

**“The long slow road to saying goodbye”:
exploring the sustainability of identity in
Irish Catholic led health and social care
in a time of change.**

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Declaration of Work

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Doctor of Philosophy is entirely my own work, that I have exercised reasonable care to ensure that the work is original, and that it does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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GLOSSARY

Catholic Religious Institutes: A religious institute is a society in which men or women take public vows and lead a life of Brothers or Sisters in common. For this study, a Catholic religious institute refers to either a Catholic Religious Congregation or Order.

Charism: The charism of a religious institute refers to the distinct spirit that animates a religious community and gives it a particular character and is informed by the founder. A charism is part of the permanent heritage of a community, which includes the rule, mission, history, and traditions kept by the religious institute.

CORI: Conference of Religious in Ireland was an umbrella group established in 1960 to coordinate the work of religious institutes. It provided a forum where Religious could work together in the mission they held in common. The Irish Missionary Union and the Conference of Religious of Ireland amalgamated in 2016, and the agency is now called the Association of Missionaries and Religious of Ireland. The purpose of AMRI is to represent and promote active collaboration between Religious Institutes, Societies of Apostolic Life and Missionary Organisations.

Profession: Profession is where an individual commits him/herself to the religious institute as defined by Vermeersch,(1911), “according to the existing law, religious profession denotes the act of embracing the religious state by the three vows of poverty, chastity, and obedience according to the rule of an order canonically approved: it involves then a triple vow made to God, and binding oneself to the rule of a certain order” (Vermeersch, A. (1911) *The Catholic Encyclopedia*).

Province: Regional organisational structure of a religious institute

Sponsorship: In the context of health and social care services, Bouchard et al (2005) provide a definition of sponsorship "Sponsorship of a health care ministry is a formal relationship between an authorised Catholic organisation and a legally formed system, hospital, clinic (or other institution) entered into for the sake of promoting and sustaining Christ's healing mission to people in need" (2005: 9).

Vatican II: The Second Vatican Council (1962 – 1965) informally known as Vatican II, addressed relations between the Catholic Church and the modern world. Its 16 documents redefined the nature of the church, gave bishops greater influence in church affairs, increased lay participation in liturgy and set the religious institutes on their road to ‘renewal’.

ABSTRACT

“The long slow road to saying goodbye”: exploring the sustainability of identity in Irish Catholic led health and social care in a time of change.

Jane McEvoy

Catholic led health and social care services have a long history and tradition in Ireland. Indeed, as noted by Wren (2003), the development and growth of voluntary hospitals throughout the nineteenth and twentieth centuries owes a great deal to the thousands of religious (primarily women) who worked for little financial reward, accepting the practice of putting their salaries back into the hospitals where they worked. In the latter part of the 20th century, due to a myriad of reasons including diminution of vocations and mandates from Vatican II, religious institutes began to explore how organisational identity might be sustained within Catholic led health and social care once they themselves have moved on. In this study, the literature on faith based organisations (FBOs), mainly from the United States, is explored as context, particularly in terms of cultural and societal differences (Pew Research Centre, 2014, 2018; Smith, 2002) and the various typologies of FBOs in terms of determining the spectrum of religious expression in these organisations (Jeavons, 1998; Smith & Soisin, 2001; Monsoma & Mounts, 2002; Sider & Unruh, 2004). The literature on organisational identity has been reviewed specifically in terms of the role of identity construction (Dhalla, 2007; Gioia *et al.*, 2013; Humphries & Brown, 2002), organisational identity threats (Ravasi & Schultz, 2006), multiple identities (Pratt & Foreman, 2000) and what that means in terms of the central, distinctive and enduring characteristics (Albert & Whetten, 1985) of any future identity of the former Catholic religious led health and social care services in Ireland. A constructive interpretive stance underpins this study. The primary research has two parts: firstly a series of unstructured, in-depth interviews with senior Religious and their lay counterparts within the leading religious institutes currently providing health and social care services in Ireland, and secondly, a case study of one specific religious institute, combining unstructured in-depth interviews with a small number of relevant stakeholders, field notes and archival material. As initial interviews took place in 2011/12/13, a further series of interviews took place in 2019, both with individuals from the case-study organisation and from external religious institutes and their health and social care services, which has provided greater depth and richness to the study. This study makes three major contributions which include identification of factors that may determine the sustainability of OI in the context of a faith-based organisation in the future in the absence of the religious institutes. The second contribution relates to the context of this study. Very limited research has been carried out on the role of religious institutes of Ireland in terms of the provision of health and social care. The research in this study adds to the limited pool of knowledge on this organisational form. Finally, this study contributes to the research on multiple identities by showing how the framework developed by Pratt and Foreman (2000) could be used to categorise how sense-giving OIC processes were used to respond to the emergence of multiple identities.

Chater 1

Introduction

1.1 Chapter introduction

The study presented in this thesis explores the sustainability of identity in Irish Catholic led health and social care as it transfers from religious to lay leadership.

This chapter is divided into a number of sections. Section 2 below sets out the context to the study and presents the research questions, the history of RIs providing health and social care in Ireland as well as a description of the case study organisation. The next section gives a brief overview of the literature reviewed. As I was an employee of the case study organisation until 2019, section 4 reviews in brief the concept of ‘insider research’ which had a strong influence on the study and which is explored in greater detail in chapter 4 on methodology. Section 5 sets out the contributions made by this study. Finally, in section 6 the structure of the study is outlined and the chapter ends with a brief conclusion in the final section.

1.2 Context and presentation

1.2.1 The research questions

For nearly 200 years in some cases, the Catholic religious institutes in this study have led large sections of the health and social care services in Ireland. Some of the biggest hospitals in Ireland were founded and operated by the religious institutes (hereafter RIs), such as St. Vincent’s Hospital founded in 1834; the Mater Hospital in 1861 and the Mercy Hospital founded in 1857 in Cork. As noted by Wren (2003), the development and growth of voluntary hospitals throughout the nineteenth and twentieth centuries owe a great deal to the thousands of religious (primarily women) who worked for little financial reward, accepting the practice of putting their salaries back into the hospitals where they worked. In addition to acute hospital care, Catholic RIs have also provided social care services, in terms of supports for the elderly, the disabled and other vulnerable groups, throughout Ireland.

However, it is ironic that at the very height of the involvement of Catholic RIs in health and social care in Ireland in the middle of the 20th century, large numbers of Religious began resigning from religious life and the number of vocations started falling in the developed world. This demographic change, combined with the beginning of the ‘renewal reflection process’ as

mandated by Vatican II¹, meant that RIs faced ‘fork in the road’ challenges. As such they were forced for the first time to engage in a ‘sense-making’ process’ to re-examine how and if they planned to continue their mission and maintain their identity in Irish health and social care into the future.

Following reflection, the religious leadership of the RIs actively engaged in ‘sense-giving’ OIC processes in an effort to sustain their interpretation of their identity into the future. The fact that this interpretation of identity varied from strongly Catholic, to broadly Christian to values-led, is one of the major findings of this study.

