Values as Vessels of Religion?

The Role of Values in Everyday Work at Faith-Based Organizations

Abstract: This paper investigates if and how religion is translated through values in everyday work in three Norwegian faith-based healthcare organizations (FBHOs). It provides insights into how values translate religion in the organizational self-representations of FBHOs and the symbolic practices of executives. Further, we analyze the use of values in organizational policy documents and the role of values as a common ground for framing and interpreting organizational and professional practices. We discuss the contributions of values toward maintaining religious traditions. This study identifies ways in which values translate and express the presence of religion while highlighting the shortcomings of their potential role in mediating religion.

Keywords: values, values work, faith-based organization, values and religion

1. Introduction

This article investigates if and how religion is translated through values into everyday work in faith-based healthcare organizations (FBHOs) using case studies of three Norwegian institutions and their values, work, and religious practices. FBHOs are characterized by the religious history of their faith traditions and are rooted in the third sector. They are also encountering increased institutional pressure because of their interaction and cooperation with public agencies, which is being addressed in a rich and growing strand of academic work.¹ Although governmental organizations are secular, both for profits and

nonprofits may display stronger or weaker religious orientations. This article serves to contribute to the fields of organizational studies and diaconia by drawing on contributions of existing institutional work and from the sociology of religion. Through ongoing and situated efforts, which have the potential to bridge historical religious and current practices, we highlight how values operate in everyday work.

Faith-based organizations (FBOs) originated to express the social, moral, or religious values of their founders. “Values” here refer to conceptions or beliefs of the desirable, preferred goals and ideals, and also moral convictions of what is considered good or bad, right and wrong. Values are articulated and shared in a social system. As FBOs developed through institutionalization, they began addressing broader constituencies and sets of values. Once these institutions were established, religion became salient and anchored in individual commitments. However, over time, a gradual shift occurred toward commitments grounded institutionally through values. That is, the mecha-

nisms by which such a shift occurred in organizational self-representations and practices are assumed to be related to values and history.\textsuperscript{9} However, this viewpoint warrants empirical investigations. In this sense, we ask: \textit{“How do values in FBHOs translate religion into organizational self-representations and the symbolic practices of executives?”} In our attempt to answer this question, we explore how FBHOs maintain religion-derived identities while remaining closely integrated with public welfare regimes.

We depart from the usual typologies used to describe FBOs: faith-permeated, faith-centered, faith-affiliated, faith-background, and faith-secular.\textsuperscript{10} These categorizations are useful yet call for further empirical development. They have been criticized for their narrow focus on faith instead of the more inclusive term religion.\textsuperscript{11} We discuss how the concepts of values and values work translate and reframe religion. In addition, we explore whether values have colonized (i.e., substituted) religious language, or whether they are better understood as vessels of religious ideas\textsuperscript{12} – created and deployed in social processes where religion and faith-traditions are actualized.\textsuperscript{13}

Finally, we analyze the symbolic actions of executives and how values are articulated and framed in policy documents and as core values to highlight how values in FBHOs (1) constitute a common ground for framing and interpreting organizational and professional practices and (2) contribute to maintaining religious traditions. In doing so, we identify ways in which values mediate and express the presence of religion. Such values work is understood as on-going and situated performances and is considered a part of institutional work traditions within institutional theory.\textsuperscript{14} We further argue that values constitute a central means of conveying religious history and representations,\textsuperscript{15} transform-

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\textsuperscript{11} Jeavons, \textit{“Religious and Faith-Based Organizations,”} 141.


\textsuperscript{13} Ammerman, \textit{“Finding Religion in Everyday Life.”}

\textsuperscript{14} Philips, N./Lawrence, T. B. (2012), \textit{“The Turn to Work in Organization and Management Theory: Some Implications for Strategic Organization,”} Strategic Organization, 10, 223.


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ing previous personal commitments bound to the Christian faith into values based on a faith-tradition grounded at the institutional level.\textsuperscript{16}

2. Theorizing Religion and Values in Organisational Studies

2.1 Diaconal and Faith-Based Organizations

For several centuries now, religious communities and associations have established institutions to deliver social and health services to their own members as well as disadvantaged groups.\textsuperscript{17} However, these religious organizations and faith-based health organizations (FBHOs) have attracted little attention within the field of organizational studies.\textsuperscript{18} In this study, we consider FBHOs as institutions founded on religious traditions and affiliated with a church, denomination, or faith community. These organizations are examples of nongovernmental organizations (NGOs)\textsuperscript{19} whose identity and mission are self-consciously derived from religious traditions and which operate on a voluntary, nonprofit, and independent basis to promote articulated ideas about a common good.\textsuperscript{20}

