 2016; Wright 2019; Sargis-Roussel, Belmondo, & Deltour 2017; Eberhard, Frost, & Rerup 2019). Most of the studies conducted thus far have concentrated on how the action patterns of the insiders of the routines unfold. These insiders usually are long-time members or employees of the organization (Bapuji, Hora, & Saeed 2012). Some studies have mentioned outsiders but have neglected to bring them into sharp focus. Examples include a victim who approaches a disaster-control team during a earthquake simulation (Danner-Schröder & Geiger 2016), the coupling/decoupling of insider-outsider actions during a garbage collection routine (Turner & Rindova 2018), or the students who are moving into university housing and their parents (Feldman 2000). Those outsiders are often characterized as having little to no access to information about the routines such as standard operating procedures (Leidner 1993), usually have only weak connections to insiders (Feldman & Rafaeli 2002; Turner & Rindova 2012, 2018), and have more or less restricted insights about the action sequences of routines (Bapuji et al. 2012; Pentland 1992). There can also be significant variations in perceptions of routines, as insiders can believe that a routine was changed substantially, while outsiders perceive it as remaining more or less the same routine (Pentland et al. 1994; Pentland & Feldman 2005). Outsider actions often unfold against the backdrop of these aforementioned aspects, resulting in intense emotions as evident in Feldman’s (2000) study in which parents and students became angry because of how the staff of the university enacted its housing routine. However, researchers have devoted almost no attention

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to the emotions of the outsiders, how they unfold, or how insiders respond to them during the enactment of routines. They should receive more attention because “emotions are an integral and inseparable part of everyday organizational life” (Ashforth & Humphrey 1995: 98).

Turner and Rindova (2018) briefly touched on outsider emotions by referring to consistent routine performance, which resulted in customer satisfaction. LeBaron, Christianson, Garret, and Ilan (2016) also made fleeting mention of the wife of an ICU patient who was angry and unhappy with her husband’s doctors. These anecdotes reveal an aspect of routine enactment that evokes emotions in outsiders, but much remains to be discovered about how these emotions unfold in the enactment of those routines, especially in settings where a routine is rarely enacted repeatedly with the same outsider. Some research has acknowledged interactions between customers and employees. The most prominent is Hochschild’s (1983) concept of emotional labor, which posits the existence of formal and informal expectations within an organization as to what emotions its employees (insiders) should or should not display. One example would be the work of flight attendants, who have to treat all customers with a smile (Hochschild 1983), even though a customer might be rude, scared, or annoying, or the flight attendant might be emotionally exhausted after serving customers during a long-haul flight. From one perspective, that pattern of their routine performance does consider outsiders’ emotions. They must manage their own emotions to appear friendly and are therefore replying to the emotions of outsiders. Although that approach might prove more or less efficient in this context, it leaves considerable leeway as to how insiders might handle outsiders and their emotions, especially in emotionally charged environments like a hospital where “nursing work is emotionally complex” (Bolton 2000: 580). Ashforth and Humphrey (1995: 105) found that face-to-face encounters between clients and service agents “tend to be emotionally taxing” for the client and the service agent as well, especially in situations where clients have complex and pressing needs, as, for example, in education, policing, and medicine. They mentioned rational responses to those situations and

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referred to the study of Millman (1987), in which “she notes that the anger and mistrust commonly experienced by hospital patients is potentially disruptive of efficient operations. Thus, hospitals have developed various means of precluding the experience and expression of these emotions: [e.g.] consent forms minimize the perceived risk of surgery” (Ashforth & Humphrey 1995: 105, referring to Millman 1987). This shows that patients’ emotions unfold in performances and operations, but neglected to explore how insiders’ reactions toward those situations during an actual routine performance unfold.

Research setting and methods

Research setting -The emergency department of a Southwest German hospital

To study outsiders and their emotions in organizational routines, I decided to use an explorative-qualitative approach because it takes the context in which situations occur into account (Pettigrew 1990; Yin 2017). The research setting was the emergency department of the Westpfalz Klinikum Kaiserslautern, a German state hospital with about 950 beds and 20 buildings, which offered an adequate research context to answer the aforementioned research questions. With a rising interest in routine research toward more intense and highly dynamic contexts (e.g., Bucher & Langley 2016; Danner Schöder & Geiger 2016; Geiger, Danner-Schröder, & Kremser 2020) the research setting was purposefully chosen and qualifies as an extreme sampling strategy (Patton 1990), given the emotionally high-pitched situations common in hospitals.

In the Westpfalz Klinikum, physicians from different fields of expertise and nurses work together to treat the patients, which acquire their help. The emergency department of the hospital contains 15 treatment rooms and two shock rooms. Nearby is an admission ward with 12 beds. Moreover, the treatment area of the emergency department is divided into two areas: One for walking patients and the other one for patients who arrive on gurneys. In this research setting, actors must face all kinds of severe injuries, strokes of fate, and death, affecting patients

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of all ages. Every year, this emergency department sees and treats about 48,000 patients. Considering the number of patients, the ED is a fast-paced setting where all processes have to be executed efficiently and reliably. What makes the emergency department especially suitable for this research is that it also includes a wide and fluctuating range of outsiders compared to other organizations that may, for example, deal only with customers, as well as a high patient throughput and sometimes even overcrowding, which can lead to greater patient dissatisfaction, miscommunication, violence, and prolonged pain and suffering among patients (Derlet & Richards 2000). The outsiders in the ED are not only the patients but also friends or relatives of patients, paramedics, police officers, and emergency physicians, who deliver patients to the emergency department but usually do not work there.

