Article

Minding the Gaps in Managers' Self-Realisation: The Values-Based Leadership Discourse of a Diaconal Organisation

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Abstract: Work is an important source of meaning for managers in modern organisations. This article explores a leadership discourse in a diaconal organisation and aims at analysing managers' notions of self-realisation. Based on a case study of a Norwegian diaconal hospital, the article answers the following research question: What characterises managers' self-realisation within the leadership discourse in a diaconal organisation? The findings foreground how managers emphasise individuation through pro-social values, draw on the hospital's distinct leadership discourse when addressing dilemmas and connect values to core work. However, the managers are also marked by individualisation in that they adopt elements from a generic leadership discourse, where managerial work is a means to launch their own potential, express personal ideals and foster individual development. The article discusses how self-realisation in this diaconal organisation primarily emerges as individuation rather than individualisation, which is prominent in generic leadership discourses. These two categories of self-realisation intersect within the hospital's predominant values-based leadership discourse.

Keywords: self-realisation; individualisation; individuation; leadership; management; discourse; diaconal; faith-based; values

1. Introduction

There has been a growing interest in meaningful work within organisational life. This interest reaches beyond the basic fact that work instrumentally gives financial rewards and secures livelihood. Rather, scholarly investigations have been concerned with how people seek meaningful work to realise themselves and pursue their values. The body of research on work as an expression of purpose and identity is cross-disciplinary and spans management and organisation studies (Alvesson and Spicer 2010; Sveningsson and Alvesson 2016), psychology (Steger et al. 2012; Wrzesniewski et al. 1997), psychology of religion (Schnell and Hoof 2012) and studies of professions (Sirris and Byrkjeflot 2019; Wenger 1998). This article takes the dual perspective of diaconal science as well as organisation and management studies. I explore one locus within the broad field of meaningful work: managers' self-realisation, broadly understood as 'a bringing of oneself to flourishing completion, an unfolding of what is strongest or best in oneself, so that it represents the successful culmination of one's aspirations or potentialities' (Gewirth 1998, p. 3).

Diaconal organisations are relevant settings to investigate the phenomenon of managers' self-realisation as they are 'particularly purpose-driven and managers are distinct carriers of values that express organizational mission and self-understanding' (Sirris and Byrkjeflot 2019, p. 133). Thus, pro-social values emerge as a key characteristic of these organisations. The empirical data for this study are drawn from a diaconal hospital in Norway. While 'diaconal' is derived from the Greek word diaconia, which means serving, the term is associated with great variety and complexity (Klaasen 2020). Importantly, there is a distinction between religious organisations, churches and the broader category of faith-based organisations, which include the diaconal ones. Faith-based institutions are part of a wider pattern—manifestations of the social ministry and the responsibility of the

affiliated faith community. All these claim a Christian identity, yet their expressions differ. A typology identifying the religious dimensions of faith-based organisations was suggested by Sider and Unruh (2004). They placed such organisations on a continuum ranging from faith-permeated, faith-centred, faith-affiliated, faith-background and faith-secular. Diaconal organisations, also called Christian non-governmental organisations, deliver social or health services and advocate social justice. The modern diaconal movement originated in Germany in the 19th century and was founded on religious traditions, particularly Lutheranism. Initially, diaconal organisations were affiliated with a denomination or faith community and rooted in religion and individual commitments. With time, however, the emphasis within the organisations shifted to 'commitments grounded institutionally through values' (Askeland et al. 2019, p. 28). This shift is suggestive of a transition in the understanding of diaconia—from individual motivation and calling to a body anchored in the domain of organisations with values that are widely accepted by the community and their constituency (Haugen 2018, p. 63). Thus, the employees are not expected to confess as Christians or be members of a church; however, they are expected to realise the organisational values. Askeland et al. (2019, p. 46) argue 'such values tend to be ambiguous in nature and may not be justified by religion because they show commonalities with values expressed in the larger context of health policy'.

Values are defined as rational goals and ideals, which express the desirable, intuitive priorities within practices, and as expressions of moral convictions (Aadland and Askeland 2017, p. 36). They are maintained in interactions between the individual and the collective, for example, in practices where managers promote values and foster identification with the organisation (Askeland et al. 2019). Values can be distinguished as espoused and in use, analogous to Argyris and Schon's (1978) conceptualisation of espoused theories and theories in use. First, espoused values express intentions and ideals. The venture point is normative, and values precede actions. For example, core values are desired drivers of action and are made explicit. In contrast, values in use are lived values that are tacit and implicit. They are identified when meaning is derived retrospectively through reflecting on the action. Through experience, participants reflect on which values are expressed in a situation. Interestingly, espoused values and values in use do not always match. Whereas espoused values can be discovered by words, values in use are best detected through observation.

The article aims at identifying key characteristics in a leadership discourse in terms of managers' self-realisation. Importantly, self-realisation can be distinguished into two categories. Individualisation refers to an individual's capacity to select from among options, and it presupposes freedom, personal choice and agency. Individuation is defined as 'the collective organising practices undertaken in pursuit of autonomous selves' (Reedy et al. 2016, p. 1554). While individualisation stresses autonomy that is independent of the collective, individuation combines both individual and collective values and identities. In organisations, individuation can be practiced through shared values and joint purpose, which essentially separate individuation from individualisation. This distinction will assumedly surface in my research context since all employees in diaconal institutions are expected to contribute to the promotion of organisational values. Further, it could indicate a potential gap in managers' self-realisation if individualisation is prioritised over individuation. When these two categories are not interrelated, a lack of coherence and weak managerial identification with the diaconal organisation can follow. This article is motivated by the need for research on the interactions of these categories of self-realisation and how the potential gap between individualisation and individuation is bridged. The article reports a case study that provides in-depth knowledge of this phenomenon. I presuppose that the local leadership discourse, which is underpinned by religious and diaconal values, will include elements from a general, predominant managerial discourse.