Such faith-based institutions are part of a wider pattern, manifestations of the social ministry and responsibility of their affiliated faith-community. While such institutions appear across religions, our particular three cases are affiliated with the Church of Norway and hence lie within a Christian faith-tradition by identifying themselves as diaconal. These institutions have a long history, the first having been founded in 1868, the second in 1890, and the third in 1965. For most of their long history, diaconal institutions operated at the intersection of the church and evolving public welfare systems. Through this trajectory they were challenged to articulate their identity within ever newly emerging social environments. However, over time, their contact and collaboration with the official structures of the church weakened. Nevertheless, these institutions

\textsuperscript{16} Stave, G. (1990), Mannsmot Og Tenarsinn: Det Norske Diakonhjem I Hundre År, Oslo: Samlaget; Askeland, H. (2016), Hverdagsledelse: Diakoni, verdier og ledelse i praksis, Oslo: MF/Norwegian School of Theology.
sought to maintain a faith-based or nonprofit profile, acting as welfare agents within the wider context of health and welfare services.\textsuperscript{21}

Proposing analytical categories for FBOs and their expression of religion, Jeavons delineated seven dimensions of religion in an organization: self-identity, selection of participants, sources of resources, goals, decision-making, power relations, and connections.\textsuperscript{22} Sider and Unruh proposed a typology that examines the religious nature and connections of such organizations, mapping the extent to which FBHOs are intensively and explicitly religious. Echoing Sider and Unruh,\textsuperscript{23} Ebaugh and colleagues argued that FBHOs display a motive of religious integration: “The notion that religion is not an independent attribute but a dynamic that is incorporated into the organizations in a variety of ways and intensities,”\textsuperscript{24} They specifically highlighted the religious phraseology present in their self-identification (i.e., name, mission statement, and logo) and an organizational culture imbued with religious values. In their extensive review on FBOs, Bielefeld and Cleveland identified three major categories shared by typologies: organizational control (funding, power, and decision-making), expression of religion (self-identity and participants’ religiosity), and program implementation (services rendered, religious elements in services, and participation in religious activities). FBOs exhibit considerable variation in terms of these categories. The present study is mainly concerned with the maintenance of religious identity.

Whereas several studies aim to measure the degree or intensity of either explicit or articulated faith which is criticized,\textsuperscript{25} we explore if and how values carry implicit or tacit traits of religion. Hall claims that underlying values “once institutionalized, have acquired a taken-for-granted status and are unlikely to be altered unless changing circumstance lead people to question them.”\textsuperscript{26} In the context of FBHOs, this implies that, despite secularization, an organization’s moral platform does not drift away from its inherited values. Thus, it is


\textsuperscript{25} Jeavons, “Religious and Faith-Based Organizations,” 142.

reasonable to assume that values that play a central role in a given tradition are longstanding and not easily replaced. In fact, they generally underpin organizational identity and culture, whose articulation is upheld by the executive managers.\textsuperscript{27}

\section*{2.2 Value Research in diaconal Institutions and Institutional Work}

Our focus on values stems from our own theoretical research interests and the nature of the organizations we have previously studied. Aadland and Skjørshammer (2012) argued that the attention given to values among FBOs is characterized by the dual context of religion and a secular society, both of which share a general interest in ethics, values, and the meaning and purpose of life, despite growing individualistic and antidogmatic spirituality. In this study, we understand values according to Askeland and Aadland’s proposed definition, which conceptualizes values as:

1. Rational and articulated goals and ideals expressing desirable conditions
2. Prerational and intuitive priorities inferred from patterns of practice
3. Intentional expressions of moral convictions. Both articulated and tacit values are established and maintained in dialectical interactions between the individual and his or her social community.\textsuperscript{28, 29}

If actors in an organization take religious identity and values for granted or consider them nonnegotiable, the forces of secularization are buffered.\textsuperscript{30} Thus, the question that emerges is: How can values exhibit a dual nature of being both sacred and secular? In other words, can values be the vessels of religion – or does rejecting religious language alter the role of religion within these organizations? The term “vessel” helps us to view values as ambiguous – capable of carrying historical ideology and allowing for differing views and motivations to promote its acceptance.\textsuperscript{31} The following perspective highlights the flexibility of values. For a long time, values were noted for their implicit ambiguity, allowing for various interpretations. According to Eisenberg,\textsuperscript{32} for the actors of an organization, this ambiguity promotes unified diversity and encourages organizational change. When an idea allows for varied classifications, it is deemed ambiguous:

Values are expressed in this form because their equivocal expression allows for multiple interpretations while at the same time promoting a sense of unity.