To observe the outsiders and their emotions in the enactment or organizational routines, I had full research access to the ED, which the hospital provided over the course of 15 months. Thus, I was able to observe many outsider interactions and the subsequently unfolding situations.

Access and data collection

In the course of data collection, I went through four steps. The first step familiarization with actors of the ED, but also managers of the Westfalz Klinikum in several meetings. The hospital also provided a tour through the ED and opportunities to meet responsible physicians and nurses. Being very kind and informative, they showed the treatment areas and explained certain processes. In the second step, I became an embedded observer in the ED, wearing scrubs, attending 7- to 9-hour shifts, and having full access to all the areas. This access provided a thorough understanding of how existing processes and routines were developed and as well as how they were enacted (Gherardi 2006; Feldman & Orlikowski 2011). The first two steps of the data collection resulted in approximately 560 hours of observation. The third step of data collection involved conducting 14 interviews with key personnel. These interviews were very helpful for

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data triangulation. The interviews were recorded, transcribed, and resulted in about 226 printed pages of material. Also very helpful for gaining deeper insights into the unique characteristics of a hospital and the processes and routines were the running commentaries provided by the staff while they were being accompanied and shadowed (McDonald 2005). The fourth step consisted of collecting documents such as guidelines, training documents, annual reports, and handbooks.

Analytical process

The analysis of the data took place in five steps. In the first step, I began by coding the dataset with in-vivo codes using the terminology of the ED. Doing so helped to identify and categorize the different routines and processes and to structure the dataset (Glaser & Strauss 1967). Initially, I coded the data for all of the different people who frequently entered the ED. These people included the staff of the ED, the insiders, who had different professions including nurses, physicians from different fields, trainees, receptionists, and interns. The nurses worked in three shifts per day in teams of two or three nurses per treatment area. The physicians also worked in three shifts per day. There was a varying number of interns and trainees. Trainees usually worked in the ED for several months, but interns fluctuated much more frequently and stayed there for only about two weeks. These interns were usually in training to become paramedics or sometimes firemen/firewomen, and had to do an internship in the ED. Many other people who were not staff members of the ED and therefore outsiders also frequented the ED. The most frequent outsiders were the patients and their friends/relatives, but the staff from the hospital's patient transfer service, who transported patients to other departments or the CAT scanner, also made regular appearances. In addition to them there were also emergency physicians, paramedics, and police officers. Coding for all the people who frequently entered the ED made sense because I was interested in the interactions and the social context which unfolded during routine enactments.

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In a second step, I focused on the different processes which were enacted while managing the patients of the ED, such as arrival (e.g., on foot or on a gurney), admission (e.g., by themselves or by paramedics), assignment to a field (e.g., internal medicine or surgical), and treatment, which varied widely. Also, the team of one shift took 15 minutes before the next shift began to inform the incoming team about the patients who were currently in the ED, incidents which happened during their shift, and whether they were running low on certain supplies. Coding for these different processes helped to identify several routines in the ED: patient registration/admission, patient treatment, patient transfer, patient discharge, and shift handover.

In the third step, I focused on the actions the staff enacted while performing the routines but also took into account the outsider's actions because as Feldman (2016: 38) illustrated, "A focus on action enhances our ability to see and explore the ways that such phenomena as people, [...] [and] emotion [...] are connected in enacting in organizational routines." This step brought all actions together in chronological case narratives and then in narrative networks. This approach proved to be very helpful for visualizing and characterizing specific actions in the performance of routines (Pentland & Feldman 2007; Pentland 1999).

Because the arriving patients were (or thought they were) emergencies, considerable emotion is present in the ED (Isbell, Tager, Beals & Liu 2020). Some are scared, in pain, overdosed, angry, or just confused. Furthermore, patients bring along or are brought by relatives or friends, who are often very worried and therefore emotionally involved as well. Acknowledging the prominent emotions of the majority of outsiders I focused on coding for them in a next step, using Ekman's (1999: 55) list of basic emotions, which includes anger, amusement, disgust, contempt, embarrassment, contentment, fear, excitement, guilt, pride in achievement, relief, shame, sadness/distress, satisfaction, and sensory pleasure. Although many emotions occurred during the enactment of routines, not all of them led to observable routine dynamics. Since routine dynamics was the primary focus, I further distinguished between emotional situations

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that led to routine dynamics, such as delays and interruptions, and those that did not lead to routine dynamics in the course of the routine enactment by the insiders. Situations in which outsiders' emotions induced routine dynamics, which unfolded in the course of a routine enactment, I defined as emotional-outsider-dynamics (EOD).

Taking the fifth and last step, I was interested in the reactions of the insiders to the EOD and, thus, also coded for them. Those reactions I clustered in four mechanisms. In the first category, *listening*, I included all instances where insiders took the time to listen to the concerns of the outsiders. The second category, *comforting*, encompassed all instances in which insiders took their time to comfort an emotional outsider. The third category, *rebuking*, included all situations where insiders confronted an outsider about his or her behavior. The fourth category, *accelerating*, included situations in which insiders expedited processes to get outsiders out of the ED quicker.

Findings

The analysis of the findings is conducted through three representative vignettes illustrate how emotions of three different types of outsiders unfolded during routine performances. The first vignette concerns a patient's emotions, the second vignette considers the emotions of two paramedics, and the third vignette shows the emotions of a relative as they unfolded in the ED.

Vignette 1

Patients were often the reasons for EOD because they are the most common group of outsiders who entered the ED. The following vignette details one of the cases in which a patient's emotions led to EOD.

