


Constructing a World for Compassion: How Temporal Work Can Preserve Compassion in Extreme Contexts

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ABSTRACT This article extends previous research on how compassion can be preserved in extreme contexts, highlighting the phenomenological experience of time in practices. Based on an ethnographic study of hospice care, we show how temporal work preserves compassion by enacting the *end-of-life* as a time of agency, a liminal time between the past (life) and an undesirable and certain future (death) that shifts focus to here and now actions. Taking a Heideggerian approach to the lived experience of compassion, we understand the hospice as a world where different ways of being are implicated in practices organized through existential spatiality (*being with the guest* and *being by the guest*). We show how exposure to people in *end-of-life* affects the experience of time in compassion practices, allowing them to be experienced as *kairos*, involving sacredness and spiritual connectedness with others, and as *chronos*, allowing compassion-givers to restore their capacity by focusing on compassion tasks.

Keywords: compassion, death, existential spatiality, *kairos* and *chronos*, present-at-hand, temporal work

INTRODUCTION

Described as the relational process involving noticing, feeling, and acting to alleviate the suffering of another (Kanov et al., 2004), compassion has recently received increasing scholarly attention (DeCelles and Anteby, 2020; Dutton et al., 2006, 2014; Lawrence and Maitlis, 2012; Peticca-Harris, 2019; Rynes et al., 2012). A central component of this research is how organizational members navigate the tensions between serving

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others while protecting themselves from emotionally demanding situations (Kahn, 2019; Kanov, 2020; Margolis and Molinsky, 2008). When compassion is not occasional but sustained over time, these emotionally demanding situations can become draining and exhausting. Such tensions are even more acute in human services organizations. Those working in healthcare, welfare, refugee services, and homeless shelters, for example, must regularly face extreme emotional situations while responding compassionately to the needs of others (de Rond and Lok, 2016; DeCelles and Anteby, 2020; Kanov, 2020; Lilius et al., 2011). Disregarding the needs of the self can lead to burnout (Maslach et al., 2001; Rapp et al., 2021) caused by compassion fatigue, negatively affecting organizational performance (Cropanzano, 1998; Cropanzano et al., 2003). In this vein, Schabram and Heng (2021) have argued that the growing academic and practitioner interest in bringing compassion practices into the workplace must be reconciled with the acknowledgement – and even prophylaxis – of the risk of compassion fatigue and burnout by organizational members.

Most extant research has focused on individual behaviours and tactics stemming from personal characteristics such as dispositions and capacities that allow one to enact organizational roles while protecting the self (Ashforth and Humphrey, 1993; Margolis and Molinsky, 2008; Maslach, 1982; Zapf, 2002). This stream of literature explains how workers protect themselves through ‘psychological triage’ (Weick, 1995) by psychologically disengaging to gain distance from their emotions, from others, and, ultimately, from themselves (Bandura, 1990). Such self-distancing has been described as depersonalization (Maslach, 1982) or detachment (Figley, 2002).

More recent studies have transcended individual responses to highlight how institutional- (DeCelles and Anteby, 2020), contextual- (de Rond and Lok, 2016), and collective-level dynamics (Kahn, 2019) shape individuals’ approaches to resolving tensions in stressful situations. Understanding the role of such dynamics provides insights into how particular arrangements affect people’s emotional distress experience and, therefore, how they choose to engage or not in acts of compassion (Kanov, 2020). Some of these studies underscore the need to build collective mechanisms and interpersonal patterns that allow individuals to temporarily push ‘away other roles and tasks’ (Kahn, 2001, p. 270) and create moments of respite for compassionate action (Lilius, 2012). Such recovery factors point to the role of time, as compassion seems to require certain limits to be sustainable.

Inspired by this recognition of the role of time in sustaining compassion, this paper delves into new pathways by analysing the active role of temporal work in organizing compassion. Adopting a temporal work perspective (Orlikowski and Yates, 2002), we focus on the organizational efforts to constitute a ‘world’ (de Rond et al., 2022; Heidegger, 1962) that orients actors’ temporal experience. Temporal work involves influencing, sustaining, or redirecting temporal assumptions or patterns that shape actions (Bansal et al., 2022). This approach stems from a phenomenological understanding of the worlds in which we dwell in terms of ‘existential spatiality’ (Heidegger, 1962); temporal work has the potential to (re)configure the common human arrangements governing our intentional relationships with things and humans (Holt and Sandberg, 2011), as well as habitual practices (Schatzki, 2002). Thus, by exploring temporality’s role in organized compassion, we may be able to explain better how compassion is sustained. Our guiding question is thus: How can temporal work preserve compassion in extreme contexts?

To empirically study this issue, we draw on a two-year ethnographic study on The Sower Hospice (pseudonym), an organization that supports poor, terminally ill patients, which it refers to as guests. As it provides compassionate care to indigent, dying people, a hospice organization is an extreme, paradigmatic case (Hällgren et al., 2018) through which to study people experiencing intense emotional situations related to suffering and death while seeking to be both compassionate and competent in their tasks.

Our study shows that our focal organization created a context – i.e., a ‘world’ (Heidegger, 1962) – through discursive, material, and relational repertoires of practices (Lawrence and Phillips, 2019) wherein compassion is sustained over time. Through discursive practices, the hospice is defined as a space for the sacredness of caring for *end-of-life* instead of (waiting for) death. Material practices single out specific places and the use of things, being conversely re-signified as compassion. Finally, the world for compassion – i.e., the hospice – is relationally enabled when colleagues acknowledge and respect the emotionally taxing nature of practising compassion. In a second move, our focus on how specific organizational contexts allow compassion to be sustained over time shows that, in such a world, volunteers can practice compassion in two ‘ways-of-being’ (Heidegger, 1962). These ways-of-being orient volunteers’ temporal experience of compassion: (a) *being with the guest*, in which compassion-givers are in the presence of the suffering other and experience time as *kairos* (the ecstatic present); and (b) *being by the guest*, in which tasks are performed at a distance – as compassion present-at-hand- and time is experienced as *chronos* (the mundane and passing by time). Importantly, both are meaningful – albeit phenomenologically distinct – ways of practising compassion, enabling volunteers to exercise agency over when and how to engage in it. We argue that these two ways-of-being in the world coexist, with compassion-givers shifting from one to the other, allowing them to replenish their capacity to practise compassion. The transition provides compassion-givers with opportunities to recover without necessarily taking a break or depersonalizing themselves or compassion-receivers, thus allowing them to sustain compassion.

These findings suggest two contributions to how organized compassion can be sustained. First, we contribute to the study of organized compassion by introducing a temporal work perspective, which broadens our lens on how to sustain compassion in extreme contexts, from how well a person can psychologically cope with distressing events to how the contexts where compassion is enacted are organized. We show how temporal work can open a time for agency and possibility by allowing individuals to focus on the present (here and now) in the face of uncertain or potentially unsuccessful futures, as most extreme contexts imply. Second, our findings help unpack how compassion practices are shaped by the experience of time. Constructing a world through temporal work to sustain compassion in extreme contexts appears to enable different modes (ways-of-being in Heideggerian terms) of practising it and enabling transition between them. We show that different ways of involvement in compassion open occasions to experience the present: a more emotionally intense way, linked to sacredness as *kairos*, and a less emotionally intense way, linked to the mundane as *chronos*. More broadly, we argue that both *kairos* and *chronos* are subjective experiences of time in practices that can be shaped and organized. Drawing on Heidegger’s conceptualization of ‘existential spatiality’, we offer an alternative lens from physically or temporally distancing from taxing practices

to understanding distance (i.e., being near and far) as an existential concern defining different ways-of-being in the world.

THEORETICAL BACKGROUND

Compassion in the Face of Suffering and Death

Understood as a relational process that involves noticing another person's pain, experiencing an emotional reaction to it, and acting in some way to help ease or alleviate it (Kanov et al., 2004), compassion has attracted growing attention from management and organization scholars. These studies acknowledge that organizational and interpersonal dynamics favour the practice of compassion (Dutton et al., 2006; Gittell and Douglass, 2012; Kanov et al., 2004; Madden et al., 2012). However, they also illustrate that repeated, prolonged, continuous, and intensive interactions requiring high levels of empathic engagement with distressed others can lead to detachment, apathy, and depersonalization (Figley, 2002; Smart et al., 2014).

Indeed, working in extreme contexts connotes a critical tension for organizational members, who must choose between compassionately extending themselves and protecting themselves emotionally. In seeking such protection, organizational members may physically, emotionally, and cognitively detach from their tasks (Anderson, 2000; Barton and Kahn, 2019; Weick, 1995), resulting in diminished organizational performance (Bloom and Farragher, 2013; Kahn, 2019). In sites of organized compassion, such outcomes are often thought of as the caregiver's costs of caring (de Rond and Lok, 2016).

