From God to good? Faith-base institutions in the secular society

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The concept of moral *values* is gaining influence in contemporary faith-based institutions in secular societies, in part replacing yesterday's religious devotion. The engagement in values expresses a moral, secularized search for meaning in life. Still, the concern for values within Christian organizations is flavored by the context of religion. Thus, work place discussions on values include ethical reflexivity as well as 'unchurched spiritualities'. An action research project is presented, demonstrating this shift in institutional orientation. The project was carried out in a diaconal general hospital in Oslo, Norway over a period of three years. The project addressed and enhanced general ethical sensitivity and the development of awareness of values-in-use throughout leadership and staff. In conclusion, it is argued that 'critical value reflection' may be a viable strategy for faith-based institutional practice, combining religious foundational goals with ideals of welfare in the secular society.

Keywords: Faith-based institution, Values, Secularization, Action research, Ethical reflexivity

Introduction

Faith-based institutions of Western societies are challenged by the influences of secularization and pluralization, as well as by the apparent shift from organized religiosity to open spirituality. 'In Western Europe significant changes have also taken place in the last decades. It may be argued that ... the secularization of society has led to a certain secularization of diaconal institutions and diaconal work' (Lutheran World Federation 2009, p.18). The organizational identity of faith-based institutions is grounded in Christian faith and discernment. However, the implications of anchoring in faith developed in different everyday practices through changing historical contexts. Today, the practice of faith-based organizations of the West is challenged by two recent tendencies. Firstly, the secularized ideology and the integration of all welfare services into the governance of the modern state

permeate the inner and outer context. Secondly, individualized and diverse spiritualities of the pluralistic society elicit culturally equivocal organizations. Correspondingly, a growing tendency to devitalize the direct application of Christian dogmas and personal faith in daily practices is apparent. Instead, a recent focus on moral values establishes new platforms for recruitment, motivation, and the design of practices in the faith-based workplace.

In order to study the empirical facets of this development, a project was designed and carried out in a diaconal hospital in Oslo, Norway. The project was cast according to a participatory action research approach, characterized by creating changes through dialogue and engagement of local expertise. In action research, the investigator becomes part of the arena being studied with an explicit concern for findings that can be applied in the organization. Accordingly, the goal of the project was to explore, in collaboration with the institution, *how to sustain institutional identity in a faith-based institution within a secular and pluralistic society*. The project was intended to engage and challenge the participants' world view and regular practices in order to enhance reflections on institutional hows, whys and whens. Thus, the project had a clear emancipatory goal of 'intervening in the cultural, social and historical processes of everyday life to reconstruct not only the practice and the practitioner but also the practice setting' (Kemmis 2006). The project took place within contextual frames of the Norwegian contemporary welfare state and the institution's historic tradition of being a diaconal hospital. This article is written through the joint effort of the responsible leader of the action research project (first writer) and the CEO of the hospital (second writer).

Context: the secular society

Norway is a prime representative of the secular Scandinavian welfare states. To a great extent, reason and tolerance have replaced worship and religious commitment as core societal values. The society is increasingly multicultural and multireligious. This is paralleled by a sharp decline in the support of organized religious activities. Private Christian welfare organizations seem to adjust to pluralism and secularization by incorporating values like tolerance and neutrality into their institutional practices, gradually replacing Christian mission-statements and focus on religious symbols. Obviously, this development creates tension, and our discussion focuses on how this tension is conceived and encountered in the case of Diakonhjemmet Hospital. Hypothetically, an organization might react in one of three ways: (1) A defensive support of yesterday's practice of securing the identity through recruitment

and maintenance of religiously devoted staff, (2) a total submission to the values and policies of the secular welfare state, subduing the religious profile of institutional practice, or (3) the exploration of novel strategies, which would entail both a sincere reverence for the faith-based organizational identity and an experimentation with new practices to comply with contextual changes. The action research project represented efforts to explore the latter category.

Scandinavia is considered to be the most secularized part of the world. This is supported by the fact that Norway, Denmark, and Sweden have the lowest organized religious activity attendance in the world. In Norway, only 5% of the population attends church on a weekly basis. There has also been a steady decline in the number of people expressing belief in God, falling from 84% in 1947 to 65% in 1995. The percentage of those believing in life after death decreased in the same period from 71% to 43% (Norris & Inglehart 2004). Paradoxically, Norway still has a state church, and the Constitution states that Christianity remains the official religion.