\textsuperscript{27} Askeland, “Managerial Practice in Faith-Based,” 53.
\textsuperscript{28} Askeland/Aadland, “Hva Er Verdier,” 36.
\textsuperscript{29} Our translation of the original Norwegian definition.
\textsuperscript{30} Bielefeld/Cleveland, “Defining Faith-Based Organizations.”
\textsuperscript{31} Christensen/Molin, “Origin and Transformation of Organizations,” 82.
It is therefore not the case that people are moved toward the same views (in any objective verifiable sense) but rather that the ambiguous statement of core values allows them to maintain individual interpretations while at the same time believing that they are in agreement.33

Management and organizational studies experienced a significant “turn to work,” which led to an emerging interest in values work and practices.34 Such institutional work is described as “the purposive action of individuals and organizations aimed at creating, maintaining and disrupting institutions.”35 Values work is conceptualized as on-going performances in everyday practices or searches for practices that specifically orient people about right and wrong attitudes and behaviors in the organization. “Scandinavian institutionalism” sees translation as a metaphor for the process of institutionalization.36 However, we know little about the translation of institutions and values into broader social processes and, more specifically, the dynamics of religion internal to organizations.

We propose that values act as stepping-stones between the sacred and secular. We draw on traditional conceptions of the role of religion in shaping, symbolizing, and sacralizing shared values.37 This implicitly extends a Parsonian argument that social action is value-directed, and our research explores how religious traditions underpin and translate into organizational values. In other words, we draw on the conceptions of religion as manifested in practice. Directing our attention to the management of professional practices performed within faith-based institutions, we explore how the arguments and legitimization of practices in these particular sites convey the translations of religious traditions into values applied in practice.38

33 Ibid, 232.
3. Methodology

In light of the broad scope of research topics on FBHOs presented above, we chose two focal points for our study. That is, the above classifications for FBOs comprise two organizational characteristics: organizational self-presentation and the symbolic practices of executives. The first is primarily related to mission statements and self-descriptive texts such as strategy plans that elaborate the vision, values, and overall goals. These are observable and explicit ways in which religion is expressed through language, symbols, policy, and prescriptions for actions. Mission statements communicate the history and founding narrative, which in turn provide the organization with a sense of identity. In addition to the role of core values and their framing, we are particularly interested in how and to what extent the organizations employ religious semantics as well as religious phraseology and imagery.

Second, the symbolic practices of CEOs represent individual agency, the actions of the top management, and the organization itself. They serve as an indicator of religiosity demonstrated by the staff and management within FBHOs. Thus, we explore the portrayal of executives of their organization through values and religious imagery, using documentary sources and a triangulation approach to FBHOs. Our approach also considers institutional and behavioral manifestations of religion. Given the numerous methods available, we based our choice on the focus and scope of this study.

3.1 Research Setting

The objectives of this study called for the use of several data-gathering methods: document analyses, observations, and interviews. Observation studies mainly contributed to the knowledge about the content of institutional practices. In order to understand values as possible carriers of religion, we needed data that concerned the intentions of managers, professionals, and the purpose of the organizations. We therefore used a combination of methods including semi-structured observations, interviews, and analysis of both policy documents and previous case studies in three organizations. We analyzed and discussed the material obtained using all three methods.

We used case studies of three faith-based, diaconal institutions operating in the Norwegian healthcare sector. The criteria for inclusion were self-identification as FBHOs and a history of engagement in values-based processes. All three institutions defined themselves as diaconal institutions. Foundations owned the three case organizations, two hospitals and an epileptic care facility. Further, they all operated on contract with either state-owned health enterprises or local municipal agencies. Relying on government funding and public policies
are argued to be a cause of isomorphism in an institutional field, be it the promotion of secularization, professionalization, or marketization. Operating at the intersection of differing pressures, these diaconal organizations struggled to maintain or alter their religious identity.

The Deaconess Hospital was founded in 1868 on religious traditions and has for most of its history been affiliated with the Church of Norway. The organization originated as the first nursing school in Norway and based its hospital work on the religious practices of deaconesses influenced by values such as obedience, cleanliness, order, and punctuality. Today, the hospital is fully financed by the Regional Health Authority. In 2015, its strategy highlighted the organization’s work as being inspired by values such as quality and compassionate care.

The Diaconal Hospital was founded in 1890 in response to the booming and socially conscious laypeople’s movement within the Lutheran Church of Norway. The hospital was established to supplement the school for deacons, although it received little support from the church. As a result, the Diaconal Hospital sought funding from the surrounding municipalities by delivering health services on a contractual basis. It is presently financed by the Regional Health Authority.

