Espedal, G., & Carlsen, A. (2019). Don't Pass Them By: Figuring the Sacred in

Organizational Values Work. *Journal of Business Ethics*.

https://doi.org/10.1007/s10551-019-04266-w

# Don't Pass Them By: Figuring the Sacred in Organizational Values Work

Gry Espedal, Center for Diaconia and Professional Practice, VID Specialized University. gry.espedal@vid.no [corresponding author]. Arne Carlsen, Department of Leadership and Organizational Behavior, BI Norwegian Business School. arne.carlsen@bi.no

**Abstract**

How and why could some stories be construed as sacred in organizations, and what functions does the sacred have in organizational values work? Research has shown how values can be made formative of a range of organizational purposes and forms but has underscored their performative, situated and agentic nature. We address that void by studying the sacred as a potentially salient yet under-researched realm of values work. Drawing on an ethnographic case study of a faith-based health care organization and the ethical philosophy of Paul Ricoeur, we describe how the sacred is *figured* in two sets of tales that were lived and told with surprising intensity and consistency: the parable of the Good Samaritan and the tale of the legacy bestowed by the organization's founder. We theorize how this figuring of the sacred in story and in action recasts values work from a centralized and unitary process to a two-way learning dialectic between the ongoing creative imitation of action and narrative. Values in the shape of stories of the sacred do not achieve their meaning as unchangeable cores or sanctioned beliefs. Rather, they come to life in a process of ongoing moral inquiry that co-evolves with moral agencies. In the latter regard, the sacred primarily becomes manifest in everyday work in the form of questioning and creative acts of care. People become moral agents when they feel and respond to the sacred in the call of the other.

**Key words:** values work, sacred, narrative, moral inquiry, agency

"There was no difference in what I did compared to other nurses, except I wore a deaconess cross. I got the cross when I made the vow of becoming a deaconess. All deaconesses wore a cross as a necklace like this, with a personal Bible passage chosen for me on the back (…) at the end of my work, the cross was not always on the outside. (…) It was sometimes, or rather often, on the inside."

Kristine, retired deaconess and nurse at The Deaconess

"On the roof, I saw a red helicopter landing light shadowing a cross. Removing the red landing light for the benefit of the cross became the first dedicated act of my new position."

Tor, chairman of the board at The Deaconess

As the movement of the cross between the foreground and background in the opening quotes illustrates, the meaning and power of the sacred within the secular context of organizational life may involve both sacralizing and desacralizing processes (Belk, Wallendorf, & Sherry Jr, 1989; Hamilton, 2001). In becoming one of the last carriers of a deaconess tradition stretching back over 100 years, Kristine found it increasingly difficult to display the cross while experiencing pressures to increase efficiency and working alongside nurses who did not share her faith. Rather than being foregrounded as an external marker of faith, the cross might be moved to the inside and be manifest through behavior and internalized beliefs. The new chairman, on the other hand, shifted the cross to the foreground by emphasizing it as a symbol on a majestic, centuries-old building. Both acts took place within the context of continuing and renewing the heritage of the deaconesses, who were pioneers in educating nurses and caring for patients without means. The deaconesses were dedicated, had a religious calling, and sacrificed themselves for their patients and beliefs.

In this paper, we explore how people give voice to and tell stories of what they somehow hold to be the sacred and why they make these stories consequential in organizations. We situate

this inquiry within the research on organizational values work. We define values work as acts that constitute values in pursuit of what is "normatively right or wrong, good or bad, for its own sake" (Gehman, Trevino, & Garud, 2013, p. 84) in organizations: for example, upholding integrity and honesty at a business school (Gehman et al., 2013); championing open publishing in a grassroots media collective (Perkmann & Spicer, 2014) or pursuing design ideals at Alessi (Dalpiaz & Di Stefano, 2018). We use a strong process orientation and explore values work as *performative*; as a continuous striving toward "what is worth having, doing and being" (Selznick, 1957/1983, p. vii), ideals may or may not be realized through action.

By "sacred" we draw on prior work conceiving it as something within the realm of human ideals and values that people "set apart" (Anttonen, 2000, p. 42) and grant special significance as "inviolable" or "untouchable" (Harrison, Ashforth, & Corley, 2009, p. 227). Some organizational values may become invested with such a sacred quality (Golant, Sillince, Harvey, & Maclean, 2015). Alessi's design values, for example, are connected to profound needs for art, poetry, and preserving a spiritual dimension in life (Dalpiaz & Di Stefano, 2018). This exemplifies how the sacred may occupy a central location in institutional value spheres (Friedland, 2013, 2014) and, as such, influence a range of organizational purposes and forms (Perkmann & Spicer, 2014).

We theorize from the case study of *The Deaconess*, a nonprofit, privately owned Lutheran hospital with 150 years of history as a health care provider and a religious history and mission of caring for marginalized people. "Don't pass them by" refers to an oft-quoted action frame within the organization and is an explicit reference to the biblical parable of the Good Samaritan, one of the two powerful figures of the sacred that emerges from our data. The other is the legacy of Maria Haven (an alias), the historical founder of a nursing educational institution and of The Deaconess. Both stories, although different in origin and focus, emphasize caring for

marginalized people. The use of these tales—or ways of *figuring the sacred*, as we shall explore—characterizes a distributed form of values work that is embedded in practice and driven by internalized questions such as "What does being a good Samaritan mean in this situation?" and "What would Maria Haven have done?"

Tales of the sacred can be lived and told with varying depth. We explore the meaning of the sacred as a form of values work that extends beyond situations, subjects, and organizations (Bednarek-Gilland, 2015) to sources of transcendence (Ricoeur, 1995). Transcendence may involve theistic (as did the cross in the examples above) and nontheistic (as in the case of Alessi) references (Harrison et al., 2009). Our overall approach draws heavily from Ricoeur's (1995) concept of *figuring* the sacred through symbolic resources and significant behavior. The term *figuring* is particularly important to our agenda here as it extends to both discourse and practice, as well as the overt and the ineffable. Ricoeur used *figuring* to attend to and theorize about how people engage with the sacred, sometimes in ways outside of direct access or control, or what Brueggemann (1996, p. 95) referred to as the "tricky, delicate, artistic human operation of knowing and seeing and telling that which ultimately resists our knowledge, our vision, and our utterance." We also invoke the related Ricoeurian notion of triple mimesis: the mutual imitation of action and narrative (Carlsen, 2016; Cunliffe, Luhman, & Boje, 2004; Ricoeur, 1984). We use this notion to explore how the (1) partly tacit *pre-figuring* of the sacred in the case organization relates to (2) an explicit *configuring* in the act of making sense of everyday experiences, which may result in (3) a *refiguring* of values as organization members return from narrative to action.

The paper extends recent theorizing on organizational values work (Gehman et al., 2013; Perkmann & Spicer, 2014; Vaccaro & Palazzo, 2015) by exploring the sacred as a pathway to its performative, situated, and agentic nature. We provide a rare empirical use of Ricoeur's concept

of triple mimesis and suggest that values work is best seen as a moral inquiry: a two-way learning dialectic between the ongoing creative imitation of action and narrative. We show how such moral inquiry co-evolves with distinct forms of agency and is driven by doubt and everyday demands as much as by officiated stories. In short, tales of the sacred are performative (Rantakari & Vaara, 2016) and serve agentic functions (Creed, DeJordy, & Lok, 2014; Emirbayer & Mische, 1998) of institutional maintenance amid conflicting demands, enabling organization members to handle challenging situations when prioritizing and providing care for patients.

## THEORIZING ORGANIZATIONAL VALUES WORK

Our turn to the sacred in values work was at first empirically motivated, following from the growing recognition of the importance of the tales of the Good Samaritan and Maria Haven in The Deaconess. To orient our inquiry, we focus on how conceptions of values intersect with notions of the sacred, in particular as this sheds light on two tensions that our data are well suited to speak to: the tension between centralized and distributed values work and the tension between discourse and practices as modes of values work. For both of these tensions, the work of Ricoeur (Ricoeur, 1977, 1984, 1995; Wallace, 2002) is of high relevance. It accentuates how the sacred, while having transcendent references, is always a situational accomplishment that is performed in the interplay between narrative and action.

### Values work as centralized or distributed

Questions of the role of the sacred in the constitution of organizational values are inextricably tied to whether one sees such work narrowly as managerial concerns or as something that engages organization members more broadly. Much of the prior research on

values in organizations tends to emphasize centralized processes. This is particularly true in the more functionalist management literature (J. C. Collins & Porras, 1999; Peters & Waterman, 1982), where "core values" are assumed to somehow reside in organizations independent of action and where the job of leaders is to discover, communicate, and transmit understanding of values to followers and outside stakeholders. Such highlighting and favoring of espoused values have been criticized for taking a platitudinous and promotional form that reflects an integrationist understanding of culture as unitary and stable (Martin, 2002, pp. 89-101). Few current studies embrace such essentialism, but there is still a tendency in much of the literature on values to regard leaders as primary movers (Grojean, Resick, Dickson, & Smith, 2004) and the articulation of values as forming part of "value management" (Barrett, 2006) or trickle-down ethics (Mayer, Kuenzi, Greenbaum, Bardes, & Salvador, 2009) that starts with leaders and may also have primary economic motives (Jonsen, Galunic, Weeks, & Braga, 2015). Likewise, notions of the sacred have been theorized as managerial resources for cultural transmission (Kamoche, 2000), or as part of a leaders' narrative practice to facilitate organizational change (Dalpiaz & Di Stefano, 2018).

We highlight this centralist and functionalist tendency because a turn to the sacred as "the inner sanctum" of values could be limited to a discourse that uncritically grants leaders moral superiority and definitional power (Munro & Thanem, 2018) in formulating principles and codes of conduct on behalf of others. This is problematic because constituting values with qualities of the sacred can be seen as a particularly strong form of normative control (Harrison et al., 2009) of socio-ideological nature (Alvesson & Kärreman, 2004). Remaining silent about this power dimension may stop us from understanding the role of the sacred in distributed activity outside the confines of managerial control.

More current research on values work has started to investigate it as a more distributed activity. Examples include the "knotting of concerns" to values in the emergence of an honor code (Gehman et al., 2013), maintaining the values of a profession in everyday work (Wright, Zammuto, & Liesch, 2017), or the performative power of values work in fostering institutional change in processes that can also be bottom up (Vaccaro & Palazzo, 2015). The latter of these studies is particularly noteworthy in linking the performative nature of values to agency. It is on this footing that we turn to the work of Selznick and Ricoeur on values and the sacred, respectively, as *latent* qualities of human experiences.