Drunk and loud

A man in his thirties arrives at the counter. He looks unkempt and has the smell of alcohol on his breath. He states complains of a lot of pain in his thorax after being in a fight. The nurse on

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duty, Martin, tells him to please be seated and that he will be called in as soon as possible. The man sits down in the waiting area and starts to communicate loudly with other waiting people. He is then called in and then is sent to get an x-ray of his thorax. After that procedure, he is sent back to the waiting area. After a few minutes, he gets loud and starts to shout impatiently: “Why the hell does this take so long?”. The other waiting people are visibly uncomfortable. Martin and another nurse, Andrea, who are behind the counter obviously hear the angry man. Martin turns to Andrea and says with a stern expression: “We should really try to get him out of here as fast as possible!”. Andrea acknowledges the idea by nodding her head approvingly. About 10 minutes later, the man gets up and walks up to the counter and interrupts another arriving patient in describing his issue to Andrea. He aggressively shouts again: “H-e-l-l-o-o-o, I have been waiting forever! I want to see the doctor now! Why hasn’t he already called me in again?”. He miraculously does not seem to be in pain anymore. Martin stops the paperwork he is doing for a patient transferal, gets up, walks around the counter into the waiting area, and addresses the man in a loud and annoyed manner: “Your behavior is unacceptable! You quiet down now and listen to me! The physician is looking at the images as fast as he can. If you do not want to wait, you are free to leave!”. During this confrontation, Andrea walks back into the treatment area to find the physician and asks him, “I am sorry, but could you please check these x-rays first and quickly talk to this patient? He is really unsettling the whole waiting area and interrupts admissions.” In the meantime, the man calmed down a bit and stands in the waiting area. The physician agrees and calls the man in right away. The man claps his hands and says “Well, that’s about time” and walks into the treatment room with a smile. There he is very peaceful. After explaining to him that he has only a couple of bruises, for which he will receive an ointment, the physician sends him away. He seems to be relieved after the patient is gone. After the man’s departure, all of the patients and relatives in the waiting room as well as Martin and Andrea are way more relaxed. After the man left the waiting area, Andrea continues to talk to the other patient, admits him and asks him to please be seated.

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-Intermediate analysis—Rebuking and accelerating a patient-

In the ED, it is a daily occurrence for employees to have a lot of contact with outsiders of the routines. Consequently, these outsiders also play a role in the performance of routines by the insiders because they interact with them. This vignette shows how the angry patient not only unsettled other waiting people but also interrupted Andrea during the admission of other patients. He became more and more aggressive and loud. This behavior led not only to all of the other people in the waiting room feeling uncomfortable but also interrupted the employees. The longer he had to wait, the more persistent and aggressive he became. Because of the man's emotional outburst, Martin pointed out to Andrea that his treatment should be accelerated and she agreed. Unfortunately, that approach did not immediately resolve the issue because he interrupted Andrea again during the admission of another patient. This interruption led Martin to leave his post and rebuke the patient in a very persistent manner by stating that his behavior was unacceptable and telling him to be quiet. Simultaneously, Andrea accelerated the man's treatment by approaching the doctor and getting him to give priority to the aggressive patient instead of the next urgent patient in line. By agreeing the doctor examined the aggressive patient's x-rays and issued the prescription for the ointment sooner. The doctor finished the man's treatment earlier than normally would have been the case. However, this expediting resulted in fewer interruptions and a calmer waiting area, as Andrea could continue to admit the previously interrupted patient and Martin could also continue with his tasks. "Sometimes it pays off to accelerate some people's treatment and get them out of here faster. They unsettle all the other patients and even worse, they keep us from doing our jobs", Andrea said afterward.

Vignette 2

Even though they are medical professionals in this context, as opposed to patients or relatives, the emotions of paramedics or emergency physicians often played a role for EOD. The following vignette illustrates one such case.

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Hold your horses!

Two paramedics bring an 82-year-old woman into the ED on a gurney because of breathing difficulties and high blood pressure. One of them brings her to the treatment area, while the other is going to the counter for the admission process and to hand over all of the paperwork. He approaches Lilly, which is at the counter during this shift, and began with a rather unfriendly and short “Woman, 82, problems breathing, high blood pressure, here”. He hands the woman’s insurance card and the rest of the paperwork to Lilly and leans against the counter. She begins to type the data into the system while the paramedic begins to tell her how awful his day was so far. “The traffic is terrible; people are driving like lunatics! Every drive takes way longer than it is supposed to...this is so annoying!” He loudly rambles on and asks Lilly “Don’t you hate it when things like this happen?” She shortly interrupts her typing, looks up and nodded her head approvingly. The paramedic goes on but then ends with, “Well, I guess some days are just like this”. Meanwhile, Lilly continues to type the necessary data about the patient’s condition in and inserts the insurance card into the slot for the computer to read the patient’s personal data. However, the process does not seem to work on the first try. After a short time, she tries again but again the reader does not acknowledge the card. Sometimes the machine needs a couple of tries so she keeps on trying. The paramedic becomes more and more impatient as he repeatedly looks at his watch. In the meantime, the second paramedic comes back, walks up to the counter and asks his colleague if they can leave now. The first paramedic rolls his eyes and points toward Lilly. The second paramedic frowns, turns to Lilly behind the counter, and rudely addresses her: “How can this take so long please? We need to get going. There is another transport we are already late for, so hurry up!” Due to his volume, some patients in the waiting room turn their heads toward the counter. Lilly looks up startled for a second, then stands up, puts the card aside, and says loudly and with a very stern expression: “Hold your horses, Mister! Maybe you are new to this, but this tone does not work with me or anyone here. So, I suggest you calm down and let me do my job here. Otherwise, things will get really uncomfortable!”.