In 1965, the Diaconal Epileptics Foundation was established by The Association of Deacons as an independent foundation. In its bylaws, the institution is defined as diaconal, aimed at enhancing the diaconal ministry of the Church of Norway. It operates on contract with either state-owned health enterprises or local municipal agencies. The foundation’s strategic plan for 2016–2017 continues to be oriented toward existing and evolving needs expressed in national health-policy documents. At the same time, its conscious value-orientation is underscored and closely framed within a faith-based mission.

3.2 Data Collection and Analysis

We gathered data for all three cases through semistructured observations. In the Diaconal Hospital and Diaconal Epileptics Foundation, we conducted interviews after our observations. Using this technique allowed the researchers to follow executives during their work hours and study their various activities. A behavior or action is deemed a “practice” when it is guided by intentions. However, merely observing practices as outsiders may render them difficult to interpret. Thus, the executives were encouraged to add comments, indicating the content and purpose of their activities. In the case of the Deaconess, we conducted interviews in select sites that aligned with our investigation on work, religion, and values.\(^{39}\) In addition, we covered issues such as the leaders’ per-

Table 1: Details of the three case organizations

<table>
<thead>
<tr>
<th>Name</th>
<th>The Deaconess Hospital</th>
<th>The Diaconal Hospital</th>
<th>Diaconal Epileptics Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of foundation</td>
<td>1868</td>
<td>1890</td>
<td>1965</td>
</tr>
<tr>
<td>Owner</td>
<td>Two independent diaconal foundations (since 1993)</td>
<td>A diaconal foundation</td>
<td>A diaconal foundation (since 1986)</td>
</tr>
<tr>
<td>Type of work</td>
<td>General hospital, internal medicine, psychiatry, and surgery with specializations in orthopedics</td>
<td>General hospital, psychiatry, acute surgery, national center for rheumatic diseases</td>
<td>Institution for epileptics, psychiatry, and long-term care</td>
</tr>
<tr>
<td>Employees (full-time/positions)</td>
<td>1,300/1,600</td>
<td>1,300/1,700</td>
<td>140/170</td>
</tr>
<tr>
<td>Catchment area</td>
<td>182,000 people</td>
<td>140,000 people</td>
<td>Contracts with regions and local municipalities</td>
</tr>
<tr>
<td>Budget (NOK)</td>
<td>1.8 billion NOK</td>
<td>1.7 billion NOK</td>
<td>110 million NOK</td>
</tr>
</tbody>
</table>

seasonal history, conception of their role and main responsibilities, relationships with the institution’s value-base, and patterns of interactions. We also referenced national welfare policy documents and institutional policy documents on strategy, identity, and values. In addition, we reviewed earlier research reports from first-hand studies conducted in institutions.40

Additionally, the observational data and transcribed interviews formed the empirical basis for our analysis. First, we performed a preliminary analysis by reading the documents, the written data from the observations, and the transcribed interviews, which was guided by a case-study approach.41 In the second phase, we thematically analyzed the appearance of values in the material and the involvement of various leaders in the formulation and concretization of values. The observational data were also analyzed and coded according to the choice of values in a given situation and how they were incorporated. Given that such interpretations are subject to judgment and uncertainty, we prioritized examples in which values were directly articulated.

Since this study focuses on organizational self-representations and symbolic practices, the researchers identified relevant material from their respective fieldwork using values and religion as orientation marks. To identify these phenomena, we referenced 10 hours of interviews, 5 full days of observations, and 37 pages of documents. We employed an analytical schema and noted four data categories: bylaw statements, strategic plan statements, CEOs’ operational statements, and values and value explication in policy documents. Table 2 presents the findings for each data category. Next, we mapped CEOs’ symbolic practices using Kemmis’ quadruple analysis of settings, sayings, doings, and relatings. The findings of this mapping are shown in Table 3. The relevant researcher identified the material in question for each FBHO, and all the three researchers participated in coding the entire material.

4. Findings

Our findings follow from the described analytical steps. Addressing the context of how values in FBHOs might translate religion, we present our findings as mechanisms of this process. We then describe these mechanisms as inherent in the organizations’ self-representations and symbolic practices of executives. In terms of self-representations, we draw attention to values as a way of informing practice. As for symbolic practices of executives, we describe the organizations’ use of values as vessels to inform and influence different institutional value practices.

4.1 Being Is Doing

Identity is a central issue in the FBHOs studied and is partly located in the history and affiliation with the Church of Norway. These organizations function in conditions where both being a professional and the business of healthcare operations are ridden with numerous struggles and demands.²⁴ Despite the plural institutional context, there is no ambiguity about the intended beneficiaries of these FBHOs. Religion is an integral part of their self-identification, identity, and purpose, and a continuation of religious traditions dates back to the founding era (Table 2).

