Wide Awake Housekeepers on Duty: The Institutional Logic of Compassion in a Faith-based Organization

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ABSTRACT
This article examines the institutional logic of compassion as shaped and modified within a faith-based organization. The following research questions are addressed: How does the institutional logic of compassion emerge, and how is it shaped over time? The study involves a content analysis of archival sources, semi-structured interviews with managers and organizational members, and observations of a Norwegian faith-based healthcare organization. The composite nature of the institutional logic of compassion is revealed in the interplay between other logics, of professional care, the bureaucratic state and business-like health care. This article identifies the logic of compassion as constructed and conveyed by three complementary processes: institutional believing, material practicing and moral reasoning. Within this logic of compassion, the dominant process of personal faith has, over time, been modified and reintegrated, providing the organization with a broader and renewed connection with social and religious meaning making.

Keywords:
Institutional logic, compassion, faith-based organizations
INTRODUCTION

In the latter half of the 19th century, faith-based hospitals were founded by deaconesses in Sweden (1851), Denmark (1866), Norway (1868) and Finland (1867). The deaconesses were motivated by mercy and a desire to preach salvation through good deeds (Martinsen 1984, Christiansson 2003). Inspired by a spiritual awakening, and experiencing the relief provided by the government as moralistic, paternalistic and of limited help to people without means (Stave 1997), they established hospitals and nursing education. The deaconesses placed compassion and love for one’s neighbor at the center of their institutional work, seeing themselves as “wide awake housekeepers on duty” (Letter from Maria Haven to the sisters, December 13, 1906).

A hundred and fifty years later, most of the Scandinavian faith-based organizations are still operating as healthcare providers, educating nurses and providing hospitalization for the sick and the poor. However, the organizations now function in cooperation with the government and healthcare authorities, receiving support for the services they provide (Leis-Peters 2014). Consequently, a faith-based organization is challenged by several recent tendencies. First, the secularized ideology of the welfare state permeates both the inner and outer context of faith-based organizations (Aadland and Skjørshammer 2012). Considerable research has investigated the macro and meso sociological integration of faith-based institutions into the governmental welfare system (Angell 1994, Stave 1997, Lorentzen 1990). After World War II, the position of faith-based organizations was strengthened through the introduction of the welfare state (Tønnessen 2005), and the organizations were included as welfare providers for practical reasons rather than for their values and specific motivations (Leis-Peters 2014). Second, faith-based organizations experience a complex religious situation (Furseth 2018) of organizational members from different religions and cultures, leading to a question of how to anchor their Christian faith-based heritage in everyday practice (Aadland and Skjørshammer 2012).

Management studies of faith-based organizations show a reduction in the direct application of Christian beliefs and personal faith in daily organizational practice (Aadland and Skjørshammer 2012). However, it is recognized that managerial practice plays a critical role in framing the activities within a faith-based tradition; for instance, through articulating values and mission informed by the faith base (Askeland 2015). Although many organizations use values as the vessel for translating their faith base (Askeland, Espedal, and Sirris 2019), little attention has been given to researching the micro-processes that shape and modify the religious ideal of offering compassionate care through diaconal engagement against the complexity of pressures and demands.

This article investigates the micro-processes that have driven “the institutional logic of compassion” in one faith-based organization, from its origins until recent times. In attempting to investigate the internal processes of Christian compassionate work, this article considers the academic trajectory of institutional logics. Studying logics within organizations can provide insight not only into the effect of shifts in the dominant logic,

1. Faith-based organizations are equal to diaconal organizations. They are rooted in the Evangelical Lutheran church and operate with the intention of extending compassionate care to people in need.
with implications for plural logics and organizational response to institutional complexity (Lounsbury and Boxenbaum 2013), but also into the driving forces that establish social order (Friedland and Alford 1991). In opposing rational theory, which offers a reductionist view of what happens in institutions, the American sociologist of religion, Roger Friedland, turns to Max Weber to highlight that every institution is composed of a multiplicity of “value spheres,” which allow actors to create an order of the social context (Friedland 2013a).

The term “Christian compassion” is often used to describe the institutional beliefs and practices of faith-based organizations, and reflects the diaconal engagement of Christian organizations (Repstad 2001). It is motivated by spirituality and implies altruism, particularly toward those who are perceived to be vulnerable or in need. It is more than an emotion; it is a desire to alleviate suffering (Worline and Dutton 2017). The Christian tradition teaches compassion as “a duty to divine law, a response to divine love and a sign of commitment” (Wuthnow 1991, 50). Incorporated into Christian compassion are deeds of mercy, charity and love for one’s neighbor.2 Thus, the research questions are: How does the institutional logic of compassion emerge, and how is it shaped over time?

