

What do Diaconal Hospital Managers really do?

Management at Diakonhjemmet Hospital: Context, Intention and Practice

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What does it mean to be a manager, and how does the practice of managing a diaconal hospital manifest itself in everyday practice? Even though diaconal institutions have played a central part of the church's ministry for over a hundred years, little attention has been given to diaconal management. This article addresses the everyday practice of a single manager's job in a private faith-affiliated hospital in Norway, and is based on data from an observational study combined with a interview of the manager. The article concludes that diaconal managing in practice largely resembles the job of hospital managers in general. The manager mostly spent time dealing with internal and short-range issues. At the same time, the activities observed also related to critical long-range issues (processing information, strategic adjustment and profiling the diaconal foundation of the hospital), and involves handling different rationalities. Diaconal identification and profile are sought through the use of narratives and values in practice drawing on overarching narratives, values, and the tradition of professional diaconia as an impetus for managing professional practice. It seems necessary to reformulate the relation between church and diaconal institutions, and to develop a platform for diaconia that might communicate within institutions acting on the boundaries of religion, health and society.

Keywords: Diaconal management, management as practice, diaconal institutions, faith-based organisations

Introduction

What does it mean to be a manager, and how does the practice of managing a diaconal hospital manifest itself in everyday practice? Even though diaconal institutions have played a central part of the church's ministry for over a hundred years, little attention has been given to diaconal management, at least in the Scandinavian context.¹ Diaconal institutions² are operating on the boundaries of religion and society, as institutional agents within the framework of the welfare state. This im-

1 Dietrich, S. (2011), 'Forståelsen av diakontjensten i Den norske kirke', in S. Dietrich/K. Karsrud Korslien/K. Nordstokke (ed.), *Diakonen – kall og profesjon*. Trondheim, 123

2 Diaconal institutions are viewed as a special form of faith-based organisations (FBO). FBOs can be found in a wide range of "businesses" such as education, publishing and so on, while diaconal institutions are usually seen as forms of Christian social practice. FBOs are defined in a later section of the article.

poses at least two challenges, both of which are closely related to management:³ on the one hand, they have to adjust to and partake in dynamic changes in the welfare state system with regard to legal, economic and professional rationalities. On the other hand, the role and identity of these institutions have to be redefined in order to face new challenges. There seems to be an increasing interest in the role of managers and management in diaconal and faith-based institutions. In Germany some attention has been given to management in the diaconal institutional context, under the heading of “sozialen organizationen”.⁴ In the Anglo-American context attention has been given to management (or leadership) in what have been labeled “faith-based” or “Christian service” organisations.⁵ Some contributions have also focused on issues of management in diaconal institutions in the Norwegian context.⁶ While various aspects of management have been focused on, it seems that the actual practice of managing these institutions has not.

Management and the job of the manager have received much attention, usually with (diverging) recommendations on how to be a good, efficient and successful manager.⁷ Less attention has been given to the fundamental task of linking descriptive accounts of what managers do to the question of why they do it.⁸ Much of the research literature has been criticised for its lack of relevance to management in practice,⁹ and part of this critique is addressed in this way by Henry Mintzberg:

In particular, we remain grossly ignorant about the fundamental content of the manager’s job and have barely addressed the major issues and dilemmas in its practice.¹⁰

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- 3 Leis-Peters, A. (2008), ‘Diakonins roll i olika välfärdssystem. En jämförelse mellan Sverige och Tyskland’, in E. Blenninger/M. G. Hannson (ed.), *Diakoni – tolkning, historik, praktik*, Stockholm, 187; Angell, O. H. (2010), *Institusjonsdiakoni i den norske velferdsstaten*, in E. Aadland (ed.), *Kan institusjoner elske? Samtidessayer om diakonale virksomheter*, Oslo, 45; Aadland, E. (ed.) (2010), *Kan institusjoner elske? Samtidessayer om diakonale virksomheter*, Oslo, 84
 - 4 Eurich, J./Brink, A. (ed.) (2009), *Leadership in sozialen Organisationen*, Wiesbaden
 - 5 Jeavons, T. H. (1994), *When the bottom line is faithfulness. Management of Christian Service Organizations*, Bloomington/Indianapolis
 - 6 Aadland, E./Askeland, H./Flatebø, E./Haugen, H./Kaasa, A./Stapnes, L. M. (2006), *Verbibasert ledelse i praksis. En studie av 8 medlemsvirksomheter i HSH*, Oslo, Handels- og Servicenæringens Hovedorganisasjon; Jacobsen, A. (2005), *Fra sinnelag til system – Om å benytte verdier i ledelse av diaconal praksis. Master thesis, Faculty of Theology, University of Oslo*; Rø, E. (2008), *Ledelse av diakonale institusjoner. Mastergradsoppgave i verdibasert ledelse, Diakonhjemmet Høgskole*, Oslo, Aas, I. J. (2010), ‘Kan man ansette en muslim i en diakonal institusjon, da?’ in E. Aadland (ed.), *Kan institusjoner elske? Samtidessayer om diakonale virksomheter*, Oslo
 - 7 Arman, R./Dellve, L./Wikström, E./Törnström, L. (2009), *What health care managers do: Applying Mintzberg’s structured observation method*. *Journal of Nursing Management*, 17: 718–729: 719
 - 8 Hales, C. (1999), ‘Why do Managers Do What They Do? Reconciling Evidence and Theory in Accounts of Managerial Work’, *British Journal of Management*, Vol 10, 335–350
 - 9 House, R./R. N. Aditya (1997), ‘The Social Scientific Study of Leadership: Quo Vadis?’ *Journal of Management*, Vol 23, Nr. 3, 409–473
 - 10 Mintzberg, H. (1994a), ‘Rounding out the Manager’s Job’, *Sloan Management Review*, Fall 1994, 11–26, 8

Nonetheless, notable efforts have been made by researchers of managerial work to better understand everyday managerial practice.¹¹ Although some studies have been conducted on health care management and on the managerial job of hospital managers,¹² none – to the best of my knowledge – has been conducted on diaconal or faith-based hospitals.

This article addresses the everyday practice of a single manager's job in a private faith-affiliated hospital in Norway, Diakonhjemmet Hospital in Oslo. Following such a research strategy is inspired by several single-manager studies conducted by Mintzberg.¹³ Such studies illustrate the rich and varied realities of management, and might hopefully contribute to the stock of knowledge concerning the variety of ways in which management is carried out as daily practice in different organisational contexts. The purpose of this article is to gain insight into how the job and the practice of the manager are shaped through interaction between the organisational context, the leader him- or herself and other actors in the hospital. The analysis will be guided by utilisation of the "manager's job" perspective, and especially by the contribution of Henry Mintzberg.