Thus, compassion without limits is unsustainable, as it is both effortful and potentially draining (Lilius et al., 2011). Accordingly, engaging in acts of compassion, while it might result from courageous behaviours (DeCelles and Anteby, 2020), must be organized for it to be sustained over time (Lilius et al., 2011). Notwithstanding the risks associated with systematic approaches to cultivating compassion, scholars have elaborated on how organizational practices, work-related connections, and norms can enable (but also preclude) compassion in such contexts. Examples include the emergence of holding environments (Kahn, 2001), the development of high-quality connections (Dutton et al., 2006; Dutton and Heaphy, 2003; Lilius et al., 2011), and 'compassion oases' within inhospitable organizations (Frost et al., 2000).

These studies suggest two fundamental organizational responsibilities: (a) the need to offer and grant moments of respite within and outside the work environment (Lilius, 2012; Trougakos and Hideg, 2009), and (b) the building and nurturing of collective mechanisms and interpersonal patterns, temporarily 'pushing away other roles and tasks' (Kahn, 2001, p. 270) so individuals can act compassionately. Such tasks focus on the role of temporality as deeply intertwined with practices and shared meanings, as compassion requires certain limits to be sustainable. Surprisingly, despite direct references to time and temporality (e.g., respite moments, temporarily pushing away roles), compassion literature has overlooked the importance of time and temporal work in processes of organized compassion. While it acknowledges the need for temporal breaks and detachment in managing the experience of repeated distressing events (Kahn, 2019),

research has yet to understand how to anticipate, prevent, and reduce the risks of compassion fatigue without reducing compassion performance, mainly in extreme contexts where breaks do not easily occur and where workers and volunteers cannot select the frequency and sequence of interactions (Lilius, 2012). Thus, recognizing time as a critical factor in sustaining compassion, we explore how temporal work can preserve compassion in extreme contexts.

Temporal Work

Temporality and temporal structures are critical concerns within organization studies' broader 'turn to work' (Barley and Kunda, 2001; Lawrence and Phillips, 2019). Seeing temporal structures as the object of organizational work (Orlikowski and Yates, 2002) implies that, like other social structures, timing norms are not merely contexts but also action targets (Barley, 1988). The definition of temporal work as any individual, collective, or organizational effort to influence, sustain, or redirect the temporal assumptions or patterns that shape actions (Bansal et al., 2022) implies that it aligns and significantly influences interpretations. Studying how time is organized allows us to explore how actors build, maintain, and disrupt temporal orders through which practices gain meaning and activities are allocated, scheduled, and synchronized (Patriotta and Gruber, 2015; Zerubavel, 1979). Moreover, extant research has shown how perceptions of the past and future affect how we live and work in the present (Kodeih et al., 2022). Possibilities and desires for the future become inspirational for working in the present (Lord et al., 2015). Desirable futures provide a sense of hope and the emotional belief that 'another world is possible' or 'things can be better', so they become an engine for work in the present (Rindova and Martins, 2022). Likewise, when an undesirable future is possible, mechanisms such as 'anticipated regret' can mobilize the present to change the future, such as in the fear of catastrophic failure, which can also be powerful in motivating action (Alimadadi et al., 2022). In this vein, narratives, through which different types of practices are judged (de Rond and Lok, 2016; Zilber, 2002), are recognized as having a unique role in transforming the experience of time, drawing attention to past, present, and future perceptions and connecting these into a meaningful 'movie' (Patriotta and Gruber, 2015; Shipp and Jansen, 2021; Suddaby et al., 2020; Vaara et al., 2016).

Research on temporal work provides an alternative to studies on organized compassion that focus on individual behaviours and tactics stemming from personal characteristics (Ashforth and Humphrey, 1993; Margolis and Molinsky, 2008; Maslach, 1982; Zapf, 2002). Such an alternative orients research to examine how temporal work shapes the world we operate and live in. In the phenomenological tradition, which inspires and nurtures the practice approach (de Rond et al., 2022; Lawrence and Phillips, 2019; Sandberg and Tsoukas, 2011; Schatzki, 1997), a 'world' constitutes the background and often-unnoticed understanding that is internalized by all its members (Heidegger, 1977). To better understand how compassion is sustained, it is crucial to consider the effort expended to constitute one such world by changing the shared background practices (Schatzki, 2002; Spinoza et al., 1999) that govern intentional relationships with other human beings in a specific space (Holt and Sandberg, 2011). Guided by studies on social-symbolic work and its focus on discursive, material, and relational repertoires of practices

(Lawrence and Phillips, 2019), we thus explore how temporal work is engaged to preserve compassion and its potential effects on the day-to-day experience of organized compassion in extreme contexts.

The Phenomenological Experience of Time in Practice Performance

A practice phenomenological perspective centres the investigation of human affairs around social practices (de Rond et al., 2022; Holt and Sandberg, 2011). Practices are ‘the substructure beneath the busy surface of events’ and, therefore, ‘can have significant but hidden effects’ (Vaara and Whittington, 2012, p. 288). Phenomenological reflection on practices involves recognizing embedded, context-specific activities mediated by materiality (Sandberg and Tsoukas, 2011; Yanow and Tsoukas, 2009). This research has pointed out how practices – specifically those involving cooperative efforts, bounded by rules, and extending over time – establish a set of outcomes that cannot be achieved (or known) other than by participating in the practice (Nicolini and Monteiro, 2016). However, while the practice perspective acknowledges the importance of time and space and an awareness of the temporality of the practice (Hernes, 2014; Schatzki, 2010), the experienced dimension of time has been overlooked in practice theorizing (Kodeih et al., 2022; Sandberg and Tsoukas, 2011).

The relevance of studying temporality has, however, been highlighted by research on how time is experienced differently (Kim et al., 2018), with a recurring distinction between objective (clock-based) and subjective (experience-based) time (Ancona et al., 2001; Gersick, 1994). A recent review by Shipp and Jansen (2021) showed how subjective time is operative, meaning it can impact the subject’s experience. Subjective time is described as a product of social construction and an element of individual perception, capable of altering the interpretation of a situation and influencing the experience of time itself (Bailey and Suddaby, 2023; Csikszentmihalyi and LeFevre, 1989; George and Jones, 2000), providing a space for meaning-making (Avital, 2000). Acknowledging the subjective experience of time becomes an opportunity to explore how organizations can shape the lived experience of practices. In line with de Rond and colleagues’ effort to offer a richer approach ‘to the lived experience of being human’ (de Rond et al., 2022, p. 874), a (re)turn to the Heideggerian phenomenological tradition can offer conceptual vocabulary for this exploration.

From a Heideggerian standpoint, the lived experience is that of ‘being-in-the-world’ (Heidegger, 1962). In Heidegger’s *Being and Time*, being-in-the-world is primarily understood through practical engagement: beings actively participating in actions and performances, thereby coming to understand and interpret the world through social interactions, even without explicit verbalization of this understanding. Consequently, things within this world manifest as ‘present-at-hand’ as they are utilized and interpreted by those inhabiting it. Our inhabitation of a particular world hinges on the familiarity of our practices within it. Thus, our specific world influences our behaviours and actions (Schatzki, 2017), while on the other hand, our world is defined by what we care about (Spinosa et al., 1999; see also Creed et al., 2022). Engaging with the world through its local practices, such as teaching, nursing, parenting, or hospice care, reveals different ‘ways-of-being’ in the world. These ways-of-being actively predispose individuals to

experience the world in certain ways, and the potential for such experiences presupposes their existence.

Space and time are the constitutive dimensions of a world defined by concern. In a defined world, space emerges as meaningful constellations of material entities, while time is characterized by attunement (Schatzki, 2017). Attunement is the expression of our implantation in a social space, and the situations we are not attuned to do not exist for us (Frodeman, 1992). Being-in-the-world, in terms of spatiality, denotes inhabiting or dwelling within it, transcending mere Euclidean spatial coordinates, as spatiality is rooted in temporality: 'here' is merely a context delimited by present concerns (Heidegger, 1962, p. 83). Heidegger terms this 'existential spatiality' – our lived sense of space (Frodeman, 1992) – emphasizing that time serves as the foundation of space as a consequence of what we care about (Elley-Brown and Pringle, 2021; Lamprou, 2017). In this existential spatiality, near or far does not refer to Euclidean space but to being near or far from existential significance. Drawing on this conceptualization and terminology, our paper analyses how temporal work can constitute a world in which compassion is preserved by shaping the lived experience of time in practices.

METHODS

Research Setting

We conducted an ethnography at The Sower Hospice (TSH) to theorize temporal work that preserves compassion in extreme contexts. TSH provides palliative care to poor patients who are terminally ill and cannot otherwise access specialized care. A hospice represents an appropriate research context because its members must 'encounter suffering and the transience of life, seemingly futile battle, helplessness and grief' (Pavelková and Bužgová, 2015). The practice of palliative care generates a wide range of feelings, from grief over the death of patients to feelings of gratification, enrichment, and accomplishment for the work done (Parola et al., 2017).