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The paramedics both seem very surprised and do not immediately reply. After looking at them for two more seconds, Lilly sits back down and continues. The rude paramedic says “ok, I am sorry. We have a very stressful day today and the traffic is terrible”. “Yes, I heard already”, Lilly replies. At the same time, the reader read the card. She prints out the paperwork for the paramedics, and the admission is done. With only a few more words, the paramedics take the paperwork and leave.

-Intermediate analysis—Listening to and rebuking paramedics-

For insiders, many emotions occurred in relation to paramedics and emergency physicians. They are not all negative emotions, and some of the interactions were quite humorous as well. Nevertheless, these kinds of outsiders have a high potential for negative emotions, which resulted in EOD because of differing medical opinions, confusion about the processes, or the rough tone in the ED. The second vignette illustrates one of several situations where paramedics displayed their emotions during the admission of patients. The way the paramedic approached Lilly in the first place showed that he was not in a good mood to begin with. As he told her about his day in his grumpy manner and kept complaining about all the people in traffic that day, his emotions came across pretty clearly. He even addressed Lilly directly with a question to have her acknowledge his reasons for being grumpy. As a reaction, Lilly soon interrupted her work and listened to his rambling stories, signaling her attention and consent by nodding her head. The fact that he could unload on someone calmed him down a bit, and Lilly could continue her task. As the admission seemed to take longer than he expected, he appeared to become impatient and unhappy. The second paramedic undoubtedly showed how unhappy he was with the wait because he very rudely griped at Lilly for taking so long. This put Lilly off her stride, and she stopped trying to read the card. As a reaction, she rebuked the man by making

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it very clear how inappropriate his behavior was. This response was very effective because the paramedic not only apologized but also refrained from interrupting Lilly's work any further.

Vignette 3

The patients arriving in the ED are often in pain and scared. Nevertheless, the friends and relatives who often come along with them are no less emotionally charged. The last vignette illustrates a display of emotional outsider dynamics by a relative.

The father

A man carries his unconscious seven-year-old daughter in his arms into the ED. Her clothes are soaking wet. Her father is very agitated and explains how he found his daughter unconscious next to a concrete mixer that had fallen over. He was wondering why she did not wake up, so he tried waking her up by putting her under a cold shower. But she did not react. He then rushed to the hospital with her. She died in the ED due to a brain hemorrhage. She must have played on or by the concrete mixer, which fell over and struck her head. After the physician on duty tells the waiting father about his daughter's death, the father breaks down crying in the waiting room. A nurse, Peter, goes out to console him helps him walk into the treatment area so he can calm down. The father repeatedly sobs: "She is just seven years old!" and "she can't be dead, no I don't believe it!". His outburst brings several other employees to walk by and check on what is happening. Peter patiently listens to the man, which calms the man down a little. After the man is calm enough, Peter tells him that he can bid farewell to his daughter and see for himself that she is gone. After doing so, the father does not want to go home and asks, "Can I please stay with her during the night?". Peter explains to him that unfortunately he can not and that he has to go home and rest but also grieve and that they will take care of his daughter. So, then girl's father leaves, only to return to the ED the next day. He approaches Peter again, who is about to call a patient from the waiting area to come into a treatment room, and very agitatedly assures him "I dreamed of my daughter tonight, she isn't dead! She is alive and she is locked up in this basement! We need to go to her now and release her!" Peter tells him that this is not

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possible and assures him that “people are only brought to the morgue in the basement when they are really gone. Please try to accept that”. The man however does not calm down and keeps insisting that his daughter is still alive and locked up. So, Peter asks his colleague to take care of the next patient and goes down to the basement with the man. Since non-employees cannot enter the morgue, they stand in front of the doors and listen for a noise. Because it remains quiet, Peter again tells the man that “only the deceased are brought down here from us; your daughter is not locked up.” He pauses and puts his arm around the man’s shoulders. “As hard as it is, you have to accept that. I am really sorry! Come on, let’s go back upstairs and get you some coffee” The man listened for a noise again, downheartedly thanks Peter for all his kind words, and then leaves the hospital. Peter then goes back to the waiting area to call in the next patient.

-Intermediate analysis—Listening to and comforting a relative-

The emotionality of the father is undeniable and unimaginable for anyone who has not lost a close family member suddenly. His daughter died, and he could not do anything to change it. After the doctor told him of her death, he broke down crying and sobbing. Peter took care of him, but by the nature of the situation, a few words cannot fix the situation. The man could not quite fathom that his girl was not among the living anymore. He was very confused and sad before he went home. The next day he still appeared to be confused but was more agitated and anxious about his locked-up daughter. He was certain that she was still alive and was eager to help her out of the basement. Peter said later: “This is a horrible situation for the man. It is nearly unimaginable to go through something like this. But there is nothing more we can do here in the ED”. The girl’s father was far too agitated to say goodbye to his daughter properly before leaving the ED. Therefore, Peter took the time to listen to him until he calmed down. When he was calm enough, Peter proceeded to let the man bid farewell to his daughter. When

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he did not want to leave, Peter told him that it was not possible for him to stay, but comforted the man by telling him that they would take care of his daughter. The man was less openly emotional after that, went home, and everyone went back to their jobs. The next day, the father interrupted Peter while he was calling in a patient. The father could still not believe that his girl was dead and therefore was still very emotional. They went down to the morgue, where Peter comforted him again not only using his words but also by putting his arm around his shoulders. He remained very patient and understanding, even though the situation was also strenuous for him, as he shared later: “When you treat a patient, you often also treat the people who come into the ED with them in a way. That is sometimes even more exhausting”. However, Peter’s actions helped calm the man down again and made it possible for Peter to continue doing his tasks by bringing the next patient into the treatment area.