More precisely, I am guided by the following research question: What characterises managers' self-realisation within the leadership discourse in a diaconal organisation? The article is structured as follows. I first elaborate on the theoretical perspectives: the

concept of self-realisation with its categories of individualisation and individuation, as well as values and leadership in diaconal organisations. The execution of the empirical study is then explained. The findings are analysed before the overall discussion and the concluding remarks are presented. This article makes three contributions. First, it provides new, empirical knowledge on the characteristics of managers' self-realisation within the leadership discourse in a diaconal organisation. It describes the values-based leadership discourse. Second, my study offers empirical illustrations of how shared values and collective purpose separate individuation from individualisation. Third, it contributes by analysing how individuation and individualisation intersect in the values discourse, bridging the potential gap between the two categories of self-realisation. This is theorised into a model that could be applicable to other organisational contexts.

2. Theoretical Perspectives

2.1. Self-Realisation as Individualisation and Individuation

Managerial work, as with the rest of life, is expected to be shaped by our authentic choices. Work-life unfolds within this cultural narrative and can be viewed as an individual piece of art. At a societal discourse level, cultural narratives are meaning-making stories told to communicate the values, expectations and attitudes of that culture (Laceulle and Baars 2014). Self-realisation has a temporal orientation because it is an ongoing and lifelong undertaking. It is a process in which people integrate their past with their present to extract meaning. Identity development through stories and narratives is conducted by the ordering of experiences and events in a consistent unity (McAdams and McLean 2013). Such discourses often challenge their countertypes, which are perceived as damaging stereotypes of cultural narratives. Late modernity harbours a plurality of individually shaped life trajectories, according to Laceulle and Baars (2014, p. 34), who draw on Bauman (2007), Giddens (1991) and Taylor (1989, 1991). This plurality is due to the complex societal and cultural contexts environing modern organisations with ideals of individual autonomy and responsibility.

For this article, self-realisation can be understood as a type of cultural narrative central to various leadership discourses. As a moral concept, it is rooted in the Socratic ideal of knowing oneself. It is also key to the Aristotelian concept of self-fulfilment within the teleological framework of virtue ethics (MacIntyre 1984). In this context, humans are striving towards the optimal flourishing of their inherent potentialities, aiming for the ultimate goal in life. Such growth involves coming into resonance with the cosmic order and functioning according to our true nature as we become the best versions of ourselves. The concept of self-realisation was developed in modernity, where it was understood as the autonomous life and responsibility of each individual (Taylor 2007). It has changed through the Romantic quest for self-expression and is also reflected in the writings of Nietzsche on becoming who you are meant to be (Taylor 1989). I consider self-realisation as an accessible cultural resource for managers.

The paradox of self-realisation points to the function of values—religious or otherwise—to pursue self-transcendence (Browning 1995). As noted in the introduction, diaconal organisations emphasise pro-social values by promoting notions of the common good, which can be at odds with a strong sense of individualisation. The good life is a matter of cognitive discourse but is also captured in religious stories and symbols that are typical of diaconal organisations (Askeland et al. 2019; Aadland and Skjørshammer 2012). Browning (1995, p. 94) points out five moral dimensions when reflecting on a good life: the fulfilment of natural needs and desires, being an esteemed member of the community, living according to convictions or moral integrity, giving meaning to life and living the art of reasonable balance. These dimensions are not limited to leisure but also include work and management.

Individuation relies on the maintenance of personal bonds of trust prompted by 'conviviality, mutual aid, activism, self-provisioning, cultural production and shared sub-cultural practices' (Reedy et al. 2016, p. 1567). One aspect of individuation involves social

and cultural engagements that connect the individual to the environment. This involves participating in practices, which is a moral strand of self-realisation that serves more than just the ego. The concept of individuation suggests a rehabilitation of self-realisation singularly understood as individualisation. Thus, the notion of self-realisation should not be confined to that of a consumer within neo-liberalism but is a highly relevant topic in leadership discourses.

Even if self-realisation has been discredited, its usage and the debate, as such, testify to its significance. The 'individualisation thesis' has attracted much criticism, which is related to consumerism as a cultural narrative. For example, Honneth (2004) criticises individualisation based on Weber's argument that capitalism eradicates tradition from our collective identity since people have to construct their identity themselves. Individualisation does not liberate but rather increases inner emptiness, super-fluidity and one-dimensionality, according to Honneth (1995). He calls for an individuation approach to self-realisation through symbolic interaction and mutual recognition and sketches a tripartite approach to expression: love or care, bestowing of rights on the person and achieving validation by a community of interest. These, in turn, foster self-confidence, self-respect and self-esteem. Individualisation within neo-liberal thinking has been accused of being narcissistic and isolating. Some of its pitfalls are an existential drift, absence of purpose and depression (Putnam 2000). This is evident in the understanding of homo economicus—the view that actors are individualistic, relational, utilitarian, instrumental and calculative (Houston 2008). Under this perspective, the goal is to enhance personal well-being in monetary or social terms, which aligns with the ideal of the active and responsible citizen or consumer, commissioner, co-producer, scriptwriter and designer of services. This is essentially grounded on an ontology and questions of values.

To sum up, self-realisation appears paradoxical since it potentially offers both benefits and pitfalls. Although criticised in the individualistic sense related to consumerism—in terms of the influential individualisation thesis in contemporary society—self-realisation encompasses a certain conceptual duality. Individuation enables both the autonomous self, as well as a collective identity, and congruent and shared values between the individual and the organisation. However, more research is needed on self-realisation as a key component of meaning-making in a manager's work life. How it is applicable in workplaces and management, where persons develop their identity (Sveningsson and Alvesson 2003, 2016), is a salient issue in diaconal organisations, to which we now turn.

2.2. Values and Leadership in Diaconal Organisations

The traditional tripartite sectoral division of society can be studied from a values perspective (Sirris 2020a, p. 67). While the public sector promotes welfare by distributing resources and values and is accountable to the concerns of many stakeholders, the for-profit sector creates value by producing goods or delivering services demanded in the market. In contrast, the overall task of the civic sector is to promote certain values and the common good, irrespective of its religious or secular underpinnings. Thus, these sectors are separated not only by structures but also by identities and values (Billis 2010, p. 55). As part of the civic sector, diaconal organisations are normative because of their identity as a moral community with enduring, distinctive and central traits (Albert and Whetten 1985). This article presupposes that the central role of values will impact the leadership discourse within diaconal organisations.