Literature Review: Researching the Manager's Job

The field of management research is diverse and consists of several traditions, both theoretical and methodological. In general, these might be divided into two main traditions: one of them focuses on the manager as a person or on management as variable, and claims that the manager is the key to understanding group or organisational effectiveness. It has been argued that in this tradition, management is

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- 11 Carlson, S. (1951), *Executive Behavior: A Study of the Work Load and the Working Methods of Managing Directors*, Stockholm; Mintzberg, H. (1973), *The Nature of Managerial Work*, New York; Mintzberg: 1994a; Mintzberg, H. (2009) *Managing*, Harlow; Stewart, R. 1967: *Managers and Their Jobs*. London; Kotter, J. (1982), *The General Managers*, New York; Willmott, H. (2005), 'Studying Managerial Work: A Critique and a Proposal', in C. Grey/H. Willmott (ed.), *Critical Management Studies. A Reader*. Oxford/New York
- 12 Mintzberg, H. (1994b), 'Managing as Blended Care', *Journal of Nursing Administration*, Vol 24 No 9, September 1994, 29–36; Pepermans, R./Mentens, C./Goedee, M./Jegers, M./van Roy, K. (2001), 'Differences in managerial behavior between head nurses and medical directors in intensive care units in Europe', *International Journal of Health Planning and Management*, 200, 16, 281–295; Kjos, K. (2005), *Ledelse i en endringsprosess. En studie av toppledere i fire lokale helseforetak*. Hovedfagsoppgave ved Institutt for Administrasjon og Organisasjonsvitenskap, Universitetet i Bergen; Olofsson, C. (2006), *År ledare marionetter eller dirigenter? En observationsstudie om ledares vardag*, Mastergradsoppgave i verdibasert ledelse, Oslo: Diakonhjemmet Høgskole; Arman/Dellve/Wikström/Törnström: 2009, 719; Johansen, M. S./Gjerberg, E. (2009), 'Unitary management, multiple practices?', *Journal of Health, Organization and Management*, Vol 23, No 4, 96–410
- 13 Mintzberg: 1994a; 1994b; Mintzberg, H. (2001), 'Managing Exceptionally', *Organization Science*; Nov/Dec 2001; 12, 759–771; Mintzberg: 2009

mainly conceptualised as the rational, reflective, systematic accomplishment of predetermined goals and objectives.¹⁴ The majority of management theories and studies belong to this tradition. The other tradition focuses on factors outside the control of the manager to explain organisational effectiveness, and stresses how successful management is contingent on organisational or environmental factors.¹⁵

What do managers really do? Focusing on the manager's role

From the 1950s onward, a number of scholars set out to counteract the mainstream management tradition. The main research objective of this new effort was to understand the manager's job in order to develop more relevant understandings of and to improve management. This article applies to, but also expands on, the approach of this tradition of management studies developed by Carlson (1951), Stewart (1967) and Mintzberg (1973). Their studies focused on the daily activities of managers. Carlson based his study on self-reporting of time allocation by the informants, while Mintzberg observed managers for a whole week. While Carlson failed to integrate his data into a theory of executive behavior, Mintzberg developed a theory of ten different roles which managers enact.¹⁶ This tradition, labeled the "manager's job" or "executive behavior", has mainly been to adopt a micro-level of analysis: it studies the individual manager through collection of behavioral data in order to understand managerial work.¹⁷

While observing managers, Mintzberg in his early study recorded five main activities: *deskwork sessions*, *telephone calls*, *scheduled meetings*, *unscheduled meetings*, and *tours*. Based on his material, Mintzberg contested several of the classical assumptions of what management was all about. First of all, managers did not spend much time on reflection and planning; in fact their work activities were characterised by brevity and were action-oriented. Nor did managers control their own time; their days were filled with scheduled and unscheduled meetings and "ritual occasions" at which they were expected to be present. In addition, managers were frequently interrupted, contributing to fragmentation of their work. With respect to information, leaders preferred "soft", verbal, information – most of their information was gathered through "small talk". As central actors in organisations, managers participated in various interactions both inside and outside the organisation. Through these contacts they gathered much informal information which seemed to be utilised for interpreting situations and forming the basis for their decisions.

14 Noordegraf, M./Stewart, R. (2000), 'Managerial Behavior Research in Private and Public Sectors: Distinctiveness, Disputes and Directions', *Journal of Management Studies*, 37:3, May 2000, 427–443, 427

15 Askeland, H. (1998), 'Ledere og lederroller. Om ledelse og lederroller i den lokale kirke', KIFO Rapport Nr 7, Trondheim, 33

16 Mintzberg: 1973

17 Noordegraf/Stewart: 2000, 428f

Many of these observations have been confirmed by later research.¹⁸ There is evidence supporting the notion that the manager's job is characterised by variety, brevity, and fragmentation as well as by a high frequency and duration of interpersonal interactions. At the same time, and importantly, differences appear as new studies are conducted. When organisational size is controlled for, differences between management roles have appeared.¹⁹ Jackson and Peterson found that although managers worked at a fast pace, some had the possibility to slow down the pace with interventions. They found that this holds true for those managers with the most distance to the operational core of the organisation.²⁰ When studied for a longer time span, management appeared to be less fragmented and managers more oriented towards planning.²¹

After reviewing the research findings of this tradition, Colin Hales²² summed up the body of evidence of what managers generally do:

The central activities in which, to varying degrees, all or most managers seem to engage are: acting as figureheads and representatives for a work unit; monitoring and disseminating information which is relevant to the work of the manager and the unit; networking by developing and maintaining a network of contacts outside the organisation; negotiating with subordinates, superiors, other managers and outsiders; planning and scheduling work; allocating resources; monitoring and directing the work of others; and engaging in innovative processes or technical work relating to the manager's professional specialism.

Managers devote a considerable amount of time on the following areas: day-to-day management of people; management of information; monitoring of work processes; and non-managerial activities that need to be taken care of.

The manager's work is characterised by: short and interrupted activities; a need to react to events and problems of others; a preoccupation with the unforeseen and ad-hoc rather than the planned; a tendency for activities to be embedded in other activities rather than undertaken separately; a high level of face-to-face oral com-

18 Kurke, L. B./Aldrich, H. E. (1983) "'Mintzberg was Right!' A Replication and Extension of the Nature of Managerial Work', *Management Science*, 29, 975–984; Martinko, M. J./William L. G. (1985), 'Beyond Structured Observation: Methodological Issues and New Directions', *Academy of Management Review*, Vol 10, No 4, 676–695; Jackson, J. F. L./Peterson, K.D. (2001), 'Executive Behavior: An Examination of Three Decades of Administrative Work Across Organizational Settings, Industries and Contexts', Paper presented to the Annual Convention of University Council for Educational Administration, Cincinnati, Ohio; Tengblad, S. (2000), *Continuity and change in managerial work*, Gothenburg Research Institute/Göteborg University GRI Report 2000, 3; Arman/Dellve/Wikström/Törnström: 2009

19 Pepermans/Mentens/Goedee/Jegers/van Roy: 2001; Olofsson: 2006; Arman/Dellve/Wikström/Törnström: 2009

20 Jackson/Peterson: 2001, 15

21 Noël, A. (1989), 'Strategic Cores and Magnificent Obsessions: Discovering Strategy Formation Through Daily Activities of CEOs', *Strategic Management Journal*, Vol 10, 33–49

22 Hales: 1999, 338

munication, a pressure and conflict in balancing competing demands; and, finally, continuously negotiating over the nature and boundaries of the job.

More recently Mintzberg²³ has worked specifically on gathering insights, from both his own and other's research, to gain an integrated understanding of managers' jobs and their practice of management. The model grew out of a research strategy that followed individual managers for one day, a research strategy for which he gives the following argument: This research program began with the assumption that we know what managers do, but are less clear on the variety of ways in which they do it.²⁴

The manager has a formal mandate and a central position in the organisation, and has a significant responsibility for helping to create an understanding of the organisation's goals and purpose that form the leader's agenda of important issues and initiatives:

Managers frame their work by making particular decisions, focusing on particular issues, developing particular strategies, and so forth, to establish the context for everyone else working in the unit. [...] Scheduling is important because it brings the frame to life, determines much of what the manager seeks to do, and enables him or her to use whatever degrees of freedom are available.²⁵

Management is exercised at three levels that can be described as an information level, a actor level and an action level. At all three levels, management is exercised in relation to the organisation's internal and external environment. At the information level there is internal management through communication and information exchange, in order to facilitate others' understanding and action. With respect to environment, it is all about obtaining and understanding the external signals and organising and sharing them with the organisation as a basis for action.