Emotional-outsider-dynamics unfold within actions

These three vignettes and their analysis demonstrate how the emotions of different outsiders unfold during the enactment of routines in the ED. The first vignette concerns the patients, who are obviously the most frequent outsider group in the ED. The second vignette focuses on paramedics, who (as well as emergency physicians) bring many patients to the ED. The third vignette considers the relatives of the patients, who, as well as the friends of outsiders, often are very emotional themselves. All of these outsiders present emotions during their time in the ED. Not all of these emotional displays or outbursts led to routine dynamics. However, the ones that were, I defined as emotional-outsider-dynamics (EOD). To handle these EOD, the insiders of the routines employed four distinct mechanisms.

The first mechanism is *listening*. By listening to the outsider’s concerns, problems, or matters, they feel understood and taken seriously, which helps to calm them down. This listening includes signaling, verbally or through facial expressions, that agrees with or acknowledges the outsider’s concerns. The second mechanism is *comforting*. Using this mechanism means

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understanding as well as addressing an outsider's concerns and then providing emotional support. For example, comforting can take place verbally but also physically through a pat on the back or holding someone's hand. The third mechanism the insiders enacted was *rebuking*, which means to confront an outsider for inappropriate behavior such as being too loud or too rude. The last mechanism is *accelerating*, which means to accelerate the processes to enact a routine faster and, as a result, get the outsiders out of the ED faster. For example, a patient with very strenuous relatives, who frequently approach the staff about various issues, can sometimes elicit a response of accelerating from insiders. By accelerating the treatment routine, for example, such patients are more likely to leave the ED in a shorter time.

The first two mechanisms, listening and comforting, are very kind and targeted to address the outsiders' concerns. They often include a considerable amount of empathy on the part of insiders. Insiders use listening for EOD that stem from all kinds of emotions, including anger, anxiety, or disgust. It is also used across all types of outsiders. Since it is not a very strenuous mechanism for the insiders, it is broadly applicable. However, comforting is mostly used in situations where EOD come from outsiders who are anxious and confused or sad, and less frequently in situations in which outsiders are angry and aggressive. As opposed to listening, comforting is applied almost exclusively to patients or friends and relatives and not on emergency physicians or paramedics, who are medical professionals and therefore might not need comforting in this context. There is another reason that this mechanism is used exclusively with patients, friends, and relatives. It is a mechanism that is mostly used in the context of the treatment of a patient, and therefore a treatment routine, of which emergency physicians and paramedics are not part of.

Rebuking and accelerating are not mechanisms that incorporate kindness toward the outsiders. Nevertheless, they are effective and necessary. Rebuking is most prominent in situations where EOD stem from emotions like anger or contempt. These situations also happen

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across all types of outsiders in the ED, and the mechanism can be applied to all of them. Accelerating is used across all types of outsiders as well because it is not only helpful to accelerate the processes around strenuous patients, friends, or relatives but also to get arrogant emergency physicians or abrasive paramedics out of the ED faster. Unlike all of the other mechanisms, accelerating is a passive mechanism because it is not applied directly to a person. It focuses on the processes that concern the outsider in question. However, all of these mechanisms take place in the course of routine enactment, which consists of the enacting of action patterns. Ideally, the actions are coupled and fit together so the performance can go on as planned. However, in the case of the EOD, which also occur during the routine enactment, it became evident that the actions the actors would usually take would no longer fit, as illustrated in Figure 1.

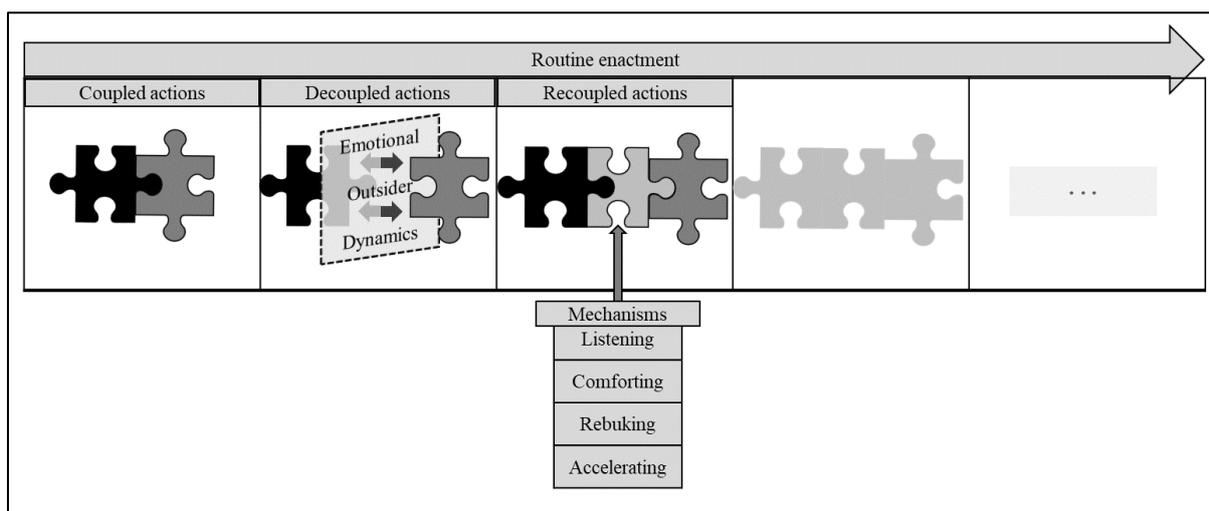


Figure 1: Emotional-Outsider-Dynamics in routine enactment

The EOD decouple the actions of the insiders, which therefore do not fit anymore in the sense of ongoing performance. To counter these situations, the actors apply one or more of the mechanisms to overcome this state of decoupled actions. Of course, applying a mechanism constitutes one or several actions itself. The goal is that these mechanisms lead to a recoupling of the actions and therefore the continuance of the routine performance. For example, the action of placing a venous access in the course of a treatment routine is not possible if the patient is so scared that he/she does not offer an arm to do so. The patient is horrified and afraid of needles,