The attention paid to values in diaconal organisations is linked to their distinct tradition and current position in secular society (Aadland and Skjørshammer 2012). Rapid changes and various crises in contemporary society demand renewed services and trigger technological and social innovations. In Western countries, the government and larger municipalities encourage civic organisations to provide welfare services (Offe 2018). These organisations are partly financed by the authorities but perform the same work and consist of the same professions as secular health institutions. They have a double mission as legitimised within an ecclesial faith tradition and performing welfare on behalf of the public,

aimed at the common good. They maintain a faith-based or non-profit profile, acting as welfare agents within the wider context of health and welfare services. In terms of the number of employees working for the health and social work services, civic organisations in Norway account for 8.7 percent. Diaconal actors constitute the majority within this sector, at about 5 percent. Commercial actors account for 16.6 percent. In comparison, the percentages of diaconal actors (commercial actors) in Sweden and Denmark are 1.9 (22.5) and 7.1 (9.2), respectively (Haugen 2018, p. 39). The diaconal institutions are owned by foundations of various sizes. The Norwegian meeting of diaconal leaders brings together the CEOs of such foundations and has, at present, 13 members. There are three diaconal hospitals in Norway. In Germany, church-based welfare organisations grew after World War II, and in some areas, they represent 30–50 percent of all welfare services. In 2010, the Catholic *Caritas* had about 600,000 employees and 26,000 institutions, whereas the Protestant *Diakonie* had 450,000 employees and 27,000 institutions (Leis-Peters 2014, p. 144). In 2022, the European umbrella organisation *Eurodiaconia* had 58 national and regional members, including churches and institutions.[1]

Although public and diaconal welfare organisations are very similar, the differences are also important and need to be highlighted (Nordstokke 2011, 2014). Values within societal sectors need not diverge but can overlap. This sets the scene for diaconal organisations to reflect on their identity and values as they are challenged to reformulate their self-understanding derived from a Christian tradition, being non-governmental and non-profits working independently to realise their missions (Askeland 2015). However, diaconal organisations are not isolated; rather, they utilise discursive resources from their environment. Hence, they cannot be exempted from general discourses of leadership. Similar to other civic organisations, they interact with public and commercial organisations (Billis 2010; Henriksen et al. 2018; Riggio and Orr 2004). Norwegian diaconal hospitals reside at the intersection of sectors because of their contracts with public authorities, on the one hand, and their market operations, on the other (Kearns 2003). This phenomenon illustrates how non-profits are becoming more business-like (Maier et al. 2016). During the last decades, there has been an increased interest in how organisations hybridise—how they combine elements that are normally found apart. Hybridity can be considered a hallmark of the civic sector (Evers 2013; Jäger and Schröer 2014) and of diaconal organisations (Askeland et al. 2019). This can imply a changing of values and identities in exchange for resources, influence and delivering more services. However, value convergence with for-profit organisations can lead to mission drift and pose a challenge for civic non-profits (Schmid 2013).

In this setting, leadership ideals have been imported into the civic sector, not least from business schools, through consultants and literature based on the for-profit sector (Riggio and Orr 2004). Going against the established wisdom, Løvaas et al. (2019) analyse how leadership in civic organisations can be relevant to managers in public and commercial knowledge organisations. They find that leadership in civic organisations is strongly tied to the identity and values of that organisation. Accordingly, they summarise that 'leadership is not generic and universal, but contextually shaped and sensitive to context' (Løvaas et al. 2019, p. 35). Extending their research, it is interesting to study how such ideals are discursively negotiated in specific contexts (Alvesson and Karreman 2000), which is illustrated here with my case of diaconal organisations.

Since diaconal organisations are embedded within the wider society, generic discourses are assumedly also present, in alignment with Sveningsson and Alvesson's (2016) claim that there is a generic managerial discourse in the contemporary Western world. From a range of studies from Swedish business and public sector organisations, they analyse this discourse or cultural narrative. Their review testifies to the centrality of self-realisation in the predominant management discourse. Self-realisation denotes how managerial work is a means for managers to realise their potential and express their ideals. It bridges identities, intentions and ideals with specific actions and roles in which self-understanding is played

out. This points to the meaning dimension of work yet indicates tensions between ideals and reality.

Within this discourse, according to Sveningsson and Alvesson (2016), managers claim to have left their professional role behind. The leaders distance themselves from the role of the professional expert, which is connected to limited areas of specialisation, while management provides an opportunity for overall and general work. Managers feel limited and restrained by operational tasks. However, middle managers are, by nature, close to operational work as they perform mundane everyday tasks, striving to come to terms with pressing issues and expectations (Askeland 2015; Tengblad 2012). According to Sveningsson and Alvesson (2016), although managers are motivated by fulfilling themselves and realising their innate capacities, their focus is on administration. This leads to inconsistencies between the self-view and one's ideals through decoupling; that is, the talk about leadership is separated from what managers actually do. Moreover, their study points to a gap between individualistic managers realising themselves and the collectively shared organisational values. This resembles the divide between individualisation and individuation. How these categories intersect needs empirical investigation in a distinct organisational context.

3. Methods

To study managers' self-realisation within a leadership discourse, I employed a method that allowed me access to sayings and doings at the individual and organisational levels. This article reports a single case study (Creswell 2013) conducted within a hospital, and the data consist of interviews, observations and document analysis. The data are rich in narratives about careers and motivations for entering and staying in demanding jobs. The studied diaconal hospital was founded in the late 1800s by the emerging lay movement within the Evangelical Lutheran Church of Norway in response to growing social needs. It is located in a Norwegian city and now functions as the local hospital for 190,000 inhabitants. It has 1900 employees and three managerial levels. One reason to choose this hospital was its established values discourse, entailing projects on the role of values within the organisation, involving managers and employees. These processes served to reformulate its Christian mission and identity.

I approached the hospital management, who approved of my study. After sampling managers of different age groups, genders and from different wards, three middle managers were observed one work week each, and the CEO for one day. By following managers around as they were doing their work, I was able to capture various activities and interactions. This gave access to both actions and interpretations (Creswell 2013). Besides these 16 full days of observation, I studied 385 document pages from the hospital and its three wards. These documents comprised policy texts, the hospital's web pages and internal systems. Additionally, managers at all three levels were interviewed about the contents of their jobs, the expectations of leaders, organisational values and *diaconia*. I interviewed the three shadowed managers before and after the shadowing sessions and additionally conducted two group interviews with the employees in each of the three wards. I also conducted individual interviews with the CEO, five other members of the top management and five managers in the included wards. In total, 24 interviews with conducted with 45 persons: all in Norwegian, recorded and transcribed verbatim (Table 1). I included participants from different professional backgrounds to capture variety within the studied phenomenon. The informants gave informed consent to participate, and their details were anonymised. The research project was approved by the Sikt Norwegian Centre for Research Data (NSD).