On the actor level, it is about mobilising and inspiring purposeful activity. Internally, it is about encouraging and equipping staff to handle assignments both on an individual and a team level. Outside the organisation this is about creating networks with external parties in order to represent the organisation and to capture the key challenges and opportunities that affect the organisation.

On the action level, it is about the leader himself or herself being involved in specific tasks and the exercise of influence. The manager might, due to responsibility and situational demands, be involved in specific tasks such as leading specific projects or writing documents for the Board etc. In relation to an external environment, it might come down to conducting negotiations, or establishing and finalising agreements with key partners.

Managers work with varying degrees of scope and intensity at all these levels. Where the pressure is will depend on the situation and the manager's personal

23 Mintzberg: 1994a; 1994b; 2009

24 Mintzberg: 2001, 759

25 Mintzberg: 2009,50f

style, strengths and weaknesses. Although these levels and functions might be separated at the analytical level, they seem to be interwoven and embedded in practice:

Managing is not one of these things, but all of them: it is controlling and doing and dealing and thinking and leading and deciding and more, not added up but blended together.²⁶

Research has shown that the manager's job varies according to organisational size and context. Criticism has been raised over this point concerning the way Mintzberg conceptualise and analyses context:

Not that he fails to note the significance of "environmental" and "situational" variables. But this recognition that managerial work is shaped by institutional "variables" does not lead him to develop a relational understanding of its reality.²⁷

Others have made a point that this research tradition in general, i.e. that of making the manager the object of study, lends too much attention and significance to the managerial agency. Less attention has been given to how managers and managing is organisationally and contextually embedded and yet leaves room for individual choice or agency.²⁸ Understanding management as a situational practice naturally leads to equal focus on the importance of managing as a related and embedded activity on the one hand and as an intentional activity on the other. An obvious aspect is the manager's relations with other important actors, such as expectations formulated through sectorial policies, the relations with the Board of the hospital, and relations with peers and subordinates. Managing should also be analysed in relation to culture as a contextual variable. Research comparing national cultures shows how differences in managers' role expectations and their practice of managing are the result of interactive effects between national culture and organisational structure.²⁹ This implies focusing on such aspects as how management is shaped by being embedded in institutionally "rationalised myths" and anchored in and enacting the institutional history of the hospital.

The institutional background: The faith-based institution as a context for management

Diakonhjemmet Hospital can be labelled as a diaconal hospital, which identifies the hospital as a faith-based organisation. Diaconal institutions are commonly defined as institutions "delivering care in particular, often specialised, welfare institutions; a delivery of care which is rooted in a Christian or Churchly mandate."³⁰ The institution is best seen as part of a wider movement, starting in Germany in the first half of the nineteenth century, which has its stronghold in Lutheran Northern Europe.

26 Mintzberg: 2009, 44

27 Willmott: 2005, 326

28 Askeland: 1998; Askeland, H. (2011), 'Diakoniledelse i praksis', in E. Aadland (ed.), *Tro på ledelse*, Oslo (forthcoming); Hales: 1999, 337

29 Hales: 1999, 338

30 Angell: 2010, 3

Institutions for orphans, the sick, and the poor were established, often combining social and health services with education provided by deaconesses and deacons. German diaconal institutions gave impulses and shaped Scandinavian institutions with regard both to theological thinking and institutional models.³¹ While German institutions still play a significant role as welfare agents, congregational diaconal ministry has gained more importance in the Scandinavian context.³² As a consequence, there has been an ecclesiocentric shift in the theological and church policy literature.³³ It may be that the diaconal institutions have remained somewhat stronger in Norway than in Sweden.

Diakonhjemmet was founded in 1890 as an offspring of the booming and socially conscious lay people's movement within the Lutheran Church of Norway at the time. The original hospital was more of a nursing home, an institution for poor, elderly men who had been abandoned by Oslo's municipal authorities. The hospital was established as a supplement to the school for deacons, which was soon turned into a nursing school. The education consisted of nursing, social work and theological subjects, with nursing as the core element. With little support from the established church, Diakonhjemmet sought funding by establishing contact with the surrounding municipalities and delivering health services on a contractual basis.

Diaconal institutions originated as distinctly faith- and church-based responses to needs in society, but have for most of their history operated on the boundary between church and the evolving public welfare systems and, consequently, have struggled with their identity.³⁴ On the one hand, contact and collaboration with the official structures of the church seem to be weakened.³⁵ On the other hand, these institutions have sought to maintain a faith-based or non-profit profile as welfare agents within the wider context of health and welfare services.³⁶

Understanding management as organisationally mandated also necessitates an understanding of the organisational context. What kind of organisations are diaconal institutions? Such institutions have been given diverse labels, such as: faith-based organisations, religious organisations, religious entities, and religious non-governmental organisations.³⁷ The term "faith-based organisation" has recently gained much interest, but seems to be specifically linked to and relevant for the

31 Leis-Peters: 2008; Angell: 2010

32 Leis-Peters: 2008, 171f

33 Church of Norway (2007), *Diakoniplan for Den norske kirke*, Oslo; LWF: 2009

34 Eckerdal, P. (2008), 'Konflikt och nyorientering i diakoniinstitutionernas historia', in E. Blennberger/M. Hansson (ed.), *Diakoni – tolkning, historic, praktik*, Stockholm; Aadland, E./Skjørshammer, M. (2011), *From God to Good? Faith-based institutions in the secular society*, (Unpublished paper, Oslo: Diakonhjemmet Høgskole)

35 Eckerdal: 2008, 144

36 Leis-Peters: 2008

37 Askeland: 2011

American (US) welfare delivery context.³⁸ In a European context these institutions might be labeled as “church-based”³⁹ or “church-affiliated” institutions. In an exploratory analysis, Julia Berger promotes the following definition of religious non-governmental organisations (RNGOs):

Religious NGOs are formal organizations whose identity and mission are self-consciously derived from the teaching of one or more religious and spiritual traditions and which operates on a non-profit, independent, voluntary basis to promote and realize collectively articulated ideas about the public good at the national or international level.⁴⁰

Defining RNGOs in this way helps to differentiate these organisations from explicitly religious organisations (such as churches and congregations), which tend to focus on the development of their membership. RNGOs, on the other hand, according to Berger, tend to seek fulfilling public missions. With respect to Diaconhjemmet Hospital as a diaconal hospital, it seems helpful to underline that its articulated identity and mission are derived from the Christian tradition. Although the hospital identifies itself as working within the framework of the Church of Norway, it is an autonomous foundation. As stated earlier in this section, there seems to be weakened links between the church and diaconal institutions. Whether managers perceive the mission of the institution as church-mandated, and how such a perception may affect their agenda and role as managers, seems therefore worth investigating. In an earlier study, diaconal managers clearly framed the institutional mission as church-mandated, and the term “ministry” was frequently used to define their own role as managers.⁴¹ On the other hand, it is argued that these institutions have undergone a transformation in the religious identification of their personnel. What made institutions diaconal has traditionally been based on the religiously grounded values, attitudes and motivation of the individual employees, while the institutions today realise their mission through professionalised personnel without demanding religious affiliation.⁴² Being professionalised institutions has also meant a transition in the composition of employees, posing challenges for managing a pluralistic work force: “It is important that although we as health pro-

38 Ebaugh, H. R./Saltzman, J./Pipes, P.F. (2005), ‘Faith-Based Social Service Organizations and Governmental Funding: Data from a National Survey’, *Social Science Quarterly*, Volume 86, Number 2, 273–292; Clarke, G. (2006), ‘Faith Matters: Faith-Based Organizations, Civil Society and International Development’, *Journal of International Development*, 18, 835–848; Melville, R./McDonald, C. (2006), “‘Faith-Based’ organizations and contemporary welfare”, *Australian Journal of Social Issues*, Vol. 41, No 1, Autumn 2006, 70–85

39 Clarke: 2007, 84

40 Berger, J. (2003), ‘Religious Nongovernmental Organizations: An Exploratory Analysis’, *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, Vol 14, No 1, March 2003, 15–39, 16

41 Rø: 2008, 54

42 Skjørshammer, M. (2010), ‘Kunsten å institusjonalisere barmhjertighet. Om bruk av organisasjonsmythos i verdibasert ledelse’, in E. Aadland (ed.), *Kan institusjoner elske? Samtidsessayer om diakonale virksomheter*, Oslo, 100f

professionals may have differing religious identities, we can still reach consensus on the basic values of the institution".⁴³ Values, especially when it comes to their practical implications, might offer a way of reaching common ground for managing professionalism and pluralism.