At first glance, the work of Selznick (1957/1983, 1992, 2008) can be used to fortify the idea of leaders as prime movers in values work. Selznick (1957/1983) indeed saw values as a chief managerial concern and leaders as agents of institutionalism through the infusion of values (Besharov & Khurana, 2015; Kraatz, 2009). Selznick (1992; 2008), however, also emphasized the processual and situated nature of all work on values and rejected the centralist and dogmatic stance implicit in functionalist approaches. This aspect of Selzick's legacy in many ways reintroduces the agentic dimension in research on values (Kraatz & Flores, 2015, pp. 365-367). Selznick (2008, p. 55) was deeply influenced by Dewey in seeing values as arising from factual matters: "We bind values to ideals by attending to the quality of experience, thus revealing standards for criticizing the experience and assessing its moral worth." He further emphasized how values as standards for acting are latent and arise from everyday activity. The social order that follows from infusing values is emergent and driven by creative discernment of people empowered to act in accord with what the situation demands and affords, rather than resulting from obedience and rule following (Selznick, 2008: 77-80).

Selznick's approach to values is in certain ways paralleled by the philosophical ethics of Paul Ricoeur. Ricoeur (Ricoeur, 1977; Wallace, 1995) theorized that the hermeneutics of ethics is a meeting between sacred texts and the conditions of individual interpretation and action. Ricoeur, like Selznick, denounced the mere reception of dogmatic doctrines from those in power. Sacred texts (which may be likened to articulations of deeply held values in organizations), are addressed to "our imagination rather than our obedience" (Ricoeur 1977, p. 37). The sacred is latent and realized in performative rather than propositional terms, in events of meaning where people appropriate the possibilities of the text in the situations they find themselves (Wallace, 2000). Moreover, Ricoeur (1977, p. 24) emphasized the poetic, figurative qualities of texts and spoke of nonreligious revelations that may nevertheless be capable of entering into resonance with sacred texts. In this sense, Ricoeur treated the sacred texts of biblical faith as the generative impulses but not the determining ground of ethical agentic commitments (Wallace, 1995).

**Values work as discourse or practice**

The notion of latent values that we can derive from Selznick and Ricoeur is also helpful in understanding the tension between discourse and practice in values work. Research on values in organizations has moved from a cognitive understanding of values as abstract principles (Rokeach, 1973; Schwartz, 1992), or a cultural understanding of values as symbolic artifacts (Schein, 1987), to values work as a form of practice (Gehman et al, 2013) or embedded in practice (Wright et al., 2017). Gehman et al (2013) were early in criticizing previous research for pursuing values as objectified phenomena that exist as given and took steps toward proposing a more performative understanding. One can question whether the argument goes far enough (Vaccaro & Palazzo, 2015, pp. 1094-1095), as the study be Gehman et al (2013) implies a linear sequence where values (in the form of an honor code) first emerge in responding to concerns and

then are practiced. From a strong process theory, *all* work on values, whether claims to core values by leaders, or the enactment of professional values in everyday work (Wright et al., 2017), are constitutive acts (Ashcraft, Kuhn, & Cooren, 2009) that serve a performative function in constructing people's ethical understanding of reality.

This brings us back to Ricoeur and his treatment of the sacred as latent in narrative and action. A possible first interpretation of the importance of the tales of the Good Samaritan and Maria Haven in our case organization is that the acts of retelling them refer to religious transcendence, which Crites (1971) coined as "sacred stories." According to Crites (1971), sacred stories convey cultural and religious origin myths that remain, to some extent, in narrative unconscious. A parallel set of conceptions has been made by McAdams and colleagues (Bauer, McAdams, & Pals, 2008). Both conceptions are aligned with the treatment of the sacred by Ricoeur. Ricoeur saw the sacred as sources of transcendence that may not be overt but can still be manifested in both signs and significant behavior. As a sign, a *figure* (or a narrative) of the sacred is used to "signify something other than itself" – experienced as something awesome, powerful, or overwhelming (Ricoeur, 1995, p. 49). The sacred is figured through speech, symbols *or* action. It can be manifest in cultural forms of behavior corresponding to a manner of being-in-the-world, in which myths and rituals play a major role. To see the world as sacred is at the same time to "*make it sacred, to consecrate it*" (Ricoeur, 1995, p. 51) and to set it apart as desired, normative, or even nonnegotiable (Anttonen, 2009).

We connect this two-sidedness of the sacred—as signs or narratives and as significant behaviors or actions—to another of Ricoeur's (1984) core concepts, the hermeneutic of triple mimesis: the ongoing mutual imitation of narrative (sign) and action (behavior). We use these concepts to explore how a partly tacit *pre-figuring* of practice (Mimesis I) stands in relation to an

explicit *configuring* in the act of telling (Mimesis II), in which organization members imbue meaning to events in practice, which again may result in a *refiguring* of practice (Mimesis III) as organization members return from narrative to action. Mimesis I denotes a pre-understanding of the world of action that is grounded in a culture's meaningful structure, symbolic resources, and temporal character. Mimesis I refers to an immanent and implicit symbolism that "furnishes a descriptive context for particular actions" (Ricoeur, 1984, p. 58). By contrast, Mimesis II, or configuring, marks an explicit symbolism of coherent stories and involves the operation of a sequence of actions through narrative emplotment. Configuring transforms events and incidents by creating a coherent story that links actors, goals, means, interactions, and surprises into a temporal whole (Ricoeur, 1984, pp. 65–66). Mimesis III operates at the intersection of narrative and action as organization members recreate new pre-understandings into a post-understandings (Cunliffe et al., 2004). This may involve contradicting the existing schemata, thus exposing and breaking with what was previously taken for granted.

Inspired by Ricoeur, we are occupied with the temporal dynamics between the three forms of mimesis, particularly how Mimesis II, placed at the center of the hermeneutic arc, "mediates between the prefiguration of the practical field and its refiguration" (Ricoeur, 1984, p. 53). It is central here that Ricoeur maintains and further develops his preoccupation with the performative in the realization of action or a (renewed) narrative. Mimesis should not be understood as mere copying, but as a series of creative imitations between narrative and action. Furthermore, we acknowledge the complication that processes of triple mimesis in organizations cannot be understood as a single cause-and-effect relationship, but as polyphonic processes with many participants and multiple sets of simultaneous action and narration (Cunliffe et al., 2004). We use

this amended set of conceptions from Ricoeur as an analytical framework to explore how and why tales of the sacred become a central part of organizational values work.

## RESEARCH SETTING AND METHOD

The paper emerged as part of a larger research project on values work in organizations and is based on an ethnographic case study with longitudinal features. In studying values work in a faith-based organization, we turn to a type of organization that traditionally has been, and still is, influenced by repeated and pervasive attention to values. Faith-based organizations have identities and missions "derived from a religious tradition, and operate on a voluntary, non-profit and independent basis to promote articulated ideas about the common good" (Askeland, 2015, p. 37). Issues of strategy, leadership, and development in the case organization are rife with value questions, particularly when facing new regulatory demands. The Deaconess thus represents a unique case (Yin, 2014) in studying values work in terms of being particularly thick on the phenomenon under investigation (Pettigrew, 1990).

The interview and observation period lasted primarily from August 2013 to December 2015. The first author is also the coauthor of a biography of the institution's founder, Maria Haven (1840–1919), and was for four years (2008–2012) positioned as an insider to the case organization and employed as a professional educator and minister of students in the foundation owning the hospital. Consistent with the principles of complementary sources of reflexivity in research (Berger, 2015; Josselson, 2004), the second author had an outsider position with a different (non)faith orientation and contact with traditions of critical research. When the theme of the sacred in values work emerged as important during the study, this mixing of emic and etic views (Miles & Huberman, 1994, p. 301; Pike, 1967) allowed for an enlarged interpretive and reflexive space.

The research is informed by a strong process orientation (Langley & Tsoukas, 2010), with a particular emphasis on how narratives and history are brought into and reinterpreted (Whittle & Wilson, 2015) in particular instances of values work. Consistent with this process orientation, we used a narrative approach (Rantakari & Vaara, 2016; Riessman, 2008) to elicit stories in context and to convert messy raw data into comparable processes.

**Introducing the case**

The case organization, The Deaconess, is a privately owned not-for-profit local hospital providing medical services for the inhabitants of four city districts in a major Scandinavian city. The hospital is financed by and in principle seen as an integral part of public health services. It operates within the framework of a regional health authority (RHA). This means that The Deaconess is fully financed on an annual basis based on the number of patients treated and the types of services performed[1]. The hospital provides medical services for a little under 200,000 city residents. In addition, psychiatric services are offered to several other city boroughs, and the surgical department receives patients for scheduled operations from all parts of the country in areas where it is considered the leading domestic provider. Nonresidents like Romani people, who are paperless, illegal immigrants, or those without insurance and from areas without coverage

---

[1] The health care system in the country of our case organization can be characterized as semi-decentralized. The responsibility for specialist care lies with the state since 2002, administered by four RHAs, whereas municipalities are responsible for primary care. Coverage is universal and automatic with some payment stipulations for patients. As of 2016, private providers accounted for less than 12% of overall services, mostly by not-for-profit institutions. Health care providers contracted by an RHA are typically paid a combination of annual lump sums based on the type of practice and number of patients on the list, fee-for-service payments, and patients' copayments. The annual lump sum and the out-of-pocket fees are set by government, and the fee-for-service payment scheme is negotiated between government and medical associations.

agreements, are invoiced in full for treatments. The costs for treatment of such patients are not reimbursed and typically written off.

With a staff of approximately 1300 persons, The Deaconess is one of the largest privately-owned faith-based organizations in Scandinavia. For the last 10 years, the organization has improved its financial position and maintained good margins. The Deaconess was founded on religious traditions (1868) and has been affiliated with a particular faith community of the Lutheran church for most of its history. Maria Haven (1840–1919) was the founder of The Deaconess and was the head of the educational institution and the first practice place for nurses for more than 50 years (1868–1919). Haven was, in many ways, a Scandinavian Florence Nightingale. She laid the groundwork for nursing as a nationwide field of professional practice and was deeply engaged in fostering nursing behaviors and the attitudes of enabling compassionate care for the marginalized, as well as treating others in a considerate and altruistic manner.