TSH was founded in 2008 by a dozen young professionals linked to a Catholic organization whose mission is to serve the indigent. The TSH home is situated on a gated property in a greater Buenos Aires suburban district. The ground floor comprises two main areas. One includes a terrace with a small table and four chairs, a living and dining room with large windows, two comfortable sofas, a nurses' office, and a kitchen. The second is a quiet, more private area with two double and two single bedrooms for hospice patients. The ground floor also includes a meeting room for TSH coordinators and managers. Outside the home stands a laundry, where the patients' few possessions are stored, as well as a small chapel and a larger, air-conditioned space for intimate and informal conversations and meetings. The home is surrounded by a garden where patients and staff can sit or walk (see Figure 1).

TSH members come from a broad range of institutional and professional backgrounds. During our observation, these included 15 professionals (two doctors, one psychologist, one social worker, and 11 nurses) and 160 volunteers organized into three units. Our study centres on the volunteers. Most work weekly four-hour shifts and the type and

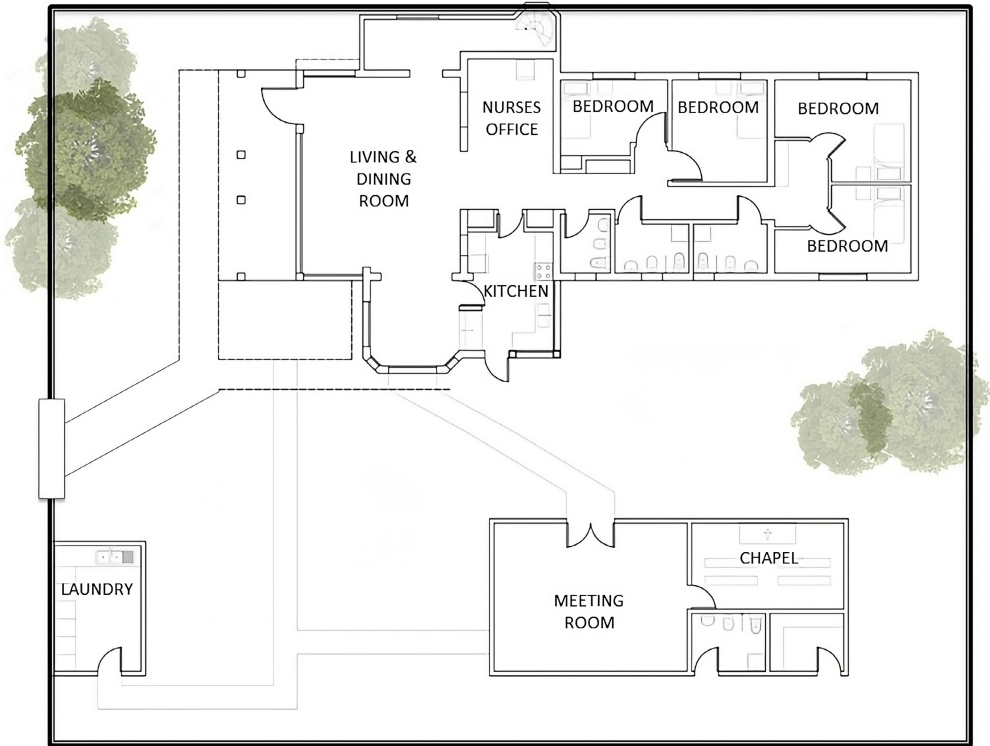


Figure 1. The Sower Hospice home plan

frequency of direct contact with terminally ill persons and their loved ones vary. During our study, 140 patients received palliative care, 136 died, and four recovered.

Data Generation

Ethnographic data. Ethnographic participant observations were collected over 24 months (March 2018 – March 2020) by the first author (referred to here as ‘the ethnographer’). After discussing the ethical implications of the study with the university ethics committee and receiving permission from TSH’s medical director and founder and the TSH board, the ethnographer joined the hospice as a volunteer, following standard ethnographic tradition. She completed the typical organizational procedures to become a volunteer: filled out an online application, was interviewed by TSH staff, and attended training. She committed to the Tuesday afternoon shift, which she later changed to join the ‘swallow volunteers’, an on-call group that covered various needs at the hospice home. Her work included cooking, feeding patients, cleaning the kitchen, washing clothes and bedding, attending to patients’ needs, and interacting with their families. She gradually gained unrestricted and unsupervised access to all areas of the TSH home.

Detailed written records of her observations and conversations with staff, nurses, and other volunteers were kept after each shift, supplemented by extensive notes. As a result, the ethnographer’s account comprises enriched descriptions of observations, details on

volunteer and staff interactions, and personal reflections on the experience of dealing with death.

Other data. Participant observations were complemented by ethnographic interviews (Spradley, 1979) and archival material. The ethnographer had access to email and WhatsApp messages to coordinate tasks and shifts and share patient updates and the material provided in the training sessions. We also conducted 20 interviews with 17 individuals (November 2018 – January 2019), lasting 20–180 minutes each and theoretically sampled to cover various roles and positions. The interview protocol was designed to elicit data on the individual, interpersonal, and institutional factors affecting organizational members, focusing primarily on what constitutes a source of distress while responding compassionately to patients' needs. All interviews were taped and transcribed for analysis. Table I summarizes the data sources and their use in the analysis.

Data Analysis

As is standard in contemporary qualitative studies, we analysed the data in multiple stages and moved iteratively between the data, the emergent ideas, and the literature to build theory about the temporal dynamics associated with the case (Langley, 1999; Lerman et al., 2022). Throughout this iterative process, we continually refined our emerging theoretical understanding by subjecting it to further data analysis (Alvesson and Kärreman, 2007) until a more profound, empirically grounded explanation of how inhospitable organizations (Frost et al., 2000) constitute a world to allow people to act compassionately and how this world informs compassion experiences in potentially stressful situations.

Data generation and analysis were not completely distinct phases of ethnographic research. It began during the fieldwork with formulating and reformulating the research topic and continued through the writing process. The result was a coherent chronological narrative and highly descriptive account that can be taken as a 'raw story', presenting events, ideas, and feelings emerging through interactions. Throughout this first narrative, the tensions surrounding death appeared consistently in a variety of forms, emerging in both the interviews and the fieldnotes. Comments included, 'It made a significant impact on me; in seven days, the situation changed radically. One Wednesday, she was very angry, and the next, she wasn't there', and, 'The body must still be there because it happened on the weekend when there's no funeral service'. Although our initial focus was on compassion, comments about facing death emerged as one of the most frequent themes in the data, both from our informants and the ethnographer's records.

We embrace an interpretative approach (Mantere and Ketokivi, 2013; Sandberg, 2000, 2005), reading the fieldnotes and interview accounts to capture the lived experience of volunteers. As the ethnographer was involved in the phenomenon, she participated in this lifeworld, in which 'truth is achieved through fulfilment in practice' (Sandberg, 2005, p. 51). Our analysis involved continually reconstructing the intersubjective sensemaking of this experience, implying an ongoing iterative process from the ethnographer's account to the interview records, reinterpreting each transcript several times. Once we had grasped the experience of compassion practice in this particular setting, we realized how the hospice work relied on *end-of-life* rather than death.

Table I. Data sources and their use in the analysis

<i>Source of data</i>	<i>Type of data</i>	<i>Use in the analysis</i>
Participant observations	Field notes from a 24-month participant observation (March 2018 to March 2020, 225 hr)	Observe the volunteers, their activities, and interactions. Observe staff activities and attitudes
	Participation in 1 workshop organized by Movimiento hospice Argentina (12 hr)	Gain a richer understanding of the working conditions at its organizational culture: organizational structures, norms and narratives
	Participation in 4 training workshops at hospice (15 hr)	Learn about sources of workplace distress for volunteers and staff and associated coping mechanisms
	Participation in 3 committee meetings (12 hr)	
	Participation in 1 volunteers' annual meeting (4 hr)	
Interviews	4 interviews with TSH founder (40–80 min)	Build founder and staff narrative (organizational story)
	4 in-depth interviews TSH staff (100–120 min)	Learn the relevant milestones in the volunteers' career, their sources of workplace distress, and the emotional mechanisms involved: interpersonal and intrapersonal responses
	2 in-depth interviews with professional nurses (100–120 min)	Learn about interviewees' relationships with TSH founder
	13 in-depth interviews with hospice volunteers (40–90 min)	
Archives	3 volunteers training booklets	Gain further understanding of the organizational history and culture, structures, norms and narratives
	TSH's Facebook, Instagram and website WhatsApp exchanges from the Tuesday's shift, the Swallow's shift and THS-wide group	Learn about sources of workplace distress for volunteers and staff and associated coping mechanisms
	Hundreds of emails	Learn about the public organizational discourse and communicational forms

We then focused more systematically on the occurrences that illustrated how *end-of-life*, as its own stage of life, is enacted. It became apparent that if we were to understand how TSH cares for people during *end-of-life*, we would also need to understand how it is enacted and how volunteers are immersed in it. Thus, rather than remain reporters of experiences, we sought to understand underlying tensions, dynamics, and processes (Köhler et al., 2022). We followed Lawrence and Phillips' (2019) framework in constructing repertoires of practice, concluding that compassion in this new stage is accomplished by enacting the *end-of-life* – discursively, materially, and relationally through practices – as a time when there is still life to be lived, focusing volunteers' efforts on meeting the guests' present needs. This temporal work helps them approach terminal illness not as preparing for death but as providing care within an *end-of-life* stage.