The analysis involved open, inductive coding in NVIVO. I paid particular attention to how the participants described values and management. Aligning with the themes in the semi-structured interview guide, the data contained thick descriptions of self-realisation in terms of leadership ideals and motives for being a manager. I found this to constitute a values-based leadership discourse. While the data provided in-depth knowledge of

the chosen organisation, the findings cannot be generalised. I do not attempt to account for every factor impacting this discourse. Table 2 exemplifies key steps in the analytic coding process.

Table 1. Data sources and participants.

Hospital Unit/Factors	Medical	Psychiatric	Surgery	Top-Level
Observee	Unit manager	Ward manager	Unit manager	CEO
Professional background	Nurse	Psychiatrist	Nurse	Economist
Duration (days)	5	5	5	1
Field notes (pages)	27	24	30	5
Individual interviews	3	4	4	6 (CEO, HR director, communication director, director of finance, secretary, advisor)
Average duration (minutes)	53	61	47	39
Transcription (pages)	36	47	33	54
Group interviews (participants)	2 (9)	3 (14)	2 (8)	0
Participants' average age and tenure	32 (4)	54 (13)	46 (9)	55 (6)
Average duration (minutes)	69	58	48	0
Transcription (pages)	28	37	24	0
Document (pages)	36	80	42	245

Table 2. Example of data analysis.

Exemplary Quote	Code	Category	Theme
The hospital's core values—quality, justice, service and respect—are our values.	Core values	Values ubiquity	Values-based leadership discourse as an integrating force in the organisation
All employees and managers are expected to promote and cherish the values.	Promoting values	Values manifestations	
Our managerial circle—planning, doing, control and improving—surround the core values; we foster values-based improvement leadership.	Managerial training programme	Values-based leadership	
What we do with our values in practice can distinguish managers from others.	Values in practices	Focus and priorities	Values-based leadership discourse as a resource in dilemmas and priorities
Serving is a value that makes managers special. It has a lot of different interpretations surfacing in discussions.	Choosing a course of action	Individuation	
Managers experience many simultaneous conflicts between values, including with their individual ones.	Tensions between values	Individualisation	
A diaconal hospital enjoys a tradition that managers must interpret.	Present and past	Identification	Values-based leadership discourse creates a sense of unity
Managers' mundane everyday activities are considered expressions of values.	Work activities	Linking actions with values	
Leading is to motivate people to perform the tasks that are part of the mission.	Tasks and mission	Leadership	
Values concern the totality of our organisation—how patients are met and managers' awareness of the values.	Levels and departments	Coherence	

4. Results

In various ways, the main findings highlighted the bridging impact of values. Overall, a distinct values-based leadership discourse emerged in managers' talk about their work. This section presents the main findings. First, this discourse served as an integrating force in the organisation. Second, it enabled focus and prioritising in discussions. Third, it created a sense of unity across levels and departments.

4.1. The Discourse as an Integrating Force in the Organisation

The ubiquity of core values was noticeable in the hospital. The values discourse was present in all the interviews on leadership, as the interviewees referred to the hospital's values when reflecting on their managerial roles. Thus, the leadership discourse converged with the values discourse. The four core values chosen by the hospital board were quality, justice, service and respect. Since they had been chosen ten years prior to my study, the managers accounted for how these values manifested in the organisation. The core values were also displayed on the website as well as in the hospital building, for example, on posters and digital screens. Additionally, they were printed on brochures and information material and communicated via gifts and magazines, emphasising the organisation's identity. In several instances, this explanatory text accompanied the core values:

> *Respect: Understanding and respecting the complex needs of vulnerable patients and their kin as well their personal integrity and characteristics.*

> *Quality: The hospital's services should be of high quality, ensuring commitment to professional competency and best practices.*

> *Service/serving: Every interaction with patients, kin and employees is an opportunity to offer services, be available and express compassion and care.*

> *Justice: The hospital will safeguard patients' and their kin's rights, represent vulnerable groups and strive for the right and effective use of resources.*

The interviewees noted that the values appeared similar to those of other organisations, except for the third value, which was directly translated from *tjeneste* in Norwegian. This word has two meanings: the general concept of providing good customer service as well as the moral aspect of serving. This matched the goal of the managers who were motivated to serve employees and patients, as articulated by a medical unit manager: 'I facilitate so that others can do their job; being at service, they are doing the core work'. The psychiatry ward manager said, 'We talk a lot about the profession; I constantly discuss with my colleagues. I show that I care for them and their professional work. They enter my office to discuss difficult patients, diagnoses or treatment'. Managers also identified with the diaconal tradition that emerged with the vision and motto of the hospital:

> *Engaged for humans and in the belief that each human being has value as created in the eyes of God, creating a mutual community with God and fellow human beings by caring for human beings in distress. Renewers in service for our neighbours.*

A surgery unit manager said: 'I have no problems identifying with the vision statements. That is how I would like to be myself. I thrive because I can pursue my professional interest in this stimulating environment'. A colleague followed this up in the group interview with these words:

> *I left a commercial health enterprise to work here. I did not want to make the rich even wealthier; rather, I would make I difference here for those in need. I feel I develop as a person. Basically, we are here to serve—there is no contradiction.*

Given the prevalence of the core values, their manifestations were essential to the hospital's values discourse. It permeated the hospital and prompted extensive projects on the role of values involving processes, managers and employees. The values were pivotal to various practices. Among these were introductory courses for new employees, a value booklet in the managerial training program, and plenary meetings where the values were evoked. The hospital staff also consisted of deacons and chaplains. Each ward had

a diaconal nurse in a part-time position who facilitated ethical reflection. The employees were also familiar with the history of the hospital's founder as well as the Biblical story of the Good Samaritan. Such narratives modelled desired practices and concrete expressions of the values and were shared, not least by the CEO. In an observed meeting with board members from another hospital, the CEO emphasised the following to the visitors:

All managers are expected to promote and cherish the core values. We seek to continue in the spirit of the founders from back in the 1800s. Doing something that is not mainstream, dare to challenge and, above all, serve the common good.