The original mission of The Deaconess has increasingly been met with competing logics of professional care throughout its history, especially when professional unions and health care organizations were established (1920–1960). Ever since 1969 (minutes from the Board, Case 33, 1969), the board of The Deaconess has had concerns that regulatory demands might result in the hospital "losing its character." In 1977, new workplace legislation made it impossible for the organization to exclusively recruit professionals with certain religious beliefs. A series of other regulatory demands followed, influenced by a widespread move to more business-like health care (Reay & Hinings, 2009).

**Data collection**

We combined semi-structured and open-ended interviews, with observations (both participant and nonparticipant) and extensive archival sources, ranging from internal historical records and external regulations to media entries. See Table 1 below for an overview of the data. The triangulation between these three types of data was important for finding converging evidence (i.e., the correspondence between leader rhetoric and observed practice) *and* for expanding our understanding of the processes that we studied (Rouse & Harrison, 2015). More precisely, triangulation allowed us to see nuances in how, or to what degree, the tales of the sacred that were told (particularly in archival material and interviews with managers) also were lived (as witnessed during observations and further corroborated with interviews with patients and others).

…………………………………………

Insert Table 1 about here

…………………………………………

*Interviews.* The first author conducted 65 interviews with 53 persons. Of these interviews, 47 were with organization members and outside stakeholders, whereas 18 were with patients[2]. The selection of interviewees was based on a stratified purposive within-case sampling for relevance and variation (Patton, 2002, p. 240) in targeting persons with assumed proximity to

---

[2] The research project was approved by the National Center for Research Data and followed its guidelines for informed consent, anonymization, and other aspects of data handling. We also cleared the project with the hospital data protection officer and research manager, as well as the Regional Committee for Medical and Health Research Ethics (REC) because patient interviews were involved. REC waived the need for formal approval because our research focused on organizational processes rather than on patients' health conditions.

value issues from three different levels (top-level managers, middle managers, and first-level managers & employees) and representing a broad variation in professional backgrounds (physicians, psychiatrists, nurses, dentists, and administrative personnel). At the top level, the president, clinic-leaders, and administrative and technical leaders were interviewed. The president was interviewed six times, and several other leaders were interviewed twice. These repeat interviews were motivated by a need to follow-up on and deepen our understanding of emergent value-laden themes, such as a contested leadership change and the handling of regulatory challenges. We regarded the interviews with the president as a reciprocal exchange of views (Koro-Ljungberg, 2013) with a particularly reflective and well-informed long-timer. This arrangement indicated that we were able to grasp and contribute to reflections on practice (H. M. Collins, 2001).

Sixteen of the interviewed patients, as well as patient observations, were sampled from two wards of the Internal Medicine Department, chosen because of a combination of frequent and close patient interaction coupled with relatively less complex treatment situations. The other two patients were at another ward and the hospice. All patients were approached gently by staff persons about participation in the research project. Despite being in highly challenging treatment situations, and some in terminal condition, patients responded positively to the request and willingly shared their experiences and stories. This type of data was particularly important. Several patients expressed feeling embraced and taken care of as whole persons and made implicit, favorable comparisons with other hospitals. We saw such accounts as corroborating a lived ethics of figuring the sacred-in-practice.

Most of the interviews lasted for approximately one hour. All were taped and transcribed verbatim. Consistent with the approaches to ethnographic interviewing (Spradley, 1979), we

followed a guide where we asked leaders and employees open-ended questions about their

activities, challenges, and ethically charged concerns, followed by more directed questions[3].

*Observations.* During the fieldwork, the first author engaged in direct observation

(Diamond, 2006) of patient treatment situations, interdisciplinary meetings, introduction

seminars, and a faith-based health care leader conference and leader meetings, as well as

shadowing of a middle-management leader. This resulted in a total of 52 hours of direct

observation, in addition to prior participant observation as an employee. The latter involved

repeated access to management meetings, during which strategy and values were discussed, as

well as more informal conversations about values at all levels of the organization. Notes were

made during the direct observations with a structured reflection guide for the field notes[4].

*Archives.* We differentiate between primary archival sources that included policy

documents (annual reports, ground rules, strategy plans and minutes from the board) and patient

letters and secondary archival sources of historical institutional records. The primary sources

contain snippets of the value discourse from leaders and patients. The secondary sources

provided context, particularly with regard to external regulations.

---

[3] We first asked open-ended questions about the activities, challenges, and charged concerns of leaders and
employees: Can you tell me about the typical activities you engage in during a normal working day? What
challenges do you face being a manager/employee in this organization? Can you tell me a story of when you made a
difference for someone at work? At work, what are the most important and difficult discussions and decision
situations that you meet? Next, we asked more directed questions about value orientations, value processes, and
value priorities at work, including what the leaders thought might constitute violation of values.

[4] The observation protocol involved the following questions: What were the expressed concerns and needs of people
in treatment situations? How did staff respond to such concerns and needs in action? How were these events
connected to ongoing value discourses? What kinds of contextual elements (e.g., time, place, history of treatment,
staffing, regulations etc.) influenced the observed situations?

**Data analysis**

Our overall analytical approach was grounded and comparative (Charmaz, 2006) in repeated iteration between empirical exploration and theoretical inspiration, including a systematic thematic comparison (Riessman, 2008) across accounts of values work against two recurrent narrative themes: the story of the Good Samaritan[5] and the story of Maria Haven. More specifically, our analysis proceeded in three steps.

First, early in the inquiry, the first author kept track of tentative first-order coding of interviews and observations in NVivo. The early coding themes looked at values work by actors in different parts and hierarchical levels of the organization, including emergent and controversial concerns (Gehman et al., 2013) that somehow seemed value laden in terms of triggering efforts to articulate or accomplish a norm. Selected interview material and sequences from observations were shared with the second author, also including values discussions from the archival sources. The parable of the Good Samaritan and the legacy of Maria Haven then emerged as pervasive and somewhat surprising features of the organization's values work. This was so in both explicit renderings (in archival sources and interviews) and the priorities of everyday practice (interviews and observations). What was surprising was not just the consistency across persons with differing

---

[5] Holy Bible, New International Version® [https://www.biblegateway.com/passage/?search=Luke+10%3A25-37]: "A man was going down from Jerusalem to Jericho, when he was attacked by robbers. They stripped him of his clothes, beat him and went away, leaving him half dead. 31 A priest happened to be going down the same road, and when he saw the man, he passed by on the other side. 32 So too, a Levite, when he came to the place and saw him, passed by on the other side. 33 But a Samaritan, as he traveled, came where the man was; and when he saw him, he took pity on him. 34 He went to him and bandaged his wounds, pouring on oil and wine. Then he put the man on his own donkey, brought him to an inn and took care of him. 35 The next day he took out two denarii[c] and gave them to the innkeeper. 'Look after him,' he said, 'and when I return, I will reimburse you for any extra expense you may have.'"

orientations to religion, but the emotional intensity attached to providing care for the marginalized and the whole person. These were matters that seemed to come first, indeed set apart as inviolable and in need of response – in short, something considered sacred for people.

These observations triggered a second step in interpretation. Consistent with the notion of live coding (Locke, Feldman, & Golden-Biddle, 2015), we opted to try to make this emergent code (tales of the sacred) talk back and to pursue it as a shift in theory development: How and why could such stories be construed as sacred, and which functions do they have in the values work of the organization? We decided to look at some of these accounts together to search for patterns. Looking across all types of data, including archives and observations of patient treatment, the first author singled out 92 excerpts of data that directly or indirectly referred to one or both of these sets of stories. We also scanned through the data for potential contrary narratives and identified 21 excerpts where people critically contested the grounds of the sacred. The two sets of tales provide interesting contrasts and similarities. From the perspective of Christianity, both attend to the importance of caring for the marginalized. While the parable of the Good Samaritan has a singular source and small variety in its form, the stories of Maria Haven make up a conglomerate of snippets from biographies, historical records and local adaptations. Retellings variously cover the person, examples from her life, and the associated institutionalizing of a practice of nursing[6].

---

[6] Much of the telling of the heritage of Maria Haven emphasizes dedication, the importance of quality in care, and the compassion for the whole person. At least two of the stories that are often told at The Deaconess have direct parallels to the Good Samaritan. One is a recurrent refrain referring to how Haven, upon entering the mother house of the organization, would always stop by and talk to and care for the poor people laying by the stairs. The other, typically told during introduction seminars, is of a formative experience from when a young Maria Haven learned of the death of a homeless gypsy woman who used to roam the local farms asking for food. One winter morning, the woman was found frozen to death in a snowdrift, full of infected wounds. The event caused Haven to reflect on the travesty of humans freezing to death, being outside and alone. Caring for the outcasts, the ones everybody shies

In a third analytical step, we tried to get a grip on the dynamics of telling and living sacred stories. We used Ricoeur's concept of triple mimesis (Ricoeur, 1984) and placed all of the excerpts into two analytical categories: figuring the sacred-as-story (*prefiguring* and *refiguring* in the movement from stories to action) and figuring the sacred-as-practice (resulting in a *configuring* of events from action into stories). This is further explained and illustrated in the empirical section.

Finally, across these steps, enabled by our differing perspectives and pervading both the analytical efforts and later theorizing, the dynamics of our process of co-interpretation have in some ways mirrored that of Ricoeur in terms of simultaneously striving for a hermeneutics of faith and of suspicion (Josselson, 2004). We see the hermeneutics of faith as trying to stay true to the meaning of people in the field by remaining open to their teaching in conversation and interpretation (Rhodes & Carlsen, 2018). Involved in that effort was a 3-hour feedback workshop with a selection of seven leaders (12 were invited), where we presented preliminary findings and facilitated discussions. We see the hermeneutics of suspicion as trying to remain open to latent and possibly conflicting meanings in how tales of the sacred are told and lived. Thus, we have taken care to attend to tensions between centralized versus distributed values work, official talk versus everyday practice, and sacralizing versus desacralizing.