In investigating the processes that enhance the logic of compassion, this article relies on a longitudinal case study of one Norwegian faith-based hospital, founded in 1868, hereafter called The Deaconess. An in-depth content analysis of archival sources, going back 150 years, provides a unique opportunity to study in detail the processes that supported the logic of compassion. Ethnographic observations and interviews with leaders and organizational members provide insights into the current position. This faith-based institution was founded by Maria Haven (in alias) (1840–1919). In many ways, Maria was the nation’s Florence Nightingale: a pioneer in teaching nurses to reach out to people without means. She also maintained close contact with the deaconess leaders in Sweden, Denmark and Finland (Ebbell 1940).

The contribution of this article is to understand how an institutional logic of compassion is shaped and modified against the rivalry of other logics. The importance of this analysis is the identification of the processes of this logic as it gives meaning to the work of the faith-based organization. Within a religious order, the logic of compassion is manifest through its institutional beliefs, material practices and moral reasoning. Before proceeding to data and analysis, I will describe the composite nature of institutional logics, and the context of the faith-based organization in which a logic of compassion emerges.

2. Compassion is a key word in the parable of the Good Samaritan; as mentioned in Luke 10:33. The case organization highlight in Strategy Plan (2015) they want their practice to be mirrored by the Good Samaritan.
THEORIZING THE LOGIC OF COMPASSION

Over the past decade, literature on institutional logics has broadened the understanding of the institutional processes of organizations (Thornton and Ocasio 2008, Thornton, Ocasio, and Lounsbury 2012). Studies have emphasized the coexistence and mingling of logics (Purdy and Gray 2009, Reay and Hinings 2009), and the effect of shifts in the dominant logics (Lounsbury and Boxenbaum 2013). The literature has also started to unveil the composite nature of institutional logics, highlighting values and social practice (Friedland 2017). Friedland’s insightful description of institutional logic assists in this investigation into the institutional logic of compassion.

In the 1990s, Friedland and Alford (1991) criticized institutional theories for focusing on instrumental behavior and rational actions without including society, pointing to the existing plurality of institutional orders at the societal level. Capitalism, democracy, bureaucracy, family and religion are all core orders that influence an institution, each shaping individual preferences and organizational interests as well as a repertoire of behaviors. Each institutional order has a central logic that guides its organizing principles and provides social actors with vocabularies for motives and a sense of self. Other scholars have contributed to the understanding of institutional logics, defining them as “the socially constructed, historical patterns of material practices, assumptions, values, beliefs, and rules by which individuals produce and reproduce their material subsistence, organize time and space, and provide meaning to their social reality” (Thornton and Ocasio 2008, 101).

Drawing on the sociologist Max Weber (1946/2012), Friedland understands the inherent beliefs of institutional logic as composed of a multiplicity of “value spheres,” or domains of a “god.” Each value sphere has teleological consistency in exercising “power over man” (Friedland 2013a, 28). According to Friedland, Weber sees all value rationalities as religious: on the one hand, one seeks to possess the divine in the moment; on the other, one is an instrument of the divine, acknowledging God’s creation and participating in the perfection. The gods of the value spheres can also be called institutional “substances” (Friedland 2013b, 18–19). These substances are standards of values, expressed through material practices. Judgment of the “validity of such values” is a “matter of faith,” for which individuals seek and claim to be instruments. The institutional logic of compassion can thus be understood as a faith matter that binds humans for its own sake.

Within each order, there are sets of expectations for individual and organizational behavior (Friedland and Alford 1991). When expressed, these distinct practices reproduce the material substance of the logics, organizing them in time and space and giving them meaning. The material practice of the values sphere of compassion can be expressed through rites of care that reach out to suffering people, giving to the logic an instrumental and ritual content. Practices such as prayer or pious behavior can additionally manifest the order of the logic.

Institutional logics are given a normative dimension in being organized around actionable goods that are valuable to the world (Friedland 2017, 12). Integral to the production of institutional logics is valuation that reflects judgment on what to do. However, this moral reflection is described less in the literature than the beliefs and practices.
In relation to compassion and charitable practice, the moral imperative (Robbins 2006) can be understood as the commandment of reason from which duties and demands derive, similar to Kant’s categorical imperative. However, there is a difference in the moral imperative’s dependency on autonomous and conscious judgment. It operates not as a law but as a reasoning for reaching out to those unjustly treated and oppressed.