In the final phase, we reread the findings in terms of Heidegger's phenomenology (de Rond et al., 2022; Sandberg and Tsoukas, 2011), re-categorizing them around the lived

experiences of practising compassion during *end-of-life*. As a central theme, we identified the experience of TSH as a world where social interactions, time, and emotional experiences are distinct from the ordinary, outside world. Thus, at this stage, and building on our prior analysis of specific ways of defining, using material objects, and interacting, the Heideggerian approach enabled us to present spatial–temporal practices as an important additional element of this world. Many of the ethnographer’s notes reflect changes in the rhythm and perception of time thickness within the hospice. Comments include, ‘When I entered, I went into a “hospice mode” of serenity and slowness’; ‘time flies by without any hurry’; ‘taking the time to stay’; and ‘he doesn’t have much time left, but I wasn’t in a hurry, either’. We continued to review our findings until we believed we had found the most faithful interpretation of the experiences that working within *end-of-life* evoked. We found two ways of being in this world: *being with the guest* and *being by the guest*, the former implying a deep connection with the guests and the latter focused on tasks that tend to the patient’s needs. Undertaking a more in-depth analysis, we identified a set of experiential constructs, namely ‘entering the sacred’ and ‘performing tasks as self-transcendent’, underlined by Heidegger’s conceptualization of existential spatiality. Using archetypal labels, we identified the respective ways of being as two different experiences of time: *kairos* and *chronos*. The focus at this point was to understand how constructing a world focused on the here and now implies temporal work and can shape the personal experience of time in compassion practices. In both senses, we found that the TSH home organized compassion in a way that preserves it in the context of death.

CONSTRUCTING A WORLD TO PRESERVE COMPASSION AT THE SOWER HOSPICE

In his fascinating account of death in Western modernity, Ariès argues that death has been ‘pushed out of the world of familiar things’ (Ariès, 1974, p. 105). Socially, a process of ‘death denial’ has occurred, transforming dying into life’s antonym, a secluded event in the medical sphere, far from the public gaze (Elias, 1985). Likewise, we assumed hospices as sombre settings since our knowledge of hospice organizations was primarily based on popular accounts, casual conversations, and imagination. However, when the ethnographer entered the TSH hospice home, she realized this was not the case. The home resembled a family household; its inhabitants (patients, volunteers, and staff) seemed to perform compassion and competence in a serene context where death was seen as a natural stage of life. Our analysis suggests that a complex ensemble of organizational discourse, materiality, and relations contributes to preserving the home’s compassion practices and shapes the subjective experience of time in practising compassion.

We present our findings in two main subsections. The first describes the organization’s temporal work constituting a world (a world for compassion). The second documents the phenomenological experience of time in two ways of being in this world. The first one, *being with the guest*, is experienced as entering a sacred encounter with the other. It is kairological, deeply spiritual, and transcendent. The second, *being by the guest*, is experienced as compassion by focusing on tasks. This experience is existentially distanced from death and synchronized to chronological tasks to allow emotional respite while still

serving patients' needs. As mentioned earlier, in the Heideggerian sense, 'distance' does not indicate near or far in terms of Euclidean space. Instead, it indicates how near or far it is from acquiring significance.

Enacting an *End-of-Life* World

Time passes, and although the time of life for these people is short, it's a unique moment. It's when you wrap up your life and give it the space it deserves. It's a time to take advantage of, to live. (Miguel, TSH founder)

Our first significant finding is that the organization restructures time by enacting a new and different life stage: a liminal time that establishes and maintains boundaries between life (past) and death (future) and focuses on the present. The enactment of *end-of-life* affects how patients and organizational members approach the process of life. It is performed through discursive, material, and relational repertoires of practices – so compassion can be practised focusing on the here and now instead of on death as an immediate and inevitable future. *End-of-life* thus shapes TSH's ways of providing care in contrast with how hospitals deal with terminally ill patients. Below, we present the three different sets of practices central to TSH's constitution as a world through the enactment of *end-of-life*.

Discursive practices for enacting end-of-life. At TSH, we observed an effort to enact an alternative way of treating patients diagnosed with terminal illnesses. The organization constructs a new world by contrasting how it talks about the patient's remaining time with how it is typically treated in hospitals. As TSH's founder, Miguel, explained:

Hospitals are ill-suited for helping people live until their last moment. They are organized to treat illness. When illness wins, there's nothing left to do, and terminally ill patients become bed blockers. No one cares about them anymore.

Conversely, TSH seeks to provide care for and meaning to this time, defined as part of life.

I must admit that we have never accompanied the recovery of health, but we have accompanied deep spiritual, personal, and family healing at this powerful stage of life. (Miguel)

Other clinical settings define this stage as when there is nothing more to do, as they focus on waiting for an inevitable future. In contrast, TSH focuses on narrating the actions that can still be taken in the present. This narrative contributes to defining a temporal stage between life and death and creates space for this present. In this present, compassion is performed by a type of healing that means being physically and psychologically present for patients. As one volunteer confers, 'everything here reminds me that the guest is the centre of our attention, and the reason we're here' (Miriam). Or, 'sometimes, it's about sitting in silence with the guests or just having a casual conversation' (Miguel). Or, as a fieldnote entry conveys:

Working in the hospice, I realized that I'm caring for people who still have time to live. But it's still different from hospitals trying to cure. At hospitals, while caring for ill people, you follow the rhythm marked by the treatment, the practices, and the medications. The end-of-life stage isn't marked by the surprise of a new diagnosis, the rhythms of medicine, or the expectation of death. It's just caring for life and is about the present, not the future. (Ethnographer)

Material practices for enacting end-of-life. At TSH, the enactment of *end-of-life* materializes in different ways. Here, we will mainly focus on spaces and how some objects help demarcate these spaces.

Using a home rather than a clinical facility to provide hospice care infuses temporal meaning to organize compassion. Homes materially reify the time of living, not the time of death. As shown in Figure 1, the TSH home is designed as a familial environment with minimal adaptations (a nurses' office, a small chapel, and a meeting room). As with most homes, there is a dining room (with its dining table and chairs), a living room (with its sofas and coffee table), a kitchen (with all its equipment), and a garden. These spaces resonate with volunteers' concrete experience of a home. For instance, the combined living-dining area is the largest space, with a window overlooking the garden and providing natural light. Patients can use this area when they feel well enough to move around and interact with others. It also serves as a space to welcome families, share meals, have conversations, listen to music, and read. Receiving guests, hosting meals, and having some time for entertainment are all practices that reinforce the experience of the hospice's house as a home.

Being in a home environment also helps volunteers to naturalize completing tasks not unlike those of a family household: cooking, washing, ironing, gardening, setting the table, etc. Patients in *end-of-life*, as in any stage of life, have needs. Thus, volunteers consume their time not waiting for death to occur but accompanying living people and addressing their needs in the *end-of-life* stage.

However, the TSH house is not just a 'simple' home. It is spatially demarcated as a world using specific spaces and material objects with ordering effects on how situations and interactions work differently inside and outside the house. For instance, upon entering the hospice, one encounters a small table with a religious image and a candle. The candle in the hospice entrance does not offer light but signals that a guest is living her last hours when lit. It leads volunteers to quiet their voices and refer attention to what is going on inside the house:

When the candle is lit, escaping the situation becomes difficult. When you face death, which that lit candle is telling you [...] that experience is too strong to avoid it. Everything turns so real, so focused on what's happening right now that you can't escape. (Ethnographer)

As another example, wearing aprons is mandatory in the TSH house while explicitly excluded in the hospice's activities performed outside the house or when not directly attending to the guests' needs. In this way, objects reinforce the materialization of the TSH as a space dedicated to something special, experienced in contrast to the outside world:

This is a place where love is in the air; love is everywhere: in the guests, in their families, and the volunteers. It's an atmosphere where you feel God's presence. He's here and in us; it's different. I remember a volunteer said [...] 'I would love my everyday life to be like it is at the hospice'. (Sonia)

Even inside the house, not all home spaces encourage the same practices. Patients' rooms are uniquely special. Situated at the centre of the building, they are for people living *end-of-life* more intensely. Rooms are private, both because patient privacy is a priority and because they imply experiences that expose other patients and compassion-givers to situations that may be distressing. Volunteers and nurses have access to these rooms only after receiving basic training. This training works as an initiation practice that allows volunteers to enter closer to the *end-of-life*. Materially entering the room means entering more deeply into the liminal time of the *end-of-life*, so it requires physical and psychological presence that requires preparation and training. In phenomenological terms, addressed in greater detail below, the rooms are where *being with the guest* (beyond just staying by the guest) occurs:

When I go into a room for the first time, I hope the guest is sleeping so I can observe them for a while... (Andrea)

I love to stay in the rooms, to be with people. I don't like to spend much time in the laundry because I'm alone there. I always say, 'poor Pilar', because she's there. But she likes it because some shift mates don't like being with people. They're afraid or sad; they're scared of the illness. Some don't want to go into the rooms much. I'm more into it. (Cora)

Relational practices for enacting end-of-life. *End-of-life* implies a new stage of life and a specific way of relating with people within it. We observed several efforts to shape relationships within *end-of-life* since the interactions within that world are affected by temporal work.