## FINDINGS: FIGURING THE SACRED

Our findings follow from the previously described analytical steps and are organized in patterns of figuring the sacred-in-story and sacred-in-practice. Figuring the sacred-in-story (prefiguring and refiguring) denotes the evolving, nested, and polyphonic stories of Maria Haven

---

away from is so much harder than caring for one's loved ones or those with means. Who cares for the hopelessly poor, the dirty drunks, the homeless, and the prostitutes with venerable diseases? A calling was seeded.

and the Good Samaritan, as repeatedly told, reinterpreted, and retold within the organization. With figuring sacred-in-practice (configuring), we refer accounts of recurrent actions that carry clear elements of mirroring these two tales in everyday practice and service offerings. Here, the pattern is surprisingly clear: When organization members were asked to exemplify how they make a difference in their work at The Deaconess, they most often chose to tell stories about how they cared for patients and marginalized persons, often in circumstances that meant actively ignoring or downplaying economic considerations and regulations. They told stories of not passing patients by and of giving nonjudgmental care to the whole person.

Sacred-in-story and sacred-in-practice are two mutually shaping and complementary modes of figuring the sacred at The Deaconess. The process is circular. *Prefiguring* of action (Mimesis 1) takes place as the structural, symbolic, temporal, and attitude-oriented elements from the two sets of sacred tales that are somehow talked into being (e.g., through policy documents, initiation rites, and the symbolic representation of Maria Haven) and made implicit in everyday affairs. Accounts of the resulting patterns and events in practice may be shared and potentially reach the organization at large through a *configuring*[7] (Mimesis II, narrative imitating action) to new stories.

---

[7] Our use of the triple mimesis framework involves two conventions to use in the empirical setting of organizational values work. First, we approached prefiguring and refiguring from the input side as stories *to* practice—the stories and figures of the sacred repeatedly told by leaders and others and that we have also observed as somehow mirrored in practice. The invocation of such stories during a specific act of care cannot be analytically determined with certainty. Organization members draw upon, explicitly or tacitly, a repertoire of such stories, corresponding to what Emirbayer and Mishe (1998) called the iterative and retrospective dimension of agency. At work here is also a rehearsal of alternative possibilities for acting (Johnson, 1993) in the projective dimension, and a practical evaluative resolution in the present of things present (Emirbayer and Mische, 1998). Here, prefiguring and refiguring merge into configuring as organization members use elements from a prefigured repertoire that they enact prospectively or later rationalize as they narrate their experiences. Our second analytical convention is thus to approach configuring from the output side—stories *from* practice. The implicit complication is that researchers are

Then, the surfacing of these stories, along with a response to new regulatory demands, may result in a recreation or reinterpretation of existing schemata, resulting in a *refiguring* from story to action (Mimesis III, action imitating renewed narratives).

Together, these three processes make up grounds for continuous sacralization as part of the organizational values work. See Figure 1 below for an illustration and Table 2 for an overview of illustrative observations and quotes. Against that dynamic, or sometimes as a balancing force, are processes of desacralizing, which we attend to next.

……………………………………………

Insert Figure 1 and Table 2 about here

……………………………………………

**Figuring the sacred-in-story**

Figuring the sacred-in-story was evidenced in a range of deliberate and official utterances in which leaders used the stories of the Good Samaritan and Maria Haven as carriers and signposts of organizational values. This is evident, for example, in the most recent strategy plan (2015) for The Deaconess, which highlights the "legacy of Maria Haven" as "foundational" for the organization and as something that "commits and inspires to a continued societal effort." Both sets of tales are featured centrally in a value letter that was sent out to employees. The parable of the Good Samaritan is enclosed in full text and emphasized as displaying "who we are as an

---

not passive observers of such stories. Configuring may occur twice, first when doing and later as a performance when telling about the doing in an interview (Cunliffe et al. 2004). It is primarily that second moment we have empirical access to. The exception is when we are observing practice and assigning it meaning as belonging to this or that story. Then we as researchers are performing the configuring.

organization." Organization members are told that they are here for "something other than themselves":

> It follows from our name that the hospital shall conduct its business based on a faith-based value platform. Compassion, as it is reflected in the life and example of Jesus, shall govern the enterprise of the hospital and the actions of individuals as professionals, colleagues and fellow human beings, in recognition of the differing needs and unique distinctiveness of each human being. (Value Letter, 2015)

In earlier days, deaconesses received a cross necklace in a symbolic introduction ritual. In 2015, new employees were handed the value letter expressing that this "should be binding for everyone (…) whether you work directly with patients or in other functions, whether you are a Muslim or a Christian." All clinics in the hospital engage in processes to discuss the organization's historical values and those conveyed in this letter. As emphasized by Siv [8], a clinic leader, "When you are working on these values, they become internalized and enter your awareness. This gives you a standard for your actions."

The two tales are also manifest in visible symbols, artifacts and rituals. In the entrance area of The Deaconess, a statue of Maria Haven is majestically placed in the front square of the hospital: "She is hanging there watching us!" Stories of Maria Haven are consistently used in initiation rites, on introduction days for new employees and in leadership seminars. At the hospital entrance, patients are met with ceiling portals reading, "The Lord bless your coming and going" and "Jesus is the way, the truth and the life!" Pictures of early scenes at the hospital and wood carvings of the parable of the Good Samaritan decorate the hallways of the hospital and some of the offices.

Gudny [15], a ward leader, was articulate about how she is following the heritage of Maria Haven. Gudny started as a nurse at The Deaconess 13 years ago and was trained by Deaconess Kristine [29]. She explained that the patients at the ward included both well-educated people and homeless people living under a bridge who entered the hospital with shopping bags. The meaning

of her work being placed in a tradition was particularly clear to her when taking care of terminal patients and drug users. Several other employees provided similar accounts and used the phrase "to walk another mile with the patients" to emphasize what being faith-based meant.

Sacred-in-story was also evident through *refiguring*, here taken as the reinterpretation and translation processes for the two sets of stories to accommodate new changes in the environment and provide new direction for action. The chosen core values of quality and compassion are a translation of Maria Haven's Christian calling to work in a more secular context. Olav [28], a research leader, explained, "I mean, those two values, quality and compassion, are really continuing the legacy of Maria Haven." Einar [32], a chaplain leader, echoed him:

"…the whole idea of Maria Haven was that she saw people who were suffering. What she saw was not fine ladies with wounds on their leg. No, she saw a need, a misery, illness, poor hygiene—all this. She met people with Christian care and skilled nursing."

Likewise, the parable of the Good Samaritan was used in an expanded way to show that care for the marginalized is a priority organizational concern and that this concern does not contradict efficiency. The president and many others repeatedly emphasized the need for economic sustainability as a precondition for compassion (see examples in Table 2). The argument is that operating the hospital within financial margins simply means being able to help more people.

Across these three sets of figuring sacred-in-story, we also noted a repeated emphasis on tacit aspects of the organizational culture as a subsidiary awareness of "something written in the walls of this organization." Siv, a clinic leader, talked about visible carriers of tradition as examples of "something other than themselves." These are persons "who have paved a foundation for compassionate practice, in meeting people in a caring manner, with warmth and open arms." We

see such statements as evidence of a prefiguring of and refiguring practice having seeped through to a sacred-in-practice.

**Figuring the sacred-in-practice**

We found the sacred-in-practice in recurrent actions that carry clear elements mirroring the tales of Maria Haven and the Good Samaritan in everyday practice and service offerings. The pattern is clear across interviews and observations: The two sets of tales were enacted as extended care for the marginalized and for the whole person, and as a continued push to uphold such extended care in the face of demands for increased efficiency.

Linked to the legacy of Maria Haven are practices for extending care for patients beyond medical treatment by also attending to their nutritional needs and social situation, as well as through existential guidance. In one example, we observe a cancer patient called Vigdis [39], who is at the hospital for her first chemotherapy treatment. She cries when entering the room and has just received the message that she is terminally ill, with Nurse Olga present. Vigdis says she is freezing and hurting all over. For the next 20 minutes, Olga follows up with a blood test, while handling the patient gently, with smiles and emphatic phrases. Olga gives Vigdis her telephone number, telling her to call whenever she is at the hospital, day or night. Vigdis then finds some peace. Afterwards, she explained:

> With Olga I feel safe. You are so good. I am really appreciating what you are doing. When I told my friend I got cancer, she said I was lucky to be a patient at this hospital. She said, "It is those people," meaning the people working here, "who have a special presence in following up people and staying with them." Together with Olga, I can cry, and I know you see me as another person than I am right know.

Olga further explained to the observer how the tradition of nursing is echoed in her actions:

> To stay with patients is the most important thing to do. (…) It is in our spines to care. This is compassion in practice. I have learned what to do from older nurses with long experience.

In another example, ward leader Gudny [15] conveyed what extended care may mean for disadvantaged patients, such as heavy drug users:

> Sometimes, it is the same patients who come again and again, often with self-inflicted wounds … To provide a bed, giving the possibility for food and nutrition and rest for those patients, makes a large difference … some of them have a place to live but no living skills.

We understand this care as going well beyond the medical by seeking to care for the whole person in the situation he or she is in and being interested in that situation. It is accepted that some patients come in repeatedly to rest and "eat really a lot," even stockpiling food. Many mentioned the extended care for Romani people as a particular group of the marginalized. These care situations range from buying a plane ticket for somebody who is desperate to get home to caring for a patient who needs to stay in isolation because of a challenging disease:

> He did not own much. He lived under a bridge downtown. He could not even speak English or our language. It was quite boring for him staying in isolation. We wondered what we could do for him. (…) Then we bought him an iPad, so he would have something to do. It did not cost us much compared to what it did for him. (Siv [8], clinic leader)

In another situation, Harry [40] is entering the Auricular Fibrillation Outpatient Clinic and meets Nurse Helene [41]. They know each other from several consultations. Harry is telling stories from his everyday life, frequently mentioning anxieties that he has. Helene listens patiently and gently provides a series of advice. Helene explained to the observer:

> Much of the time, I am only listening to the patient. They feel they are wandering around in a circle. Sleeping problems are often connected to having auricular fibrillation. These patients have been talking to several health care providers without being properly understood.

Afterwards, Harry confirmed the words of Helene. He felt like he was finally listened to. Several other patients told stories that corroborated this impression, as do patient letters referring to nurses as angels. We have no data claiming that care for the whole person at The Deaconess is

better or more pronounced than at other hospitals, only that it is a type of compassionate value that seems to be lived in practice.