Introducing the case organization

From their beginnings in 1868, the deaconesses expressed that they were motivated by their religious calling. Their aim was to perform altruistic deeds of mercy to reduce the suffering of vulnerable people (Letters from Maria Haven to the sisters 1906–1919). However, over time, different logics were introduced, challenging their compassionate work. The history of faith-based organizations can be traced through different periods, following the introduction of these new logics. These periods partly coincide with the historical epochs of missionary organizations in Scandinavia, as reflected in previous research (Askeland 2016, Eckerdal 2008).

In 1912, the newly founded national Nurse Union introduced a logic for professional care that challenged the compassionate aim of The Deaconess. The Union highlighted that professional care should be established around science and quality. It worked for better conditions for nurses, including reduced working hours and formalized nursing education. These changes reduced the focus on altruism and salvation.

From 1945, the logic of the bureaucratic state, with its emerging national welfare system, was introduced, decreasing the need for pioneering faith-based organizations to care for the marginalized (Leis 2004). The new public administration aimed to take responsibility for all people, with national insurance covering all operating expenses. Most faith-based healthcare organizations were integrated into the welfare system as healthcare providers.

From 1990, new Hospital Acts (1969) and reforms introduced a rationale of public healthcare governance directed by New Public Management and business-like healthcare logic. This established cost-effective treatments, lowest-cost providers, and user centricity programs (Reay and Hinings 2009). The new logic challenged The Deaconess as a faith-based healthcare provider by demanding efficiency with shorter patient stays, and transferring the responsibility for patients to the municipality.

As the context for this case, table 1 summarizes the logics that emerged in the environment of The Deaconess. It connects each logic to an institutional order and elaborates on their substance and practice.
Table 1. Logics emerging in the context of The Deaconess

<table>
<thead>
<tr>
<th>Institutional order</th>
<th>From 1868</th>
<th>From 1912</th>
<th>From 1945</th>
<th>From 1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logic of compassion – The Deaconess</td>
<td>Religion</td>
<td>Professional</td>
<td>Bureaucratic state</td>
<td>Market</td>
</tr>
<tr>
<td>Logic of professionalism – introduced by the Nurse Union (NU)</td>
<td>Protects nursing and nurses’ working conditions through professionalizing the field, introducing quality standards and science.</td>
<td>Guarantee of health care service for all people. The government is responsible for all people in providing sufficient care and services.</td>
<td>New market approach ensures better quality and greater efficiency in public services.</td>
<td></td>
</tr>
<tr>
<td>Logic of bureaucratic state – introduced by the welfare system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business-like healthcare logic, introduced by New Public Management</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The substance of the logic</td>
<td>Religious calling of deaconesses, making The Deaconess an instrument for caring for the marginalized and their souls. Compassion is a sign of commitment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice of the logic</td>
<td>Rites of care reaching out to suffering people. Religious practice of prayer, devotion and singing for patients in the corridor.</td>
<td>General nursing and relationship with the patient are the dominant aspects, not salvation.</td>
<td>Establish regulatory reforms, laws and demands with accumulation of resources, rationalization and control.</td>
<td>Establish cost-effective treatment programs: generating and measuring value, increasing specialization, lowest-cost provider and user centricity.</td>
</tr>
</tbody>
</table>

RESEARCH QUESTIONS, SETTING AND METHOD

This article emerged as part of a larger research project of values work in organizations. Leaning on process orientation (Langley et al. 2013), this article aims to investigate the internal micro-processes driving the institutional logic of compassion and maintaining the mission of the organization in a plural setting where different logics compete. Process studies provide explanations in terms of the sequence of events leading to an outcome, and reveal an understanding of the complex activities and transactions that take place (Langley and Tsoukas 2010), informing the research questions: How does the institutional logic of compassion emerge, and how is it shaped over time?

For the purposes of this article, a triangulation of methods is employed based on archival sources of the case organization, semi-structured interviews with managers and organizational members, and participant observations. A single case study (Yin 2014) is chosen because of the opportunities it provides for in-depth analysis. The case organization, The Deaconess, provides a unique opportunity as it is rich in the phenomenon under investigation – namely, compassionate work and practice. The case will not be representative of all contexts, but it gives an idea of the development of the phenomenon.