All three institutions claim a diaconal identity, and the stated purpose in policy documents is to operate on an ideal and diaconal basis. What it means to be diaconal or faith based is articulated as serving and caring for others, particularly the marginalized. The Deaconess shows the maximum clarity: Their

Table 2: Overview of value articulation in bylaws, strategic plan statements, CEO’s operational statements, and explications of core values in policy documents

<table>
<thead>
<tr>
<th>Case organization</th>
<th>Bylaw statement</th>
<th>Strategic plan statements</th>
<th>CEO’s operational statements</th>
<th>Values explicated in policy documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Deaconess Hospital</td>
<td>The hospital operates on an ideal and diaconal basis, and the owners’ values are rooted in the word of God and in confessions of the Church of Norway</td>
<td>Diaconia is based on the care Jesus showed for the sick and neglected. The heritage of the founder, Maria Haven, (in alias), is committed to and inspired by the search for and helping of the marginalized, which is motivated from the parable of the Good Samaritan.</td>
<td>Employees should be loyal to the values, i.e., do “good deeds.” The diaconal foundation is expressed in actions. Everybody is expected to contribute to a life guided by the institution’s values. The values should permeate everything the hospitals employees do.</td>
<td><em>Compassion:</em> compassionate care means meeting patients, relatives, coworkers and affiliates with kindness, respect, service, and courtesy. <em>Quality:</em> quality is being professional skilled and creative in being pioneers and demonstrating interdisciplinary skills to provide good and equal treatment and care.</td>
</tr>
<tr>
<td>Case organization Ownership</td>
<td>Bylaw statement</td>
<td>Strategic plan statements</td>
<td>CEO's operational statements</td>
<td>Values explicated in policy documents</td>
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<tr>
<td>The Diaconal Hospital</td>
<td>The hospital is administered by bylaws set by the owner, the Norwegian Home of Deacons, and Norwegian health law and agreements made with regional healthcare authorities. The hospital has an ecclesial and diaconal identity.</td>
<td>Pioneers in care for human beings in distress. Vision: Renewers in service for our neighbors. Motto: Engaged for human beings 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.</td>
<td>The identity is based on 126 years of service (diaconia). Continue in the same spirit, challenge, do something outside the mainstream, and essentially serve the common good. The key objective of the hospital is to ensure a patient receives the best possible treatment.</td>
<td>Respect: understanding and respecting the complex needs of vulnerable patients and their kin and respecting as well their personal integrity and characteristics. Quality: the hospital’s services should be of high quality by ensuring commitment to professional competency and best practices. Service: cooperation among patients, relatives, and employees is seen as an opportunity to offer services, be available, and express compassion and care. Justice: the hospital safeguards the rights of patients and their relatives, represents vulnerable groups and strives for the proper and effective use of resources.</td>
</tr>
<tr>
<td>Case organization Ownership</td>
<td>Bylaw statement</td>
<td>Strategic plan statements</td>
<td>CEO’s operational statements</td>
<td>Values explicated in policy documents</td>
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<td>------------------------------</td>
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</tr>
<tr>
<td>Diaconal Epileptics Foundation</td>
<td>Enhance care for individuals suffering from epilepsy by the diaconal ministry of Church of Norway. Establish and maintain diaconal services such as treatment, long-term care, and habilitation.</td>
<td>Values and vision conform with the institution’s diaconal purpose of helping based on Christian charity. Holistic approach that allows for the exposure of religious, spiritual, and existential questions.</td>
<td>Personally imbued faith-motivation. Develop diaconal identity by enhancing values and understanding of practices based on institutional values. Challenge staff to be committed to continuing the diaconal ministry as love of neighbors.</td>
<td>Respect: respect is fundamental to encounters with people and individual's will and choice are the basis for mutual contact and cooperation. Safety: treatment and care should be characterized by professional quality and compassion; each patient and resident must be properly attended to and feel secure. Coping: each person must endeavor to utilize their resources; development should be encouraged, and patient’s quality of life must is of utmost importance. Joy: create a positive environment and contribute to good experiences; everyone must be given the opportunity to experience the joy of life.</td>
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</table>
Basic statement is that practices are inspired by Jesus’ care for the sick and neglected. The *Diaconal Epileptics Foundation* explicitly demands that the CEO be consecrated as a deacon to assume the executive position. This profoundly underscores the identity of both the institutions and thus their leadership. Further, since its establishment, the *Diaconal Hospital* has underlined its firm ecclesial and diaconal identity as an enduring trait, both in bylaws and in policy documents.