One main reason for the prevalence of the values discourse in the interviews was the centrality of four core values within the managerial training programme, including managerial courses and additional professional training conducted in the hospital. For instance, the HR director, in an observed meeting within the managerial training programme, underlined that the values framed the expectations towards managers: 'Here, we foster values-based improvement leadership. This gives a clear direction; however, it is simultaneously an open approach leaving room for different types of managers to flourish. We aim for a synergy of hospital and individual values'. The hospital had developed booklets on the so-called 'managerial circle', which consisted of four main managerial activities irrespective of the department: planning, performing, controlling and improving. Though these were generic activities, they centred around the core values depicted in the middle of the model. In a meeting with new employees, the CEO underlined that the values connected daily work with the overarching mission of the hospital:

We exist to improve the quality of patient treatment and care. Our managerial circle— planning, doing, controlling and improving—centres around the core values. Thus, we focus on strategic questions that lead us forward. The alternative would be managers going about their daily business without development or improvement.

The hospital had discursively placed the values at the very centre of its vision for adequate leadership and managerial work in the organisation. This strategic measure was successfully achieved as all participating managers were familiar with the core values and acknowledged them. Given this centrality within the organisation, we now turn to how managers have connected to these values in their everyday work.

4.2. The Discourse as a Resource in Dilemmas and Prioritising

The values had practical implications as they were expected to trigger reflection and inform choices and courses of action, even in difficult prioritising situations. Thus, values emerged as particularly discursive recourses in dilemmas. Overall, the values were well-known and implemented in discussions and decision-making. All the leaders agreed that the main challenge was translating core values into daily work. Many interviewees addressed the fact that 'all organisations are values-based', including the CEO's advisor: 'We have the values on the wall, but what managers do with our values may distinguish us from others'. The HR director stressed that the values discourse must have consequences: 'I am concerned with the idea that our core values must mean something for each manager. We start talking about these in the introductory courses for new employees and continue until they retire'. Comparisons were also made with other organisations; for example, a psychiatry unit manager who had work experience in other organisations phrased it as follows: 'Universities and hospitals are values-based organisations; here, however, managers work more consciously and more actively with values in all settings and at all levels of the organisation'. The director of communication observed, 'I use our values all the time; they were here when I started. I have never problematised them, yet we managers must re-interpret them all the time instead of making new ones'. Values formed the focal points and priorities and were expressed when the managers reflected on their aims and what they tried to accomplish and contribute to. The manager of the surgery ward emphasised the following:

> *Good managers guide their employees along to grasp and see the whole picture. They identify with the patients and at the same time see the totality. This is extraordinarily demanding. Clear leaders know and show the direction and can articulate to their co-workers what they expect.*

The importance of connecting the management function with a professional understanding of the entire field, especially in the hospital context, was emphasised. In the interview with the director of communication, she referred to the CEO's blog that I had read on the hospital's webpages:

> *How do managers show respect? The CEO has a blog. He got a mail from an employee who had heard a speech by the CEO to which he gave positive feedback. However, he also commented that every second sentence did not need to end with "you see . . . ?" The CEO found this a valuable contribution and asked the employee to publish this remark on the blog. Thus, he showed that it is ok to give and take criticism.*

The data also showed how the core values—respect, quality and justice—gave rise to dilemmas in everyday work. While a good leader was expected to solve problems by doing the best with the actual resources at hand, sometimes, the values conflicted with each other and with the challenges of everyday life. The medical ward manager said the following in this regard:

> *The core values create dilemmas in everyday managerial life. This creates reflections in the clinic all the time. What does it mean to behave respectfully? How do we show justice in a situation when we are crowded with patients and do not have room for more? I believe managers discuss these matters continuously. And what is sufficient quality when we must take the finances into account? Values are expressed and put upfront in dilemmas.*

Managers' engagement and commitment were crucial. A specific managerial task was 'to explicate, facilitate and allow that conversation', according to a surgery unit manager. The managers also spoke of nurses who served as diaconal nurses for 20 percent of their time in the hospital. They served as enablers of ongoing reflection, in addition to the reflection and supervision groups: 'Reflections contribute to quality work and awareness. The managers, as well as the chaplains and diaconal nurses, are carriers of values', an assistant surgery manager explained. A medical unit manager commented on the tensions between values and everyday work as follows:

> *The hospital naturally wants the most out of the money, delivering top-quality services with less money. Make patients healthy and happy. Yes, practise in line with the core values without superseding the budget. There we always have to fight; we are not at ease with that balance. Justice is to distribute according to needs.*

This was followed up by the observation that nurses often find themselves in a dilemma—between seeing the patient and wanting to help. However, when choosing to help, the time available to other patients was reduced, which was referred to as 'simultaneous conflicts'. A manager noted the following: 'To view used nursing hours as a loss and as a cost instead of a value to the patients, is a dilemma. Sometimes the nurses are so busy that they cry. I staff on a satisfactory level. It is civil disobedience'. Thus, there were unavoidable tensions between the values. Another medical unit manager commented on the ideal of values-based leadership: 'Managers are told to work value-based. It is not easy to swallow the talk of core values when we face challenges'. In a leader meeting I observed, this manager slapped the table and said, 'If we are going to do it like that, we have to replace our core values'. After this meeting, he told me, 'We get mixed signals from the board—give quality and cut costs. Those things do not correspond. They are non-reconcilable values'.

Dilemmas were frequent, according to a psychiatry assistant manager: 'It is like a game; that is why personal distance is important. We are not left in peace to realise and work with the core values, as we see fit'. The challenge of safeguarding the diaconal values within the constraints of the budget was a recurrent theme. Several managers found this to be de-motivating. They felt they could not realise their ideas of quality work or find

enough time with their employees, as explained by a medical unit manager: 'Yeah, quite frankly we are under-staffed, under-financed and underpaid. Managerial life is not fully what I expected. It is too hectic and too crowded with operational work'. Referring to the frequent dilemmas, a surgery unit manager said this:

> The values are nice, yet when everyday life is messy, they seem a bit hypocritical. Nonetheless, values help us lift our gaze and hope for a better tomorrow. Even when I am angry with the top management, I need to motivate my employees in the ward.