Berger's definition can include organisations of different sizes, with different levels of voluntary or professional participants, and with different relations to public agencies. In the Norwegian context, such institutions operating as suppliers of publicly funded services are often highly professionalised.⁴⁴ Others have also reported that increased professionalisation was facilitated by government funding:

Government demands that hold providers accountable to specific standards usually require the professionalization of service staff, while government funding provides the resources to enable the hiring of more highly paid professionals.⁴⁵

Hospitals are described as complex institutions with differing systems of interests,⁴⁶ or "rationalities", that both interact and create tensions. Some of these have been identified as biomedical, nursing and organisational/managerial in nature. There is also an increasing focus on an industrial rationality of health care production. Operating a modern hospital challenges managers to work with, negotiate with and mediate between these kinds of rationalities.⁴⁷

Several authors have investigated the relationship between government funding and the religious distinctiveness of faith-based (or diaconal) organisations. While some report that such funding has not reduced religious emphasis or practices,⁴⁸ others report that organisations with fewer religious policies and practices are both asking for and receiving more public funding than more religiously expressive organisations.⁴⁹ In the Norwegian context, Angell⁵⁰ suggests that public funding, through professionalisation and other requirements, might facilitate organisational isomorphism both normatively and structurally; normatively by establishing equal values and practices that are professionally grounded. Such isomorphism might also appear in the sense that institutions play down the use of distinctly religious language in policy documents. On the other hand, public policy has been more positively in favor of allowing both ideal and commercial institutions as actors in welfare delivery.

43 Skjørshammer: 2010, 102

44 Angell: 2010, 39

45 Ebaugh/Saltzman/Pipes: 2005, 276

46 Glouberman S./Mintzberg, H. (2001), 'Managing the Care of Health and the Cure of Disease – Part I: Differentiation', *Health Care Management Review*, Winter 2001, 58–71

47 Skjørshammer: 2010, 107

48 Monsma, S. V. (2002), *Working Faith: How Religious Organizations Provide Welfare-to-Work Services*. Report of Center for Research on Religion and Urban Civil Society, Malibu, CA.

49 Ebaugh/Saltzman/Pipes: 2005, 291

50 Angell: 2010, 40f

As part of the health system in Norway, the hospital sector has undergone changes in financing, reporting, internal control, and management structures under a broader reform of the health system. This system has undergone quite far-reaching reforms since 2002 due to the introduction of a new Hospital Act on 1 January 2002. The responsibility for public hospitals in Norway was transferred from the county level to central government. Five regional, state-owned health authorities were established, organising 250 hospitals and health institutions under the jurisdiction of 47 local health trusts. These local health trusts vary in size, number of hospitals and geographical span.⁵¹ Diakonhjemmet Hospital operates under an annual contractual basis with the South-Eastern Norway Regional Health Authority. Operating on a contractual basis is not new to the hospital, as it has been doing so since around 1900. The first contract was established with the municipalities surrounding the hospital. For the most part, these contractual arrangements have secured the funding for operating the hospital.

Thus, how diaconal managers frame the identity of their institution and their own agenda and role as managers might be contextually affected.

Methods and Data

This article is based on data from an observational study of health care managers in a somatic hospital in which one day of a single manager is analysed. The study is inspired by and replicates some of the main elements in the classic study conducted by Henry Mintzberg on the nature of managerial work⁵² and his more recent work on “rounding out the manager’s job”.⁵³ While some authors label this method as “structured observation”,⁵⁴ others use the label of “shadowing”.⁵⁵ While McDonald claims there are few studies in the field of management using this method, and it has received little attention in research literature, others report several studies across a wide range of sectors and businesses. Studies within this tradition have dealt with a broad variety of managers such as principals,⁵⁶ managers in both large⁵⁷

51 Torjesen, D.O./Gammelsæter, H. (2004), ‘Management Between Autonomy and Transparency in the Enterprise Hospital’, Working Paper 1 – 2004, Bergen, 11

52 Henry Mintzberg on the nature of managerial work, Mintzberg, H. (1976), *Lederen og hans job*. København: Nyt fra samfundsvitenskaberne [1973: The Nature of Managerial Work]

53 Mintzberg 1994a; 1994b; 2001; 2009

54 Mintzberg, H. (1971), ‘Managerial Work: Analysis from Observation’, *Management Science*, Vol 18, No 2, October 1971; Thomas, A. R. (1998), ‘Knowing Principals Through Observations: What has the Method Taught Us?’, 98 Abstracts, University of New England Annual Conference of the Australian Association for Research in Education, Adelaide 30 November – 4 December 1998

55 McDonald, S. (2005), ‘Studying actions in context: a qualitative shadowing method for organizational research’, *Qualitative Research*. Vol 5 (4), 455–473

56 Thomas: 1998

57 Tengblad: 2000

and small businesses,⁵⁸ academic deans,⁵⁹ congregational administrators,⁶⁰ and hospital managers.⁶¹ But, as McDonald points out, the methodological issues have not been given adequate attention.

Observation – or shadowing – might be described as a “research technique which involves a researcher closely following a member of an organisation over an extended period of time”⁶² and, importantly, in “their natural setting” e.g. exercising management.⁶³ Using this technique, the researcher shadows the target individual during different types of activities, following him or her around from the moment he or she begins the working day until he or she leaves for home. Such a strategy can only give a glimpse of the practice of management, but the reasoning for this strategy is more about capturing the varieties of managing:

What is one day in the life of a manager? Not much, to be sure. Not that one week is much more; even a year may be insufficient to get into the mind of a strategist. That was not that I was after, nor did I set out to describe in definitive terms the life of any of these managers. Again, all I sought was a sense of their managing – a glimpse of some practice.⁶⁴

These aims, as described by Mintzberg, have also been important in this study, as have my considerations underlying the research strategy and selection of manager(s)⁶⁵ to observe. The data for this article are based on observation of the CEO of Diakonhjemmet Hospital, Morten Skjørshammer. He has been informed, and agreed, that both his name and the name of the institution would be made known. My position as researcher is combined with that of colleague. For ten years I have been working at Diakonhjemmet University College, both as professor and dean of the college. In the latter capacity I worked closely with Morten, as CEO, in the executive team at Diakonhjemmet. Being an insider generates some challenges and dilemmas relating to issues such as bias in observation and interpretation,⁶⁶ and a possibility to overestimate one’s own familiarity with the context in question:

58 Florén, H./Tell, J. (2003), ‘What do owner-managers in small firms really do? Replicating Chora, Mintzberg and Kurke & Aldrich’, A paper for the Small Enterprise Association of Australia and New Zealand 16th Annual Conference, Ballarat, 28 Sept – 1 Oct 2003

59 Jackson, J. F. L. (2004), ‘Toward a Business Model of Executive Behavior: An Exploration of the Workdays of Four College of Education Deans at Large Research Universities’, *The Review of Higher Education*, Spring 2004, Volume 27, No 3, 409–427

60 Askeland, H. (2005), What do Congregational Leaders Really Do?, in H. Askeland/P. Hansson (ed.), *The Second International Conference on Church Leadership: Conference Report*, 18–26, Uppsala: Uppsala University/Diakonhjemmet University College/The Peter Fjellstedt Foundation

61 Mintzberg 1994b; Olofsson 2006; Arman/Dellve/Wikström/Törnström: 2009

62 McDonald: 2005, 456

63 Pepermans/Mentens/Goedee/Jegers/van Roy: 2001

64 Mintzberg: 2009, 239

65 This article is based on data from the day of a single manager, but is part of a larger research project. At Diakonhjemmet Hospital I followed three managers, and managers will also be selected from additional diaconal institutions/organisations.