Linked to the parable of the Good Samaritan, our data evidences practices of taking care of patients who have fallen through the institutional gaps, who are without funding or are otherwise marginalized. Examples include care for Romani people, illegal immigrants, and people with highly contagious diseases requiring isolation, such as tuberculosis. When a Romani woman was on her deathbed, the hospital made arrangements for an extended family member to stay at the hospital during their farewell (see Table 1). Some such acts of providing extended care for marginalized patients have been institutionalized, without formalized top-down processes. To handle the lines of people with acute needs, who might be considerably worse off than already admitted patients, one clinic leader, Bent [11], talked about a value-based change in routine. The ward started to admit a certain number of patients every week independent of room availability:

> The patients who were waiting were people with serious mental disorders and psychosis, often combined with drug addiction and poor capability to take care of themselves. They had nobody pushing them forward, nobody complaining on their behalf.

In this way, the professionals at the hospital could apply their judgment about who would stay or go, and not just follow a capacity cap. The same clinic leader also talked about a deliberate change in attitude in catering to patients falling outside of the designated sector of the hospital:

> Patients were sent by ambulance back and forth between the hospitals and sometimes rejected. So, the last five years, we have been inviting the outside-sector patients in. Our mission has changed to hospitalize one patient too many, instead of giving the patient a difficult situation and a bad experience. (…) It is more important to us to put the patient at the center than fighting for our rights in getting financial reimbursement.

A further case in point is the story of a 20-year-old patient with drug addiction problems and a particularly traumatic upbringing who found that no institutions wanted to take care of her as "a revolving door patient." The hospital ended up finding a place for her in a drug rehabilitation

institution and paying for it. In telling the story, the president not only highlighted how the handling of the situation made a difference for the woman but also admitted that the episode changed the hospital's legitimacy for the better, stating that "after the episode, the director of the municipality had a different attitude toward the institution."

These examples from practice illustrate how the enactment of the sacred in everyday is never completely cut off from economic considerations. Leaders take steps to ensure that care decisions are unaffected by contrarian economic priorities and health care regulations. Clinic leader Geir [12] works on the professional ethics of handling patients and of the organization at large. Regulatory authorities use a financial reimbursement system linked to diagnosis-related groups (DRGs) to determine how much money health care providers should be given for inpatient care to cover future procedures and services. This arrangement invites exploitation of the codes when interpreting the complications of diseases to make the most out of each treatment situation. The surgeons in the hospital's clinic use the codes to diagnose the patients, but Geir does not let them know about the financial consequences of the codes, with the ethical argument being that "if you [the surgeons] know the codes, this can affect your decisions."

Finally, and returning to the enactment of Maria Haven's legacy, we also see how economic considerations and regulations may gradually diminish the role of the sacred. The example here is the struggle for the continued existence of an unprofitable hospice with holistic care. The Deaconess established a hospice in 1994 to further Maria Haven's legacy. This hospice has since always been a marginal affair, and operations have been gradually reduced, along with the hospice facing a difficult financial situation and challenging regulatory demands. Despite this, The Deaconess continues to offer terminal patients care through outpatient day care,

training courses for patients and relatives, as well as palliative teams and a place to stay overnight.

**Processes of desacralizing**

The figuring of the sacred at The Deaconess through the stories of the Good Samaritan and the legacy of Maria Haven takes place against processes of desacralizing. Some of those processes work macro to micro, in the sense of amounting to changes in the external conditions and regulatory frameworks that threaten the organization's value platform. As mentioned, legislation depriving the organization of the ability to hire people who are only of particular religious origins and the secularization of the general workforce work against the Christian legacy of Maria Haven. Likewise, health care regulations and competitive demands that favor economically viable patients work against taking care of the marginalized. We have seen how values work in the organization sometimes emerges as a response to these changes. In the interviews, typical antagonists in stories about taking care of the marginalized were health care authorities (with increasing demands for efficiency), organization members themselves (not taking the time or emphasizing economics in pressing situations), or other hospitals (setting a standard of not admitting marginalized patients).

Overall, we saw no accounts that forcefully problematized the focus on the marginalized as such. The voices that did appear to have some strength, in terms of desacralizing, came from organization members who actively questioned the Christian heritage of the hospital. The organization's culture was seen as harboring a type of meekness and "good-girl syndrome" that ran against current demands for efficiency and organizational change. The value platform may be used defensively as a cushion against any change initiative, as voiced by section leader Hans [7]:

We are not unique because we are faith based. I am thinking quite the contrary: our talk about being special is one of the reasons we have not moved forward…We have not prepared for up-to-date changes in technology or modern ways of thinking about leadership.

Other members emphasized that bringing up conflicts is "asking to be ignored." As voiced by Kari [19], a section leader, "I really see it [the Christian heritage] as something negative—yes, I actually do. We have been discussing it in my department. (…) It is a kind of false kindness. Problems are swept under [the rug]."

Yet, other voices emphasized the negative attitudes of other organizations toward The Deaconess, as in being "very Christian" and "talking this kindness language all the time." Finally, a certain reluctance to uncritically embrace or buy in to the organization's heritage could also be seen in the top tier of the organization. Said Heine [5], a clinic leader, "I can feel something a little bit sickening about the faith-based context. It is not because of being faith-based that I work here. It is because of the patients," indicating a primary humanistic orientation, rather than a religious one alone.

## DISCUSSION AND IMPLICATIONS: MIMETIC ETHICS AND THE SACRED

We began this article by asking how and why certain stories come to be construed as sacred in organizations and how the sacred functions in organizational values work. In response to these questions, we will in the following describe and detail the implications of two sets of overall theoretical contributions from our study. Both are linked to our adaptation of Ricoeur's concept of triple mimesis as applied to organizational values work. The "how" of the sacred concerns the tension between discourse and practice in values work. Our study highlights how the sacred, rather than being a mere postulation or practice of deeply held values, is best understood as a moral inquiry: a two-way learning dialectic between the ongoing creative imitation of action and

narrative. The "why" of the sacred relates to the tension between centralized and distributed values work. We show that the moral inquiry mentioned above is co-originary with two distinct forms of agency, one tied to institutional maintenance and the other linked to how people are summoned by and respond to the human other.

**The "how" of the sacred: Values work as moral inquiry**

Our interpretation of the data from The Deaconess through the lens of triple mimesis broadly suggests that values work should be considered a form of moral inquiry (Nilsson, 2015; Selznick, 2008) that is essentially experiential (Kolb & Kolb, 2005) and involves constant shuttling between narrative and action. This is to see in the continuous movement between sacred-in-story and sacred-in-practice, which is a movement between telling and doing through ongoing creative imitation. This conception of values work contrasts with notions of trickle-down ethics (as in Mayer et al., 2009) and prescriptive ethics (Johnson, 1993; Selznick, 2008) and, thus, with notions of the sacred as an unchanging core that guides or determines action. From the perspective of Ricoeurian hermeneutics, values work that *only* proceeds outward from sacred texts to more or less mandated practice represents a deficiency in learning and in moral reasoning. To illuminate this, we highlight two pivotal learning moments from our case.

The first pivotal moment appears in the transition from narrative to action, or from prefiguring (Mimesis 1) to enactment and configuring (Mimesis 2). We have suggested that the field of practice appears to be prefigured to some extent (Ricoeur, 1984) and charged with symbolic meaning that seems to reside in subsidiary awareness but informs choices related to what kind of care to offer to which patients. Such prefiguring is in no small way driven by deliberate, explicit narration by managers. However, there is no direct translation to a situation and no established protocol or code of conduct. Instead, following Johnson (1993), tales of the

sacred are metaphors that enable people to imaginatively extend prototypical experiences (as in not passing someone by, tending to the marginalized, caring for the whole person) to novel cases—the concrete situations and concerns that people face and must respond to. Thus, sacred tales may indeed be regarded narrative resources for a creative mimetic ethics, the inspirational ground for realizing values that are latent (Selznick, 2008).

The second learning moment occurs when action is configured (Mimesis 2) into narrative and incorporated into an organizational repertoire that can lead back to practice through refiguring (Mimesis 3). This is a pivotal learning moment that demands that employees and leaders critically reflect on practice (Aadland, 2010) and share this reflection with others across social spaces. Nilsson (2015, p. 376–379) has argued convincingly that the sharing of organizational members' inner experiences through experiential surfacing is necessary for social inquiry. In our case, this learning moment is less visible than the first. Although several stories of caring for Romani people circulated in the organizations and were referred to by many, we found few or no recent examples of caring for marginalized people that were shared through official organizational channels, such as new employee orientations. In terms of the mimetic hermeneutic, this may be problematic, as actors may be caught in what Ricoeur (1984) described as a "vicious circle" of mimesis rather than a spiral that carries the mediation from narrative (of the experiences surfaced through configuring) back to action (through refiguring) several times but "at different altitudes" (Ricoeur 1984, p. 72).

Our study demonstrates the how the framework of triple mimesis and it associated hermeneutic is uniquely suited to richly incorporate several modes of values work and their temporal dynamics. Overall, this implies using the framework to further investigate organizational values work as a dynamic process of moral inquiry, and in particular the interplay

between the two identified pivotal learning moments. How does the production of new variations in sacred tales or values through practice (configuring through imaginative extensions) feed the social sharing and legitimizing of such experiences? And vice versa: How would such sharing and legitimizing of stories from the field trigger new questions (Milton, 2004) and extend to a refiguring that in turn broadens the repertoire for moral imagination (Johnson, 1993) in everyday activities, such as care situations?

The hermeneutic of moral inquiry is further underpinned by one of faith: how does the organization's handling of faith and doubt sustain or restrain values work as moral inquiry? What we have described as desacralizing processes may be vehicles for continuous questioning of the organization's ethical basis. The critical voices of desacralizing work as reminders of the necessary doubt that sustains the ethical search (Rhodes, Pullen, & Clegg, 2010, p. 547). The tension between sacralizing and desacralizing constitutes what Ricoeur (Wallace, 1995) highlighted as a temporal tension of appropriating ("This is what we stand for.") and distancing ("What does being faith-based mean today, and how can it co-exist with demands for efficiency?"). Of course, not all appropriation amounts to driving moral inquiry productively forward. It could become a backward search confined to the rails of history, or it could become a creative reinterpretation of history that point to new possibilities in the present (Schultz & Hernes, 2013). Plurality can have worth in itself. A study of a large public hospital in Australia found that the presence of multiple ethical norms in organizations might actually make people more rather than less ethically responsible (Rhodes, Clegg, & Anandakumar, 2008). What constitutes sufficient doubt to ensure such ethical vitality in the moral inquiry of organizations?