The three questions of this research are:

- What are perceived to be the intrinsic elements of identity in Catholic health and social care services in Ireland in the 21st century?
- What is the nature of the identity management processes that Catholic RIs have engaged in to construct and sustain a distinctive identity in their health and social care services?
- How has the perception of religious and lay leaders of the identity of their health and social care services been influenced by external and internal challenges?

To answer these questions a qualitative method of investigation was used which supported detailed, in-depth data collection involving multiple sources of information within a case study organisation (Cresswell, 2007). In addition, a series of interviews took place at two different timeframes (firstly in 2011, 2012, 2013 and secondly in 2019) with senior religious and lay personnel from the seven largest RIs² who provide health and social care services in Ireland, to support understanding and meaning of the phenomena under investigation. Finally, two individuals external to the sector but with expert knowledge in the area of governance and identity of RIs and their health and social care services were interviewed in 2015 and 2017. These interviews allowed me to build up a more holistic understanding of the sector and the wider context. By going beyond a single case study, the study provides a much deeper and richer understanding of the issue.

¹ The Second Vatican Council (1962 – 1965) informally known as Vatican II, addressed relations between the Catholic Church and the modern world. Its documents redefined the nature of the church, gave bishops greater influence in church affairs, increased lay participation in liturgy and set the religious institutes on their road to ‘renewal’.

² Participants were interviewed from two Provinces of one religious institute, which was therefore treated at two different entities

The next sub-section gives a brief history of the RIs involved in this research, with particular detail on the case study institute.

1.2.2 Catholic Religious Institutes in health and social care provision in this study

The RIs who contributed to this study represent the leading religious health and social care providers in Ireland. To support anonymity of each of the RIs, each RI was assigned a specific code, consisting of letters and numbers. This coding system allowed each religious institute to keep its anonymity while also allowing them to be clearly identifiable. In addition, this coding system of the RIs was also linked to the participant, also coded, and extended into the findings.

The RIs who took part in this research are set out in the table below:

	Sponsored Entity
RI1 (The case study)	Social Care Services
RI2	Health and Social Care Services
RI3	Health and Social Care Services
RI4	Health and Social Care Services
RI5*	Health and Social Care Services
RI6	Social Care Services
RI7*	Social Care Services
RI8	Health and Social Care Services

*Same religious institute – different provinces.

Table 1.1: Catholic Religious Institutes who contributed to Study

More detailed information on each of the RIs is provided in Appendix A.

All but one (RI6) of the RIs commenced their work in Ireland in the 19th Century. The expansion of involvement of RIs in the provision of health and social care from then on went hand in hand with an expansion in the numbers of Religious themselves. “In 1800, there were some 200 nuns in Ireland, by 1850, there were 1,500, and by 1900 there were some 9,000 nuns in Ireland” (Fahy, 1998: 146). After the War of Independence (1920 – 21) and the Civil War (1922-23), the new Irish government came to rely on the RIs for the provision of both health and social care to a great extent, as neither were really a priority for the state (Harvey, 2007). State investment in social and healthcare services was not generous prior to their rapid expansion in the 1960s which was largely funded by the Irish Sweepstakes, and “no reserve existed within the public system which could easily have been drawn upon to fill gaps caused by withdrawal or non-activity on the part of the church” (Fahy, 1998:146). There were a

number of sources of conflict in terms of the Church-State relationship in the provision of health, one of the most famous concerned the Health Act (1947), which amongst other provisions advocated for free-of-charge mother and child scheme (Whyte, 1980). However, in general until the latter years of the 20th century, the resolution of these conflicts favoured the views of the Catholic Church. Although there were not as many such tumultuous crises in the intervening years, nonetheless to the present day, the perceived influence of the Catholic Church on the health and social care settings sponsored by the RIs, remains a topic of controversy and discussion evident in the media and government policy, and this has seems to have had an influence on the success or otherwise of the identity construction processes of the RIs.

The next section gives a brief description of the case study organisation but opens with a brief vignette in accordance with an approach to case study work suggested by Stake (1995).

1.2.3 Case-Study Religious Institute (RI1)

1.2.3.1 Vignette

I was sitting in one of the many meetings that took place in the case study organisation in the early part of the 21st century, when the planned changes of structures, leadership and formation were being discussed. It was, it seemed to me, an energising and exciting time, as lay people were being invited to join in the overall leadership of the social care services. The planned changes seemed to me an obvious and appropriate choice to be making at that time. Sitting beside me was a Brother whom I had known for many years who had worked in different areas of the organisation, including that of a leadership role, and I shared with him my interest and sense of excitement. I was startled to hear him respond that he felt like he was at his own funeral. He went on to say that everything he had known and given his life to, was now changing. He knew it had to happen, and the changes had to occur, but that didn't mean he was not grief stricken. Many other conversations and discussions took place about these changes, over several years, but the sense of grief and distress which the Brother expressed remained with me. This made me think in a deeper and more reflective manner about the identity, history and tradition of the service of the RIs in Ireland, including the one I worked with, the changes that were taking place, and what they might mean in the future. I had not taken account of the life-long commitment made by this man and indeed, all the other Religious in Ireland both then and before, "as a consecration to God" which had "been brought about by the profession of public vows of chastity, poverty, obedience and hospitality" (Canon 654). What I saw as just an automatic step for the organisation if it wished to continue in the provision

of health and social care, was for him and to other Religious, a life changing occurrence. Arbuckle (2000) defines grief or mourning as “the process whereby loss is acknowledged and the future with all its uncertainties, fears and hopes is confronted” (2000:310) and notes that the religious sponsors of health and social care services need to grieve their loss of control. Arbuckle (2000) goes on to conclude that religious members of RIs are called to grieve at two levels, firstly that their membership is in decline and secondly that they are losing control of the health and social care agencies that have been developed over generations. In a sense, it was that small conversation, which drove my interest in the concept of organisational identity and how the interpretation of it by RI1 particularly might be sustained in the future. By the time of my interviews, much of this grieving process had taken place in the case study organisation, and this enabled the religious participants to engage in this study in an open and transparent manner.

1.2.3.2 Description of RI1

The founder of RI1 answered a call from God to devote his life to the care of the ill, underprivileged and marginalised in society some 500 years ago. This led, nearly 30 years after his death to the formation of the religious order (RI1) and the foundation of the multinational organisation supporting health and social services that now exists on every continent across the world. The importance of a lay person being the founder and the link that provides to the lay people of the case study organisation is explored in detail in chapter 5.

Ever since its foundation, RI1, conscious of its heritage received in the Church, has carried on its apostolic work with vulnerable people. It is now an international organisation providing a range of social, educational and welfare services throughout the world. The governance structure within the order’s services is similar to that of other large RIs, in that it is divided into regions, which are known as Provinces. The services in Ireland, part of the West European Province, are the subject of this research. The religious leadership of RI1 in Ireland places a particular emphasis on ensuring that a Catholic identity is sustained within its health and social care services. The decisions made during the renewal process post Vatican II and in the face of changing and challenging demographics, which informed the OIC processes in their sponsored health and social care entities have their basis in that desire.