Thus, secularization as a phenomenon in Norway has led to lower church attendance, a reduction in the number of those professing to a belief in God and the significance of religion, and fewer believers in the concepts of heaven, hell, life after death, and the belief that man has a soul (World Values Survey/European Values Survey 1981 – 2001; Norris and Inglehart 2004). However, another interesting finding points to the increase in the number of people who 'often think of the meaning and purpose of life'. In Norway, the percentage rose from 24% in 1981 to 32% in 1995, while in Sweden the increase was from 20% in 1981 to 37% in 2001. This tendency may be interpreted as an expression of the fact that secularization means a reduction in organized religion, while privatized and individualized spirituality proliferates. Norris & Inglehart claim that material, political, and social uncertainty corresponds with high attendance in established religion, while safety in postindustrial societies leads to lower attendance in established religion and an increase in individualized and privatized religiosity (2004, p.75).

This poses a paradox. Diaconal institutions were originally established in order to increase social security and health services for people in need. This was done as a response to a faith-based vocation within the context of the church, referring to the example of the Good Samaritan. Now, having experienced the post-war establishment of welfare and security in the Norwegian society, the diaconal institutions seem to have contributed to the development of a

society that threatens organized religiosity. Instead, individualistic and anti-dogmatic spirituality, combined with a general interest in ethics and values, seems to thrive (Cox 2009).

Jose Casanova distinguishes between three expressions of secularization. Firstly, secularization contains the development of a clear division between the secular realm and religious institutions and norms. Secondly, it implies a decline in religious beliefs and practices. Thirdly, secularization means the marginalization of religion in the private realm (Casanova 1994, p.211). A key question to the latter thesis is whether people have become less religious, or if religiosity has taken on new forms of expression within private life. In the latter case, traditional religious activity has declined in modern postindustrial societies and has given way to new forms of religiosity which have not been made explicit by the value surveys.

In his seminal book, *The Secular City* from 1965, Harvey Cox presents a positive viewpoint on secularization. His approach is akin to reflections made by Dietrich Bonhoeffer during his imprisonment during WWII:

> The thesis of *The Secular City* was that God is first the Lord of history and only then the Head of the Church. This means that God can be just as present in the secular as in the religious realms of life, and we unduly cramp the divine presence by confining it to some specially delineated spiritual or ecclesial sector (Cox 1990, p. 1026)

In the 16th century, Martin Luther rebelled against the influence of the Catholic Church and its presence in most realms of public and private life. He wished to distinguish the influence of the church in the domain of salvation. He claimed that state and civil matters were inaugurated by God, but that within the civil regime secular authorities reigned without any need for church authorization. Bonhoeffer, and consecutively Cox, are thus within a distinct Lutheran tradition, accepting and even welcoming the secularization process. Instead of fighting against it, they clear the ground for a modern acceptance of God’s presence in the world.

Steve Bruce (1996) claims that the main sources of the secularization process lie within the Reformation. In the Reformation, the offspring of the core concepts of secularization were grounded in individualism and rationality.

> Individualism threatened the communal basis of religious belief and behavior, while rationality removed many of the purposes of religion and rendered many of its beliefs implausible (Bruce 1996, p.230).

In concordance with Peter Berger (1980), he states that:

> The individualism inherent in the Reformation produced a series of changes which culminated in our present religious culture: a culture in which, as Peter Berger put it, individuals create their God rather than the other way round (Bruce 1998, p.33).

In contemporary Norway, the core arguments for the welfare model are basically secular. In concurrence with UN declarations of human dignity and human rights, every individual is granted the right to education, health, and social/economic support. Simultaneously, the faith-based institutions are more or less integrated parts of the encompassing state welfare program, receiving funding and being subject to official rules, regulations, and expectations. Consequentially, this has led to converging practices between governmental and diaconal institutions. Just as the progress of rational science at times challenged theology with the question of 'God in the holes' of science, faith-based institutions of the secular society are summoned to account for their claim of 'specialty'. The document 'Diaconia in context' issued by the Lutheran World Federation addresses this challenge of Western diaconal institutions:

> As non-profit organizations, they are neither public nor private in the sense that they are not commercial; they often resist the demand of being cost effective, especially if this is at the cost of basic values and the quality of care. How does the distinct ideological identity of diaconia respond to these different challenges? Does diaconal work provide added values and specific competence? Is there a risk that political and financial pressures can empty diaconal action of its identity? (Lutheran World Federation 2009, pp.18-19).

The secularization of the Norwegian society has developed along side the introduction of modern pluralism. While established organized religion decreases, other faith communities are increasing concurrently. More than 17% of the population of Oslo are members of communities of faith outside the Norwegian state church. In addition, almost every fourth

citizen has immigrant affiliation. Welfare programs are based on the Human Rights values of equality, justice and human dignity, substituting the value of charity of earlier ages.