Today, The Deaconess operates as a local hospital within the framework of the regional
health authority of Norway, providing medical services for 192,000 city residents (2017) and treating 163,680 patients annually in its outpatient facility. The hospital has a psychiatric and a national surgical department, the latter receiving patients for scheduled operations. The financial foundation of the organization is comprised of grants and patient-paid fees through diagnosis-related group (DRG) reimbursement. With a gross budget of approximately 1.8 billion NOK (2017) (190 million Euro), it is one of the largest privately owned faith-based organizations in Scandinavia. Over the last two decades, the hospital has re-established its vision, business ideas and goals, re-emphasizing the legacy of Maria Haven and the altruistic and compassionate work of the deaconesses and parish nurses.

In investigating the historical patterns of the institutional logic of compassion, I have conducted a content analysis of the data and archival sources (Franzosi 2004). The emphasis has not been on quantification, but rather on systematic identification of characteristics that underlie the indicators of content (Bryman 2016). The analytic process will be described in three steps.

The first step was to collect relevant data. Having written a biography of Maria Haven, I had insider knowledge of the first phase of the organization, although not an in-depth understanding of the logic of compassion. I therefore reread the primary sources, such as pamphlets and textbooks published by The Deaconess, the annual reports (1868–1870, 1969–1970, 1990–2015), strategy plans and minutes from the board (1969–1970, 1990–2015), a book of ethics (Hagemann 1930) and a biography (Ebbell 1940). Anniversary books about The Deaconess (at 30, 50, 100 and 140 years) and other sources describing the history and development of the faith-based institution were included. I also accessed personal letters from Haven to the sisters that had not previously been examined; of these 14 letters, five were from the period 1906–1917 and nine letters were undated. The letters were read, coded and subjected to a thematic analysis that highlighted the concerns of this article.

To gain an understanding of the current compassionate work of the organization, interviews were conducted with leaders and organizational members. The data collection was primarily done between August 2013 and October 2015. Sixty-five interviews were conducted, of which seven were with people with profound knowledge of the organization’s history, including the last working deaconess (until 2012), three managers (employed for over 30 years), a former President and two chaplains (both employed since 1991). All interviews were taped and transcribed verbatim. The interviews were first coded in NVivo to track crucial organizational events. In addition, 52 hours of direct observation were conducted (Diamond 2006). Patient treatment situations, interdisciplinary meetings, introduction seminars and leader meetings were observed, and a middle manager was shadowed to give insight into current institutional compassionate practices and beliefs.

Second, through rereading the archival sources and interpreting the literature it was possible to establish an organizational chronology of events over the 150 years. Episodes crucial to the case organization were added to the timeline, and tables were created for events, identifying their aims, actors, motivations and financial platforms. Through this analysis, it became possible to track changes in the development of the logic of compassion and to identify the introduction of different institutional orders.

Representative narratives (Rantakari and Vaara 2016) and discourses (Phillips and Mal-
hotra 2008) were tracked to further investigate the structure of the compassionate belief and practice, and to obtain a holistic view of its occurrence in the organization (Alvesson and Karreman 2000). This search for narratives included a broad range of parables, stories, values and religious symbols that form part of the organization’s religious practice (Ammerman 2016) and sense-making (Boje 2008).

Third, the historical timeline was bracketed into four periods to compare and identify different elements that carried the process of the institutional logic (Langley 1999). Three processes driving the institutional logic were identified, namely, institutional believing, material practicing and moral reasoning. The next section will elaborate on these processes.

**FINDINGS: THREE PROCESSES CONSTRUCTING THE LOGIC OF COMPASSION**

When considering the four phases through which the institutional logic of compassion moved, this study identified that the logic was constructed and driven by three processes: the process of continuously working on institutional believing, the process of the material practice of compassion and the recurring process of turning to values and ethical reflections to provide moral reasoning for the logic.

The process of *institutional believing* involves a state of expectation and an attitude or disposition toward the organizational doctrine of social engagement. In the beginning, the logic was carried by the faith of the deaconesses. Faith often represents a subjective, spiritual trust and devotion, while believing yields more of a rational endorsement to doctrines of faith (Aadland 2012). Over time, institutional believing becomes apparent when carried by new ground rules and doctrines in the organization. Forming part of the organizational community, members become instruments of institutional believing.

The process of *material practicing* is carried by a strong expectation of engaging in social relations that involve reaching out to people in need. In the beginning, the logic was represented by deaconesses working on practicing mercy and love for one’s neighbor in taking care of the sick and the poor (Hagemann 1930, Jahnsen 1919); but later, it was denoted by institutional rituals, ward practices and the strategic decision making of leaders.