An interesting finding is the role of values in self-representation. Core values are chosen such that they not only cohere with religious traditions, but also relate to universal, Christian, and humanistic values. This is particularly evident in the *Diaconal Hospital* and the *Deaconess Hospital*, who promote compassion and service (Greek *diakonia*) as their core values. At the *Diaconal Epileptics Foundation*, the values are stated to be in conjunction with the organization’s diaconal ministry and framed with the intention to enhance Christian compassionate care. However, the explications of the values use far more general terms with few direct references to religious language. Moreover, they clearly resemble and comply with a set of values generally adopted in legislation and health-policy documents. At the same time, the case institutions frame values with introductory texts referring to the Church, diaconia, and the example of Jesus. Thus, although ambiguous, the diaconal tradition is safeguarded; simultaneously, the scene is set for ambiguity.

The CEOs are highly supportive of the role of values in organizational service production. The CEO of *Deaconess* claims that the organization is based more on values than faith. Enhancing values and the understanding of values-based practices seem to underlie all the work under the diaconal identity. Further, employees are not required to confess a Christian faith, yet expectations are clear regarding loyalty to the values. These are based on the overall principle of doing “good deeds.” The same emphasis is evident at the *Diaconal Epileptics Foundation*, where the CEO stated “(…) by understanding what these values should entail in practice … and having a leadership philosophy based on these values.” The *Diaconal Hospital*, for its part, has conducted workshops for its staff to emphasize its organizational culture and values. The focus on values is also evident in the organization’s managerial training. The hospital’s core values have been integrated at the system level as part of quality management.

Regarding organizational self-representation or *values-based being*, there is a clear normative reference to prescribing what people should do. While values provide a direction for such efforts, they do not contain detailed instructions. Thus, they enable a joint fellowship as well as individual agency and responsibility. The diaconal essence of *being* is said to be expressed in the actions of the professionals. For instance, the CEO of the *Deaconess* referred to a saint and his prescribed path: “Francis of Assisi says that life is about preaching the Gospel –
Every employee is expected to be loyal to the values and “contribute to living the values”: The CEO adds, “The values should permeate everything we do.” This clear expectation also seems to link the work at the hospital to continually developing the diaconal ministry in terms of loving one’s neighbor.

Our analysis shows that the religious aspects of values seems to be tied less to the cognitive or dogmatic dimensions of faith and more to the religious ethos of doing good. Diaconia, understood as lived religion, mirrors the efforts of institutions that are carriers of practices justified by religious ideals and a normative orientation toward the less fortunate. The same features are also observed in the other two institutions, albeit the two hospitals appear to be highly similar in this respect. Promoting values is considered a duty and hallmark for not only the chaplains and deacons but for all employees. Irrespective of cognitive reasoning or justifications at an individual level, every individual is expected to integrate organizational values with practice. The CEO of the Diaconal Hospital expected each employee to discover for themselves the significance of the values, thus allowing for a certain degree of flexibility. Nevertheless, our analysis of the data shows that the identification and practicing of these values is not to be compromised.

4.2 Values as Vessels for Lived Religion
Symbolic acts, narratives and interviews with the executives clearly elucidate the religious traditions and the Christian normative appeal of institutional practices. Table 3 provides an overview of symbolic practices of executives.
Table 3: Symbolic practices of executives; adapted from Kemmis

<table>
<thead>
<tr>
<th>Levels of symbolic practice</th>
<th>The Deaconess Hospital</th>
<th>The Diaconal Hospital</th>
<th>Diaconal Epileptics Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Setups/arrangements</strong></td>
<td>Seminars for the newly employed to introduce the value foundation of the institution and history of the founder, Maria Haven. Value letters for the newly employed. Initiation of value processes in different departments.</td>
<td>Seminars for the newly employed to introduce the value foundation of the institution and history of the founding members. Initiation of value processes and facilitation of arenas for value and mission discourse. Value codex for leaders in managerial training program.</td>
<td>Religious rituals: consecration of CEO as deacon. Performing religious services, devotions. Agenda-setting: initiation of value processes and facilitation of arenas for value and mission discourse. Establishing a values codex for leaders.</td>
</tr>
<tr>
<td><strong>Relatings</strong></td>
<td>Articulation of staff expectations to contribute to the enhancements of values, good deeds, and organizational agency.</td>
<td>Articulation of staff expectations to contribute to the enhancements of values, good deeds, and organizational agency.</td>
<td>Ensuring and expectations of staff participation.</td>
</tr>
</tbody>
</table>

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At the Diaconal Epileptics Foundation, the role of the director appears partly symbolic; a prerequisite for the job is that the director be a consecrated deacon. This entails an interceding ritual by the bishop, placing the role of the leader in a church context. The director also performs regular religious sermons on a voluntary basis, and the CEO actively participates in or gives speeches at weekly devotions. Thus, as suggested in Section 2, the institutions’ executives are involved in profiling values, which is particularly evident in organizational policy documents such as strategic plans, value platforms, and internal procedural guidelines. These documents frame and guide organizational practices through an ongoing and persistent focus, and by incorporating the organization's values and mission in the agenda. The Deaconess Hospital presents a special value letter to all new employees that includes narratives by the founder Maria Haven and from the parable of the “Good Samaritan.” The latter is also prominently displayed in the Diaconal Hospital: The building contains a number of images and sculptures referring to the Good Samaritan. In addition, the hospital takes pride in its magazine, which publishes accounts of its employees continuing diaconal work in the spirit of the Good Samaritan and offering quality somatic and psychiatric healthcare to those in need.