Thus, Christian welfare institutions are challenged to comprehend their contemporary secular environment and the citizens' pluralistic cultures and values. On the one hand, governmental policies aim to accept organizational differences and welcome a variety of profiles. However, on the other hand, institutions are faced with a multitude of standardized rules, regulations, and requirements, limiting organizational freedom. For example, it is required that all services should be performed by professionals according to public standards, and governmental instructions regulate which services should be offered. Further, inquiring about personal religious beliefs in employment interviews is prohibited, and a general skepticism towards proclamations of religious convictions towards patients is apparent.

Serving two masters?

Diaconal institutions, established in the latter half of the 18th century, were pioneers in the development of social and health care dimensions of the welfare state. The welfare institutions of today were not developed based on the social democratic idea of solidarity, but rather originated from religiously founded institutional practices of earlier times.

> The welfare states are not really products of the social democracy, but are secularized forthcomings of the responsibility- and care models of Nordic Lutheran congregations (Thorsen 2008).

Post-war development of the Norwegian welfare state accelerated and resulted in a broad effort aiming to guarantee the citizens' basic needs for security. Welfare institutions were founded on the principle of non- discrimination. The values of neutrality and tolerance were prevalent in all types of official services. Diaconal institutions, being included as part of the public services, were thus subject to a certain pressure encompassing the new ideals. Special attention was given to the question of faith oriented practices, that is, preaching within the services. Since the activities, being funded by the government, were regarded as services to all groups of the population, the institutional activities were expected to avoid any expression that might be experienced as offensive to non-believers or believers from other faith communities.

Diaconal institutions have the same organizational rationale grounded in the Christian faith today as they did in earlier times. Their expressed identity is that of 'being practitioners

of the diaconal mission given by the Christian Church'. Parallel to this, they deliver their services based on contracts with the state authorities, that are financed through a universal health coverage system. Thus, the institutional challenge is to 'serve two masters'; a difficult balancing act.

Institutional diaconia

The modern diaconal movement started in the 1830s in Germany as a response to the Gospel's call for good deeds addressing the needs of others. The early initiatives soon led to the establishment of countless diaconal institutions across Europe and in other continents. Starting with homes for released female prisoners and orphanages, the movement soon realized the need for training professional nurses and teachers, and extended their engagement to operating hospitals and social services in cooperation with the church and state. Diaconal institutions were inspired by pietism, focusing on individual vocation and personal relationships. Today, there are some 30.000 diaconal institutions in Germany. In Norway, 9% of the total amount of welfare institutional services was operated by diaconal institutions in 1997.

Throughout the history of the diaconal movement, a discussion of the balance between evangelism and diaconal work has been prevalent. Diaconal deeds were often conceived as expressions of faith, with a strategic goal of propagating the Gospel. Today, it is widely accepted that both proclamation of faith and diaconia are expressions of the Gospel in their own right, and that deeds are silent witnesses of inherent beliefs and values. This means that diaconal action may fulfill its task rightfully, without accompanying words and creeds.

> The biblical view on human dignity is not respected if diaconal action is used as an opportunity to propagate moral or religious teaching, especially if this happens in situations where people are extra vulnerable and depend on help from others (Lutheran World Federation 2009, p.30).

Method

Study hospital: Diakonhjemmet

At the end of the 19th century, the city of Oslo was characterized by poverty and distress. Industrialization, urbanization, and an increase in population brought about a renewal of the old social class divisions and worsened the situation for marginalized groups. At that time, public welfare and health care services were poorly developed. Diakonhjemmet hospital was founded in 1890 to provide care to under-privileged elderly men. Later, services were extended to include people with psychiatric problems. Over the course of the century, the hospital has developed into a middle-sized urban hospital. Today, the hospital serves a catchment area of approximately 130.000 people, providing treatment services in internal medicine, general surgery, psychiatry, geriatrics, and the specialized fields of rheumatology and rheuma surgery. In addition to inpatient treatment, the hospital offers a number of outpatient services.

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. The hospital is founded on the diaconal ideals of 'Christian charity in practice', and makes every effort to meet its diaconal goals, primarily by ensuring that all professional services are of the high quality.