As can be seen for the consideration of the RIs above, it was clear for the purpose of this study that the literature on Faith-based Organisations (FBOs) and Organisational Identity should be

reviewed and the next section gives a brief preview of the review which is explored in greater detail in chapters 3 and 4.

1.3 Broad Outline of Academic Literature

The literature on faith-based organisations (FBOs) and organisational identity (OI) was chosen as being particularly relevant to the purpose of the study which is to explore the sustainability of identity in Irish Catholic led health and social care in a time of change.

1.3.1 Literature on Faith-based Organisations

The literature on FBOs was explored as it is deemed important that the context in which the considerations of identity were taking place was examined. Specifically, Catholic FBOs are also considered with particular reference to Vatican II, which had a profound effect on shaping the thinking and decisions of all RIs, including those who provide health and social care services.

While there was a level interest in religion and religious organisations in the earlier part of the 20th century, (Weber, 1924; Douglass, 1926; Douglass & Brunner, 1935; Hopkins, 1940), however, McGrew and Cnaan (2006) note that “social science research has neglected the world of religion and religious-based services for almost a century” (2006:3). This is despite the fact that, as Fulton (2019) notes, religious organisations are among the oldest and most influential institutions in the world. However, a growth in interest in religious organisations occurred following the Charitable Choice legislation introduced in the United States at the end of the 20th Century (Kennedy & Bielefeld, 2006). A variety of policy and operational issues were raised, particularly regarding the relationship of FBOs and the state. Bielefeld & Cleveland (2013) provide an overview of the various topics within this developing field of research. They include the unique characteristics of FBOs, the services and outcomes provided (Kutney-Kee *et al.*, 2014), their relationship with government (Kuzma, 2000; Kennedy & Bielefeld, 2002; Knippenberg, 2003; Vanderwoerd, 2008) and the methodologies available to study them (Chaves, 2002; Stoltzfus, 2007; DeJong & Horn 2008; McNamara *et al.*, 2008). Difficulties in defining FBOs and reaching any agreement on what were their unique characteristics led to the development of various typologies (Jeavons, 1998; Smith & Soisin, 2001, Monsoma & Mounts, 2002; Sider & Unruh, 2004). These typologies can be used to determine the spectrum of religious expression in these organisations and this is explored in section 2.2.3 of chapter 2. Sider & Unruh’s, (2004) six-fold typology, which looks at the way religion is apparent in an

FBO, was chosen to inform the ‘aide mémoire’ for the first set of interviews, and as well as to support the interpretation of the findings of the data gathered (chapter 7).

Chapter 2 also explores the cultural context in which FBOs exist as this has particular significance in terms of analysing actions taken or planned by RIs. The relationship between RIs in Ireland and the United States is of particular relevance to this study. Finally, the literature on identity is explored briefly in the context of FBOs in this chapter, while a more detailed review of literature on OI takes place in chapter 3. Identity stands at the intersection of religion and organisation and is an area where researchers such as Fulton (2019) and Tracey, (2012) deem new insights may be gained in terms of organisational development and management. Tracey (2012) proposed that religious organisations in particular offered opportunities for exploring both the social constructivist and social actor approach to identity as is done in this study.

1.3.2 Organisational Identity

Chapter 3 provides an overview of the literature on organisational identity (OI), which supports this study. This chapter explores the origins, definitions and philosophical foundations of the OI concept as well as the key assumptions and developments over the years. Albert & Whetten’s (1985) formative definition of OI as specified by a set of claims regarding what is “central, distinctive and enduring” is considered and used in exploring more recent definitions of OI as well as providing a framework for the subsequent consideration of research in this area.

In the United States, from the early 1990s, it became clear that Catholic education and healthcare organisations were struggling to balance demands of economic, political, and legal pressures while sustaining a distinctive Catholic identity (Hehir 1995; White, 2000; Cochran & White, 2002; Grogan, Morey & Piderit, 2007). However, it is only in the early part of the 21st Century that for the first time, it seems that the identity of Catholic led *Irish* health and social care services, is under threat.

OI is now seen as a critical factor in understanding such major organisational issues as decision making (Riantoputra, 2010), internal conflicts (Humphreys & Brown, 2002), communication (Fombrun, 1996), issue interpretation and response (Dutton & Dukerich, 1991; Gioia & Thomas, 1996), consideration of issues centred on legitimacy (Sillince & Brown, 2009; He & Baruch, 2010) and strategic change (Ravasi & Phillips, 2011). As such research on OI focuses on several dimensions (Lin, 2004) such as multiple identities and identity management (Albert

& Whetten, 1985; Pratt & Foreman 2000, Puusa, 2009) and identity and organisational change (Brown & Starkey, 2000).

There are multiple philosophical foundations to OI. Albert and Whetten's original formulation of OI as being based on organisational features which are central, enduring and distinctive seems to locate identity as a property of the organisation or the collective itself (Corley 2006). This definition supports the 'identity of an organisation' (*a social actor viewpoint*), rather than that of 'identity in an organisation' (*a social constructionist approach*). The social constructionist approach to identity emphasises a *sense-making* process while a social actor approach emphasises *sense-giving* processes. Both these approaches inform this study.

In terms of the research presented in this thesis, the studies on OI threats (Ravasi & Schultz, 2006) and the ongoing construction of OI (Dhalla, 2007; Gioia *et al.*, 2013; Schultz, 2016) are of particular interest. The framework proposed by Pratt & Foreman (2000) is explored in depth as it provides a new lens to examine the various strategies undertaken by the RIs in the face of identity threats, challenges and the rise of multiple identities. Finally, the literature on Catholic identity, particularly concerning health and social care services is considered, as its sustainment and maintenance is the core focus of this study.

The next section gives a brief review of the position of the 'insider-researcher' and issues which may arise, because it is particularly pertinent to this study as I am an insider researcher.

1.4. The position of the 'Insider' Researcher

I was employed by RI1 for approximately 30 years, and in leadership positions for 20 of those years. Although, as a lay person I was not involved in the actual decision making concerning how RI1s interpretation of a Catholic identity would be sustained in their health and social care service, I participated in the collaborative discussions that followed. I knew and worked with many of the Brothers during my employment and began to understand the huge change that they were facing when they realised that they would be unable to lead and govern their services in Ireland for the first time in 150 years. As I had a prolonged involvement and connection with both the research problem and setting, I can be characterised as an insider researcher for the purposes of this study. As such, I had to address the challenges this can cause in a clear and transparent manner. I sought to overcome these challenges through my reflexive approach to the study.

Insider research is often seen as problematic. It is perceived as not conforming to standards of rigour in academic research, because insider researchers have a personal stake and deep emotional investment in the setting (Anderson & Herr, 1999; Alvesson, 2003). The main issues surrounding insider research include access, pre-understanding and bias, role duality and organisational politics, are discussed in detail in chapter 4. However, in this section, I wish to elaborate briefly on the first two elements, which were key factors considered as part of the practice of reflexivity that I adopted, which are also considered in chapter 4.

Reflexivity challenges the view that the production of knowledge is independent of the researcher producing it, and endorses it as subjective epistemology. A more self-conscious awareness is developed about who we are as researchers, about the decisions we make in the research process and how this impacts on the 'other' (Pillow, 2003). Reflexivity is about developing and demonstrating transparency about how decisions are made in the research process.