The process of *moral reasoning* is carried by ethical reflection on what is morally good. Throughout its history, there was a constant organizational turning toward values in the thoughts and practices of the organization's members. In the later phases, moral engagement was performed by organizational members as moral imaginations, as possibilities within which they act empathetically and generate new values (Alexander 1993).

Table 2 identifies the characteristics of the processes of the institutional logic of compassion through its different phases. The statements of reasoning for the processes are deliberately short. Parts of the rich underlying material, including stories, quotations and examples, will be elaborated in the text that follows.
Table 2. Processes carrying the institutional logic of compassion at The Deaconess

<table>
<thead>
<tr>
<th>Processes/logics</th>
<th>From 1868</th>
<th>From 1912</th>
<th>From 1945</th>
<th>From 1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logic of compassion</td>
<td>Logic of professional care introduced</td>
<td>Re-introduction of female diaconate and Christian role-models</td>
<td>Re-establishing organizational foundation of faith and compassion in ground rules</td>
<td>Business-like health care logic introduced</td>
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<tr>
<td>Religious calling of</td>
<td>Re-introduction of female diaconate and Christian role-models</td>
<td>Re-establishing organizational foundation of faith and compassion in ground rules</td>
<td>Institutional level advocating faith-based inquiries, practice and compassion</td>
<td></td>
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<tr>
<td>deaconesses</td>
<td>Taking care of the marginalized, motivated by religious practice of prayer, devotion and singing for patients in the corridor</td>
<td>Taking care of all people being hospitalized. Religious practicing reduced to reading “The Silent Comforter.”</td>
<td>Strategic decision making of leaders. Institutional rituals. Wards taking care of sick, drug addicts and destitute</td>
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<tr>
<td>Taking care of sick</td>
<td>Taking care of the marginalized, motivated by religious practice of prayer, devotion and singing for patients in the corridor</td>
<td>Taking care of all people being hospitalized. Religious practicing reduced to reading “The Silent Comforter.”</td>
<td>Strategic decision making of leaders. Institutional rituals. Wards taking care of sick, drug addicts and destitute</td>
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<td>neighbor</td>
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<tr>
<td>Text book presents</td>
<td>Leader’s letters and books encourage moral engagement</td>
<td>Ground rules emphasize patients’ worth</td>
<td>Core values introduced. Value letters established to be handed to new employees</td>
<td></td>
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<td>values of nursing</td>
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</table>

Institutional believing

In the middle of the 19th century, the motive for charitable work was to be found in the religious calling of the deaconesses, highlighted by their leaders in letters to parishes (1867) that called for “Christian women with a vocation from God, who care for souls in doing poor relief and nursing” (Annual report 1870; Jahnsen 1919). A state of expectation was created that sisters would become instruments of Christ in reaching out to those in poverty and social distress.

In 1912, the foundation of the charitable work was challenged by the founding of the national Nurse Union, which emphasized that professional care was to be built on science and quality. The founder of The Deaconess, Maria Haven, expressed concern that the professional logic was becoming “too academic, losing [the] heart of [the] marginalized” (Bloch-Hoell 1968, 59) and called the period a “tough time of castigation” (Letters, December 18, 1913). In the ground rules of 1915, organizational beliefs were emphasized. The male director and the minister of The Deaconess highlighted that they were building their operation on the Old Church’s female diaconate. Biblical women were held up as role models (Jahnsen 1913).

From 1945 onward, the faith-based healthcare organization made incremental changes to adjust their operation according to the demands of the public agency and the new welfare system. The Deaconess repealed the old mother house rule and employed nurses
who were not trained as deaconesses (Minutes from the board, Case 77, November 22, 1969). However, internally the adjustments were met with concerns that guiding principles were being diminished: “Does the expansion mean the hospital is losing its character?” (Minutes from the board, Case 34, May 8, 1969). Internal forces emphasized autonomy in wanting to preserve themselves against impacts from the municipality (Letter to the Negotiation Committee of Private Healthcare Institutions, undated). In 1988, the organizational tenet of faith and compassionate work was re-established in ground rules that emphasized the patients’ worth. The hospital highlighted that they were an institution owned by The Deaconess House, administered by the rules of The Deaconess, although operating in cooperation with the municipality.