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tells how much it hurt last time, and so on. The nurse then listens to the concerns and comforts the patient by telling him/her how gentle he/she would be because he/she is very experienced in doing this procedure. These mechanisms help to resolve the source of the EOD, the patient's fear, and, therefore, the EOD itself. The nurse can then continue placing the venous access and the mechanisms ensure the ongoing performance of the treatment routine. This process happens in the course of enacting the routine as the disruption of EOD and how the insiders of the routine respond are the enactment of emergent and generative action patterns. Furthermore, the EOD emerge through and consist of actions by outsiders. These actions are not intended to contribute to the enactment of the routine. Nevertheless, they occur during and within the routine enactment through the actions of the insiders. EOD can therefore be seen as a result of a cluster of counterproductive actions by outsiders to the routine as they decouple the actions initially taken by the insiders.

Theoretical implications

This study adds to the literature on outsiders of organizational routines by considering their emotions. My findings make two theoretical contributions. First, they contribute to research on outsiders of organizational routines by including their emotions and therefore elaborate a more multifaceted understanding of these outsiders in the course of routine enactment. Second, they provide additional insights about the coupling of insider-outsider actions in organizational routines.

Outsiders think, feel and care—Toward a more multifaceted understanding of routine participants by including the outsider

Very few studies have focused on outsiders of organizational routines. Several studies mention outsiders, but very few consider them closely (e.g., Feldman 2000; Danner-Schröder & Geiger

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2016; LeBaron 2016; Turner & Rindova 2011, 2018). This study extends the overall understanding of outsiders in organizational routines by considering their emotions in the course of routine enactment.

In general, considering emotions in organizational routines is very useful in gaining a better understanding of routine dynamics since routines are mostly enacted by humans as they “think and feel and care” (Feldman 200: 614). Most studies have considered only the emotions of insiders of organizational routines. For example, Deken, Carlile, Berends, and Lauche (2016) describe a routine participant who angrily walked out of a meeting, and Danner-Schröder and Geiger (2016) described an actor’s need to control emotions in extreme situations. However, this study goes further and sheds light on how the emotions of outsiders, who are connected to or are the subject of organizational routines, unfold in their enactment.

Turner and Rindova (2018) drew attention to the need to investigate routines with a multitude of outsiders. In their study, they used the differentiation of outsiders and insiders to determine what influence the timing-based patterning had on the routine performance. By doing so, they evaluated the effectiveness of this patterning through indicators of customer *satisfaction*. In a way, they touched upon the fact that the emotions of outsiders are influential by asking how satisfied customers were with the routine. However, what this approach largely neglected is the fact that the emotions of the outsiders can also play an active role in the performance routines.

In contrast, this study illustrates how outsiders and their emotions unfold in emotional-outsider-dynamics during routine performances and what reactions those dynamics evoke by the performing actors or insiders. Doing so helps to develop our understanding of the multifaceted outsiders of a routine. Taking a separate look at the outsiders and acknowledging their ‘contribution’ to routine enactment demonstrates why it is important to consider all routine participants because outsiders contribute to routine enactment by expressing emotions. The

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work of Salvato and Rerup (2011), who repeatedly state the importance of emotions and social context as future areas of research, supports the importance of these insights. Depending on the setting and context, outsiders shape the social context of routines and engage in interpersonal interactions during the enactment of those routines. Furthermore, their unfolding emotions are consequential for the routine enactment, as individuals or teams react to those emotions.

Another extension to the existing literature considering the outsiders of organizational routines is that, by expressing emotions, they also *take action* in the course of routine enactment. According to Feldman (2016: 39), “action has clearly been at the center of routines research from the beginning”. However, research on organizational routines has mostly considered the actions of the insiders as sources for routine dynamics (Feldman 2016; Feldman et al. 2016, Howard-Grenville 2005) I argue that the actions outsiders take in the course of EOD can also be viewed as sources of routine dynamics because the insiders have to react to them by enacting emergent and generative patterns such as the mechanisms identified in this study. Therefore, this study extends the existing literature on routine dynamics by demonstrating that outsiders also act in the course of routine enactment. It is evident that outsiders can play an active role in the enactment of organizational routines. In contrast to existing studies such as that by Turner and Rindova (2018), they might do so, not to contribute to the enactment of the routine per se. Therefore, their motivation to act is different than in the garbage collection routine of Turner and Rindova (2018). Another very interesting fact considering the potential of outsiders taking actions in the course of routine enactment is, that they do take part in the performance but nevertheless do not take part in the patterning of the routine. The insiders of the routines might of course perform and pattern *because* of the outsiders’ actions, but the outsiders themselves do not actively engage in the patterning of the routine. This insight also expands the understanding of outsiders, as they may have a direct part in the performance but only an indirect part in the ongoing patterning of organizational routines.