66 Mintzberg: 2009, 238

For the insider participant observer, familiarity with the community and its people wraps the person in a consciousness of comfort that hides the opportunity for the mundane and the ordinary to inform the study.⁶⁷

On the other hand, there are also possibilities attached to being an insider observer. Being known might help in gaining access to the field⁶⁸ and being able to interpret the situation and culture.⁶⁹ The intention of the study has been to observe and analyse the actual practice of managing in order to better understand how managing varies across organisational types, levels and sectors. The possibilities, in my opinion, outweigh the challenges in this study.

The study combines several methods. Through the use of shadowing techniques, data was registered using a standardised form with fixed categories. The basic data were provided through completion of a checklist of dimensions for each activity on a clipboard accompanied by a watch for noting the duration of each activity. The basic dimensions registered for each activity were: start time, activity, place of activity, notes on content, participants, initiative, and duration. Additional overlay information was registered in a designated column. Two activities with registered data on the actual dimensions and additional overlay information are shown in Table 1 to give an example of the kind of data gathered.

Table 1 Registration form and examples of observed activities and overlay information

Time	Activity	Place	Content	Participants	Initiative	Duration
08.17	Desk work and small talk*	MS's office	Preparing morning meeting and talking with researcher	MS and researcher	Mutual	13 min
09.52	Conversation**	MS's office	Overcrowding of patients in wards	MS – Head Nurse	Head Nurse	4 min
<p>*As Morten is preparing the morning meeting, one of his secretaries brings coffee. In between his preparation MS informs me about the difference between this morning's meeting and the later meeting of department heads. He has two close "systems": his functional managers (finance, information, IT, etc.) and the head nurse and physician, and the department heads of the different clinical departments of the hospital</p> <p>**The Head Nurse comes into his office, expressing concern for overcrowded wards. During the conversation she is especially concerned that this is an obstacle for physicians admitting patients.</p>						

The basic data has been further analysed, both qualitatively and quantitatively, based firstly on the data giving an account of Morten's day (cf. later analysis) that captures most activities during the day, and then with all the additional informa-

67 Labaree, R. V. (2002), 'The risk of going "observationalist": Negotiating the hidden dilemmas of being an insider participant observer', *Qualitative Research*, Vol 2 (1), 97–122, 108

68 Repstad, P./Ry Nielsen, J. C. (1993), 'Fra nærhet til distance og tilbake igjen. Om å analysere sin egen organisasjon', in P. Repstad (ed.), *Dugnadsånd og forsvarsverker. Tverretatlig samarbeid i teori og praksis*, Oslo; Askeland, H. (2000), 'Reform av den lokale kirke – kontekst, prosess, utfall', *KIFO Perspektiv* nr 6, Trondheim, 104

69 Repstad/Ry Nielsen: 1993, 352; Labaree: 2002, 104

tion to give a more detailed account and a deeper understanding of his day and management practice.

The data were quantified through a common, standardised code book.⁷⁰ Each activity was first categorised according to Mintzberg's categories,⁷¹ enabling comparison with his original study and with relevant studies of health care managers conducted by Olofsson⁷² and Arman and colleagues.⁷³ The data were also categorised using the dimensions of Mintzberg's integrated model of the manager's job⁷⁴: Communicating, Leading and Doing. Both categorisations are utilised in the analysis and interpretation of Morten's day of managing.

This basic data were completed with two types of information provided by Morten. Firstly, during the day of observation he was encouraged to comment on activities. An example of information given in this way is shown in Table 1, where Morten, while preparing for the morning meeting, also informed me about what kind of meeting it was in contrast to another meeting he was due to attend later that day. He also explained that he usually started on desk work when he returned to his own office so as to avoid causing a bottleneck in information flow and decision-making processes. Capturing these cognitive processes and Morten's own understanding of his job was further expanded through a semi-structured interview conducted some time after the observation. An overview of the topics for the interview is given in Table 2.

Table 2 Overview of topics guiding the interview

Topic	Examples of questions
Background information	Personal background and period as manager The process of becoming CEO of the hospital
Characteristics of the managing role	Main areas of responsibility Mandate and resources as manager Conceiving of managing (what, why and how) Expectations of different stakeholders (owning foundation, Health Enterprise, direct reports)
Characterising every-day management	Commenting the day of observation How is an average day? Interaction – who, how and about what? Initiative – who and what about? Important co-actors
Values-orientation and managing	What is the main objectives you want to achieve as manager? Core values of the hospital How has values been decided on and what characterises the values-work at the hospital Relationship between diaconal tradition and contemporary values

70 Olofsson: 2006, 37f; Askeland: 2011

71 Mintzberg: 1973

72 Olofsson: 2006

73 Arman/Dellve/Wikström/Törnström: 2009

74 Mintzberg: 1994a; 1994b; 2009

Finally, documents of relevance were reviewed and used to inform the analysis and interpretation of the management practice. Policy documents for the general hospital reform have informed how the role as hospital manager is perceived and embedded in understandings of managing, and how the role and expectations of the manager are constructed.⁷⁵ Internal documents for Diakonhjemmet have also been reviewed, both at ownership level and at the hospital level, and comprise documents such as strategic plans and annual reports.

One Day of Management Practice

An observation study of the CEO at Diakonhjemmet Hospital is presented here to give an impression of the daily work of managers in hospitals and the health system in Norway. It will begin with an overview of the manager's day, followed by some summaries that will allow comparison with patterns found in other projects.

Morten – the CEO of the hospital

This morning at 08.10 I met Morten in his fourth-floor office. He introduced me briefly to his secretaries in the anteroom and told them I would be following him around that day. This seemed to be a quiet day, so he briefed me on his normal daily schedule. A major task at the moment, on which he was working closely with fellow CEOs at other diaconal hospitals, was lobbying the Ministry of Health for additional funding. The private diaconal hospitals had not yet received any compensation for increased pension funding while the state-owned hospitals had. For Diakonhjemmet Hospital alone, the increased costs amounted to approximately NOK 20 million.

One of the secretaries brought coffee, and Morten conducted desk work and prepared for the morning staff meeting. As director, he has two close systems: one comprising his immediate staff comprising various managers and the head nurse, the other comprising his departmental managers.