Upon entering a guest's room, one sees a sign with their name on it; indeed, they are guests, not patients, and are welcomed, treated, and acknowledged by name. People in *end-of-life* are viewed as still having agency, so their relationship with compassion-givers is broader than in hospital settings and has greater opportunities for interaction. Rather than waiting for the cessation of the time associated with life, *end-of-life* is an opportunity to relate, interest oneself in the other, individualize a 'case', and call someone by name. It is not merely compassion for a person in the time of dying but of living.

A fieldnote entry describes the typical routine of spending time with guests, in which mundane tasks are postponed to focus on people and to value shared time:

Many of the guests would step into the garden for fresh air. I saw Carlos sitting in the shade and asked him if he had drunk water. I approached him, intending to return to the house, but he kept me there for a long while. I wasn't in a hurry; I had nothing urgent to do, although I could have caught up with some chores in the laundry room. Carlos needed to talk, or at least wanted to. I stayed there, listening to him, and it seemed like the most important thing to do. In another context, I would have found

it unproductive, but in this case, it only seemed natural to take an afternoon off to 'be there' and listen. Carlos probably didn't have much time left, but he did not have much more to do than enjoy that afternoon, chatting away under a tree where the shade was cooler. (Ethnographer)

Conversations with volunteers, as well as the ethnographer's personal experience, make clear that TSH volunteers have agency over when and how to engage in acts of compassion. As will be shown below, this has profound implications on the temporal experience of practising compassion.

In sum, enacting *end-of-life* opens with meaning but is infused with discourse, materiality, and relationality. Collectively, such arrangements constitute a Heideggerian world internalized by volunteers as a time in which they accompany patients through *end-of-life* and help them live this stage comfortably and approach death with dignity. This world sharply contrasts how dying is understood and discussed outside the home's walls. Below, we show how this temporal work impacts encounters with guests at *end-of-life* and, thus, enables different ways of being in this world.

The Effects of Temporal Work on Practising Compassion

Having shown how the temporal work at TSH defines a specific world through discursive, material, and relational repertoires of practices, in this section, we report findings from our analysis of how volunteers experience that world. Specifically, we describe how practising compassion involves two ways-of-being that orient the temporal experience at TSH and help explain sustained compassion. Phenomenologically entering the experience of time attempts to account for how things appear to us as temporal and how we experience time. Temporal phenomena manifest to conscious perceivers through interactions. Below, we delve into the subjective experiences of both the ethnographer and our informants to grasp how compassion is experienced through existential spatiality at TSH, fostering shared meanings and practices.

Practising compassion as 'being with the guest'. Entering a sacred space implies experiencing things differently. Interviews and fieldnotes depict how arriving at the hospice denotes abandoning the urgency and multiplicity of everyday tasks, slowing from the usual speed at which one lives to enter a world of peace and serenity, where time is undoubtedly scarce but unhurried. Although the imminence of death limits time, haste is avoided:

The experience of being in an exceptional time is even more remarkable when entering the guests' rooms. The passage from the reception area to the rooms is restricted, like a passage to the 'Sancta Sanctorum', the most sacred space. Only volunteers who have been trained in the hospice culture can enter, and outsiders are not allowed in. Not only do the uninitiated not handle the language or know the practices, but the presence of death can hurt them, the sight of sick – and sometimes deformed – bodies, the conversations about difficult subjects, or the farewell tears. (Ethnographer)

Collectively, this stage-setting and the need to be initiated informs the centrality of death as sacred. This sense of the sacred also makes TSH members feel special and drives their behaviour toward compassion:

The hospice is magical. I see it that way. I think of death as a magical moment. Death is part of life. It's simple. It's living it, [life] stops breathing, and that's it. At the moment of death, as in birth, it's about leaving them, letting them go, inviting them, and accompanying them. It's a simple presence. It's not about reliving her every second because I feel it's invasive. She has to go, and she has to leave. I feel the same as with birth, to let [life] be born in an atmosphere of love. (Vanessa)

This experience reveals a specific way-of-being at the hospice – a mode of practising compassion that entails a unique way of acting, with concrete and determined directionality or concern toward the other who is suffering. In phenomenological terms, this means *being with the guest* and not simply physically staying with them. Such a way-of-being requires emotional proximity, a being-there, and an opening to an experience of time that is not a linear, homogenous process but sacred, meaningful, exceptional, and precious. Below, we describe two observed dimensions of *being with the guest*.

1. Attuning with guests. The hospice guests are not in a hurry to face death. The less time they have, the more effort it takes to remain calm and focus on what matters:

When I'm with the guests, I feel a very special connection. I learn about myself; they show me things I don't know. It's an intense moment. I want it to last forever. It feels like the present and eternity intersect. (Julio)

End-of-life in this sacred ambience is depicted as slowing tempo and thickening. It is not about doing many things but about doing what matters. Volunteers are focused on and connected to the guests' needs. Compassion in this context requires a calm attitude and temporal attunement, adopting the same rhythm and, thus, the same time experience as the guests:

Last Tuesday, a new guest arrived with his wife, so Dora [another volunteer] went to talk to the wife, and I went to the room, and we talked endlessly for long hours. And that was how I spent my afternoon. (Samanta)

We had a very relaxed, long chat, and we talked about many things. We spent the evening talking about I don't know what – cooking and simple things. (Andrea)

Time at TSH seems to run at a different pace. Volunteers referred to leaving anxiety and hurries outside to enter a specific mood:

You come [in] to the hospice, and it's like exiting all the craziness and hectic activity. You step out of there, and you come here. (Cornelio)

2. Experiencing spiritual connections. Taking time to be with guests enables deep connections. Being fully present in these moments requires sustained attention. As shown in Vanesa's quote that compares death to birth, this involves being aware of what one is experiencing in each moment with curiosity and acceptance. It also requires abandoning any intent to change the experience through an active – i.e., invasive – process. It is an extraordinary, significant, and potentially overwhelming opportunity to connect with thoughts and emotions while suppressing the impulse to change reality. This respectful expectancy is particularly acute in the experience of *being with the guests* in their final days:

I came up to Virginia to keep her company. Everything was special: the empty room, her lying in bed and saying goodbye to life. I approached her and greeted her. She seemed able to hear because she changed how she breathed when I spoke to her as if she had awoken, even though she didn't respond. I spent the afternoon in that room to wet her lips. I put my hand over her quilt so she would know I was there. I tried to stay in that room for as long as I could. It felt exceptional; I knew that any minute could be the last, even though there were no symptoms of the end. Before I left the hospice, I went to Virginia's room to say goodbye. I knew I wouldn't be seeing her again. (Ethnographer)

In these situations, the compassionate encounter becomes intensely connective. The temporal attunement with guests is a climate of spiritual connection and transcendence that confers special meaning to interactions. Many volunteers expressed that they pray before entering the hospice; others perform practices that conjure feelings of a divine presence. These include entering and leaving with a moment of meditation, invoking the presence of God, describing the hospice as paradise, or referring to their encounter with it as a calling. One volunteer described using music as a form of prayer:

I play the guitar a lot here. To me, it's a way of praying and singing simultaneously. And this creates a space with the guests, a way to pray with them; I feel, I see, God is among us. For example, take Sofia. We're on sacred land with her. I respect the moment of dying as sacred land. When you're with someone departing, it's a sacred land, and I have this feeling – I want to take my shoes off. I have this thing of going barefoot because it's a very sacred moment. (Paula)

In sum, *being with the guest* denotes an existential openness toward the other, allowing one to notice another's suffering and feel it with them, thus a very special, 'unflattened' experience of time (Heidegger, 1977). This thick experience of time, shaped by the sacred and imbued with a spiritual connection with others, is what we call *kairos*. As ecstatic time, *kairos* means an intense experience of shared time during an encounter in which

physical sensations and emotional presence orient one toward the other. Adopting such an orientation is a powerful mechanism for connecting with and responding compassionately to others. However, it is also energy-consuming and unsustainable over time. Thus, in the second experience of time, compassion-givers return to *chronos*.