**The "why" of the sacred: Values work as moral agency**

The question of *why* people at The Deaconess construct stories of the sacred leads us to consider values work as moral agency. Figuring the sacred, whether we refer to sacred-in-practice or sacred in-story, emerges as manifestations of moral agency (Wilcox, 2012), here understood as the purposive, reflexive, and creative use of resources to behave humanely towards others (Bandura, 2006) and facilitate positive social transformation (Holland, Lachicotte, Skinner, & Cain, 1998). The two pivotal learning moments referred to above can also be understood as a dialectic of agency—one centralized and seeking institutional maintenance and reconstruction, the other more distributed and addressing care for the marginalized human other. In short, some people, particularly leaders, construct and use stories of the sacred as active tools to reconstitute the organization over time, whereas others, particularly employees, construct and use stories of the sacred to respond to the human other in care situations.

The centralized version of moral agency was exemplified by adapting the messages of Maria Haven to fit a secular context and expanding the interpretation of the parable of the Good Samaritan with economic sustainability as a precondition for compassion. Principally, we may see such agency as addressing institutional maintenance in the sense of continuing and renewing deeply held value orientations amid shifting and competing institutional demands (Besharov & Khurana, 2015). This is not a passive affair. A retrospective and iterative dimension of agency (Emirbayer & Mische, 1998) is evident in terms of heeding the faith-based heritage and using accounts of organizational history to provide new direction for action. The situation also entails an evaluative, practical translation (Zilber, 2009). Examples here include arrangements for handling the line to admit a certain number of acute patients and the steps taken to ensure that

care decisions are unaffected by economic considerations. In this way, figuring the sacred can be an active tool for recreating the organization over time (Macklin, Mathison, & Dibben, 2014).

The distributed form of agency is even more striking. An arresting pattern in our data at The Deaconess is the pervasiveness and emotional intensity of the personal stories of how individuals make a difference to marginalized persons. Nurses, doctors, and leaders spoke with great conviction about how they helped drug addicts, illegal immigrants, Romani people, and otherwise poor and socially disadvantaged people. The desire to make a difference seemed to overrule other organizational norms. This form of values work was initiated and performed by people in all layers of the organization. In this regard, the parable of the Good Samaritan can be seen as a subversive reminder internalized in questions more than mandated action. It suggests that people will find themselves in ambiguous situations of encountering the marginalized other, situations in which the need for ethical actions goes beyond talk. The learned and mighty, whether priests or leaders, may be fallible and pass by those in need. In addition, the human others who call for compassion may not be of one's own people but may fall outside the financial boundaries of reimbursed caregiving. Paradoxically, then, responding to the call of the other may break with institutional arrangements and include an element of revolt.

Multiple sources contributed to the social shaping of moral agency at The Deaconess. Some sources were obviously religious and far from exclusive to this case. Many health care organizations in the case organization's country have adopted the parable of the Good Samaritan and use it to present values such as humanity, empathy, and mercy. A painting of the Good Samaritan adorns a national domestic health care white paper (1999–2000). Returning to the work of Crites (1971), the institutional shaping of care for the marginalized other at The Deaconess and in the broader health care sector is an example of the strong resonance of sacred

stories—not only the derived stories of Maria Haven and the parable of the Good Samaritan, but also the story of the life and acts of Jesus Christ and the renewal of Christianity.

We cannot assume or claim that such religious origins of the sacred are unitary or exclusive. Several interviewees were openly oriented toward an ethic of agnosticism or nonreligious humanism, yet their words and deeds signaled strong devotion to the marginalized other. We suggest that the importance of prosocial motivation as a major strand of individual engagement and identity formation constitutes another origin of distributed moral agency (Bolino & Grant, 2016), one that exist alongside or as an alternative to the faith-based. People at work define themselves in terms of what they perceive as contributing to others (Padilla-Walker & Carlo, 2014). This observation returns us to Ricoeur (1992), for whom the self is always shaped by how it is *summoned* by another. The summoned self does not follow decrees, but is engaged in a continuous wager (Wallace, 2002) of receiving and responding to the particulars in the call from the other. Furthermore, these responses are co-originary with the development of the self's agentic capacity (Ricoeur, 1992). In this way, figuring the sacred-in-practice highlights moral agency as an emergent and distributed phenomenon (Painter-Morland, 2011), something that results from situated and ongoing responses to others: people become moral agents when they feel and respond to the sacred in the call of the other.

More research on the processes of forming the agentic self-orientations discussed here is necessary. There is little evidence of how prosocial mastery experiences (Bandura, 2006) influence actors as a whole or work on a collective level (Grant, 2008). We know of no research that investigates the polyphonic nature of moral agency (Cooren, 2015) as a combination of the faith-based and humanistic prosocial. Further research could also examine potential competing agencies in values work. Prosocial callings may be double-edged swords in that deeply

meaningful work may also entail personal sacrifice and exploitation of workers through minimum wages and limited rights (Bunderson & Thompson, 2009). In this sense, the managerial co-construction of prosocial self-orientations in organizations like The Deaconess also has the potential to promote power abuse. How is values work used to support a political agenda set by leaders (Munro & Thanem, 2018), or, as in the case presented here, to what extent does it encourage a form of more open-ended and polyphonic moral inquiry?

**CONCLUSION**

Organizational values research has tended to emphasize centralized processes and the cognitive aspects of values. This study has contributed to an extension of practice-based approaches to values work by also exploring its distributed, situated and agentic features in the ongoing shuttling between narrative and action, as viewed through the lens of Ricoeur's triple mimesis. We have shown that these qualities of values work were accentuated by organizational attention to two sets of stories construed as sacred and, furthermore, how figuring the sacred is a dialectic learning process of moral inquiry that co-evolves with forms of moral agency. The resulting proposition is radical: the role of the sacred should be understood neither as a managerial tool for enforcing certified beliefs nor as denoting a unitary, unchanging inner sanctuary reserved for those with accredited faith. Rather, figuring the sacred points to values as latent qualities of experience and values work as the continuous questioning and growth of meaning through action. Doubt, ambiguity, and creative responses to the calls of the other underpin acts of living the sacred as something vibrant and powerful, rather than arcane and dogmatic. In conclusion, and still following Ricoeur, the overall way forward for research is more wholeheartedly embracing the idea that values work is primarily about understanding hermeneutic processes—whether of narrative and action, faith and doubt, or the growth of the active self-for-others.

## REFERENCES

Alvesson, M., & Kärreman, D. (2004). Interfaces of control. Technocratic and socio-ideological control in a global management consultancy firm. *Accounting, Organizations and Society, 29*(3-4), 423-444.

Anttonen, W. (2009). Sacred. In W. Braun & R. T. McCutcheon (Eds.), *Guide to the study of religion* (pp. 271-283). London: MPG Books Group.

Ashcraft, K. L., Kuhn, T. R., & Cooren, F. (2009). 1 Constitutional Amendments:"Materializing" Organizational Communication. *The Academy of Management Annals, 3*(1), 1-64.

Askeland, H. (2015). Managerial Practice in Faith-based Welfare Organizations. *Nordic Journal of Religion and Society, 28*(1), 37-58.

Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on psychological science, 1*(2), 164-180.

Barrett, R. (2006). *Building a values-driven organization. A whole system approach to cultural transformation*. London, UK: Routledge.

Bauer, J. J., McAdams, D. P., & Pals, J. L. (2008). Narrative identity and eudaimonic well-being. *Journal of happiness studies, 9*(1), 81-104.

Bednarek-Gilland, A. (2015). *Researching values with qualitative methods: Empathy, moral boundaries and the politics of research*. London, UK: Ashgate Publishing Ltd.

Belk, R. W., Wallendorf, M., & Sherry Jr, J. F. (1989). The sacred and the profane in consumer behavior: Theodicy on the odyssey. *Journal of consumer research, 16*(1), 1-38.

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219-234.

Besharov, M. L., & Khurana, R. (2015). Leading amidst competing technical and institutional demands: Revisiting Selznick's conception of leadership *Institutions and ideals: Philip Selznick's legacy for organizational studies* (pp. 53-88): Emerald Group Publishing Limited.

Bolino, M. C., & Grant, A. M. (2016). The bright side of being prosocial at work, and the dark side, too: A review and agenda for research on other-oriented motives, behavior, and impact in organizations. *The Academy of Management Annals, 10*(1), 599-670.

Brueggemann, W. (1996). Bookreview: Figuring the sacred: Religion, narrative, and imagination: By Paul Ricoeur Minneapolis, Fortress, 1995. 340 pp. *Theology Today, 53*(1), 95-98.

Bunderson, J. S., & Thompson, J. A. (2009). The call of the wild: Zookeepers, callings, and the double-edged sword of deeply meaningful work. *Administrative science quarterly, 54*(1), 32-57.

Carlsen, A. (2016). On the tacit side of organizational identity: Narrative unconscious and figured practice. *Culture and Organization, 22*(2), 107-135.

Charmaz, K. (2006). *Constructing Grounded Theory*. London, UK: Sage.

Collins, H. M. (2001). What is tacit knowledge? In T. R. Schatzki, K. Knorr-Cetina, & E. V. Savigny (Eds.), *The Practice Turn in Contemporary Theory*. London: Routledge.

Collins, J. C., & Porras, J. (1999). *Built to Last: Successful Habits of Visionary Companies*. London, UK: Radom House.

Cooren, F. (2015). Studying agency from a ventriloqual perspective. *Management communication quarterly, 29*(3), 475-480.

Creed, W. D., DeJordy, R., & Lok, J. (2014). Myths to work by: Redemptive self-narratives and generative agency for organizational change. *Research in the Sociology of Organizations, 41*, 111-155.

Crites, S. (1971). The narrative quality of experience. *Journal of the American academy of religion, 39*(3), 291-311.

Cunliffe, A. L., Luhman, J. T., & Boje, D. M. (2004). Narrative temporality: Implications for organizational research. *Organization Studies, 25*(2), 261-286.

Dalpiaz, E., & Di Stefano, G. (2018). A universe of stories: Mobilizing narrative practices during transformative change. *Strategic Management Journal, 39*(3), 664-696.

Diamond, T. (2006). Where did you get the fur coat, fern? Participant observation in institutional ethnography. In D. E. Smith (Ed.), *Institutional ethnography as practice* (pp. 45-63). Oxford, UK: Rowman & Littlefield Publishers, Inc.

Emirbayer, M., & Mische, A. (1998). What is Agency? *American Journal of Sociology, 103*(4), 962-1023.