At 08.30 the scheduled staff meeting began. It took place around the conference table in Morten's own office. Various formal matters were on the agenda, including a review of the director's weekly schedule and monitoring the progress of issues that were discussed at various meetings the previous week. The meeting was carried out in a fairly informal manner, led by Morten. It seemed like a working group that had worked together for a while. Throughout the meeting there was room for the participants to initiate issues and to draw attention to upcoming is-

75 NOU 1997:2: *Pasienten først! Ledelse og organisering i sykehus*. Oslo: Sosial og Helsedepartementet; Olofsson 2006; Johansen, M. S. (2009), 'Mellom profesjon og reform. Om fremveksten og implementeringen av enhetlig ledelse i norske sykehusvesen', Ph.D. dissertation, Series of Dissertations 2/2009, Oslo: Handelshøyskolen BI, 18–24

sues. Two major items were discussed, one concerning problems arising from departments being located over several floors. The group discussed several possible solutions. One of Morten's major and long-term projects, Values in Practice, was also discussed. The discussion revolved around how this should be continued and linked to a "managers' forum", a semi-annual gathering of all the managers at the hospital.

At 08.05 Morten closed the formal agenda of the meeting, and his secretaries left. The issue of the revised state budget came up, and Morten gave a briefing on the status and lack of support from the state regarding the extra pension costs. The hospital had to be prepared to handle the consequences if the matter was not resolved. However, Morten was working closely with the Chairman of the hospital Board, who could be expected to utilise his political network. The Quality Manager, Andy, mentioned that he was planning to extend contracts with IT suppliers, while the Head of Finance, Jorun, briefed them on the periodic financial statement for the Regional Health Authority. Within the Regional Health Authority, the need to secure a capital plan for a new hospital could have repercussions for Diakonhjemmet Hospital. The meeting ended at 09.05.

The meeting was followed by a two-minute conversation between Morten and the Head of Information regarding a memo on strategies for the quality assurance process. When she left, Morten returned to his desk to check and answer e-mail correspondence for around twenty minutes. Among other issues, he had to follow up various challenges that have emerged since the departure of a former manager. He also replied to an e-mail regarding a computer system for care management. The hospital is co-owner of the company developing and selling the system. At 09.28 he interrupted this work to call the Chairman of the Board, though without success. He continued his desk work for a while and then called again around 09.40. He got the Information Manager of the Foundation on the line and asked her to convey the need for an appointment with the Chairman to discuss strategy for the work on the revised budget. He also wanted to talk about initiating a geriatric medicine project involving the foundation, the hospital and the college. He continued his desk work until 09.52.

Lill Anna, the Head Nurse, appeared in the doorway expressing her concern for how the overcrowding of several units created difficulties in admitting new patients. They discussed the matter for a few minutes and were concerned about whether doctors could discharge patients. Contact had to be made with the municipal health authorities in Oslo that were responsible for services to discharged patients.

Following this conversation, Morten got ready for visiting different units, but was stopped in the doorway by the hospital pharmacist, who wanted to discuss a project they had initiated. The conversation lasted for a minute, and at 10.04 Morten headed towards a new unit for geriatric medicine. He chatted briefly with the unit managers about how the unit, which was fairly recently established, was functioning. Morten got involved in an assessment of the use of space at the unit

before moving on. He greeted people in the various units, and provided me with a brief introduction to the existing departments and how they had reorganised units in order to provide space for the outpatients clinic. On his way he met the Operations Manager and discussed the construction and decoration of various offices. The Operations Manager wanted to clarify how the process should be carried out and wondered whether Morten would be involved in the issue. Morten authorised the Manager to proceed with the work on the basis of the conversation; "So we do it the ordinary way." On the way back to his office he stopped for a short chat with one of the IT consultants. Before entering his office, he stopped by the office of the Chief Financial Officer to give some information and schedule a new meeting.

At 10.50 he started reading various papers, but after three minutes he was interrupted by an incoming phone call (which turned out to be private). As the phone call ended, the Chief Financial Officer appeared at his door and asked him to comment briefly on a submission that had to be sent. He then turned to his computer again and replied to incoming e-mails. He told me that one of the e-mails concerned the appointment of a new manager of the medical department. Although he wanted to be involved in the process, he preferred that the department first made their own assessment before advertising the position. This position, as assistant head of the department, would not be linked to any particular profession but would replace a traditional position as head nurse. At 11.06 he again talked with the Chief Financial Officer about the submission to be sent to their employer's association. Different aspects were discussed and Morten gave his comments on the document. He then returned to the computer and worked on various issues until almost 10.30, when the department heads meeting began.

The first fifteen minutes of the department heads meeting had no agenda, leaving room for small talk and eating lunch together. The discussion was lively, and covered different subjects ranging from buying a boat to the development of a coordinated outpatients clinic. Morten had informed me in advance that the meeting usually started with no agenda out of social considerations and to give the meetings an ad-hoc character. At approximately 11.45 the meeting began with a status review of the different departments and a financial review. Different issues were on the agenda, including the distribution of responsibilities and resources in conjunction with summer holiday leave and the issue of overcrowded units. The heads of the relevant departments were concerned that it should be clear that the district authorities in Oslo were unable to receive patients ready to be discharged. During the meeting Morten allowed each participant to speak quite freely but had a firm grip on the discussions and had clarifying questions or comments to the input from the participants. The meeting was due to end at 13.00, but the Quality Manager was allowed to raise a new issue.

Morten spent the next half-hour in his office, where he alternated between signing applications, reading e-mails and being interrupted to deal with a personnel matter. He is keen to respond quickly to mail and e-mails to avoid causing bottlenecks in the system. He interrupted his own work at about 13.40 to look for the

Quality Manager but did not find him. Instead he sent a follow-up e-mail to the Operations Manager regarding their previous conversation. After a chat with the anteroom personnel, he left for a meeting with the Chairman, which began at 14.15. For this meeting he was accompanied by the Chief Financial Manager, and strategy in relation to the revised state budget was on the agenda.

He was back in his office at 14.42, and received a message that the Head Nurse had called. He immediately called her back. The conversation picked up on the earlier discussion regarding overcrowding. After this conversation he walked through the anteroom and into the office of the Chief Financial Officer to check that flowers had been bought for a social gathering that was due to take place at 15.00. Back in his office, he tried to call the Chief Financial Manager at one of the other diaconal hospitals to inform him about his conversation with the Chairman of the Board and to coordinate communication with the Ministry of Health and Care Services and the Norwegian parliament.

At 15.00 he attended a 60th years birthday celebration for of one of the physicians in the Department of Rheumatology. She had been a long-time employee at the hospital, and many colleagues from her own department, representatives from other departments and former colleagues therefore attended. Morten greeted participants and engaged in small talk before the event started. Morten gave a speech, congratulating the physician on behalf of the hospital and expressing appreciation for her both personally and professionally. He also talked of how she had encouraged him to visit St Joseph's, a Catholic hospital chain in California. That visit, he said, had given decisive impetus to the hospital's own work on values in practice. Morten left work at around 16.00.

Interpretation of the Manager's Job

Institutional Embeddedness

Even if the Diakonhjemmet Foundation, the owner the hospital, is an autonomous institution, it is related to, and defines itself as operating within, the framework of the Church of Norway. This understanding is stated in the bylaws of both the foundation and the hospital. In practice, there is only a weak link between the Church of Norway and the large diaconal institutions. Such institutions are mentioned, but only briefly, in policy documents regarding national plans for diaconia.⁷⁶ In many ways, the diaconal institutions have to formulate their own understanding of how they relate their tradition and relationship with the church.

The complex activities of Diakonhjemmet, including the foundation, the hospital and the university college, share a common motto: *Committed to Man*. This is

⁷⁶ Church of Norway: 2007

rooted in “an understanding of man as being created in God’s image, unique and with his own intrinsic value and significance.”⁷⁷ The hospital has operationalised this commitment in its strategic plan. The diaconal profile of the hospital is addressed in the first main objective:

We want to continually develop the hospital as a value-based diaconal hospital, focusing on the importance and relevance of our values in the practice and culture of the hospital.