From 1990, the introduction of New Public Management and business-like healthcare logic (Reay and Hinings 2009), further diminished the markers of the faith-based organization. In addition, the number of deaconesses had decreased. The municipality threatened to shut down The Deaconess due to financial constraints (1991). However, the hospital merged with another faith-based sister hospital, enabling it to continue (1992) (Kaltenborn 2009). A psychiatric unit with 300 employees was merged into the organization (1995), most of whom were unfamiliar with the organization’s principles. The responsibility for maintaining institutional beliefs was taken up by the leaders, who became advocates of the organization’s faith-based principles. They established a new vision that encompassed both business ideas and goals that reinforced the role of the organization as a reflection of Jesus’s life and the legacy of Maria Haven (Strategy Plan of 2015).

Institutional believing is evident in current leaders who recognize the need for a revitalized organizational value platform, and for the reestablishment of core values drawn from the history of The Deaconess, including compassion and quality. The leaders are instigating company-wide inquiries into existing and desired value platforms and asking questions such as: “What is it, then, that we stand for?” (Anders, president Jan 23, 2014). In response, the chairperson of the board said, “We have to ask what our competence is, how can we live our values and heritage in our time?” (Tor, March 12, 2014). However, employees admit that the heritage is difficult to sustain, “There are so many things that are not visible or cannot be set up in statistics, which cannot be counted and measured” (Elin, ward leader, June 10, 2014).

Thus, this investigation illuminates the emerging processual and institutional belief of compassion as being produced and reproduced through faith, concerns, beliefs, and mission statements. In the early days, the believing was influenced by deaconesses’ faith and devotion, later formalized into mission statements and beliefs of the organization advocated by the leaders, practicing faith-based inquiries.

Material practicing

From the beginning, the material practice of the institutional logic of compassion was constructed through the social interaction of deaconesses, who combined nursing and taking care of the marginalized with the contemplative life and religious practice. Part of Haven’s daily pattern was to listen to the concerns of the homeless and poor who sat under the staircase at the entrance to Deaconess House (Ebbell 1940). Haven’s deputy highlighted
that the charitable work of the nurses included meeting patients’ needs, cleaning, treating infections and taking care of the mentally sick and elderly (Nissen 1877). Fifty years later, a female leader endorsed nursing as Christian compassionate work and an expression of love for one’s neighbor (Hageman 1930). This mirrored Haven’s encouragement of the sisters to be “silent and listen. Then God will give…mercy to listen” (Letters, December 18, 1913).

The deaconesses continued their religious practice and social engagement in taking care of the marginalized until the 1970s and 80s. In 1977, a new Law of Working Environment (1977) made it illegal for organizations to recruit applicants with specific religious beliefs (paragraph 55a) (Friberg 1977). Sectoring of the city required the hospital to admit all local inhabitants from three, and later four, sectors. The resulting rush in the wards forced deaconesses to reduce their religious practice to reading “The Silent Comforter,” a daily calendar with Christian psalms and texts. During the fourth period, after threats of closure and mergers, chaplains have taken over and are becoming symbols of faith-based practices. The current president stresses that the hospital’s practice of taking care of the marginalized is embedded in its strategic decisions, in its acquisitions, and with whom they cooperate (Anders, Jan 23, 2014). Employees are invited to participate in institutional and Christian rituals, such as introductory seminars where the story of Maria Haven is told, and invitations to attend Christmas services. The professionals express concerns about the new business-like healthcare acts and regulations, which are “quality indicators not about quality, but tempo, tempo, tempo” (Joar, section leader, Sept 14, 2014), and “I often think we are sending patients away too soon” (Kaja, nurse, June 6, 2014). Despite these concerns, compassionate practice is evident in wards and patient-meetings. Professionals are “going the extra mile” for the sick, drug addicts and destitute, giving them a second chance. Nurse Olga says, when caring for a patient with terminal cancer, that she “sees it in the face of the patient what is important to do” (October 14, 2014). The reasons for the compassionate care are found in the Christian faith of some employees, but mostly, in the meaning of the work.

Moral reasoning

The third driving process of the institutional logic of compassion is found in moral reasoning, in judging which course of action is morally right. Moral issues are often taken for granted and can be implicit in religious organizations (Jackall 1988). However, at The Deaconess, reaching out to people who have been unjustly treated or are in helpless situations has been promoted through an emphasis on institutional values, helping actors to become aware of patterns of behavior and direction in their practice.