Practising compassion as 'being by the guest' through a focus on tasks. While paid healthcare workers are accustomed to (and trained to handle) sickness and death, hospice volunteers are less familiar. Although they know they will work with the dying, many do not anticipate how and to what extent this might challenge them. Surprisingly, we did not observe these recurrent stressful situations ending in emotional depletion or a stressed organizational environment. Rather, we found a peaceful atmosphere of compassion and care:

Julio was in the kitchen when I returned from the guests' rooms. He [...] told me he was concerned about me. He said I shouldn't spend so much energy, that I needed to get some fresh air. He offered me a cup of tea. He was worried I'd wear myself out. I tried to reassure him that I was doing ok. Soon after this exchange, Susi, the volunteer on the following shift, arrived, so José told me I could call it a day, that everything I'd been through [...] was hard enough, and I could go home. (Ethnographer)

Thus, rather than overlooking such challenges, the home encourages emotional awareness:

Sometimes, I don't feel like entering a room. You need to be aware of how you are, and what state you're in that day. (Miguel)

This temporal and spatial shift is not only allowed but compassionately understood by colleagues. A double acceptance of vulnerability occurs; the volunteer recognizes they need help, and the team replacing them empathizes with their situation:

I told the girls, 'Today I'm not feeling well. I prefer not to enter the rooms. I'd rather someone else go in my place'. And the answer was, 'Perfect, don't worry'. We know one another; we can share. (Andrea)

I can't go into the rooms. It's too tough. You can ask me anything. I can cook, do all the washing and ironing, whatever, but going into the rooms, no. Maybe I'll be able to do it someday, but not yet. (Cornelio)

Spaces like the kitchen and laundry enable existentially distancing and temporary breaks, not from compassion but from exposure to death as the present concern (Figure 1). The kitchen is the volunteers' space inside the home, and the laundry is their space outside it. A note on the kitchen door says it should remain closed for efficiency. Having their own space within the home allows volunteers to focus on tasks like cooking and cleaning, which offers a distraction from challenging interactions with guests. The kitchen is thus enacted as a protective space where volunteers can carry out tasks without being overwhelmed by the reality of the guests' needs. Illness and death can 'wait' outside this safe

zone, which provides a refuge. Moreover, these are spaces where volunteers can still enact compassion through hands-on tasks:

At first, I couldn't leave the kitchen; it was my place. I chose the lunchtime shift [because] I like cooking, and I feel that cooking is my way of giving love. At first, I couldn't get myself past the kitchen door; I felt very comfortable there. Then I started 'getting out' of the kitchen. (Dora)

Tasks are well-guided. The shift begins with a tour to connect with others and gather information. Volunteers greet shift mates and on-staff nurses to review how guests are doing – if they are sedated, can eat, or have dietary needs, and if the nurses need help with any procedures. Each task is explained step-by-step. Although their first days at the hospice can impact volunteers significantly, our analysis suggests that such scripted practices and standardized procedures not only strengthen care and compassion but also give volunteers a sense of safety. This staging of compassion relies on certain mechanisms for instructing newcomers. Compassion practices are learnt by imitation from more experienced peers. Thus, observation becomes the primary driver of learning. Compassion is breathed into the hospice environment through every informal conversation with peers and staff. However, it is also ensured through detailed written instructions for each shift about the tasks that must be performed.

The hospice's 'compassion and competence' tagline indicates dual-purpose work. On the one hand, the volunteers' main role is to accompany guests and their families, and the trainings encourage volunteers to prioritize guest accompaniment over other tasks. On the other hand, volunteers have the role of completing tasks within a specific timeframe and process, with training emphasizing that these must be carried out efficiently to be done with love. Tasks completed efficiently and with a focus on guests are viewed as a meaningful and authentic exercise of compassion:

The things you say, the gestures, words, soups, and washing, stop being simple [things like] ironing become transcendent gestures, so we have to extend ourselves. Being here is a privilege because it makes your life and your family's life transcendent – and they chose us! I thought, 'I chose to give this time', but they [the guests] actually chose us to be here. (Notes from training workshop)

As time and space change, volunteers' particular way-of-being in the world also changes; different spaces situate how they live their present. Entering the sacred and encountering *end-of-life*, though described as a special experience, is also taxing. Alongside support for emotional overwhelm, TSH also allows for existentially distancing from death. This reveals a second way-of-being at the home – practising compassion *being by the guest* through a focus on tasks that are now 'present-at-hand' compassion, i.e., infused with compassion meaning. Such a way of being allows time to be experienced as a more linear process. Below, we describe two dimensions of *being by the guest*.

1. Attuning with tasks. A typical rhythm is resumed by taking the focus off the guest. The *being with the guest* is suspended to resume daily work, thus being synchronized with tasks

and what is present-at-hand. To accomplish tasks competently means completing them on time:

Andrea was no longer coming, so I had to focus on the kitchen – check the dinners, prepare lunch, and distribute the trays quickly. I didn't leave there until I sat at the table for five minutes while waiting for Ezequiel to finish lunch so I could resume washing the dishes and tidying up the kitchen. I had much to do in a little time, so I spent most of the day there. (Ethnographer)

The possibility of focusing on comprising tasks performed at an existential distance from the guests – changing the focus of concern – and their thick ambience gives volunteers the space needed to restore their capacity for further intense encounters:

Today, I went to see one of the guests in his room. I hadn't met him yet. I was disturbed by a deformed-looking figure when I entered. Shortly after, I realized this generated strong feelings of disgust. He seemed to need to vomit, so I brought him a basin. At one point, a nurse made him sit down to see if his nausea would subside. I became uncomfortable, and that ugly feeling made me realize that I hadn't accompanied guests in the hospice since returning from holiday. I stayed with him for a while but then went to the laundry to take care of the washing and ironing. (Ethnographer)

Not entering the rooms allows volunteers to work in a normal environment – a mundane and linear rhythm wherein the tone and depth of topics and the intensity of interactions are reduced:

The conversation in the kitchen about the peas we needed to buy, a mistake with the hamburgers, etc. continued animatedly. Outside, Nelly's family continued to arrive. She was evidently in the terminal phase. (Ethnographer)

2. Performing tasks as self-transcendent. In addition to synchronization with tasks, we also observed particular spaces within the home where volunteers can work without contact with guests. These are even more removed from the sacred and have to do with management, coordination, costs, funding, etc., and occur even further from the spaces where *end-of-life* is more directly tended to. Some volunteers only enter these spaces. However, all volunteers experience that they are working for the guests by practising compassion, as these tasks are now present-at-hand as compassion, i.e., infused with compassion meaning:

The hospice founder invited me to join an institutional development team. We work on communication, events, and fundraising, with a mandatory monthly meeting and work you take with you between [...] In a very short time, I felt oddly comfortable in that world and felt the root of [TSH's] philosophy of care. I wanted to be part of that philosophy. I started getting involved in what I most enjoyed. I immediately saw very clearly the philosophy of care, the need for that care, and the role I could play in it. (Juan)

Thus, differentiated spaces (and the associated ways of being in them) allow volunteers to distance their present concerns from the guests and fulfil material tasks while still responding compassionately to suffering others through what are now present-at-hand compassion practices. Such existential distancing consists of focusing on one's assigned tasks that have now new significance when understanding these constitute compassionate care:

I used to arrive, spend some time ironing clothes, have some tea, and then return to the ironing. Once, I sat down to share tea with Romi, a guest. We talked briefly, but then I told her I needed to return to the ironing or someone would complain. She asked me, 'Do you like ironing?'. I told her I wasn't sure if I liked ironing that much but that I had this feeling when ironing sheets; for example, I liked that she would be comfortable when her bedclothes were changed. So, that feeling is what made me like it. 'I do this with love', [I told her.] That was one of the first things that happened here, and it moved me profoundly. There's this feeling that everything will come back one day. That moved me a lot and made me do this [work] with love. (Silvina)

In sum, *being by the guest* is a way of being within TSH. Attuning to tasks and performing them as a meaningful way of compassionate care preserves the practice of compassion by lowering the intensity of the emotional demand of *being with the guest*. In this way of being, the subjective experience of time is chronological, that is, experienced as time passes by, marked by the rhythm of the tasks performed as compassion present-at-hand. Here, *chronos*, although based on clock time, finds subjective significance as orienting to mundane events, enabling the existential distancing from the sacred and spiritual connection with the guest.