1.4.1 Access

One of the advantages of insider research is access. Although this was a sensitive piece of research, access was not a difficulty in either the case study organisation or the external RIs or social and health services particularly at the first time-frame. However, one of the main reasons for the ease of access was the fact that the senior religious leader within the case study organisation was very supportive of the study and acted as a "gatekeeper" both internally and, particularly, in relation to accessing participants in the external RIs (Gray, 2013). This senior religious leader is well known within the world of religious led health and social care and has a strong reputation. He provided initial introductions to appropriate personnel in the external RIs, informing them of who I was, the purpose of my research and his support for the study. Because of his influence, I was able to gain access to senior religious personnel at both timeframes.

It is extremely doubtful that I would have been able to gain this primary access particularly in the external RIs, without his introduction and support and yet it could be perceived that being introduced by such a senior Religious gave me more power in the interview process. As part of my reflexive approach, I engaged in a number of actions to attempt to address the unequal distribution of power in the interview process, including transcribing each interview verbatim and returning it to the interviewee to verify accuracy, correct errors or inaccuracies and provide clarifications. The advantage of this process was that it gave interviewees a sense of control

during the interview process, as they knew beforehand that they would have the opportunity to edit or clarify information provided in the original interview. However, of the 19 interviewees in 2011 to 2013, only 5 took the opportunity to change any data, and only 4 of the 12 participants made changes in 2019. In the majority of cases, these were minor editing or grammatical changes and did not affect the substance of the interviews. This seemed to indicate that the interviewees felt comfortable with the information that they had provided and in the manner in which it had been sought.

Although this religious leader had no formal involvement regarding access of participants in the case study organisation, he was known to be the sponsor of the study and I believe that this was a positive influence for those persons who agreed to participate and also in relation to secondary access. In addition, I had been a long-term employee of the organisation and occupied a role at a high level of the hierarchy. I also had known all the participants for a long time and had been part of previous debates and conversations with them about plans and decisions being made by RII about identity, formation and governance. This knowledge and lived experience, all supported familiarity and social interaction with the participants, but also meant that I had to be aware of the effect this pre-understanding had on the study, and this is discussed in the next section.

1.4.2 Pre-understanding and bias

The advantages of having a pre-understanding are that the insider researcher in contrast to the outsider researcher has a superior knowledge of the people, the organisation, and its environment and is thus able to interact naturally with the participants (Bonner & Tolhurst, 2002). This supports a direct, intuitive sensitivity that makes empathic understanding possible (Merton, 1972). All the above supports the development of greater relationship intimacy with the participants, so people are more likely to respond to questions asked in an open and transparent manner, and thus richer data is obtained. As noted by Mercer (2007), this, however, can also mean that the obvious question may not be asked, the sensitive topic might not be raised, shared assumptions may not be clarified, and shared norms might not be articulated. The researcher might feel that they already know the answers and therefore not expose their thinking to an alternative point of view (Brannick & Coughlan, 2007). All the above have the potential for distortion or bias particularly in terms of inadvertently making erroneous assumptions and thus affecting the results of the study.

Because of my long involvement with RI1, I felt I had a clear understanding of the identity of the case study organisation, as a 'lived experience' and had been heavily involved in strategies and discussions about identity and culture within the organisation. This meant that unlike an outsider researcher, I was free from the effects of culture shock and able to blend into situations without disturbing social settings (Aguiler, 1981). In addition, this knowledge of the identity of a religious institute, its history, artefacts and values, their meanings and use, was extremely useful not only in interviewing individuals within the case study religious institute itself but also when speaking to other Religious and lay people external to the case study organisation. It seemed to me that they too saw me as an "insider" even though I came from an external organisation and had never met most of them before. My knowledge and respect of the language, tradition and history of the RIs and how they provided services in Ireland, encouraged trust and familiarity and a level intimacy between me as the researcher and those being researched, which would not have been there if I had been a completely 'outsider' researcher. However, this trust and familiarity was a 'two-edged sword' and I became aware through a process of reflexivity that information was being shared with me which probably would not have been shared with a perceived 'outsider' researcher, that is someone not belonging to a religious institute or their health or social services, and I had to consider how I responded to this. Also, I became aware of how strong my connection and prior knowledge was of the issue under question and how that might bias and influence the study process and even findings.

Reflexivity in the case of this study was especially important at the analysis stage. I used a general qualitative approach, which supported flexibility but did not mean as noted by Liu, (2016), that there is not a logical approach to be followed. In the case of this study, the path taken concerning the data analysis was influenced by work carried out by Clark *et al.* (2010), Ravasi & Phillips (2011) and Tracey & Phillips (2016) and follows the procedures as suggested by Thomas (2006) also borrowing from the constant comparison process from Grounded Theory methodology (Liu, 2016). My reflexive approach also helped to keep me alert to "unconscious editing" because of my own sensitivity and intimate knowledge of the case study organisation, thus enabling fuller engagement with the data and a more in-depth comprehensive analysis of it (Valentine, 2007).

However, a constructivist-interpretivist epistemology necessitates the understanding that biases can never be removed completely. The constructivist-interpretive researcher sees the world as constructed, interpreted, and experienced by people as they interact each other and

with wider social systems (Guba & Lincoln, 1985; Merriam, 1988; Antwi, 2015). The interpretivist researcher is trying to gain a deep and rich understanding of the issue being researched but must also acknowledge their own subjectivity.

Finally, insider researchers can think that they know the answer already and not expose their current thinking to alternative reframing (Brannick & Coghlan, 2007). I thought I had a clear understanding of the manner in which RIs were moving on, and the reasons for the change, due to my in-depth knowledge of the processes in the case study organisation. I had to interrogate my own preconceptions, when faced with the descriptions and experiences provided by participants in the other RIs in the study. This led to one of the biggest insights for me as a researcher, namely, the extent of the diversity of strategies and processes engaged in across the RIs in the study.

The next section sets out the contributions made by this study.

1.5 Contributions

This study makes three major contributions which are explored in greater detail in chapter 8.

- a. Firstly, it contributes in the identification of three factors that determine the sustainability of OI in the context of a faith-based organisation in the future in the absence of the religious institutes. Specifically, the findings identify the following factors:
 - i. Firstly, this study shows that the sustainment of any identity, whether it is Catholic or Christian/Values driven, will be dependent on a shared understanding and ownership of the distinct attributes of organisational identity as it is interpreted by organisational members, who in the future will largely be lay members.
 - ii. Secondly, this study shows that this shared understanding of identity may continue to evolve, be reinterpreted and be adapted through sense-making processes by organisational members in the face of internal challenges and external identity threats, particularly those coming from the increasingly secular Irish national and societal culture. In order to address this rise and ensure the maintenance and sustainment of their OI, this study shows that organisational members must be willing to continue to adapt their identity in response to their

new circumstances through new sense-making processes (see Ravasi & Schultz, 2006).