The moral dimension of the work at The Deaconess was established through the nation’s first nursing book, published by Haven’s deputy (1877) and highlighting that work at The Deaconess should encompass values such as encouragement, silence, obedience, cleanliness, order and punctuality. Additionally, nurses were encouraged not to be “a quarter of or a half of a doctor, but whole nurses” (Nissen 1877). The deaconesses were further encouraged to reflect on their contribution to the common good, characterized as “deeds of love” (Stave 1997).

In the second phase, the establishment of the scientific Nurse Union made it necessary
for Haven to define principles for guiding the deaconesses’ work. In a Christmas letter, Haven encouraged the sisters to stay morally firm and to be “wide awake housekeepers on duty” (December 13, 1906), keeping an eye on each other and constantly working to do what Jesus would do. The pietistic tradition of being “housekeepers” emphasizes moral reasoning applied in everyday practice.

In 1930, a female leader, following Haven’s demands for enhanced moral reflection, produced a book presenting a code of ethics (Hagemann 1930). This book invoked values as demanding “subjects” for nurses, and discipline, reliability, order, accuracy, punctuality, truthfulness, fidelity, confidentiality and hygiene were all recommended for moral reflection.

After the introduction of the welfare state, the hospital emphasized the worth of patients by highlighting that they are whole human beings with physical, psychological, social and spiritual needs (Ground Rules, Annual Report, 1988). In the fourth phase, The Deaconess worked to define the duties of the institution in reaching out to meet people’s needs. A new strategic plan was approved that embraced core values, including compassion and quality.

A current leader emphasizes that these values provide an ethical “compass” when making decisions (Siv, clinic leader, August 25, 2014). Another leader expresses the institutional values of the organization in saying, “You should let your heart take the lead, let it beat as close to the surface as possible, and then let your knowledge follow up” (Marit, clinic leader, August 25, 2014). In 2002, a value letter was established, issued to new employees, stating that while the organization does not demand Christian faith of its employees, they must all be loyal to the institution’s core values. This letter highlights that the work of the organization should reflect Jesus’s life and example, and the parable of the Good Samaritan.

DISCUSSION: THE FORMATION OF THE INSTITUTIONAL LOGIC OF COMPASSION

This article started by posing the questions, “How do institutional logics of compassion emerge, and how are they shaped over time?” The institutional logic of compassion is understood as being enhanced in a faith-based organization, as a value rationality of Christian social engagement. This involves enacting compassionate care to alleviate suffering, motivated by institutional believing, practiced toward vulnerable people and grounded in moral reasoning.

Over time, there has been concern for balancing changing circumstances with compassionate organizational aims. The institutional logic of compassion initially reflected the faith of deaconesses but was later formalized into mission statements and organizational beliefs. In the early years, the material practice of compassion was enacted through the care of the deaconesses, but as the work became busier and the number of deaconesses declined, the leaders took responsibility for establishing rituals that would maintain the material practice, while professional nurses and chaplains became responsible for acting toward the patients.

In recent years, moral reasoning around the logic of compassion and the establishment of core values for the institution have replaced the ethical codes, principles and commit-
ments that provided meaning through the social reality of taking care of the marginalized. Values are used to establish a course of action that fulfills the obligation to function in a faith-based context for the promotion of the moral good. Further, I will discuss the mechanisms that contribute to the process of institutionalization of the logic of compassion.

Grafting and bridging competing logics

The introduction of new institutional logics often creates internal struggles within organizations. In the case organization, the competing logics and values dilemmas were often met with “pockets of concern” (Gehman, Trevino, and Garud 2013) or a concern for self-maintenance (Selznick 1957). Such concerns can be identified in questions such as, “Is the field of nursing becoming too academic?”, “Is the hospital losing its character?” or, “What does it mean to be faith-based?”

Scholars describe the different diffusion mechanisms involved in the institutionalization of new organizational forms as transformation, grafting, bridging and exit (Purdy and Gray 2009). In transforming goals and actions to fit the rationalities of external logics, organizations may deviate from their initial missions in order to secure required resources, or they might try to graft and integrate the regulations into their existing practices rather than replace them. A third approach is to build a bridge between the expectations of different logics.