At the communicative level (sayings), the initiation and articulation of values in different settings contributes to their upholding and the framing of organizational practices. This is particularly evident in institutional documents such as annual reports, profiling documents, and strategic plans. In addition, plenary
sessions and introductory seminars for new employees refer prominently to the values. Through these efforts, the executives interact with their staff at a relational level (relatings), narrating and articulating expectations from them regarding the further enhancement of values through good deeds.

These efforts are also observed at a more practical level of “doing” management. At the Diaconal Epileptics Foundation, values “translate” into organizational guidelines. This practice is common in the employment process, wherein interviews or by articulation of codes of conduct for managers (leadership philosophy document) are based on the institution’s diaconal identity. The CEO of the Deaconess Hospital clarified that everybody must take up the task of “doing” values. During an induction, he expressed, “The values should permeate everything the hospital employees do.” The CEO of the Diaconal Hospital articulated that the values are for both patient treatment and intraorganizational relations. He further claimed that “everyone has values, but the important thing is what you do with them and what they do with us.” Values consciousness has allowed the hospital to frame concrete priorities. For example, each unit has a part-time position for its employees such as the diaconal nurse, who facilitates ethical reflection for the staff on a regular and voluntary basis. The objective is to promote and sustain reflections on values despite hectic workdays.

Another specific trait in the symbolic practices of executives lies in the initiatives for the marginalized. For example, the Diaconal Hospital initiated relieving the main city hospital by admitting a certain number of patients weekly. This way these patients are not left in the corridors because of a lack of rooms in the public university hospital. Several hospitals also offer patient treatment to refugees without official documents of identification or residence permits and are not economically compensated for this work. The arguments for such initiatives are articulated by the CEOs and grounded in the diaconal nature of the hospitals. Concern for the marginalized and going beyond the mainstream boundaries are expressions of this diaconal self-understanding and values.

5. Discussion

Drawing on a longitudinal study of three FBHOs, we explore if and how values in FBHOs translate religion into organizational self-representations and the symbolic practices of executives. The significance of our empirical findings lies not only in the recognition that religion in faith-based organizational work is a key managerial concern, but also in the extensive usage of values and values work. Accordingly, our study makes two main theoretical contributions, each with its own implications. First, values partially assume the role of faith as a
way of expressing the lived religion of faith-based organizations. Second, values as a practice institutionalize the religious foundation and heritage.

5.1 Values Express Lived Religion in Faith-Based Organizations

Faith-based institutions emerged as distinct religious organizations founded as an offspring of the booming and socially conscious laypeople’s movement within the North European Lutheran churches. For most of their history, our case institutions affiliated with the Lutheran state church. With expanding public welfare policies and professionalization dominating service production, labelling themselves as faith-based seemed relevant in the beginning. Undoubtedly, the policy documents in our case studies display an identity self-consciously derived from the Lutheran religious traditions. At the same time, faith has no direct function in the provision of services. There are no demands that professionals have or confess to a Christian faith; instead, there is a clear expectation that every employee contribute to the organizational values. Most faith-based organizations derive their values from a religious tradition. However, 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. Nevertheless, through selection and articulation, values are translated and framed to align with organizational history and religious traditions. In addition, religious services and expressions of faith are directed to accompany services rendered by hospital chaplaincy, diaconal nurses, and staff partaking in the provision of regular devotions.

Referring to the categorization by Sider and Unruh, we adopted the term FBHO as our analytical point of departure to explore the nature of the case organizations. We find that these faith-based organizations closely relate to the category of faith affiliation given the significant influence of the founding era; however, there is no demand toward the core professional staff to be of the faith. Despite the close association with faith affiliation, on the basis of our case studies we argue that Sider and Unruh’s categorization is incomplete and should include a sixth category: values-based organization framed by religious history, which describes organizations with a religious history which use values to influence their work and translate religion. We find that our case organizations fit the values-based category of organizations affiliated with a particular faith community and whose organizational self-representations and symbolic practices are defined by values influenced by religious traditions reflected in the organizations’ practices. Thus, we suggest that values are vessels or carriers of religion or a specific religious tradition. Unlike much of the literature on the

44 Sider/Unruh, “Typology of Religious Characteristics.”
sociology of religion, which bases its understanding of religion on cognitive aspects, we find an application of religion in practices.  