- iii. Finally, the study shows that for identity to be sustained in these health and social care services once the Religious have gone, sense-making processes by organisational members should inform any sense-giving OIC processes by lay leaders in the future. It is clear that unless future sense-giving OIC processes implemented by lay leaders are informed by the sense-making carried out by organisation's organisation members, they will be unsuccessful.
- b. The second contribution relates to the context of this study. In contrast to the level of research carried out on FBOs, including Catholic RIs in the United States and Europe which is discussed in chapter 2, very limited research has been carried out on the role of religious institutes of Ireland in terms of the provision of health and social care. The research in this study adds to the limited pool of knowledge on this organisational form.
- c. Tracey *et al.* (2014) propose that one area that management scholars could make a distinctive contribution concerns the role of religious identity in secular organisations. They also argue that religious organisations “appear to offer fertile ground for broaching the division between the social constructivist and social actor perspectives on organisational identity” (2014: 119). The division between the social constructivist and social actor perspectives was a central consideration within this study and as such it contributes to this evolving epistemological debate. Finally, this study contributes to the research on multiple identities by showing how the framework developed by Pratt and Foreman (2000) could be used to categorise how RIs used OIC sense-giving processes can be used to respond to the emergence of multiple identities

The next section sets out the structure to this study

1.6. The structure of the study.

Chapter 1 introduces the study. It sets out the context to the study and presents the research questions, the history of RIs providing health and social care in Ireland with particular emphasis on the case study organisation. A brief review of the literature is given. The position of the researcher undertaking the study is explored following which the philosophical underpinnings

of the study are also provided. The contributions which this study makes are also set out. Finally, the structure of the study is outlined.

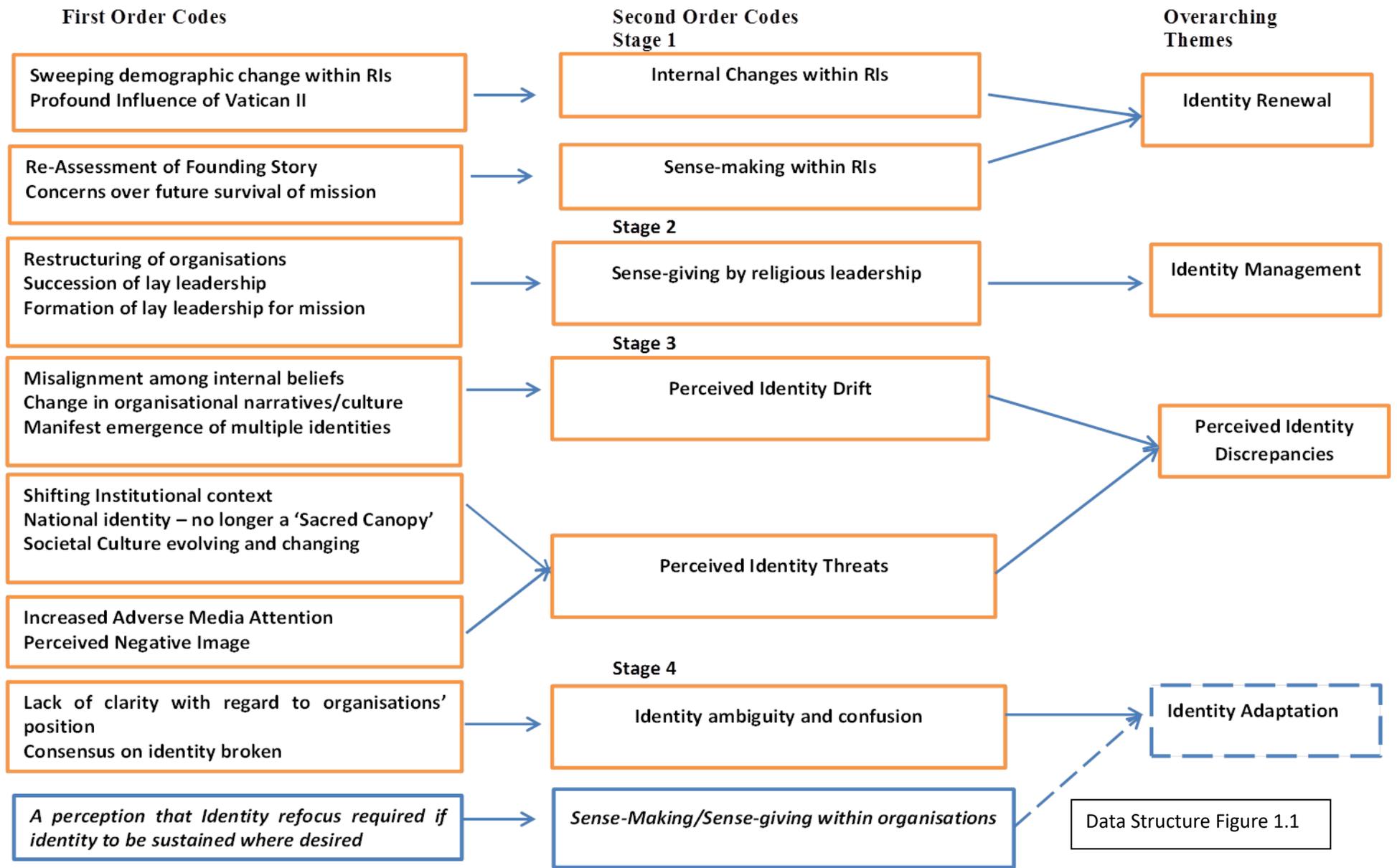
Chapters 2 and 3 present a review of academic literature on faith-based organisations (FBOs) and organisational identity (OI), which are central to this study. According to Vanderwoerd (2004), religious organisations have to maintain a “complex and delicate balance between accountability to their religious heritage (often embodied via their relationship to an overarching religious body, such as a denominational organisation) and the bureaucratic realities demanded of modern organisational structures” (2004:239) and it is often this dilemma that has guided much of the considerations on identity that have taken place within the RIs and more recently within the health and social care services themselves.

Chapter 4 sets out the research methodology employed in this study. The philosophical paradigms that underpin the study are explored, and the rationale for selecting a qualitative approach is presented. As noted above, a general qualitative approach is followed underpinned by a constructivist-interpretivist epistemology. The choice of methodological tools and research strategies used to gather the data are described. Two approaches have been adopted for this study. Firstly, interviews took place with senior religious and lay participants in health and social care services external to the case study organisation. Secondly, a case study approach has been adopted. Interviews took place at two different time frames, which has added to the richness of the data gathered. However, interviews at the second time frame were somewhat constrained because of the illness/frailty of the religious participants, and because many of the lay participants had moved on. These limitations and the actions taken to ameliorate them are discussed in chapter 4 on methodology.

The opportunity of exploring the research question in the RI concerned as case study research meant that a wider variety of data sources could be used, rather than just the interview process, and this included archival material and field notes. The strength of case study research lies in its capacity for an in-depth study of complex social phenomena in real-life settings as is this case, where there was an opportunity to get first-hand experience using a range of data collection methods, with long-term relationships between the researcher and the research participants. The role of the researcher in this study is explored both in terms of insider research and Alvesson & Sköldbberg’s (2009) model of reflexivity.