In order to survive, The Deaconess could have changed and transformed the beliefs, practices, and moral implications of the logic of compassion to accommodate, for instance, demands from public agencies and business-like healthcare authorities, as mentioned by Stave (1997), who highlights how diaconal institutions have become subordinate to governance and control. The Deaconess accepted the organizational principles of the governmental requirements, but in addition, it grafted and integrated its existing practice into the demands of the external logics, making small adjustments but not reducing its principle of compassion. Thus, the hospital became a hybrid organization (Askeland 2016), working internally on managing the interplay of competing logics (Pache and Santos 2013). Providing an example of an organization that has built bridges between different rationalities and indicating the connection between the logic of compassion and a business-like healthcare rationale is the president’s argument for the organization’s agency: “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 administrate the hospital with margins so we can help the marginalized and broken ones” (Anders, president, March 4, 2014).

Agents of the processes

Throughout the hospital’s history, the agents of the logic of compassion were the pioneer, Maria Haven, the board of the organization and the deaconesses. After the number of deaconesses declined, the leaders of the organization ensured their role as agents, as described by Askeland (2015). Because there are no deaconesses as markers of the compassionate work today, the leaders are currently the important actors, working on the further construction of the logic of compassion, as highlighted by the president: “Francis of Assisi
[said] life is about preaching the gospel, and if necessary, with words. This sounds like us” (Anders, president, June 3, 2014). The leaders focus on everyday operational activities but frame the professional services around the organization’s faith base. They are constructing an institutional leadership in which management of purpose and “promotion of values” are central (Selznick 1957, 27–28).

Moral reasoning and values work
Most striking in the material is the normative process of enhancing the logic of compassion through values. The dominant process involving the personal beliefs of the deaconesses has been replaced by an emphasis on institutional moral reasoning, which provides substantial meaning to the social and organizational order.

From the outset, the organization has been infused with values (Selznick 1957). Recent studies have conceptualized values work as an ongoing performance situated in everyday practice (Gehman, Trevino, and Garud 2013). In all phases, this study identifies an organizational inclination toward values work, constructing a habit of organizational members to engage in moral and ethical reflections, establishing symbolic capital through the organization’s inclination to “whatever value” (Bourdieu 1984). In placing the suffering of others before the individual’s needs, self-sacrifice before self-enhancement, patients’ rights and worth before efficiency, organizational acts of human quality are developed (MacIntyre 2007). Recent forms of moral reasoning come close to Dewey’s moral imagination, seeing “the actual in the light of the possible,” reading the ethical in everyday situations, and realizing character and deeds in discovering possibilities and generating new values (Alexander 1993, 384–390).

The disposition of the organizational faith base becomes clearer through the ongoing values work. Core values are, in this case, drawn from the faith-based tradition to enhance the religious history of the organization. Values in faith-based organizations are identified as translating and expressing the presence of religion (Askeland, Espedal, and Sirris 2019). As other studies have highlighted, this study also finds that religion plays a role in organizational decision making (Pe’er, Gottschalg, and Shir 2015). Core values are reflected in strategic plans and become prominent in patient meetings.

Friedland (2013b) describes institutional logic as a values-sphere, or a matter of faith that is received and established through a charisma of illumination, binding the humans for its own sake. As such, when the logic of compassion is enacted through institutional believing, material practicing and moral reasoning, the organizational members become instruments for being Christ-like, an institutional way of life where the sacred are produced, encountered and shared. Thus, the processes of the institutional logic of compassion combine to maintain the significance of religion as a social institution and to clarify its boundaries with the secular (Durkheim 2008).

Implications of the institutionalization of the logic of compassion
This empirical study suggests three important processes in the construction and driving of the logic of compassion. Infusing an organization with values establishes an important way
of ordering the logic and giving the organization symbolic and religious capital. However, this study has conveyed a single case and the subject would benefit from an in-depth comparative analysis of the development of logics in other faith-based institutions, for instance in Sweden, Denmark and Finland. Further research is needed on how religion as a logic influences organizational behavior, and how the relationship between logics and processes builds bridges between institutional logic, work and faith.

CONCLUSION

The processes involved in organizational believing, enacted in material practice and reasoned in moral imperative together compose the institutional logic of compassion. Leaders and members put forward this logic at all levels of an organization. By infusing the organization with values and building on the symbolic capital of religion, the organization establishes a pattern that enhances the institutional logic of compassion and the virtue of taking care of the sick and marginalized. This is achieved by emphasizing other people’s needs before those of the individual, patients’ needs before efficiency, and equal rights and treatment for all citizens. This study suggests that the process of moral reasoning lays the foundation for a profound reflection on the dilemmas, ethical codes and values of the emerging institutional logic of compassion, and provides the organization with a broader and renewed connection with social and religious meaning making in the wider society.

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