A recurrent topic was precisely how managers displayed loyalty to the hospital organisation and simultaneously disagreed with or had other preferences than the top management.

4.3. The Discourse Creates a Sense of Coherence

The third key theme emerging from the data was that the values created a sense of unity. Values served as a glue between managers and employees. A recurrent topic in terms of identification was managers' reflections on the overarching diaconal identity of the hospital. What did that mean in practice? A surgery unit manager said, 'It permeates the processes of how the patients are met. Additionally, the awareness of those who work here. We want to have diaconia in our spine—to see and be concerned with each patient and not only the procedures'. The director of finance said that the values were not soft such as being 'related to the reading of poetry or lighting candles'. Instead, she found that the core values were discussed in relation to several issues in many settings:

> The values are generic. I am not a Christian and do not relate to the element of faith; however, I have no problems relating to the value element. I can burn as much for those as those with a religious point of view.

A unit manager in the medical ward pointed to how the values had distinct expressions: 'For Christmas, we gave a booklet to our employees—this is how we want to be met; we involve our patients in our thinking. It is paramount that the managers can identify with this'. Another idea expressed during the interviews was that the hospital could have had other values, but the important thing was how they used the selected values to the best of their ability, all the time: 'And we have to reinterpret them continuously instead of doing new things all the time'. Reflecting on the values, the managers spoke of service, as the Norwegian translation denotes both service and diaconia:

> This is a value that makes us special. It has a lot of different interpretations here. It can be associated with compassion and neighbourly love—in short, the diaconal tradition and Christian anchoring of this institution. We do not talk that much about it. It lies at the bottom as a fundamental to which we have related.

The CEO underlined that diaconia 'means care for those less fortunate, see the totality. Making a difference. It is our mission to care for marginalised groups'. A medical unit manager said that while diaconia was not discussed much, it underpinned their relationship with the institution and emerged in their values. Values clarified the organisational mission, making it accessible amid daily work and hectic activities. Such mundane everyday activities were considered expressions of values. The manager of the surgery ward said, 'A good leader enables the co-workers to see the totality. They identify with the patients. A leader works with and through others. We need responsible leaders'. The hospital management viewed the values as connected concepts and expressions of the overall unity of the complex organisation. The term appeared in contexts implying a holistic view of the hospital and representing overarching themes of joint interest across units and departments. In turn, this signified that management not only included the activities of an individual manager but was reflective of a greater unity.

Values were vital in this respect, being the enduring, distinctive and central traits constituting the organisational identity. The CEO said, 'Values concern the totality—how patients are met and the awareness with the employees about the values. All the way'. Again, the importance of the managerial circle with the core values was underlined here by

the CEO's advisor: 'We work towards the same and joint goals. We aim at having quality at every level. A holistic approach means to understand the connections between questions of personnel, professional, economy and daily business here.'

The identity of the hospital was also mentioned as a resource for the managers and employees by the CEO's secretary: 'Many of us who work here are proud of the history, the services, the quality of work and the spirit. We have regarded ourselves as a bit special. We have room to provide for the patients'. According to one surgery manager, the professions had their values, which were probably stronger than the hospital's core values: 'Values keep up reflections and prevent us from resting on our laurels. Whether professional values or core values are discussed, the reflections contribute to quality'. This remark also concerned the relationship between managers and professionals working in the hospital. The managers emphasised the importance of the knowledge of professional work, and most managers had clinical backgrounds themselves. The values were also operationalised and offered guidelines for daily interactions: 'One of our values is respect—also towards each other. We work so closely with one another that disagreements and tensions will arise. Respect different opinions. And feel free and secure to express them, not fearful'.

Another benefit of the values was related to prioritising: 'Values help us to take our mission seriously. We have a point of departure and do not drown in detail. Managers work strategically with values towards our goals, each contributing'. Such strategic work also implied safeguarding other units: 'Our values help us realise what consequences our choices and actions have for others. What is beneficial for us collectively?' The CEO felt that every manager was also responsible for the hospital as a whole: 'Sometimes they cannot get what only benefits their unit. They have to show solidarity'. The HR director said, 'We have many parameters and indicators for quality and everything, but values are at the back of our head and the ultimate test. At the university, liberty in research is a fundamental value. If you challenge that, the whole organisation shakes. Then you will not be there for a long time, with respect for that value'. A particular uniting feature of the hospital was its history: 'A diaconal hospital enjoys a tradition and history of diaconia. Spirit, education, values that have had an impact on the culture here'. The CEO also noted that it was not easy to define how the hospital differed from other hospitals: 'It concerns our basic view. More or less present with the employees. But the leaders promote this heritage. All organisations have values. But for us, they serve to profile the diaconal hospital. The values are Christian'. In the hospital, management was understood as getting people to perform the tasks that aligned with the mission of the department, partly to motivate and to create a joint understanding of how to accomplish the mission.

5. Discussion

Based on the findings, the following model (Figure 1) represents the ongoing process of managers' self-realisation within the leadership discourse in a diaconal organisation.

First, the findings show how the organisational values discourse permeated the hospital. The core values, as well as the diaconal tradition, were well known to the managers, not least due to the managerial training programme. This enabled a collective framing of the values. Essentially, the managers reported proximity to professional work and identification with the shared values, which emerged as individuation. Second, the findings also display elements from a generic managerial discourse in terms of managers' motivation and goals to develop in their positions. The hospital managers faced individual choices and were not directly involved in professional work themselves. Their identity as managers was evident. Even when relating to the hospital's core values, they had to translate these values into their own contexts. In several cases, managers pointed to what they considered double standards and limitations of the core values. Third, the findings have elaborated on the hospital's values discourse as well as traces of a generic managerial discourse. The elements from the two discourses intersect in three aspects, which form the headings of the findings section: the integrating force, the resource in dilemmas and the sense of unity. In what follows, the research question—*what characterises managers' self-realisation*