The very nature and complexity of the issues being discussed within this study demanded an approach which would allow an exploration of the processes, activities and events which the

RIs (RIs), and indeed the health and social care entities they sponsored, were going through. The adoption of a specific approach with regard to the data analysis for this study which was influenced by work carried out by Clark *et al.* (2010), Ravasi & Phillips (2011) and Tracey and Phillips (2016) and follows the procedures as suggested by Thomas (2006) provides appropriate insight into the analytic lens through which the data was examined. This was an iterative process and involved “constant comparison analysis” as originally developed for use in the grounded theory methodology of Glaser & Strauss (1967), as well as moving between the data, the literature and archival documentation. This process, which was influenced by the literature review which took place on FBOs and organisational identity, highlighted emerging patterns and helped to refine the data further into four overarching themes, which was the third step of the process. The diagram below sets out categories and themes from the analysis process – Figure 1.1



Chapter 5 presents the case study, using the overarching themes shown in Figure 1.1. In addition to the interviews, archival material and documentation was also reviewed and is used to “corroborate and augment evidence from other sources” (Yin, 2003:87).

Chapter 6 explores the interviews of participants from the external religious institutes and their health and social care services as well as some limited contributions from individuals external to the sector. Again, under each theme (Figure 1.1), the findings from the analysis of the data are outlined.

Chapter 7 sets out the discussion of the major findings from the analysis of the interviews (chapters 5 and 6) as they relate to the literature on faith-based organisations (FBOs) (chapter 2) and organisational identity (OI) (chapter 3). Also included in this chapter is a discussion on how Pratt and Foreman’s (2000) framework is be used as a lens to identify and distinguish the different approaches that RIs in this study have taken to manage multiple identities.

The final chapter, chapter 8, concludes the study. It reviews the findings generated from the interviews and presents the contributions from the study. The limitations of this study and potential areas for further research are also discussed. The chapter ends with a short conclusion.

1.7 Conclusion

This chapter introduced the study. Its purpose was to give a context and overview of the study and to provide a rationale for the research, with reference to the literature on FBOs and organisation identity. In addition, this chapter gave a brief synopsis of the seven remaining chapters.

The next chapter reviews the literature on faith-based organisations as it relates to the research topic.

Chapter 2

Faith-based Organisations

2.1 Introduction

This chapter explores the literature on faith-based organisations (FBOs). Specifically, Catholic FBOs are also considered with particular reference to Vatican II, which had a profound effect on shaping the thinking and decisions of all religious institutes (RIs), including those who provide health and social care services.

Fulton (2019) notes that religious organisations are among the oldest and most influential institutions in the world and yet relatively little is known about them, particularly in comparison to secular non-profit organisations. After a flurry of interest in the earlier part of the 20th century, (Weber, 1924; Douglass, 1926; Douglass & Brunner 1935; Hopkins, 1940), McGrew & Cnaan (2006) note that “social science research has neglected the world of religion and religious-based services for almost a century” (2006:3). There was however an increase in interest in religious organisations following the Charitable Choice legislation beginning in the United States at the end of the 20th Century (Kennedy & Bielefeld, 2006) as a variety of policy and operational issues were raised particularly regarding the relationship of FBOs and the state. Bielefeld & Cleveland (2013) note that research was carried out on such topics as the unique characteristics of FBOs, the services and outcomes provided (Kutney-Kee *et al.* 2014), their relationship with government (Kuzma, 2000; Kennedy & Bielefeld, 2002; Knippenberg, 2003; Vanderwoerd, 2008) and the methodologies available to study them (Chaves, 2002; Stoltzfus, 2007; DeJong & Horn 2008; McNamara *et al.* 2008). Research about the unique characteristics of the FBOs led to a consideration of how FBOs were defined. This consideration led to the development of various typologies (Jeavons, 1998; Smith & Soisin, 2001; Monsoma & Mounts, 2002; Sider & Unruh, 2004) which could be used to determine the spectrum of religious expression in these organisations and this is explored in section 2.2.3 of this chapter. Catholic Institutions, particularly in terms of the challenges faced by their health and social care services are explored in the Catholic context in section 2.3.

Tracey (2012) observes that while religion plays a prominent role in virtually every society and economy, it appears that organisation and management theorists have largely ignored it. This lack of interest is true both with respect to the study of religion in secular organisations and the

study of religious organisations themselves. Tracey et al. (2014) note that this limited research on religious organisations leaves a substantial gap in the understanding of this field of organisations, and proposes that one area where management scholars could make a distinctive contribution concerns the role of religious identity in secular organisations. They also argue that religious organisations also “appear to offer fertile ground for broaching the division between the social constructivist and social actor perspectives on organisational identity” (Tracey et al., 2014: 119). Organisational identity is considered in chapter 3 as the sustainment and maintenance of a Catholic identity is the primary question for this research.

This chapter reviews the literature on FBOs in general, concentrating specifically on research on definitions and typologies, i.e. to answer the question of what makes an organisation faith-based. The literature on Catholic institutes and service provision is also explored. The cultural context in which FBOs exist is considered as this has a particular relevance in terms of actions taken or planned by religious institutes (RIs) in Ireland in collusion or in comparison with those taken in the United States. The relationship between RIs in Ireland and the United States is of particular relevance to this study. Finally, the literature on identity is explored in the context of FBOs. Identity stands at the intersection of religion and organisation and is an area where researchers such as Fulton (2019) and Tracey (2012) deem new insights may be gained in terms of organisational development and management.

2.2 Faith-based Organisations (FBOs)

According to Miller-Abraham (2006), one of the major divisions in terms of research between secular and religious human service nonprofit organisations is that much less research has been conducted in respect of the latter (see for example Johnson, Tompkins & Webb, 2002; Fisher, 2004.) Cadge & Wuthnow (2006) posit that this lack of attention to the role religion played in the past in the non-profit sector was as a result of several assumptions. The first assumption which related to a perceived ‘modernisation’ view by social scientists, was that religion, in general, would become of decreasing importance in contemporary societies. The second assumption was that as organisations become more professionalised, they become similar or isomorphic and as such, it was deemed that secular non-profits and religious non-profits could be understood in the same way. The final assumption was that any issues which did arise were to do with non-profit management and therefore did not apply to most religious organisations which were then managed by members of the clergy/congregations/orders themselves. This

assumption has obviously changed in the last 20 years as increasingly lay leadership is taking over from the Religious in Catholic faith-based organisations.

However, as discussed, researchers have now begun to explore a range of questions about faith-based organisations. Interest in these questions increased during public policy debates which called for greater recognition of the role of religious organisations mainly in the United States but also to a lesser degree in the United Kingdom and Europe. New funding opportunities and legislation have supported this interest. "Because of these developments, it is probably safe to say that most scholars who are interested in the non-profit sector now recognise the importance of taking religious organisations into consideration" (Cadge & Wuthnow, 2006: 486). Although most of the research in recent years has taken place in the United States, some research on FBOs has also taken place in the United Kingdom and Europe. In the UK, government policy has to a lesser degree mirrored developments in the United States, as it too looks to FBOs as potential partners with research exploring service delivery (Smith, 2002; Johnsen, 2014), distinctive characteristics (Smith, 2002; Idler & Kellehear, 2017) and the relationship of FBOs with government (Harris *et al.* 2003). Despite a great deal of media attention (Donnelly & Inglis, 2010), there is limited research on the role and identity of the FBOs in Ireland. In this context, research regarding health mainly explores the influence of the Catholic Church on health care policy (Mahon, 1997; Fahy, 1998; Barrington, 2003; Wren, 2003) and the role of the Voluntary Sector as a whole (Robbins & Lapsley, 2008).