Extending the literature on coupling and decoupling of actions

Howard-Grenville and Rerup (2017: 335) raised the question of “through what mechanisms are actions coupled in routine performances”? The question initially focused on the temporality and spatiality of routines and has also been picked up by Turner and Rindova (2018). They considered the coupling of insider-outsider actions by addressing consistency in routine performances, especially regarding timing (Turner & Rindova 2018). As a result of their study, they found that “consistent routine performances increase the coupling between the actions of organizational insiders and outsiders in ways that may not be either anticipated or desired” (Turner & Rindova 2018: 1272). Glaser (2017) also touched upon this concept by showing how a law enforcement organization in a large metropolitan area changed its routines toward more inconsistency in their performances to prevent criminals from recognizing patterns and subsequently to prevent undesired coupling of their actions. Both of these studies consider coupling of actions with outsiders. However, these studies only focusing on temporality and spatiality. In contrast, this study extends this knowledge about coupled actions by arguing that emotions, as well as the responding mechanisms, play a role in coupling and decoupling actions during the enactment of a routine. Therefore, EOD lead to the decoupling of the insider-outsider actions. They occur during the routine enactment, forcing the insiders to react to them regarding the respective situations. The mechanisms serve as reactions enacted by the insiders to recouple the insider-outsider actions. By identifying the different kinds of mechanisms, this study therefore also aids in understanding more about the coupling of actions and why (and when) this coupling might be disturbed but also restored.

Managerial implications

Because these are very strenuous and dynamic times for our society and health care systems, this study should supplement practical and managerial knowledge to help make our health care system more robust and resilient. Since an ED is a context that involves the participation of

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many outsiders and the interactions with and management of the collective is central to the effectiveness of the routine performance (Turner & Rindova 2018: 1274), this study can contribute here as well. First, it explains why the routines and processes enacted by the staff need to be protected from disruptive influences such as emotional-outsider-dynamics. Second, it offers implications for managing patients and their friends and relatives. Third, it has implications for managing paramedics and emergency physicians. Fourth, it acknowledges the importance of staff training.

Routine performances need to be protected from strenuous dynamics induced by outsiders' emotions

To make routine performances more resilient as well as more efficient, it is of the utmost importance to minimize hindering factors. Especially in the context of the ED, where time and human resources are often scarce, the processes and routines need to be as efficient as possible. Because EOD often constitute a hindering factor, they need to be prevented or at least managed appropriately. Because much of the EOD stemmed from outsiders who were unable to relate to the routines in which they were participating, one primary objective would be to share as much information with the outsiders beforehand as possible.

This insight is comparable to the examples provided by Okhyusen and Bechky who stated that in the provider-customer relationship, the integration of the customer is necessary, because if “the customer does not know or follow the script set out by these organizations to create the service, though, they can disrupt the work and impact the quality of service not just for themselves, but for others also waiting in line” (Okhyusen & Bechky 2009: 495). They further pointed out that “organizations therefore face the need to create common understanding with their customers, who would traditionally be considered outsiders to the organization, in order to integrate the different contributions into the task” (Okhyusen & Bechky 2009: 495).

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Managing patients, relatives, or friends

It is important that the measures taken do not strain any more of the human resources, especially in critical situations where there is a rush toward the ED. As a solution, insiders should provide more information to the outsiders in the waiting areas. As Coulter, Entwistle, and Gilbert (1999) have already stated, sharing information with patients can be beneficial but often falls victim to the limited time of the staff. Therefore, the information could be provided over screens, which, for example, show short videos explaining how and why waiting times emerge. A portfolio of different videos or texts should be available so that the information can be adjusted for different situations depending on the number of patients. Posters and other reading material could be provided in the waiting areas to disseminate information. Because most societies are multicultural and multilingual, the information should be provided in several languages or in the form of pictograms. These steps might help outsiders to relate more easily to the processes and could aid in creating a better understanding of waiting times for example, without having to form a strong connection with insiders of the routines. These measures are easy to implement and can be targeted toward the patients and their friends and relatives.

Managing emergency physicians or paramedics

There are also measures that can be taken to manage the interactions with emergency physicians and paramedics more efficiently regarding the prevention of EOD, which result from those interactions. Paramedics and emergency physicians come into the ED more regularly and therefore require a different type of management approach. For example, a kind of interface management for patient handover between these types of outsiders and the staff of the ED would be helpful because the handover process is of high relevance (Yong, Dent, & Weiland 2008). For example, there could be a separate admission desk/area for patients delivered by paramedics or emergency physicians. The admission desk could be staffed by a nurse who would receive the

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patients and their information. From there, the patient could be brought into the respective treatment area. This approach would prevent the paramedics and emergency physicians from recklessly walking into the treatment areas, where they interrupt the processes of the staff. An exception to this approach would be patients who are delivered to the shock rooms because no time should be lost and the information exchange from the emergency physicians to the physicians of the ED must be rapid and direct.

Creating an interface management tool such as an admission desk/area might go hand-in-hand with spatial and structural changes in the ED. Introducing measures such as new routines without adjusting the environment accordingly might weaken the effect of these measures or even render them impractical or counterproductive. It is very important to consider not only changes in routines and processes but also to keep in mind that these changes may require further actions to make them as efficient as possible.

Staff training

There is also a need for education and training regarding the awareness of emotions and their influences (Isbell et al. 2020). To react appropriately to EOD and therefore to mitigate their effects by using the mechanisms, the staff of the ED could benefit from training regarding emotional intelligence skills. By doing so, the staff becomes more resilient toward outsiders' emotions and can be strengthened regarding conflicts. This training also contributes to the better psychological health of the staff.

Limitations and opportunities for future research

The emergency department of a big hospital is a nearly unique organizational context, which is why not all of the insights of this study might be applicable in other contexts. For example, the work of the insiders is characterized by special conditions because they cannot simply quit or exit a routine as doing so would mean stopping the treatment of a patient. Thus, routine breakdown is not an option in this organizational context. It might however be interesting to study

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whether insiders in other organizational contexts would use another mechanism to respond to outsiders' emotions. Furthermore, this study only considers negative emotions and their effects because an emergency department is usually not an environment filled with positive emotions and because negative emotions have led to more prominent routine dynamics in the enacted routines. Therefore, further research should also consider how the positive emotions of outsiders unfold to gain a deeper understanding of outsiders in organizational routines.