5.2 Values as Practices Maintaining the Institutionalization of Religious Traditions

Our empirical findings offer practical implications for organizations whose ethos is based on religion and specific religious practices. Focusing on how values should be lived and practiced, they connect with the practical faith of religious traditions. Aadland and Askeland\textsuperscript{46} understand values as intentional expressions of moral convictions, established and maintained in the dialectical interaction between individuals and their social collective. Woodhead highlights the conceptions of religion as, or manifested in, practices found in rituals and embodying related materials. As such, we particularly find that the CEOs of the diaconal organizations embody the organizations’ historical value foundation. This finding is closely related to that of Gehman and colleagues, who demonstrate values work in the conceptualization of performances situated in everyday practice and the search for practices that specifically orient people about right and wrong attitudes and behaviors.\textsuperscript{47} In their appearance, CEOs are temporally embedded in practices informed by the past, oriented toward the future as expressed through the desirable values, and exposed in the present, which is the work they are doing.

Our findings also suggest support for the “translation” approach in Scandinavian institutionalism. Contributors to this tradition propose that translation can take the form of editing, where ideas are coconstructed in ways changing the meaning and content of ideas circulating in a field.\textsuperscript{48} They suggest that ideas, when translated, can be reframed in terms of the supporting ideology of the recipient organization. Our findings suggest that religious commitment is transformed into values partly because of the collaboration with and regulations imposed by public agencies. Adapting to external pressure and maintaining coherence with historical identity is thus held together.\textsuperscript{49} Importantly, organizational history serves as a resource when framing values to align with the supporting ideology of the founding era.

In this informative role, values are closely related to their for-practice functions, through which organizations embody religion in their core activities on
a daily basis. Further, we consider such efforts as expressions of lived religion balancing the elements of spiritual nurturing and social activism. The CEO of the Deaconess in particular believes that values permeate practice. On the other hand, the role of values as framed by religious traditions can also be depicted as in-practice functions.\textsuperscript{50} Values carry meaning and thus relate the more altruistic sides of professional ethos with religious traditions. By focusing on values, the executives interpret institutional history and identity, thus framing purpose and direction. The occurrence of values in the organizations’ everyday life summarizes their lived religion\textsuperscript{51} and highlights a form of ethical spirituality.\textsuperscript{52}

In conclusion, the title of this study suggests that values are a vessel (\textit{skevos}), which in the New Testament Greek is considered a practical tool. However – and importantly – our study suggests that values are not a primary instrument of religion simply because it has been traditionally practiced in these institutions. The role of values is aligned more toward the definition of a vessel as something that contains or covers. Its particular function is to be recipient carriers, linking an organizational history rooted in religious traditions with emerging demands and mixed motivations. We show how values, though ambiguous in their very nature, are open to implementation in such a manner. Values may be utilized as vessels that carry dimensions of religion from the realm of diaconal identity into the mundane practices of healthcare workers. However, values can only translate limited aspects of religion. As our study shows, this is not the dimension of faith in a cognitive or dogmatic sense. Rather, this dimension is particularly characteristic of the Protestant tradition,\textsuperscript{53} which prompts us to question the uncritical assumption that values may sustain the diaconal inheritance for the future.\textsuperscript{54} In a homogeneous Christian culture, where these organizations originated, value practices emerged as expressions of faith. In today’s more secular society, the ambiguity of values places the responsibility of the “right” interpretation on the public. Values are found in the eye of the beholder. If values are connected and framed in relation to the Christian tradition, they serve as stepping-stones or even a bridge between the sacred and secular. If this articulation becomes too tacit, values will not necessarily serve as vessels of religion but will mirror the accepted commonalities of the society in which the organization is located. Such efforts are performed to both uphold the

\textsuperscript{50} Askeland/Aadland, Hva er verdier,” 44–45.
\textsuperscript{51} Ammerman, N. T., “Finding Religion.”
link to the religious traditions and to gain legitimacy and support from the environment and stakeholders. Managers lie at the center of these translating and reframing processes and must therefore adapt to the environment while retaining institutional identity.\footnote{Christensen/Molin, "Origin and Transformation"; Selznick, P. (1957), Leadership in Administration: A Sociological Interpretation, Evanston, IL: Row Peterson.}

However, the number of cases studied is limited, and thus we suggest further investigations into values-based ethical conduct of all professionals in faith-based institutions and loyalty toward such institutional ethos.

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