The more extensive research in the United States about the issue of 'faith-based' social care agencies there has been driven mainly by the faith-based initiative of the George W. Bush Administration. This initiative took place in the context of an increasing interest generally in the role faith-based organisations might play in social service. This initiative sought to strengthen faith-based and community organisations and expand their ability and capacity to provide state-funded social services. The key tenet was that it was felt that these types of groups were particularly well-suited to meet the needs of local individuals and communities. Indeed "the use of religious agencies in publically funded social service programs is [now] advocated by politicians, contemporary public policy makers, essayists, ministers, and many lay people" (Smith & Sosin, 2001: 651). Both President Bush's initiative and its precursor Charitable Choice, led to a great deal of discussion and argument across the United States. As a result, a vigorous debate has taken place (Bielefeld & Cleveland, 2013) as to the appropriateness of this new funding and provision model.

Some questioned whether religious organisations should be funded by the state at all when church-state separation has been such a fundamental founding stone of American Culture (Monsma & Mounts 2002). In response to this development in funding and provision of services, and to the associated debates that it prompted, academic research began to focus on the implications for this new model. Several studies (see for example Monsma 1996; Sidor & Unruh 1999; Jeavons, 1998 and Monsma & Mount 2002) considered the levels of religious involvement/integration of faith-based organisations, that is "the extent to which they incorporate religious values and practices into their policies and programmes" (Goggin & Orth, ii: 2002), and to categorise religious agencies accordingly.

Before examining definitions as well as how FBOs might be categorised, it is important to consider briefly the different cultural contexts in which they operate particularly in the United States and Ireland which are linked through the RIs in this study. There are substantial differences in how FBOs relate to governments as well as underlying cultural variations in different countries (Göçmen, 2013).

2.2.1 Cultural Context.

The Religious make up in the United States is very similar to that in Western Europe. However, analysis of data from the Pew Research Centre's 2014 U.S. Religious Landscape Study in the U.S. and a 2018 survey of Western Europeans showed that U.S. adults, both Christian and unaffiliated, are considerably more religious than their European counterparts. This difference was evidenced by a variety of measures, including frequency of attendance at religious services, frequency of prayer, degree of importance of religion in the respondent's life and belief in God. For instance, over half of U.S. Christians pray daily (55%), compared with just 27% of Christians across 15 surveyed countries in Europe, including 6% in Britain, 9% in Germany, 12% in Denmark and 19% in Ireland. In regard to religious attendance, in Europe, just 22% attend services on at least a monthly basis; in comparison with the United States where 50% of adults say that they attend monthly services. It would seem that religion is surviving in the United States in a way that it is not in Europe or indeed in Ireland.

Although there is a strict constitutional separation between Church and State in the US, this commitment to religion and the effect that faith can have on the delivery of services has as previously discussed, led to increased government funding for FBOs. Increased government funding has led to the faith sector being recognised as a distinct sector by the state (Smith, 2002). FBOs have been perceived as having distinctive characteristics that will support local

community connections and partnerships and better outcomes for individuals. This appears to be the model that was followed in Ireland for many years, where the Church's strong role in the national culture and society of Ireland from the foundation of the state (Fahy, 1998), encouraged the development of an influential and special relationship between Church and State concerning policy development and funding of specifically Catholic health and education services. Indeed, as Lapsley (2015) noted in his 2015 case study, it was perceived when a need arose for additional funding, that the religious order and hospital had a direct line to the Minister and the Department of Health, rather than any local or lesser government officials. Irish political parties continued to be deferential to Catholic Church leaders until the final decades of the 20th century (Whyte 1980; Browne 1989; Wren 2003) when this relationship began to change.

At present, it appears that the model currently being followed in Ireland is similar to that in the UK, where the faith-based sector is seen to be a sub-set of the Voluntary Sector. Smith (2002) notes that with this model "the distinctive characteristics of religious organisations are assumed to be insignificant for policy purposes" (2002: 12). In this case, policy and funding regimes, regulatory and legislative compliance requirements are applied across the whole sector, and there is no special relationship with the FBOs. There is an advantage to the government in terms of this model, as all non-governmental agencies are treated the same, with the same level of accountability and conditions. For FBOs, however, it can seem that such an approach imposes secular rules and values on them, without any consideration of their own identity and values. In Ireland, it would seem that changes in national culture and attitude towards the Catholic Church have also supported such a model. It is clear that "the Catholic Church no longer acts as a 'sacred canopy' for social, political and economic life" (Inglis, 2007:2). There now seems to be a sense that rather than any special relationship, FBOs are currently engaged in a battle to exist within the health and social care sector (O'Donoghue, 2014).

The importance of understanding the cultural context within which FBOs exist is particularly pertinent in terms of understanding how the identity of Catholic health and social care can survive into the future. However, firstly, it is important to consider how FBOs are defined, which is considered in the next section.

2.2.2 Definitions

One of the issues raised is the sense that the general term 'faith-based organisation' is inadequate because it has no clear definition (Jeavons, 2004; Sider & Unruh, 2004). However,

some efforts at definition have been made. Woldehanna *et al.* (2005) define faith-based organisations as a “general term used to refer to religious and religion-based organisations, places of religious worship or congregations, specialised religious institutions, and registered and unregistered non-profit institutions that have religious character or missions” (2005: 27). This rather broad definition does not provide a great deal of clarity, although it does imply that any organisation which is affiliated, even loosely with a religion, is faith-based. Clarke & Jennings (2008) offer another comprehensive definition of faith-based organisations, “as any organisation that derives inspiration and guidance for its activities from the teachings and principles of the faith or from a particular interpretation or school of thought within that faith” (2008:6). However, again, this broad definition does not provide enough clarity, in the sense that any organisation with a minimal connection to “faith” could be called a faith-based organisation. In a review of the literature on the activities of faith-based organisations, Scott (2003) notes that to be called a faith-based organisation at a minimum there must be a formal link with an organised faith community, but not necessarily with a religious congregation or order. Other characteristics which qualify an organisation as faith-based include religiously-oriented mission statements, the receipt of substantial support, finances or staffing from a religious organisation, and/or the initiation by a religious institution (Cnaan & Milofsky, 1997; Wuthnow, 2000). However, Scott (2003), also goes on to note that the simplicity of these definitions, although helpful in making the distinction between faith-based and secular organisations, does not represent the complexity found between various faith-based organisations. Typologies have been more useful than definitions in providing more refined distinctions between specific categories of faith-based organisations. Common typologies tend to distinguish between different types of faith-based organisations based on the “size of the organisation, the size of the organisation's geographical service area, and the religious intensity of the organisation” (Scott, 2003: 5), amongst others and are discussed in the next section.