The above ways of practising compassion construct a world where noticing, feeling, and acting to alleviate another's suffering can be sustainably performed over time. They also allow volunteers to care for their own needs while extending themselves to others through potentially taxing work. Further, they reinforce one another. For example, attuning with guests affects how organizational members experience time, allowing them to slow down, become more self-reflective, and orient themselves toward the other. This experience, in turn, depends on the volunteers' exposure to guests and their associated needs based on existential spatiality. The possibility of switching to attuning with tasks in which compassion is performed at an existential distance allows volunteers to restore the self, a need that peers accept. Volunteers can thus respect their emotional states and need not expose themselves continuously because they can perform different tasks present-at-hand as compassion in different spaces of the home.

DISCUSSION

Systematic exposure to the pain of others is a taxing part of human existence. It is no wonder researchers have highlighted a critical trade-off between compassionately extending oneself to others and protecting oneself emotionally (Figley, 2002; Smart et al., 2014). Intending to protect oneself and prevent compassion fatigue may lead

compassion-givers to physically, emotionally, and cognitively detach from their tasks (Anderson, 2000; Barton and Kahn, 2019; Weick, 1995). Conversely, protecting oneself by detachment in the forms of depersonalisation, disengagement, or temporal breaks does not allow for sustained compassion performance.

To understand how compassion can be sustained in time while avoiding psychological and temporal detachment, this paper centres on temporal work for preserving compassion in extreme contexts based on an analysis of TSH as a rich empirical case. In the TSH hospice home, temporal work preserves compassion by restructuring time and enacting a new and different life stage, the *end-of-life* as a time of agency – a liminal time between the past (life) and an undesirable and certain future (death) – shifting focus to here and now actions. This enactment of *end-of-life* affects how patients and organizational members approach the process of life. It is performed through discursive, material, and relational repertoires of practices (Lawrence and Phillips, 2019) – so compassion can be practised without focusing on death as an immediate and inevitable future. Such temporal work is undertaken to constitute a world wherein practising compassion can involve different ways-of-being (Heidegger, 1962): *being with the guest* and *being by the guest* as practices organized through existential spatiality. We show how exposure to people in *end-of-life* affects the experience of time in compassion practices, allowing them to be experienced as *kairos*, involving sacredness and spiritual connectedness with others, and *chronos*, allowing compassion-givers to restore their capacity by focusing on tasks as compassion present-at-hand and existentially distancing themselves from *end-of-life*. We now elaborate on how our findings contribute to organized compassion while extending research on the lived experience of time in practices.

Being with and Being by as Ways of Organized Compassion

Previous studies on organized compassion have focused on how specific interactions with clients, patients, or customers profoundly impact how compassion is experienced. In contrast to prior work that seems to ‘treat client interactions as a homogenous set’ (Lilius, 2012, p. 574), we provide a more detailed analysis of how practising compassion opens to different ways of being, shaping the lived experience of time in compassion practices. More specifically, our conceptualization of TSH as a world (de Rond et al., 2022; see also Creed et al., 2022) becomes the starting point for examining how compassion can be differently practised and experienced in the present. For Heidegger (1962), we understand time and events always, and quite naturally, in terms of how they matter to us. Heidegger calls this ‘significance’, as the significance of time is interwoven with the significance of the world we inhabit. Put simply, time is always there for a purpose, depending on what is significant for us and what we are concerned with. In our study, this phenomenological vocabulary helps explain how volunteers practice compassion as two different ways of being (*being with the guest* and *being by the guest*), which orients their temporal experience into two distinct forms of temporality (*kairos* and *chronos*). Below, we elaborate on the specific implications of these findings for organization studies on the lived experience of compassion practices.

First, we found *being with* a particular way of being when entering an encounter. It is marked by being present and engaging in compassion with the other. In our findings, *being*

with is mainly characterized by a sense of sacredness through attunement and spiritual connection. It reflects what Heidegger called making-present the other as constitutive of *being with*: ‘The making-present which awaits and retains, is constitutive for that familiarity in accordance with which Dasein, as Being-with-one-another’ (Heidegger, 1962, p. 405). Frost and colleagues argue that besides the skilful execution of interpersonal behaviour, compassion requires emotional attunement: ‘To be successfully implemented, interpersonal work such as open listening and creating holding space places emotional demands on those engaged’ (Frost et al., 2004, p. 850). We would add that temporal attunement – i.e., adopting the same temporal experience as the compassion-receiver – is a key mechanism for compassion as it confers special meaning to the interactions and produces intense encounters, as our findings show. Thus, it will be important to investigate temporal attunement as a ‘way of encounter’ in other extreme contexts and how it is made possible (or hindered) by the worlds in which people dwell.

Our findings illustrate how volunteers *being with* the guests experience moments of absorbed attention in these encounters, expressed as a sense of timelessness that we call *kairos*. In contrast to previous work that has focused on examining *kairos* as constructed windows of opportunity in which actors ‘make’ time for issues, our study suggests *kairos* as one form of a lived experience of the present in practice. Whereas Orlikowski and Yates (2002) view *kairos* as an opportunity (e.g., an opportune moment for a business to launch a new location or product), and Granqvist and Gustafsson (2016) conceptualize it as a window in which actors continuously assess opportunities and timing for action, we show *kairos* as a subjective experience of time when entering an experience of sacredness and connectedness by *being with* the other. In *kairos*, time is experienced during a profound encounter that thickens and becomes highly disconnected from clock time (Butler, 1995). As our findings show, this means that kairological time both happens within and breaks chronological time. This disconnection from ordinary time is what we refer to as sacredness in compassion practices: *kairos* is a transformative experience of entering a relationship with sacredness in an encounter.

Certainly, the experience of compassion *being with* may be too emotionally intense ‘when it comes to disturb, confront, insult the insolence of our appetite for an invulnerable life’ (Ricouer, 2009). While prior research has investigated individual responses or organizations offering moments of respite (Lilius, 2012) ‘pushing away other roles and tasks’ (Kahn, 2001, p. 270), our focus on the temporal experience of compassion offers an alternative perspective. Our findings suggest a second mode of practising compassion: *being by* the guest through focusing on tasks as compassion present-at-hand. By allowing its members to focus their concerns on tasks and synchronize to their rhythm, the organization enables an existentially distanced practice of compassion that is not needy, detached, or depersonalized, which would adversely affect compassion performance. Thus, our conceptualization of TSH in terms of a phenomenological world helps to understand how this existentially distanced experience of compassion is not a reduced way of performing compassion but a question of concern.

Our findings illustrate how volunteers *being by* the guests can restore their emotional energy by returning to the temporal experience of *chronos*. Although *chronos* is still an experience of the present, it is based on clock time and mundane events, enabling distancing from the existential threats of suffering (Reich, 1989). Re-entering the mundane

implies changing the rhythm and density of time experienced in the sacred presence of death to time regulated by other tasks that compassion performing requires. However, because the organization's world imbues these ordinary tasks with compassionate meaning – compassion present-at-hand – they are performed as self-transcendent. Furthermore, our analytical approach to *chronos* as an experience of time challenges the assumption of *chronos* as mere objective time. Management and organization research has interpreted *chronos* as clock time, referring to the linear, quantitative measurement of time typically associated with calendars, clocks, and schedules (Orlikowski and Yates, 2002; Shipp and Jansen, 2021). This objective aspect of time provides a framework for organizing events and activities sequentially. In this line, *chronos* is assumed to operate independently of individual experiences and perceptions. However, in our findings, *chronos* appears deeper and more existentially as a mode of experiencing time. While *chronos* as clock-time provides a framework for organizing events, these events gain meaning and significance within the context of the temporal experience and attunement. We argue that in the context of temporal work, the experience of time as *chronos* is inherently subjective as time gains its existential significance for human beings.

In sum, the phenomenological analysis of ways of being in a world can be deployed to study how organizations address persistent suffering that demands a considerable toll on individuals and organizations (Dutton et al., 2014; Kanov et al., 2004, 2016; Worline et al., 2017). Our study illustrates how constituting a world offers a sort of 'metaphysical map' (Young, 2001), an existential space in which compassion is practised with more or less existential distance without reducing involvement while transitioning across the two. Signals like candles, songs, prayers, and specific voice tones, for example, indicate that death is approaching, allowing volunteers two phenomenological modes of practising compassion: by approaching sacredness or existentially distancing themselves from it through tasks as compassion present-at-hand. Exploring these implications to understand the existential distancing and transitions between emotionally laden phenomenological experiences of compassion at different degrees of intensity will be an important area of research across practice theory and compassion scholarship.

Implications for a Temporal Work Perspective on Organized Compassion

By investigating the temporal work of defining a world wherein organizational members can focus on the present without becoming distressed by an inevitable and fatal future, our research extends recent work that enables a move away from focusing on individual responses to the taxing experience of the suffering of others to address the organizational ones. We arrived at this insight by turning to Heidegger's work to see what is needed to build such a world and by analytically exploring how temporal work has the potential to direct people's concerns to the here and now by shaping the shared background practices (Creed et al., 2022; de Rond et al., 2022; Kodeih et al., 2022) and the human arrangements that govern our intentional relationships with things and other human beings (Holt and Sandberg, 2011). Both made possible a fine-grained examination of a form of temporal work that defines a baseline set of expectations through discursive, material, and relational practices that allow people inhabiting a particular world to focus on the here and now.