Action research

Our challenge was to explore ways of sustaining organizational identity in a context of change. From the onset, the hospital leadership was less interested in quantitative and/or qualitative research reports of the status quo of the hospital. Rather, the hospital leadership was quite alert to the need for reflection and reaction to contemporary changes. Thus, the nature of the project goal, combined with the declared will of the hospital leadership to participate in a developmental process, made the choice of classical research methods inappropriate. Instead, the project developed over time through interactions between the researcher and participants. The method used to develop, implement, and study the intervention falls within a participatory action research approach (Cope 1981; Bryman 1989; Eden & Huxham 1996; Øvretveit 1998; Kemmis & McTaggart 2000). Our specific project intention was neither to test a hypothesis as to the state of things, nor to give qualitative descriptions of the organization's view of life and practice, but rather to enhance a participatory process of internal self-reflection on values, practices and change within the

institution. ‘Participatory action research is a braided process of exploration, reflection, and action’ (McIntyre 2008, p.5).

Action research covers a range of approaches to research. As the pioneer of action research, Kurt Lewin’s original idea was to bring experiments out of the laboratory and into the field, in order to feed results back to adjust theory (Lewin et.al. 1939; Gustavsen 2006). Today, theory and practice are understood to be complex entities, showing interdependence and mutual influence. Thus, contemporary action research covers the scope from single individuals reflecting on their professional work, to groups of people convening to reflect and create positive changes, and to societal reflections on paradigms and values underpinning cultural practices. The methodology is posited as post-positivist, seeking new epistemologies of practice in synergy with qualitative methods.

> In action research the distinction between researchers and subjects may become quite blurred in the course of what is usually a lengthy, collaborative relationship .... As action research is research *with*, rather than research *on* practitioners, who in many instances become co-researchers themselves, in effect action research bypasses the traditional, constructed separation between research and application (Reason & Bradbury 2006, p.8).

Perspectives from the critical theory of Jürgen Habermas (Habermas 1984, 1996; Kemmis 2006) were influential in our specific choice of action research design. Accordingly, the chosen action research method ascribes the initial formation of a communicative space, setting the goals of mutual understanding and unforced consensus about what to do. An important aspect of this approach is a critical and emancipatory goal of the process, allowing for critical reflection on regular practices. This may be called communicative action – mutual discussions on what could be done to change organizational practice eventually leads to changes.

Thus, the action research program within Diakonhjemmet Hospital focused on how to reformulate the distinctive identity of the institution, while simultaneously raising awareness among hospital staff on the values-in-practice that permeates everyday activities.

Situating the research project

Diakonhjemmet hospital has focused on different approaches in order to define and enhance core values in practice through the last decade. The direct inspiration for this endeavor stems

from the CEO's visit to St. Joseph Health System, Anaheim, CA in 2002. This umbrella organization of faith-based hospitals – to a large extent sharing an organizational model and ideology with Diakonhjemmet Hospital – exemplified the goal of developing and implementing core values in their practices.

Diakonhjemmet's strategic choice of 'value based practice' as the institutional program would scarcely have been made without the parallel interest in the effects of values in organizational practice within Western societies at large (Argyris and Schön 1978; Schein 1985; Meglino and Ravlin 1998; Gilliland et al. 2003; Aadland 2010). The evident widespread practice of declaring organizational core values may be regarded as a wish to influence the discourse on organizational identity. Hence, to a great extent, value based leadership is applied both in the private sector and in governmental organizations, but in a number of different ways (Aadland et al. 2006). 'Value' is a contested concept and is discussed in its theoretical and empirical sense. One discussion focuses on the question as to whether values are general expressions of priorities, or if they are strictly moral concepts. Another area of interest is how value relates to attitudes and norms. Whether 'value' denotes preferred ideals or covers preconceived priorities expressed through action, is a relevant discussion in organizational theory. Lastly, how 'value' relates to concepts of 'intention' and 'interpretation' is a question of equal importance for all those who wish to influence behavior. However, the lack of clarity of the term 'value' has not in any way hindered the considerable interest in utilizing this concept as an important cornerstone for organizational development.

Prior to the introduction of the action research project, the hospital had invested considerable effort in clarifying its own professed organizational values. Through examining the current value profile by means of a search conference, internal hearings in the hospital, and consultation with professional health ethicists, the hospital published a manual entitled 'Frequently Asked Questions About Diaconia and Being an Employee at Diakonhjemmet Hospital'. The hospital's core values, as presented in the manual, include the Christian concept of 'Love Thy neighbour', incorporating the four basic values of Dignity, Excellence, Service and Justice.

The hospital's choice to work with values as a key to organizational strategy and identity clarification can be understood to be within the general trend of contemporary organizational efforts. Identity discussions from preceding decades focused mainly on the questions of 'What is diaconia?' and 'What are the significant characteristics of being a

diaconal institution?', leaving the organization rather exhausted and confused. The new value engagement after the turn of the century seemed both refreshing and timely, and it was received with positive expectations.