Friedland, R. (2013). The gods of institutional life: Weber's value spheres and the practice of polytheism. *Critical Research on Religion, 1*(1), 15-24.

Friedland, R. (2014). Divine institution: Max Weber's value spheres and institutional theory. In P. Tracey, N. Phillips, & M. Lounsbury (Eds.), *Religion and Organization Theory* (pp. 217-259). Bingley, UK: Emerald

Gehman, J., Trevino, L. K., & Garud, R. (2013). Values work: a process study of the emergence and performance of organizational values practices. *Academy of Management Journal, 56*(1), 84-112.

Golant, B. D., Sillince, J. A., Harvey, C., & Maclean, M. (2015). Rhetoric of Stability and Change: The Organizational Identity Work of Institutional Leadership. *Human Relations, 68*(4), 607-631.

Grant, A. M. (2008). Does intrinsic motivation fuel the prosocial fire? Motivational synergy in predicting persistence, performance, and productivity. *Journal of Applied Psychology, 93*(1), 48.

Grojean, M. W., Resick, C. J., Dickson, M. W., & Smith, D. B. (2004). Leaders, values, and organizational climate: Examining leadership strategies for establishing an organizational climate regarding ethics. *Journal of Business Ethics, 55*(3), 223-241.

Hamilton, M. B. (2001). *The sociology of religion: Theoretical and comparative perspectives*: Psychology Press.

Harrison, S. H., Ashforth, B. E., & Corley, K. G. (2009). Organizational sacralization and sacrilege. *Research in Organizational Behavior, 29*, 225-254.

Holland, D., Lachicotte, W., Skinner, D., & Cain, C. (1998). *Identity and agency in cultural worlds*. Cambridge, MA: Harvard University Press.

Johnson, M. (1993). *Moral Imagination: Implications of Cognitive Science for Ethics*. Chicago, Il: University of Chicago Press.

Jonsen, K., Galunic, C., Weeks, J., & Braga, T. (2015). Evaluating espoused values: Does articulating values pay off? *European Management Journal*.

Josselson, R. (2004). The hermeneutics of faith and the hermeneutics of suspicion. *Narrative Inquiry, 14*(1), 1-28.

Kamoche, K. (2000). Developing managers: The functional, the symbolic, the sacred and the profane. *Organization Studies, 21*(4), 747-774.

Kolb, A. Y., & Kolb, D. A. (2005). Learning styles and learning spaces: Enhancing experiential learning in higher education. *Academy of Management Learning & Education, 4*(2), 193-212.

Koro-Ljungberg, M. (2013). A social constructionist framing of the research interview. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research*. New York, NY: Guilford Publications.

Kraatz, M. S. (2009). Leadership as institutional work: A bridge to the other side *Institutional work: Actors and agency in institutional studies of organizations* (pp. 59-91).

Kraatz, M. S., & Flores, R. (2015). Reinfusing values *Institutions and ideals: Philip Selznick's legacy for organizational studies* (pp. 353-381). Bingley, UK: Emerald Group Publishing Limited.

Langley, A., & Tsoukas, H. (2010). Introducing perspectives on process organization studies. *Process, Sensemaking and Organizing, 1*(9), 1-27.

Locke, K., Feldman, M. S., & Golden-Biddle, K. (2015). Discovery, Validation, and Live Coding. In K. D. Elsbach & R. M. Kramer (Eds.), *Handbook of Qualitative Organizational Research: Innovative Pathways and Methods* (pp. 371-380). New York, NY: Routledge.

Macklin, R., Mathison, K., & Dibben, M. (2014). Process Ethics and Business: Applying Process Thought to Enact Critiques of Mind/Body Dualism in Organizations. *Process Studies, 43*(2), 61-86.

Mayer, D. M., Kuenzi, M., Greenbaum, R., Bardes, M., & Salvador, R. B. (2009). How low does ethical leadership flow? Test of a trickle-down model. *Organizational Behavior and Human Decision Processes, 108*(1), 1-13.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*: Sage.

Milton, C. L. (2004). Stories: Implications for nursing ethics and respect for another. *Nursing Science Quarterly, 17*(3), 208-211.

Munro, I., & Thanem, T. (2018). The ethics of affective leadership: Organizing good encounters without leaders. *Business Ethics Quarterly, 28*(1), 51-69.

Nilsson, W. (2015). Positive Institutional work: Exploring institutional work through the lens of positive organizational scholarship. *Academy of Management Review, 40*(3), 370–398.

Padilla-Walker, L. M., & Carlo, G. (2014). *Prosocial Development: A multidimensional approach*: Oxford University Press.

Painter-Morland, M. (2011). Rethinking responsible agency in corporations: Perspectives from Deleuze and Guattari. *Journal of Business Ethics, 101*(1), 83-95.

Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods*. Thousand Oaks, CA: Sage.

Perkmann, M., & Spicer, A. (2014). How Emerging Organizations Take Form: The Role of Imprinting and Values in Organizational Bricolage. *Organization Science, 25*(6), 1785-1806.

Peters, T. J., & Waterman, R. H. (1982). *In Search of Excellence: Lessons from America's Best-run Companies*. New York, NY: Harper & Row.

Pettigrew, A. M. (1990). Longitudinal Field Research on Change: Theory and Practice. *Organization Science, 1*(3), 267-292.

Pike, K. L. (1967). Etic and emic standpoints for the description of behavior. In K. L. Pike (Ed.), *Language in relation to a unified theory of the structure of human behavior* (pp. 37-72). The Hague, Netherlands: Mouton & Co.

Rantakari, A., & Vaara, E. (2016). Narratives and Processuality. In A. Langley & H. Tsoukas (Eds.), *The Sage Handbook of Process Organization Studies* (pp. 271-286). London, UK: Sage.

Reay, T., & Hinings, C. R. (2009). Managing the rivalry of competing institutional logics. *Organization Studies, 30*(6), 629-652.

Rhodes, C., & Carlsen, A. (2018). The teaching of the other: Ethical vulnerability and generous reciprocity in the research process. *Human Relations*, 0018726717741530.
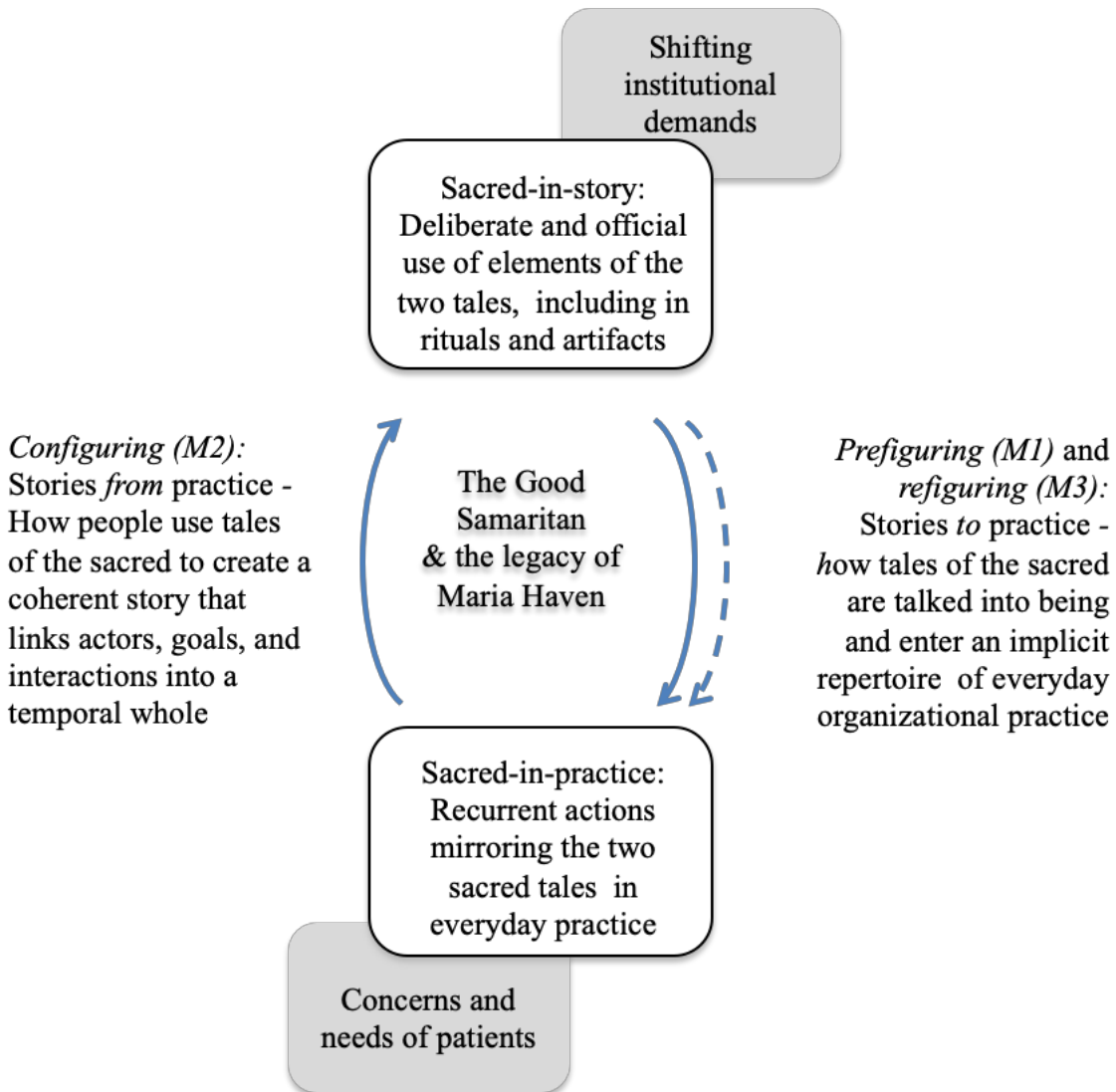
Rhodes, C., Clegg, S. R., & Anandakumar, A. (2008). Ethical vitality: Identity, responsibility, and change in an Australian hospital. *International Journal of Public Administration, 31*(9), 1037-1057.

Rhodes, C., Pullen, A., & Clegg, S. R. (2010). 'If I should fall from grace…': Stories of change and organizational ethics. *Journal of Business Ethics, 91*(4), 535-551.

Ricoeur, P. (1977). Toward a Hermeneutic of the Idea of Revelation. *Harvard Theological Review, 70*(1-2), 1-37.