The present goal of the hospital is to ensure that all citizens within the hospital’s area of responsibility receive the services to which they are entitled. It serves as a local hospital for the west side of Oslo city, and at the same time performs regional and national functions in rheumatology. This has had a major influence on the development of research as an integral part of the hospital’s clinical activities. It implies that the hospital is government funded and is part of the overall Norwegian public health system. As a private, non-profit hospital conscious of its Christian and moral values, the hospital aims to be an alternative within the public health service system in Norway.

The issue of the role of the hospital and its dependency on government funding were raised during this day. It came up in several conversations and internal meetings, and Morten also initiated a meeting with the Chairman of the Board and called a colleague at another diaconal hospital to discuss the coordination of strategy. The resources at the hospital, their ability to function, and their need to adjust are thus embedded in a wider health policy context.

As a consequence of the new law on health personnel and health authorities, the hospital has been required to implement the principle of unitary management. The main rationale for this requirement has been the anticipation of a new accountable and empowered leader, and has represented a break with traditional forms of managing through parallel professional hierarchies and representative structures. The intention of the reform has been to establish more professional and efficient management at all levels in the hospital, with an emphasis on competence in management rather than the traditional professional background.⁷⁸ This meant that, under an act of parliament, these unitary management positions were opened up to managers from different professional backgrounds; something which seems to be a distinctively Norwegian phenomenon.⁷⁹ In this way, the construction of management roles and the understanding of what managing a hospital is all about are embedded in and shaped by their context.

The reform, which was part of a broader reform movement known as “new public management” (NPM), introduced new concepts of control and management

77 Diakonhjemmet 2009, Strategiplan 2009–2012

78 Johansen/Gjerberg 2009, 396

79 Mo, T. O. (2006), *Ledelse til begjær eller besvær – om reformer, fag og ledelse i sykehus*, Dissertation, Faculty of Social Sciences and Technology Management, Department of Sociology and Political Science, Norwegian University of Science and Technology, Trondheim.

to the hospital system. NPM could be seen as a fusion of two different strands of thought, namely new institutional economics and business-type managerialism. While the first is based on a logic of control and governance of the market whereby the actors maximise utility, the other is based on a logic of hierarchical control through the command chain of managers.⁸⁰ The practice of management has been adjusted by the developing health system; in one way, decentralisation expands the responsibility of managers, but it also draws managers into a regime of controlling and reporting. The increasing exposure to market mechanisms also places additional pressure on the CEO to be a “broker of information” to the internal organisation, creating readiness for adjustment and change.

Perception of the manager’s role, and the agency of the manager

During the day of observation, many of Morten’s activities involved meetings and “short-range” initiatives and decisions. At the same time, some activities touched some of the “long-range” activities he had been engaging in for years. The interview provided considerable information for interpreting his job and the agenda he brought to his work. When asked to address the main responsibilities of his job, Morten pointed to some of the main dimensions:

First of all, I’ve been here for eleven years, and I’m still working on what I see as the main challenge: How can we make our diaconal foundation and tradition relevant and enriching in a modern hospital?

As for being the CEO of the hospital, it comes down to some basics: my special responsibility is to keep the different parts of clinical services together as a whole and to make sure the hospital delivers what our important stakeholders demand; the patients, our owner and the health authorities with whom we have contracts. In many ways it comes down to delivering, developing people, systems, and, finally, adjusting to changing conditions. In adjusting I need to monitor our environment, and I act as a key figure and a “broker of information”. Inside the hospital this information has to be understood and has to lead to implementation, so the management system must work.

As a manager, Morten is concerned that his staff and line managers do their job. As the CEO, he might authorise them and support them, but they have to do the managing themselves. This is closely in line with the new perception of the managerial role underlying the reforms in Norwegian hospitals mentioned above.⁸¹

It seems that the diaconal tradition and its continuous interpretation are important to Morten. When he was invited to take on the position as CEO, the Chairman of the Board was particularly concerned with how the hospital could be revitalised as a diaconal hospital. In his eleven years as manager, he expresses this to be the main “long-range” concern.

For Morten, the main argument for running a diaconal hospital was the responsibility of the church to be present in the midst of people’s lives: “Health and edu-

80 Johansen: 2009, 18

81 Cf. NOU 1997: 2

cation are crucial in our lives, and are deeply connected with living a good life and the way our lives develop". And in these areas the church's diaconal responsibility should be relevant and present where vulnerability and distress are experienced. For Diakonhjemmet Hospital this has meant a particular concern for those with chronic illnesses, and Morten expresses his concern that the hospital must have a professional and competent presence, based on clinical research and a high level of service. The diaconal hospital cannot afford to be low on these dimensions if its presence is to be relevant. In this sense he clearly implies that the diaconal hospital draws on a foundation of a theology of creation.

As CEO of a hospital, Morten did not seem to root his understanding of the manager's role in an understanding of a "ministry" that is ecclesiologicaly framed. He himself is a Methodist, and frames his working career more in terms of a general diaconal responsibility:

As a Methodist I see my life and working life in the light of a more general diaconate, which I share with all fellow believers. Here, I guess, there is a difference between denominations, and I don't think we at the hospital should be too tied up in patterns of ministries. The term "ministry" might communicate well within the church, but it has less significance as a means to communicate important aspects within the hospital as a professional organisation. (...)

One of our core values is "ministry", but we have been interpreting it more in line with service and serving those in vulnerable situations.

This finding is somewhat different from those reported in an interview-based study of diaconal leaders,⁸² in which the term "ministry" seemed to be a key construct in managers' self-conception. On the other hand, Morten put a lot of effort into framing the mission of the hospital in narratives in the diaconal tradition. The parable of the good Samaritan and the concept of Christian neighborly love have been important in his efforts to create a "diaconal mythos".⁸³ He views these as overarching stories that point to the essence of diaconia, that could be accepted across different religious traditions, and that enable the articulation of values relevant to practice.

The hospital has been working for a long time on their core values, a "long-range" initiative taken by Morten himself. This work has undergone several phases, and he still views it as an ongoing project. He is especially concerned that values have to be realised in practice; unless they are experienced by patients and their families, they have no value. Early in his managing period he launched a project called Values in Practice, partly inspired by a visit to St Josephs, a Catholic hospital in California. This process had engaged all the hospital's departments, many of its managers and also the general staff.⁸⁴ The chosen values of Diakonhjemmet Hospital were: *Dignity, Excellence, Service and Justice*.

82 Rø: 2008

83 Skjørshammer: 2010, 106–109

84 The process of the Values in Practice-project has been described and discussed in an article by the CEO and a colleague of his at Diakonhjemmet University College, Aadland/Skjørshammer: 2011

With respect to Morten's more general role as manager and CEO, the interview shed light on the situation of dual principals, the Diakonhjemmet Foundation and the state-owned health authority. Morten viewed this as a less complicated situation than anticipated. He felt that the Board, of which the CEO of the Diakonhjemmet Foundation was Chair, saw these contracts as a realisation of the task which the hospital was expected to fulfill:

Our contract with the South-Eastern Norway Regional Health Authority is annually reviewed and agreed upon by the Board. And my impression is that the Foundation thinks our purpose is taken care of through this arrangement. The Board is satisfied when we fulfill our contract with the Regional Health Authority.