within the leadership discourse in a diaconal organisation—will be discussed on the basis of the three issues highlighted in Figure 1: individuation through shared values, managers' individualisation and the potential gap within self-realisation.
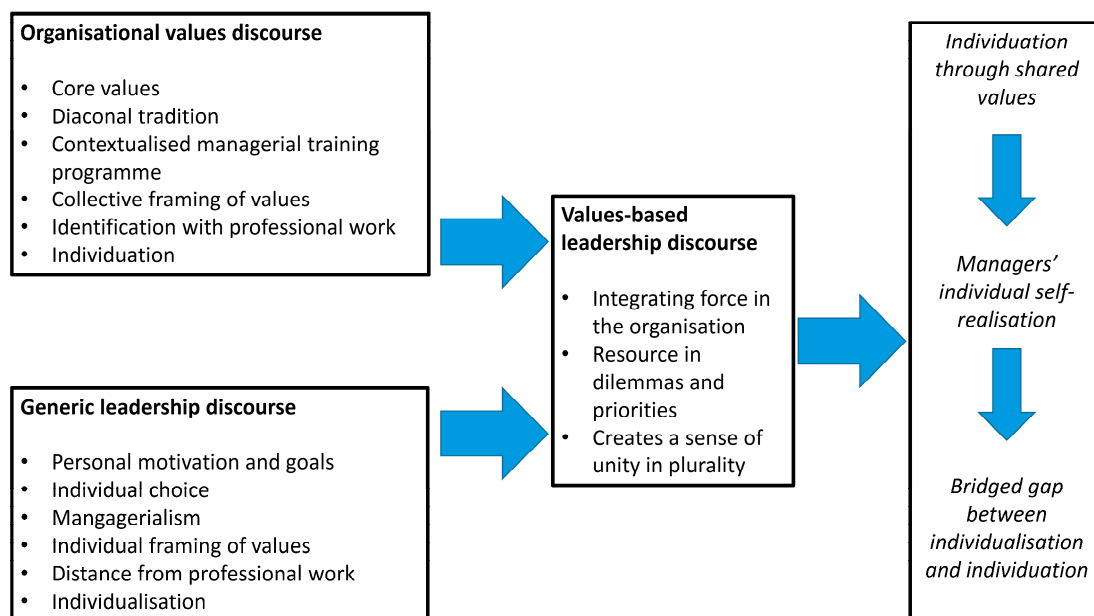
Figure 1. Managers' self-realisation within the leadership discourse in a diaconal organisation.

5.1. Individuation through Shared Values

It has been noted that religious and secular organisations alike share a strengthened interest in values, meaning and identity (Askeland 2015). However, this observation needs empirical investigation. The article's first contribution is empirically based knowledge of values and leadership through a case study from a distinct context. My study presents granulated data on how this interest in values manifests. Further, diaconal and other civic organisations add to welfare and community, with purpose and mission as particular focal points. Here, identity and values are collectively rather than individually framed due to long traditions and loyalty to their founders (Jeavons 1992). This position is potentially in conflict with the plurality of modern society, which enables a multitude of choices in most domains versus traditional contexts, where lives, to a greater extent, were scripted and taken for granted. In contemporary society, people must produce their biographies. Giddens (1991) relates individualisation to selecting among lifestyle options. This ideal underpins self-realisation as a relevant yet complex and multi-layered concept. A solution is to understand self-realisation as individualisation or individuation (Reedy et al. 2016, p. 1554). Given this context, my study provides insights into how managers identify with an organisational discourse in an age of individualism. Thus, my study portrays a distinct cultural narrative of leadership in a contemporary society.

The concepts of individualisation and individuation were occasionally used by the participants in my study. I apply them as analytical tools to interpret the data and understand the context related to the wider societal culture. As my study shows, individuation allows for both the autonomous self as well as a collective identity. In organisations, this may be practiced in the pursuit of shared values (Askeland et al. 2019; Sirris 2020b). This seems to be the case in the studied hospital, at least on a discursive level; that is, the espoused values at the organisational and the managerial levels coincided. However, as this study prioritises interview data, how the values were actually lived out by the managers fell outside the frames of this study. Thus, it is not possible to exclude a mismatch with the values in use (Aadland and Askeland 2017). It is important to note, however, that words and actions were in harmony with the observational data. Further, the managers spoke openly about dilemmas and values conflicts, confirming their awareness of the values and

how these were evoked in difficult prioritising scenarios and debates. In my view, this contributes to the trustworthiness of the interviewees.

As Laceulle and Baars (2014, p. 35) underline, identity and narrative are coupled with the notion of meaning. Despite the plurality of choices, people are not left free to design and share any self-narrative. The predominant cultural narratives provide space and restrictions that lend credibility and acknowledgment. Managers' freedom is thus structurally conditioned. The interviewed managers talked about the meaning dimension of their work. This raises questions about a distinct diaconal discourse of leadership surfacing in the narratives. Individualisation relates to sources of motivation and the goal and values of managerial work. Importantly, my study illustrates how shared values and collective purpose essentially separate individuation from individualisation.

Values are deemed as stepping stones and a common denominator amid plurality (Aadland and Skjørshammer 2012). The prevalence of the values discourse in my case organisation is striking. Values had been integrated into managerial development programmes for years, and the CEO explicitly said that the ideal was values-based leadership. This is a natural and closely deliberated choice in the context of a diaconal hospital in a secular society. I have described the characteristics of the discourse that is collective in origin, not individual. Self-realisation as individuation was facilitated by the discourse and characterised by the convergence of the values discourse and the values-based leadership discourse. This means that the leadership discourse reflected the established organisational values discourse. The data also mirror the centrality of this discourse in the individual narratives of the managers, as reflected in the use of *we*, *us* and *our*, which signified a high degree of identification and a strong organisational culture. Importantly, the managers acknowledged the joint discourse.

5.2. Managers' Self-Realisation as Individualisation

Managers are carriers of values (Askeland 2015). They are not only cultural dopes but agents with individual projects. Self-realisation implies activity and action: it is a way of conducting, realising and practicing our aspirations. It involves connecting ideals and actions, for example, through values. This moral notion of self-realisation includes the possibility of growth and development and hence emphasises agency. In my case, the value of serving is a central core value but also a nave in managerial interviews. Moreover, here, the distinction between self-realisation as individualisation and individuation is pivotal. The latter concept is associated with servant leadership and the fostering of common values, but not the neo-liberal notion of self-promoting. Sirris and Byrkjeflot (2019) found that diaconal leaders wanted to realise their calling, particularly through serving. The value service was one of the core values in the hospital, and it surfaced in the interviews. This meant that the managers integrated self-realisation and the realisation of higher purposes transcending the self. Laceulle and Baars (2014) identified the quest for meaning as a key aspect of the self-realisation discourse. Taylor (2007) emphasised the human need to experience life as a meaningful whole while expressing one's values. Such endeavours are not easy in a complex and plural society (Honneth 2004), yet they remain a hallmark of diaconal organisations.