The ongoing imminence of death and risk in extreme contexts induces an oppressive experience of time (Kodeih et al., 2022), characterized by a bleak future as a closed horizon. Our data reveal that temporal work at TSH mitigates the risk of compassion fatigue or burnout not by eliminating the experience of a potentially undesirable future but by focusing on the present. Attention to temporal work has at least three implications for studying organized compassion.

First, our analysis of temporal work illustrates the importance of examining how organizations make people sensitive to experiences and the practices behind them through discourse, i.e., specific ways of talking about or defining (Lawrence and Phillips, 2019; Spinosa et al., 1999). Understanding the enactment of a new and different life stage in the hospice – *end-of-life* – allows us to see how organizations can shape the practice of compassion through discourse by creating a ‘coherent social reality’ (Mumby and Clair, 1997, p. 18). Our findings show how TSH restructures time by enacting a liminal time within the home that establishes and maintains boundaries between life (past) and death (future) and focuses on the present. These findings suggest that defining a here and now might be key to preserving compassion in extreme contexts where strategies of envisioning an ‘alternative, yet unknown future’ (Alkhaled and Sasaki, 2022) cannot work because the future is already known. We show that temporal work focused on the here and now instills a different experience of time, constituted in our study by a sense of agency developed in the present while facing an undesirable but inevitable future (e.g., death). As a result, discourse can reconfigure temporal reality and reassemble words and thoughts to actively invoke a different type of understanding in which people are absorbed in acting out a shared concern and aware of what is expected of them. In most extreme contexts, where life-and-death issues are always centre stage, risk and possibilities/solutions are drivers to focus on the future. Against the extreme contexts literature’s dominant focus on the primacy of the future (near or distant), we propose that defining a here and now world enhances action by accepting that the only time available for doing something is present, thus offering an enriched view of the present that overcomes ‘the perils of short-termism’ (Kim et al., 2018, p. 609).

Second, our focus on TSH as a world more fully specifies the relevance of existential spatiality and infusing meaning in present-at-hand (Heidegger, 1962) in preserving compassion in extreme contexts. In one of the few studies considering materiality in organized compassion Peticca-Harris (2019) articulates the material conditions that impede, disavow, and inhibit the compassion process and advocates for the role and influence of physical distance as a contextual factor in the compassion process. As in other compassion studies, it seems to suggest a dichotomy: proximity equates to acting compassionately, while distance sacrifices compassion but recovers energy (Frost et al., 2000; Lilius, 2012; Peticca-Harris, 2019). However, adding to recent research on the ontological flexibility of spaces (Lawrence and Dover, 2015; Wright et al., 2022), we propose that the existential dimension of spatiality adds to this view. In this regard, Heidegger’s idea of existential spatiality permits a shift from a physical conceptualization of spaces for compassion to an ontological one. The idea of space as something things are ‘in’, like water in a glass, refers to spatiality in the basic sense of a container. However, Heidegger’s (1962) perspective of being-in returns space to the sense of significance, so being-in means to dwell, reside, or inhabit. Prior to any objectively measured Euclidian geometric space that radiates

outward from places, existential spatiality is mainly defined by concern. A space remains abstract until we grasp it in terms of a mental and bodily orientation toward the world to pursue goals and satisfying needs and desires (Frodeman, 1992). Our study found TSH to be a world for compassion, where distinct spaces allow different ways of being that are always concerned with compassion for guests. The different areas of the house and objects infused with meaning that are now present-at-hand (like candles, aprons, beds, chairs or doors) enable volunteers to engage in acts of compassion in two phenomenologically distinct ways, always caring for the *end-of-life*. More broadly, in other extreme contexts, constructing a world can allow compassion to be performed both nearby and at an existential distance of compassion-receivers without being diminished or underperformed, but infusing the tasks present-at-hand with meaning so workers can sustain compassion over time while simultaneously restoring their energy (Schabram and Heng, 2021).

Third, our analysis illustrates that enacting the *end-of-life* for guests also allows volunteers to focus on the here and now, revealing how temporal work shapes relationships in the hospice and ultimately helps sustain compassion. Because agency is responsive to ‘temporal-relational contexts’ (Emirbayer and Mische, 1998, p. 962), defining guests as living people with present needs and, thus, agency, compassion-givers are also given agency and can direct concern toward here and now actions. They can enact a direct encounter with the other by entering a sacred space or performing tasks as compassion present-at-hand. This allows us to see how a world for compassion is relationally enabled by the organization: acknowledging and respecting the emotionally taxing nature of compassion in a way that facilitates members to exercise some agency over when and how to engage in their acts of compassion. As a result, we can see how, echoing de Rond et al. (2022), ‘the “whole” of a community’s phenomenological world can be implicated in its constituent parts, namely each of its specific practice performances’ (p. 893).

In sum, our analysis has highlighted some important ways temporal work can be implicated in preserving compassion in extreme contexts by constructing a world and shaping the lived experience of practices. The causality implied in this perspective differs from theories emphasizing skills, capabilities, and predispositions in preserving compassion in the face of recurrent stressful events (DeCelles and Anteby, 2020). In contrast to previous work, we integrate the phenomenological notions of world and ways-of-being into our argument, which shifts attention to the background and often-unnoticed understanding internalized by all members of a specific space (Heidegger, 1977). This move underscores that while people might enter a local world such as the TSH with prejudices – understood in the literal sense of a ‘pre-judgement’ or presupposition (Heidegger, 1962) (e.g., of what approaching and dealing with death looks like) – temporal work opens the possibility to transform one’s particular ways of being and of practising experience, such as by enacting the *end-of-life* stage at the hospice. This perspective invites us to think of such worlds as metaphysical maps (Young, 2001), which implies thinking not only in ontological terms but also ethical ones, i.e., of what *is* but also what *ought to be*. The work of building a world grants an already familiar horizon – a recognized existential space within which people confidently move and know what to do. Thus, future research might consider how organizations open new worlds by changing their shared background practices toward other types of concerns.

Limitations and Future Directions

This study reports on the temporal work of TSH to build a world for compassion, focusing on the here and now through existential spatiality. We do not intend to claim that our findings represent the only way such a world might be built. Foremost, our ethnographic method limits the transferability of our findings. Our research context provided an extreme case of temporal work because of the death horizon, which is certain and not promising. While we believe that constituting worlds for the here and now has broader implications for organizations, this will require further empirical investigation. Most forms of organizing imply that here and now decision-making can affect the future. If this is true, then more research is needed to investigate how the enactment of such a temporal work can look in different organizational spaces. Although temporal experiences at TSH share important characteristics with other contexts, or 'worlds', future research would explore whether here and now can describe different practices in other extreme contexts. For instance, focusing on the present in disruptive or risky events will be more tied to time pressure than a way of being.

Our focus on temporality means that other relevant themes outside the scope of this study are worthy of investigation. We acknowledge that there may be other reasons why temporal work interventions are effective at TSH. For instance, different practices create a climate of spirituality and religiosity that confers special, transcendent meaning to interactions. As rituals produce beliefs that are integral, unconditional, and secure against the doubt-producing anomalies of life (Berger and Luckmann, 1967), rituals at TSH would help staff and volunteers connect with their spirituality while performing their daily tasks. It can also help them be fully present with guests. We suggest that further research explore the intersection of spirituality and the experience of time in practices.

Finally, extreme contexts themselves provide a limitation. If we echo burnout scholars' warnings that prevention is better than waiting until burnout occurs, the best treatment is to not just fix the person but fix the job (Maslach, 2017; Schabram and Heng, 2021). However, working in extreme contexts does not regularly provide room for job crafting. In short, while we position organized compassion as shaped by temporal work, we believe the tension that supports the individual in taking better care of both themselves and others will be lasting.

Despite these boundary conditions, our study provides a new vocabulary and theory generated from an extreme case of an organization working under an obvious, fatal, temporal horizon. We believe that constructing worlds focusing on the here and now, the configuring of existential spatiality, and the experience of time in practice perspectives have potentially important implications for a broad range of organizations beyond the context of hospices, healthcare, and even extreme contexts.

While we tend to live as if our lives represent a perpetual, long-term horizon, this is not always the case – as the disruptions of war and the COVID-19 pandemic to our personal and organizational lives, for example, revealed. As in other extreme situations, those spotlighted death as a possible near-end of our time horizon. In response to this dynamic, our study analyses how temporal work can be enacted in organizations to help their members cope with undesirable and unavoidable futures. Our findings show how worlds focusing on here and now allow organizational members to perform practices

competently in the present within the context of an undesirable future. We envision exciting research avenues to explore further how organizations help their members make transitions in practices through temporal work, ultimately inspiring a new paradigm for researching the lived experiences of time in practices.

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