Through the efforts of clarifying the hospital values, there was a growing awareness among employees that the professed official values did not have the expected impact on practice. Actions were not changed or morally refined in notable ways through extensive value clarification discourse, and the awareness of the core values remained low despite all efforts at raising value consciousness. An emerging insight from these reflections was that awareness of values-in-practice was far more crucial to the quality of practice than espoused core values. The values expressed through behavior are the ones experienced by patients and their families. Thus, the ultimate expression of the hospital's values at 'the moment of truth', are those that are expressed in practice through verbal, professional, and relational behavior. Having arrived at this conclusion, the hospital leadership initiated the next step in the hospital's work with values – a direct invitation to initiate an action research process with focus on values-in-practice.

Hence, a further exploration of how values were conceptualized by hospital staff, how values were related to organizational practices, and how this awareness (forwarded by mutual self-reflection) influenced identity formation within the hospital, became rather obvious areas of interest in the designing of the action research project.

Designing the research project

The main emerging challenge was defined in collaboration between the researcher and top hospital leadership. An important issue was to create a communicative space, and to secure implementation of unforced reflections throughout the hospital as to how values are expressed through established patterns of action, routine practices, and hospital procedures.

The action research project was based on the following key assumptions:

a. Employee participation: The staff represents an integration of personal and organizational values. Hence, any organizational value project requires the active engagement of the employees.

b. Value reflection: Values are interwoven in structural organizational frames, in power distribution, in routine action, and in aesthetics, as well as in individual human action.

Furthermore, values are expressed both through core value declarations and through actions.

c. An action oriented study of values demands a bottom-up perspective. Leaders and employees were challenged to explore their own patterns of action, lending the choice of empirical fields of investigation to the participants.

d. Key role of values: The communicated value message to patients and relatives determines the quality of the services. Making a difference in the patterns of action to the receivers of services demands collective reflection among staff.

e. Values are thus products of 'sensemaking' processes. When employees reflect upon their empirical practices, mutual consent emerges as to the significance and insignificance of actual values. Thus, the establishment of meaning through 'sensemaking', emerging in the form of values, will inevitably lead to further reflections on necessary changes and improvements of the practice (Weick 1995).

Project process and findings

The project evolved through three stages over time, progressively increasing the number of participants and number of sub-projects. The flow of reflection processes, and the consecutive adjustments and changes of insights and practices constituted the 'results', or the 'findings' of the project. Hence, reporting data from each sub-project was regarded as an intermediary phase.

Stage 1: A pilot project engaging 20 volunteer participants representing a cross section of the hospital was initiated. This initial project activated 12 different empirical observation studies on values in clinical wards. The problem statements of the 12 observation studies were formulated by the participants through group discussions, and each study was carried out in a ward other than the observer's own. The participants received brief training in observation methods. The findings were discussed in the project group, and conveyed through a one day session that was open to a larger audience of about 60 hospital employees and leaders. The project participants demonstrated creativity in selecting value practices to observe, in interpreting inherent meanings, and in choosing different formats of communicating their reflections to the wider audience. Some of the presented reflections on value practices of the pilot project focused on:

- ‘Why are the atmosphere and the aesthetics of the psychiatric ward far more relaxed and soothing than in the medical ward?’ (Demonstrated with pictures from daily activities in the actual wards).
- ‘How far do the pronounced values of the ward leader influence the organizational culture of the ward?’ (Presentation based on qualitative interview data with leader and focus group of staff). Finding: The leader’s values of openness and tolerance were not directly conveyed to the staff: Nevertheless, the staff identified an ‘improvement in openness and breathing space through the last couple of years’.
- ‘Humor lightens up our meetings, but why is our meeting culture so lousy?’ (Illustrated by a role play of a disorderly meeting, creating laughter of recognition from the audience)

Stage II: The overall purpose of Stage II of the project was to decipher values displayed in daily practices all through the hospital and, consequently, to reflect upon the general value configurations of the hospital’s practices. Due to the engagement and promising discussions enhanced by the pilot project, top management decided to involve all departments of the hospital in order to develop local value projects within all units, assigning the responsibility of implementation to all leaders. The format was inspired by the pilot project, giving freedom of type, content, and methods of independent mini-research projects throughout the hospital. At this stage the project would include all of the hospital staff; about 120 people on different management levels, as well as about 1200 employees. Furthermore, in order to include everyone involved in the hospital, attempts were made to involve users of the services as participants in the project. The development of Stage II utilized accumulated insights and experiences from Stage I. The choice of expanding the project to all hospital staff was perceived by the top leadership to be daring and risky, but turned out to be embraced by employees in general as a stimulating challenge.