Ricoeur, P. (1984). *Time and narrative. Volume I* (T. K. M. a. D. Pellauer., Trans.). Chicago, IL: University of Chicago Press.

Ricoeur, P. (1992). *Oneself as Another* (K. Blamey, Trans.). Chicago, IL: University of Chicago Press.

Ricoeur, P. (1995). *Figuring the Sacred. Religion, Narrative and Imagination* (D. Pellauer, Trans. M. I. Wallace Ed.). Mineeapolis, Mn: Fortress Press.

Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Thousand Oaks, CA: Sage.

Rokeach, M. (1973). *The Nature of Human Values*. New York, NY: Free Press.

Rouse, E. D., & Harrison, S. H. (2015). Triangulate and expand. Using multiple sources of data for convergence and expansion to enrich theorizing. In K. D. Elsbach & R. M. Kramer (Eds.), *Handbook of Qualitative Organizational Research: Innovative Pathways and Methods* (pp. 286-297). New York, NY: Routledge.

Schein, E. H. (1987). *Organisasjonskultur og Ledelse - Er Kulturendring Mulig?* Oslo: Libro Forlag

Schultz, M., & Hernes, T. (2013). A temporal perspective on organizational identity. *Organization Science, 24*(1), 1-21.

Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. In M. Zanna (Ed.), *Advances in Experimental Social Psychology* (Vol. 25, pp. 1-65). Orlando, FL: Academic.

Selznick, P. (1957/1983). *Leadership in Administration. A Sociological Interpretation.* Berkeley, CA: University of California Press.

Selznick, P. (1992). *The moral commonwealth: Social theory and the promise of community*. Berkeley, Ca: Univversity of California Press.

Selznick, P. (2008). *A humanist science: Values and ideals in social inquiry*: Stanford University Press.

Spradley, J. (1979). *The Ethnographic Interview*. New York: Holt, Rinehart and Winston.

Vaccaro, A., & Palazzo, G. (2015). Values against Violence: Institutional Change in Societies Dominated by Organized Crime. *Academy of Management Journal, 58*(4), 1075-1101.

Wallace, M. I. (1995). Introduction. In P. Ricoeur & M. I. Wallace (Eds.), *Figuring the sacred. Religion, narrative and imagination* (pp. 1-32). Minneapolis, MI: Fortress Press.

Wallace, M. I. (2000). From Phenomenology to Scripture? Paul Ricoeur's Hermeneutical Philosophy of Religion. *Modern theology, 16*(3), 301-313.

Wallace, M. I. (2002). The Summoned Self: Ethics and Hermeneutics in Paul Ricoeur in Dialogue with Emmanuel Levinas. In J. Wall, W. Schweiker, & D. Hall (Eds.), *Paul Ricoeur and Contemporary Moral Thought* (pp. 80-93). New York, NY: Routledge.

Whittle, A., & Wilson, J. (2015). Ethnomethodology and The Production of History: Studying 'history-in-action'. *Business History, 57*(1), 41-63.

Wilcox, T. (2012). Human resource management in a compartmentalized world: Whither moral agency? *Journal of Business Ethics, 111*(1), 85-96.

Wright, A., Zammuto, R., & Liesch, P. (2017). Maintaining the values of a profession: Institutional work and moral emotions in the emergency department. *Academy of Management Journal, 60*(1), 200-237.

Yin, R. K. (2014). *Case Study Research. Design and Methods. 5th ed.* Thousand Oaks, CA: Sage.

Zilber, T. B. (2009). Institutional Maintainace as Narrative Acts. In T. B. Lawrence, R. Suddaby, & B. Leca (Eds.), *Institutional Work. Actors and Agency in Institutional Studies of Organizations* (pp. 205-236). Cambrigde, MA: Cambridge University Press.

Aadland, E. (2010). Values in professional practice: Towards a critical reflective methodology. *Journal of Business Ethics, 97*(3), 461-472.

**Table 1 Overview of data**

| *Types* | *Sources* (interviewees/interviews) | *Descriptor* |
|---|---|---|
| Interviews | Chairman of the board (1/1)<br>Top-level managers (13/19)<br>Mid-level managers (7/10)<br>First-level managers/employees (7/10)<br>Persons with special knowledge of the organizational history (7/7), including a retired deaconess, a former president, and a user representative<br>Patients (18/18) | Total of 65 interviews with 53 persons, ca 429 pg. transcribed |
| Observations | Patient treatment situations (9/16 hrs)<br>Observation of a leader (1/8 hrs)<br>Inter-disciplinary meetings at a medical department (2/4hrs)<br>Leader-meetings (2/8 hrs)<br>Introduction seminar for new employees (2/8hrs)<br>Conference for leaders of diaconal health care organisations (1/8hrs) | Total. 52 hours of observation, ca 71 pg. transcribed. |
| Archives, Primary | Annual reports (1870, 1990–2014), strategy documents (2002, 2012) and ground rules (1916, 1951, 1978, 1988), 570 pg.<br>Reports from the board (1969–1980, 1993–2015) 240 pg.<br>Letters to the hospital from patients (39 letters, 2008–2014), 50 pg. | Policy documents & patient letters, ca. 860 pg. |
| Archives, secondary | Anniversary books (30, 50, 100 and 140 years), 900 pg.<br>Biographies (2, of Maria Haven), 394 pg.<br>Textbooks (2, one about deaconesses, one about ethics), 368 pg.<br>News reports regarding issues involving the hospital (2012–2015), 10 pg.<br>Records of external regulations, 40 pg.<br>Internal employee survey (2010, 2014). 75 pg. | Historical institutional records, ca. 1825 pg. |

**Figure 1: Figuring the sacred at The Deaconess as triple mimesis**

Shifting institutional demands

Sacred-in-story: Deliberate and official use of elements of the two tales, including in rituals and artifacts

*Configuring (M2):* Stories *from* practice - How people use tales of the sacred to create a coherent story that links actors, goals, and interactions into a temporal whole

The Good Samaritan & the legacy of Maria Haven

*Prefiguring (M1)* and *refiguring (M3):* Stories *to* practice - *h*ow tales of the sacred are talked into being and enter an implicit repertoire of everyday organizational practice

Sacred-in-practice: Recurrent actions mirroring the two sacred tales in everyday practice

Concerns and needs of patients

**Table 2: Additional empirical evidence of figuring of the sacred in the two tales**

| The Legacy of Maria Haven | | The Good Samaritan | |
|---|---|---|---|
| ***SACRED-IN-STORY*** | | | |
| History of Maria Haven actively used in policy documents, value discussions and rites of initiation | New strategy plan (2015) emphasizing "legacy of Maria Haven" as foundational for the organization.<br><br>"It is a cool place to be when the director talks about Maria Haven on the introduction day," Siv [3], clinic leader<br><br>"[to demonstrate] attitudes which show respect and take people seriously and see them as more than patients—as brides," Hilde [16], ward leader | Theme of "care for the marginalized" repeatedly emphasized as a priority | Parable of the Good Samaritan highlighted in strategy documents and featured in a value letter given to all employees<br><br>"If the hospital is not making a difference, other secular institutions can take over," Tor [1], chairman of the board |
| Haven's Christian calling translated into core values of quality and compassion to work in secular contexts | "I mean, those two values, quality and compassion, that is really continuing the legacy of Maria Haven further " Olav [28], leader research<br><br>"She met people with Christian care and skilled nursing. This is what we recognize in those two words," Einar [32], section leader chaplain | Emplotment used explicitly by employees | "After she [a patient on drugs and in terrible condition] died, we got a phone call from one of her relatives. She thanked us in saying 'It was good for her to die in a bed.' I am often thinking of this; that we are giving people from the streets a bed," Gudny [15], ward leader |
| | | Emphasizing the need for economic sustainability as precondition for compassion | "Margaret Thatcher once said 'Nobody would have heard of the Good Samaritan if he, in addition, did not have money to pay for the injured man.' ... We have to administer the hospital with margins so we can help the marginalized and broken ones,' Anders [2], president |

***SACRED-IN-PRACTICE***

| | | | |
|---|---|---|---|
| Extending care for patients beyond medical treatment by also attending to nutritional needs, social situations and existential guidance | "Sometimes it is the same patients who come again and again, often with self-inflicted wounds (…) to provide a bed, giving the possibility for food and nutrition and rest for those patients, that makes a large difference (…) some of them have a place to live but no living skills," Gudny [15], ward leader<br><br>"There is a special tone here at the hospital. There seems to be a bit more care (…) almost all of them are more personally interested," Gunn [35], patient<br><br>"They are listening to what I am saying. There is a special spirit here. It is something with the whole atmosphere. They care," Harry [40], patient | Taking care of patients falling between institutional chairs or otherwise marginalized | "Actually, it was the municipality's responsibility to take care of her, but they did not offer her adequate treatment (…). She was what we call a revolving door patient (…) I personally took an initiative to handle the situation. We found a place in a drug rehabilitation institution, and we paid for it. I think it cost us a little less than half a million crones (…) I think it made a difference at that time and also in retrospect," Anders [2], president<br><br>"Patients were sent by ambulances back and forth between the hospitals and sometimes rejected. So, the last five years we have been inviting the outside-sector patients in. Our mission has changed to accept one patient too many into the hospital," Bent [11], clinic leader |
| Fighting for the continued existence of non-profitable hospice with holistic care | "Holistic thinking involves the soul of a human being. It is fantastic when you see how many that thank us for the hospice treatment, also humanists," Anders [2], president<br><br>"I said I wanted a visit from hospital clowns. They came and it was so much fun. We danced a Tango in bed as much as I could bear. That gave me energy for many days afterwards. I'd rather have visits from clowns than priests. I am done talking about existential matters," Emma [45], hospice patient | Giving care to patients beyond immediate treatment situations<br><br><br><br>Taking steps to let care decisions be unaffected by contrarian economic priorities and health care regulations | "For the Romani people it is of importance to be close when someone dies to inherit the dying person's soul (…) Her whole family came (…) [from] all our neighbor countries (….).We found an unoccupied room in another building," Siv [8], clinic leader<br><br> "My surgeons have never heard of the different DRG codes [diagnosis-related group codes for financial reimbursement]. Why should they? (…) If you know the codes this can affect your decisions. Economics affects decisions. I don't want economics to affect the care that we are giving to our patients," Geir [12], clinic leader<br><br>"I am telling our professionals that it is important to deliver the epicrisis because of the client's situation, not because of the authority's request," Marit [10], clinic leader |