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Conclusion

By considering emotions in organizational routines, this dissertation contributes to the knowledge about dynamics in organizational routines and also presents areas of synergy. All three papers expand on past research in the discussion of the influences of routine participants (insiders and outsiders) on the enactment of and the dynamics within routines. By going further than just attributing feelings to actors in routines, this dissertation stresses the importance of (1) the multifaceted influences of emotions and (2) the realization that considering emotions makes it indispensable to take all routine participants into account.

(1) The first area of synergy is the acknowledgment of the multifaceted influences of emotions on routines. All three papers of this dissertation emphasize the importance of the variety of emotions as well as their sources being more than just the ‘feelings that occur’ during routine enactments.

The first paper demonstrates this importance by linking two research streams. It presents the different effects of emotions and moods and of different emotional concepts on the behavior of humans to enrich the understanding of human emotions in organizations. By emphasizing that every routine takes place in an emotional arena, it is inevitable to consider the topic in routine research. Identifying the shared analytical level of emotions in organizations and the prominent aspects of the actors in organizational routines gives structure to the endeavor of identifying potential influences on routine dynamics. Discussing these influences demonstrated how routine research can benefit greatly from examining the enactment of routines through an emotions lens. It is also important to consider that the interplay between those two research fields is not a one-way street. Organizational routines can also affect the emotions of the routine participants. It may occur through providing structure to the participants and therefore protecting them from ‘feared’ novelty and change, or by incorporating guidelines regarding emotions

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in the pattern of the routine, thereby relieving the actor from thinking about what emotions to display. The second paper contributes to this understanding by considering distinct emotions such as anger and sadness, how they unfold, and how they are addressed in routine enactment. Furthermore, it differentiates between two reasons for emerging emotions—those directed toward the routine and those that arise because of interpersonal encounters. The third makes a similar contribution, showing that emotions have an influence on routine enactments in a way that needs to be addressed by the performing actors in certain ways.

(2) Contrary to much previous routine research, my dissertation includes all routine participants (insiders and outsiders). The second overarching contribution of the three papers is the holistic approach of considering all routine participants with regard to their emotions, not simply the insiders. The first paper considers the effects of emotions and emotional concepts within organizations and therefore on the employees. Additionally, by considering aspects of emotional labor in the service segment, for example, it takes into account customers and their satisfaction. The second paper focuses on the insiders of the routines. Observing their emotions unfolding in the course of routine enactments as well as the reactions to these emotions helps to shed more light on this group of routine participants. The third paper considers the other group of routine participants, the outsiders. Many routines contain outsider interactions where it is evident that these outsiders can potentially affect routine enactments. The insiders of the routines in turn deal with those influences by, for example, enacting certain mechanisms. Placing the focus of the second paper on insiders' emotions and the focus of the third paper on outsiders' emotions made it possible to investigate each of those groups more closely and thoroughly. Overall, the result is a more multifaceted understanding of routine participants and their contribution to routine dynamics.

The consideration of emotions in organizational routines presents many great opportunities for research.

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Even though the emergency department is a prime example of routinized work in an emotional environment, it would be very fruitful to investigate other contexts such as office spaces or schools. In an emergency department, the possibility of routine breakdown is almost non-existent because treatments cannot just stop. Therefore, considering several kinds of routine contexts might provide more detailed insights on aspects like reasons for emotions or the reactions toward them. The same holds true for other organizational contexts where a multitude of outsiders are present in the course of routine enactment. Since this dissertation has mostly considered negative emotions, it would also be interesting to investigate positive emotions and how they unfold in routine dynamics. It would also be beneficial to consider emotions on currently prominent topics in routine research such as the roles of actors and time. Emotional influences or emotion-based behavior could be shaped through different roles of routine participants independent of the hierarchy. Furthermore, because emotions can have an influence on the perception of time, and action sequences often depend on timing, this area holds much potential for future research.

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Kaiserslautern, 26.04.2021

Hagen Schaudt

Self-Declaration

Selbstdeklaration

Im Folgenden möchte ich darlegen, in welchem Umfang ich zu den Artikeln, die in Mehrautorenschaft entstanden sind, beigetragen habe. In Anlehnung an internationale Standards (declaration of co-authorship) erfolgt die Einschätzung in vier zentralen Dimensionen:

- Konzept und theoretische Herleitung: Formulierung des grundlegenden wissenschaftlichen Problems, basierend auf bisher unbeantworteten theoretischen Fragestellungen inklusive der Zusammenfassung der generellen Fragen, die anhand von Analysen oder Untersuchungen beantwortbar sind.
- Planung und Operationalisierung: Planung der Analysen und Formulierung der methodischen Vorgehensweise, inklusive Wahl der Methode und unabhängige methodologische Entwicklung, sodass erwartet werden kann die wissenschaftlichen Fragen zu beantworten.
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Dabei erfolgt die Einschätzung des geleisteten Anteils auf folgender Skala:

A Leistete einen Beitrag (0-33 Prozent)

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Für den Artikel „Enacting Emotions in Organizational Routines“ in Mehrautorenschaft mit Gordon Müller-Seitz und Anja Danner-Schröder schätze ich meinen Beitrag wie folgt ein:

Konzeption und theoretische Herleitung: B

Planung und Operationalisierung: B

Durchführung der Datenerhebung und Analysen: C

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