Stage II of the project was performed over a period of four months, including three full day work conferences for leaders, and concluding with a collective session displaying the results through a number of varied presentations (including role play, video cuts, power-point presentations of patient/client satisfaction surveys). At the outset, the action research ‘choreographer’ presented samples of mini-projects to convey the scope and idea of the main project, leaving the participants free to pursue their own research interests. Fourteen days later, the themes of the chosen research projects were presented by ward leaders in another

collective session, and discussions were held regarding the relevance, size and degree of involvement by staff and patients. An important aspect of the formulation of sub-projects at this stage was the display of creativity and playfulness, which in essence indicated qualities of engagement and sincerity.

Findings from 10 of the sub-projects were presented in a final session attended by 120 leaders, and another 8 projects were described through written documentation. The 18 projects varied substantially in terms of problem focus, choice of methods, form of presentation and value focus. Significantly, none of the chosen projects specifically focused on religious issues. However, the diaconal overriding identity of the hospital was, by many participants, perceived as the purpose for the research project, as this was expressed in several comments throughout the sessions. Sub-project findings were presented as results of the following themes:

- How do patients' relatives experience their first encounter with the hospital? (Qualitative interviews)
- Survey of patient satisfaction (Questionnaire)
- Ethical considerations on chosen cases (Observation, reflection)
- Do patients have to wait excessively long? (Survey, interviews)
- Aesthetics and ethics in everyday work (Survey)
- Respecting each other's time (Video)
- Autonomy vs. force (Questionnaire to colleges)
- Disruptions in everyday practice (Video case)
- Receptionist's handling of new patients (Observation)
- A case of patient's complaint (Case description and interpretation)

Each presentation was followed by collective reflection on institutional values-in-practice, adding to the experienced value of the sub-projects.

Stage III: Evaluation. Stage I and Stage II were evaluated in a follow-up study two years later. Two external researchers employed a qualitative research design in order to describe the

process, experiences, and effects, using focus group interviews, key participant interviews, and questionnaires. The evaluation was intended to clarify the 'value' of the value interventions in Stages I and II. Further, the aim of the evaluation was to distill ideas for future strategies of enhancing value reflection in the hospital. The purpose of engaging external researchers was to ensure greater reliability of the data collected. The participants of the project affirmed in different ways the usefulness of working with values in the explorative manner of the project (Eide and Eide 2008).

The evaluation report was presented to the participating leadership staff in a collective session allowing for further comments and suggestions for future actions. As an example of the acquired critical reflective 'skill' of the audience, one of the participating groups launched a critical comment to the top leadership on the newly issued strategic plan for the hospital: 'You do not demonstrate the primacy of institutional values by placing them in a final chapter with no direct relevance for institutional priorities. This is not in accordance with the presented primary focus on values'.

The evaluation study concluded that the action research project had increased the attentiveness of leaders and employees in terms of the importance of values as key concepts in communication. The term 'values-in-practice' was increasingly applied in internal communication. Notably, the project had led to an awareness of how values were conveyed in both positive and negative ways in the interactions within the organization, as well as through communication with the public. The sensemaking approach of the action research project raised awareness as to how values are shaped and communicated as a 'pendent' to action. This important insight might expand the internal faith-based hospital discourse to include terms and topics from a secular pluralistic context as meaningful and relevant, whereas these formerly would have been excluded as irrelevant to the hospital's Christian identity.

Working with values in a diaconal context

The processes of the longitudinal action research project may lead to the following five reflections on the discourse of identity in faith-based institutions within a secular society:

1. The relevance of the efforts of working with values to the institution's professed religious identity.

The top leadership's initiative of introducing the values discourse to the hospital was clearly rooted in a conviction that this would enhance a reflection on institutional identity. In the

secularized and professionalized culture of the institution, discussions on specific religious subjects had been increasingly alienated and met with suspicion during the recent years. However, an underground discussion surfaced from time to time, raising the question of whether Christian employees were more valuable (A-class) to the institution than non-believers (B-class). This phenomenon indicated that a discourse of religiosity was alive within the organizational culture, but subdued as illegitimate by the dominating staff body. In the complex secular – and increasingly pluralistic – Norwegian society, the hospital is dually challenged to function according to its faith based ideology and to function as a sincere keeper of the welfare state's services to its citizens. The institution, with its multicultural staff, may be described as a pluralistic microcosm containing employees from a wide variety of cultures and with personal affiliations ranging from an array of different faith communities to atheists and agnostics. This makes 'religious talk' rather awkward, and presents the institution with the challenge of having lost its former language.