He also stressed that they had a good relationship with the Health Authority, and he underlined that this relationship was in no way an obstacle to operating as a diaconal hospital. As long as the hospital fulfilled its obligations as agreed in the contract, it was free to organise and develop a diaconal profile. He pointed out two areas which he saw as important:

First of all, we do things which they notice, and they do not object as long as we are able to argue for our priorities. This, on our part, requires an ability to translate from a church-based rhetoric to a more universal language. Secondly, they want us to continue our work on Values in Practice to explore the importance of values in our health system. I have come to realise that our tradition gives us linguistic resources for this work that are not necessarily available to other hospitals.

Regarding the institutional context, several points can be made. His description of the CEO's role could be aligned with the expectations of health authorities, focusing responsibility for the hospital as a whole and fulfilling objectives set by the Health Authority. At the same time he seems constantly aware of the need to adjust to the dynamics of the field, networking with relevant external actors and transmitting and disseminating information to internal managers and the Board. He has a deep commitment to the diaconal profile, utilising biblical narratives in understanding the purpose of the hospital. At the same time, he did not relate his perception of the management role to ministry as a more ecclesiological term, arguing this would not communicate well in the hospital. The identity and profile as a diaconal hospital was sought through narratives and the Values in Practice project.

The practice of the manager

During the interview, Morten was asked to describe an average day as manager. He said that no two days were alike, but that he tried to organise his days in such a way that he could perform the following tasks:

In the morning, I always try to get up to speed. This means that I try to start with minor tasks that can be taken care of immediately; e-mails, administrative tasks, and so on. I start each day by meeting my administrative staff, updating and reviewing the day – is there anything in particular that needs to be addressed? Then, we have the somewhat bigger issues, such as preparing meetings, scheduling, preparing papers for the Board or planning events. We also have different projects running, such as renovation work on some of our buildings, reorganisation processes. These do not follow a standard pattern, they have a life of their own. Finally, we have the more ad hoc issues which

the staff and line managers may need to discuss with me. These are often issues that are out of the ordinary and not easy to foresee.

A general impression of Morten is that he is a conscientious incumbent of the top executive role. During this particular day his managerial practice was marked by being the leader of executive teams, both his closest staff members and his operational team of department managers. In this way he managed through overseeing the hospital system, leading through others. At the same time, by walking around the hospital or by being interrupted, he also got involved in the finer details. The latter pattern was especially evident in brief encounters with several middle managers.

It is impossible to give a satisfactory analysis of Morten's long-range effect on the hospital or how he as a manager stuck to the long-range issues. But by combining the information gained through observation with the information gained from the interview, even some of the long-range concerns became evident throughout his day of management practice. First of all, he had an agenda which he has pursued for several years as manager: bringing the diaconal tradition and values to the fore in the daily life of the hospital. In the morning meeting, the Values in Practice project was incorporated into the plan for a managers' conference later the same year. Not much was said, at least not noted in detail by the researcher at the time, but Morten made sure it was put on the agenda as a reminder in the planning process. And later that day, in his speech to the physician celebrating her 60th birthday, Morten again referred to values by reminding the physician of her importance to the Values in Practice project simply by being the one who had advised him to visit a particular hospital. These situations illustrate the importance of the manager's agenda for the process of strategy formation.⁸⁵

Another long-range issue that arose during an activity that day was the importance of relating to and working under contextual pressure. As part of the wider health care system in Norway, the hospital was dependent on public funding. An unexpected rise in pension fund contributions was not compensated for in the revised state budget, prompting Morten to confer with the Chairman of the Board and a colleague at another diaconal hospital. Information on the various consequences was disseminated to the organisation in the department heads meeting the same day.

When it comes to what might be labeled short-range patterns of managerial practice, more mundane issues and tasks dominated the day. This particular day I noted 40 distinct activities for Morten. Compared to a head of department and a unit nurse who were also observed, Morten spent considerably more time in his own office and on walking around the hospital.⁸⁶ The main bulk of his time, approximately 70%, was spent communicating with others, discussing how to act or react, and on receiving and passing on information. A closer analysis of his contact

85 Cf. Noël: 1989, 45

86 Askeland: 2011

and communication pattern reveals that almost 90% of his contacts that day was with direct reports. Around 10% was with either an external colleague or the Chairman of the Board. Other employees were met through occasional meetings while on walkabouts around the hospital and when attending the 60th anniversary celebration.

In more general terms, this particular day of management in many ways resembled the main picture that has been documented by other researchers studying the manager's job. Morten's day did to a lesser degree resemble the general description of managing as working at a relentless pace, mostly due to planned meetings and considerable time spent working in his own office. At the same time, many issues came up at meetings and through working at his desk. Most issues were dealt with for only short periods of time, and were either commented on or decided upon, or involved the exchange of information. Oral communication seemed the preferred channel of communication. Much of his deskwork, though, consisted of reading and answering e-mails, a tendency that was also reported by Tengblad.⁸⁷ The activity which consumed the most time was scheduled meetings, which took up almost 40 % of this particular day.

In most studies of the manager's job a recurrent conclusion has been that managers do little planning work.⁸⁸ Such a conclusion has been contested earlier, and seems to be one of the important weaknesses in observing managers for only one or a few days. When managers were studied for a month, they showed much more consistency in the number of issues they focused on. And the longer they were observed, "the more continuity appeared in the apparently unrelated observations".⁸⁹ Through coordinating diverse sources of information, Morten also seems to be a manager who over time pursues long-range agendas while at the same time addressing day-to-day issues and challenges.

With respect to the main functions of controlling, leading and doing,⁹⁰ analysis of the observations and the interview leads to some general conclusions:

The main impression from the observation is that Morten's daily activities were located on the information plane. These activities involved the dissemination of information and also represented indirect control by means of structuring information. An obvious example is how Morten allowed discussions to run for a while in meetings before summing up and suggesting (or deciding) on conclusions.

The other large group of activities is located on the action plane, and had to do with direct initiatives or doing things himself, exemplified by office work.

Many activities were also registered on the actor's plane. Leading was evident in two important meetings, when Morten headed the morning staff meeting and the meeting of department heads. But he also led in shorter activities, either by author-

87 Tengblad: 2000

88 Mintzberg: 1973

89 Noël: 1989, 45

90 Mintzberg: 1994a; 1994b; 2009

ising the Operations Manager to go ahead with certain projects or by initiating contact with and asking people to do something.

Conclusion

Diaconal managing in practice largely resembles the job of hospital managers in general. The job of the CEO means managing both inside and outside the institution. On this particular day, managing mostly meant spending time dealing with internal and short-range issues. At the same time, the activities observed also touched on critical long-range issues such as strategic adjustments to external conditions and profiling the diaconal foundation of the hospital through addressing the Values in Practice project. Compared to two other managers observed at Diakonhjemmet Hospital, there seem to be marked differences in the work activities of the manager's job at the organisational level. Some crucial aspects of these findings seem to be closely related to the chosen research strategy of following the manager for just one day. It is therefore crucial that future research be designed in ways that capture managing over time.

In addition, the job of manager involves handling different rationalities. Besides the diaconal tradition, the manager was dependent on being familiar with a clinical and professional rationality in order to understand and manage the organisation. As a top executive manager, Morten also had to deal skillfully with the external health policy domain.

In many ways, Morten gives primary attention to managing the hospital in accordance with the contract with the Health Authority. At the same time, and from both a short-term and long-term perspective, diaconal identification and profile are sought through the use of narratives and values in practice. The ecclesiological shift in the science of diaconia seems to offer little help in framing the manager's role in a diaconal hospital. The mechanisms applied by Morten draw on overarching narratives, values, and the tradition of professional diaconia as an impetus for managing professional practice. For this author, this indicates the need for renewed reflection on the relationship between church and institutional diaconia, and a theological platform for diaconia that communicates within institutions acting on the boundaries of religion, health and society.

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