Within a general leadership discourse, managers tend to portray themselves as natural leaders, seeking personal fulfilment (Sveningsson and Alvesson 2016). Managerial work becomes a way of realising their potential and expressing the ideals they adhere to, and they seem to essentially enter management to express themselves. Thus, management becomes a personal project and a source of career development. In contrast, I find that diaconal leaders wanted to realise organisational values. That is, they have integrated self-realisation and the realisation of higher purposes transcending the self. My data thus integrates individualisation and individuation; however, individualisation was not predominant in my study. Individualisation has been widely employed and has attracted substantial criticism for its pitfalls of existential drift, absence of purpose and depression (Giddens 1991; Honneth 1995; Putnam 2000). Both Bauman (2007) and Sennett (1998)

discuss how a modern consumer culture challenges a coherent life narrative. In contrast, interviewees in this study shared how they had left commercial work to work at the hospital. Embedded in society, people encounter dominating cultural scripts or narratives portrayed as ideals. These rely on the representations of successful lives visible in the media, the market and the workplace (Reedy et al. 2016). Such ideals are standardised and contribute to shaping the perception of what a good life is.

5.3. The Gap between Individualisation and Individuation

Managers are important for quality and results in work life. My study includes observation and, therefore, a practical perspective on the actions of managers and how they understand their work. This is contrary to the normative and prescriptive approaches to management. There are assumptions that managerial life is attractive and influential, yet it can be experienced as complex, difficult, unclear, boring and even grey and bureaucratic (Tengblad 2012). There is a risk of a discrepancy between how managers see themselves and what they do (Sirris 2019). Managerial work entails administration and documentation, not least at the middle managerial level. My data shed light on the dark side of management in terms of bureaucracy, administrative workload and disagreement with the top management. However, these features are characteristic of serving. The managers participating in my study were close to professional work and still maintained a professional identity.

The studied diaconal organisation does not make a very good case for managerialism, which is diminished both by the professionalism and the nature of these organisations. The managers in my study relate not only to their co-workers but also to the recipients of their services, namely the patients in the hospital and the parishes in the diocese. This is a consequence of being in proximity to the core work. These managers also seem to identify very strongly with the profession, even though they spend much of their time and efforts on managerial tasks, mainly administration. Next, they identify with their organisation. Such multi-level identification appears to be the hallmark of these managers, as it serves to consolidate them and their work into a coherent whole. This integrated structure is a challenge but continues to withstand disturbances such as conflicts or an administrative drift away from their primary focal point.

In contrast, Sveningsson and Alvesson (2016) report that the absence of practice and its ignorance are replaced by a wish to influence the overall strategy. Managers become elite members embracing strategic leadership, which is associated with importance and superiority in contrast to micromanagement and getting entangled in detail. They define themselves as strategists rather than administrators, seeing leadership as the road to self-fulfilment (Sveningsson and Alvesson 2016, p. 323). This is despite the growing trend of standardisation, transparency, centralisation and more documentation and reporting. Being a professional is contrasted with being a leader. Professionalism is thus portrayed as a sort of anti-identity, a counterview of what they want to be (Sveningsson and Alvesson 2016, p. 94). Managers enter their position to be more involved with broader organisational questions, for personal development and to address more challenges, as they view professional life as stagnation (Sveningsson and Alvesson 2016, p. 70). They also see themselves as natural leaders, not dependent on education or learning.

Interestingly, my study and that of Sveningsson and Alvesson (2016) underline that management is an identity project—something that surpasses the idea of a mere job or livelihood project—and is meaning-making. Individualisation emerges as leaving professionalism and expert roles behind to find expressions and confirmation in managerial positions for their inner capacities. In my study, managers do not distance themselves from professional work. Instead, they display multi-level identification with patients and the organisation. The pitfall of managerialism is managers becoming quasi-therapists (Sveningsson and Alvesson 2016, p. 85). An aspect of the managerial discourse is the authenticity ideal, which is concerned with making people feel good (Avolio and Gardner 2005; Walumbwa et al. 2008). The leaders' identity claims need responses, and if such feedback is lacking, management becomes a lonely function. Managers are sensitive to what

their co-workers think. While management is subjective, and confirmation is important, it may create managerial dependence. The authenticity ideal makes managers vulnerable and puts a lot at stake, which is essentially regarded as a moral entity, enhancing the greater good (Alvesson and Spicer 2010). This corresponds with the public *ethos* and the spirit of professionalism. In their study, Alvesson and Spicer (2010) document that leaders perform a considerable amount of administration and operational work, which does not match who they are. There is a tension between their identity and role, which is also evident in my findings.

6. Concluding Remarks

The values-based leadership discourse analysed in this article is integrated into the hospital's cultural narrative on management. The leadership discourse in the diaconal hospital becomes more characteristic when compared to the general narrative of management. Both discourses concern self-realisation. The concept relates to the sources of motivation and the goal and values of managerial work. The diaconal discourse is not just a contextualised version of a generic discourse. While it communicates with the generic discourse, it has historical roots. The notion of self-realisation is central to both discourses, albeit differentiated. Management also concerns self-realisation, but the diaconal narrative foregrounds shared values and collective purpose, i.e., individuation rather than individualisation. These pro-social values are supported by professional values. Several factors have an impact on the local discourse. A limitation of this study is that I lean on the perspectives of managers and employees of the diaconal hospital and not those of the patients which could be included in further studies. Future research could investigate how the serving ideal relates to health personnel's professional values and how they work relationally. Another interesting question is if human service organisations, such as welfare organisations, have other discourses than production workplaces. Critically speaking, a challenge for diaconia is understanding if and how ideals of servant leadership within an egalitarian culture silence individualisation and, consequently, opposing voices. This raises questions of power as well as empowerment.

Note

1   https://www.eurodiaconia.org/who-we-are/presentation/ (accessed on 3 April 2023).

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