The initial establishment of core values was explicitly anchored in the Gospel as a salient expressions of the 'Love thy neighbor' from the parable of the Good Samaritan. This formed the core identity of the institution. These values were expected to designate concrete ideals of diaconal behavior, and furthermore, serve as formulations of moral ideals of human conduct in general. In this manner, the focus on values was expected to communicate a sincere will to keep and refresh the institution's Christian identity, and to simultaneously engage and focus the attention of the wider community of employees in their work. The action research project was initiated as a tool for further developing the different aspects of the values engagement, thus recognizing the need for employee engagement and a close focus on the practical implications of a sincere value discourse.

2. Institutional and ideological contexts as determinants of the balance between the religious and secular nature of values.

Any value based organizational commitment is embedded within distinct social, historical, and ideological contexts. The contexts influence the specific choice of values, as well as the interpretation of what is corresponding valuable behavior. As values denote distinctions of worth, the local value discourses will inevitably raise questions of priorities, virtues, vices and ethics, circumscribed by contextual factors. Consequences to faith-based institutions are the recognition of the role of values integrated in Christian roots and reasons, as well as of the influences from contemporary societal value developments.

The value reflections performed within the action research project were void of traditional religious aspects. However, there is reason to believe that the encompassing contextual anchoring of the project as an effort by a faith-based hospital to redefine and enhance its' practices was conveyed to and comprehended by the participants. The historical Christian context of the hospital colored the values discourse of the actual project in a semi-religious way.

The solemn and sincere approach which characterized the engagement in the value reflections of the project, displayed a ceremonial attitude that was formerly specific to religious activity. An expression of this was conveyed by one of the participants in the action research project as she approached the first session: 'Do I have to be a Christian to participate in this value project?' The question revealed an insecurity regarding whether a value project at a Christian institution was, in effect something religious, like a ritual or a ceremony, or if it was equally relevant for all employees. The person did not call herself 'Christian', but she was sincerely interested in the discussion of how values-in-practice were expressed in her own life and in institutional practice.

On the other hand, the secular influence of Norwegian society legitimated the value discourse as a moral endeavor. Hospital professionals on the staff are all trained in ethical reflections, guided by ethical principles, and moral discussions are increasingly legitimized within modern organizations at large, and especially within welfare institutions. Thus, introducing a values-in-practice project faced no risk of rejection from the staff at large. The secularized Norwegian society promotes increased privatization and religious individualization. Paul Heelas describes this tendency of deflating the differences between the religious and the secular as 'dedifferentiation'.

> In measure, the religious has become less obviously religious, the secular less obviously secular. This can be considered, for example, in connection with expressive individualism. An estimated 10 per cent or more of Western populations now speak the language of 'authenticity', of 'being true to oneself': and this is to operate in some sort of indeterminate zone, the language being humanistic, the ontology smacking of the Immanent (Heelas1998, p.3).

Thus, the merging of the religious and the ethical dimensions may be an important trait of the institutional context. The increasing focus on the 'meaning and purpose of life' (see above) is

a striking phenomenon of contemporary secular culture, and the answers are sought within open spiritualities without creeds, as well as in ethics of authenticity (Taylor 1991).

The action research project revealed a dual legitimizing of the value-in-practice endeavor. On the one hand, the values engagement was conceived as either a clear expression of the Christian identity of the hospital, or as an expression of a 'semi-religious' sincerity. On the other hand, the values discussions were welcomed as salient expressions of a general ethical concern for high quality, as legitimized from the wider secular context. In this respect, values functioned as within a 'semi-secular' search for meaning in life and work.

An observation study of management attitudes in the diaconal institution of Stiftelsen Kirkens Bymisjon (City Mission) in Oslo concluded that leaders focused rarely on religious issues, but were very attentive to interpretations of institutional values (Aas 2009). In this institution, the former focus on classical religious rituals was replaced by the introduction and establishment of new rituals such as lighting candles as a symbol of hope. By some leaders, willingness to participate in candle lighting was considered criteria for employment in their respective sections. This ritual coincides with the fairly recent ritual of lighting candles in Norwegian graveyards on Christmas and at All Saints Day. Lighting candles was practiced by the public as a spontaneous private ceremony after the death of former King Olav V., and similarly after Princess Diana's death in England. Candle lighting is an interesting new phenomenon that incorporates spiritual dimensions, while continuing to be disentangled from traditional religious practice. The focus on values as a substitute for former focus on dogmas, and the creation of open rituals substituting former religious rituals, are developmental indicators of the semi-secular and semi-religious role of values.

3. The inherent challenges from the rise of open spirituality and the decline of organized religion.

The dogmatic call for confessions of faith as an institutional organizing 'tool' is long gone. The new spiritualities are void of classical concepts such as 'God', 'divine grace', 'salvation', and 'justification by faith'. These are replaced by individual orientations towards something supra-individual, towards individual values, and towards experience of unity of peace and love. In modern pluralism, it is argued that the pale value of 'tolerance' (or 'respect') is the only remaining overarching value (Berger and Luckmann 1995). This development increasingly challenges faith-based institutions. The external need to communicate adequately

with governmental agencies and the public, and the internal challenge of pluralism, accelerates the threat of entering an identity crisis.

Another inherent danger is the temptation to concentrate exclusively on keeping the budget and on answering the demands of the health authorities as contractor. This will inevitably turn the institutions into replicas of other welfare institutions, with dissolution of the attachment to faith and church as a natural consequence. Accordingly, several former faith-based institutions in Norway have 'sold out' to the state during the last decades. Unless faith-based institutions develop new discourses, expressing and practicing their identity and their strategic mission, they will inevitably fall prey to the same fate.

4. The effects of the inherent pluralism: increased responsibility of owners and leaders to communicate and enhance institutional identity.

The rise of professionalism and the fall of Christian vocation as a recruiting factor have left the faith-based institutions with internal pluralistic variety. In order to sustain the institutional identity, the responsibility is left with owners and leaders to a far greater degree than before. The fact that the debate on effects of secularization on institutional identity is left largely unattended, leaves leaders of faith-based institutions in a void. Further research should explore efforts and actions to rehearse different strategies to encounter these urgent challenges.

5. From God to good – or the threat of the 'values turn' dissolving the identity discourse of religious substance.

The action research project generated ethical reflections and increased moral sensitivity (Eide and Eide 2008). It raised awareness of values-in-practice within staff in their everyday interaction with patients and colleagues, but displayed no religious or theological arguments or concerns. The question is if the concentration on the values discussion may be interpreted as a threat to the specific religious identity of the institution.

Conclusion

Contemporary faith-based institutions are challenged by the hermeneutic issue of how to fulfill the faith-based mission within a secular society, and how to communicate within complex contexts in new interpretations of the core mission.

Secular societies are marked by the lack of unifying mind models and discourses. The secularized and 'unchurched spirituality', as exemplified by the institutional staff of the research project, is expressed as differentiated conceptions of reality, as well as varied searches for existential answers to life. Situated in the dual contexts of secular society and Christian tradition, Christian welfare institutions are challenged to comprehend their contextual environments, maintaining the awareness of their special vocation and mission.

A conclusion on the basis of the participatory action research project is that values reflection may prove a promising approach, answering to both these challenges. Values are especially apt for consciousness-raising processes, promoting a ready form to be filled with a variety of content. Working with values may thus present opportunities for directional openness. Values may allow secular sincerity of existential concern, as well as institutional concern for faith-oriented cornerstones.

These institutions may utilize work with values in an attempt to visualize the Christian foundation in an irreligious environment. Leaders and employees may enter values discussions as a mutual field of reflection on how to cooperate and distinguish good quality practice. Hence, values may function as an arena of important discourse of meaning. On the one hand, it focuses on how a Christian welfare institution in a secular environment may discern its profile and clarify its mission and, on the other hand, it gives the institutional pluralistic microcosm an opportunity to reflect on unifying concepts, values, and practices – wide enough to include several orientations, but narrow enough to distinguish directions. Through being able to meet on conceptually 'neutral' soil, the different participants are given the possibility to engage in mutual reflections on ideals, values, and meaningfulness in the institutional community, at work, and in life in general. This may take care of the perspective that all are equally valuable, and the value reflections may create a sense of unity and cooperation. The value focus may turn institutional interest away from dogmas and creeds, but still take care of the faith-based diaconal and ethical sincerity.

In the secular society, the moral engagement that can be mobilized through the use of value reflections seems to unleash and instigate charitable behavior. Thus the faith-based institution is challenged to extend its language repertoire by covering the whole range from discernment and faith in God to the moral dimension of 'good'. The traditions, historical texts, and language of the faith-based institution will be relevant to the value reflection in the secular environment. Along with the growing moral and spiritual engagement, this will serve

to provide energy and inspiration to organizational action. God is, by this approach by no means ‘fired’. What is needed is an exploration of the mind-set which incorporates the expansion from God to good in order to include *both* God *and* good.

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