2.2.3 Organisational Typologies

As Bielefeld & Cleveland (2013) note, there are many ways to assess the expression of religion in terms of service provision in organisations. There are many different typologies which focus on different elements in determining religion expression (Jeavons, 1998; Smith & Soisin, 2001). Goggin and Orth (2002), in their study on selected Homeless Care Agencies in Michigan, classified faith-based organisations across five different elements: organisational, administrative, environmental, funding and programmatic elements. Their classification was an effort to operationalise some of the concepts which had been contained in previous

typologies, such as Jeavons (1998) and Smith & Sosin (2001), and to use them to develop a measurement tool to gauge integration of faith in social services provided by both faith-based and secular organisations. Ultimately, FBOs were ranked according to their degree of religious integration. Their study showed the diversity of faith-based organisations and, specifically, it pointed out that the degree of religious integration is dependent on how front-line workers and managers incorporate faith or religion in service activities. However, it seemed to depend on how this training might be 'packaged'.

As Sider & Unruh (2004) contest, the "lack of clarity [around the definition of FBOs], creates problems for studying, funding and making policies regarding social service and educational entities with a connection to religion" (2004: 110). Because of this lack of clarity, comparative research is hampered in trying to assess the relative effectiveness of particular social service organisations; the role faith plays in service outcomes and the relationship between perceived religious characteristics and variables such as resources or administrative capability and capacity. It seems that there is just too much of a variety of faith-based organisations for a simple definition. Sider & Unruh's (2004) typology builds on the work which had been carried out previously, and the themes of religious integration, how that applies to different faith traditions and most notably the fact that the faith of organisations is multidimensional. Sider & Unruh (2004) propose a six-fold typology that would organize social service organisations according to their religious nature "assigning labels to categories that represent meaningful and measurable ranges of religious integration" (2004:116) in organisations, see table 2.1 below. The typology looks at the way religion is apparent in the organisation, as well as taking account of the distinction in the literature between institutional manifestations of religious such as organisational characteristics like resources, governance (as posited by Smith & Sosin, 2001), and behavioural manifestations such as the inclusion of religious practices in services. Their classification refers to both characteristics of organisations and those of programmes delivered, to account for the fact that their research included organisations from a variety of different faiths.

CHARACTERISTICS OF ORGANISATIONS						
	Faith Permeated	Faith-Centred	Faith-Affiliated	Faith-Background	Faith-Secular	Secular
1. Mission Statement and other self-descriptive text	Includes explicitly religious references	Includes explicitly religious references	Religious references may be either explicit or implicit	May have implicit references to religion (for example, references to values)	No explicit reference to religion in mission statement of the partnership or the secular partner, but religion may be explicit in mission of faith partners	No religious content
2. Founding	By religious group or for religious purposes	By religious group or for religious purpose	By religious group or for religious purpose	May have historic tie to a religious group, but connection is no longer strong	Faith partners founded by religious group or for religious purpose; No reference to religious identity of founders of the secular partner; founders of the Partnership may or may not be religious	No reference to religious identity of founders of the secular partner
3. If affiliated with an external entity, is that entity religious (e.g. a denomination)	Yes	Yes	Often	Sometimes	May have dual religious/secular affiliation	No
4. Selection of Controlling Board	Explicitly religious, may be (a) self-perpetuating board with explicit religious criteria or (b) board elected by religious body	Explicitly or implicitly religious; may be a) self-perpetuating board with explicit or implicit religious criteria for all or most members or (b) board elected by religious body	Some, but not all, board members may be required or expected to have a particular faith or religious commitment	Board might have been explicitly religious at one time but is now selected with little or no consideration of members' faith commitment	Board selection typically controlled by secular partner, with little or no consideration of faith commitment of board members; input from faith partners	Faith commitment for board members not a factor
5. Selection of senior management	Faith or ecclesiastical commitment an explicit prerequisite	Faith or ecclesiastical commitment an explicit or implicit prerequisite	Normally (perhaps by unwritten expectation) share the organisation's religious orientation but explicit religious criteria is considered irrelevant or improper	Religious criteria considered irrelevant or improper	Required to respect but not to share faith of religious partners	Religious criteria considered improper
6. Selection of other staff	Faith commitment is important at all staff levels; most or all staff share organisation's religious orientation, with faith an explicit factor in hiring decisions	Faith commitment may be an explicit selection factor for jobs involving religion but may be less important in other positions	Staff expected to respect but not necessarily share the religious orientation of the organisational religious beliefs motivate self-selection of some staff volunteers	Little or no consideration of faith commitment of any staff; religious beliefs may motivate self-selection of some staff/volunteers	Staff expected to respect faith of religious partners; programme relies significantly on volunteers from religious partners	Religious criteria for any staff considered improper
7. Financial support and nonfinancial resources	Intentional cultivation of support from religious community; policy of refusing funds that would undermine religious mission/identity	Intentional cultivation of support from religious community; often has policy of refusing funds that would undermine religious mission/identity	May cultivate volunteer and in-kind support from religious community	May or may not cultivate support from religious community	Significant cultivation of volunteer and in-kind support from faith partners	Little cultivation of support from religious community
8. Organised religious practices of personnel (such as prayer or devotions)	Religious practices play a significant role in the functioning of the organisation; personnel are expected or required to participate	Religious practices often play a significant role in the organisation; personnel may be expected to participate	Religious practices are optional and not extensive	Religious practices are rare and peripheral to the ion	Faith partners may sponsor religious practices; secular partners do not	No organized religious practices

Table 2.1 Typology of Religious Characteristics of Social Service and Educational Organisations (Sider & Unruh, 2004: 112/113)

Sider & Unruh (2004) make the point that real organisations rarely fit into the ideal types as set out in this typology, with many organisations displaying characteristics for more than one type. However, some characteristics may be more important or significant than others, which may inform the type. Jeavons (2004) notes that one of the limitations of the Sider & Unruh (2004) typology is that it derives from a Protestant/Christian origin and as such there may be limitations regarding its use with faith-based organisations outside the Christian faith. He goes on to note that the categories and criteria chosen have been shaped, and in some way constrained by that Christian underpinning.

Sider & Unruh (2004) also acknowledge methodological issues in the gathering of data, where there might be a 'disconnect' between official policies and actual practices. A mission statement may include explicitly religious references and be fully supported by the religious institute and senior management, which sponsors the social care entity. However, this may not reflect actual practice on the front line. Moreover, the latter can be difficult to quantify within the typology. Given the struggle for Irish RIs to ensure that their identity underpins actual practice, it is hoped that the more detailed exploration of the current context in this research will provide greater insight into this area.

One of the other issues which arise with the Sider and Unruh (2004) typology is the use of artefacts as manifestations of religiosity, e.g. mission statements and other self-descriptive texts. Using Schein's (1985) model, artefacts which are tangible and visible organisational structures can be said to "act as primary points of reference for the way people think about and make sense of the context in which they work" (Morgan, 2006: 139) and thus provide cues which can establish or re-inforce identity (Stigliani & Ravasi, 2007; Schultz & Hernes, 2013). However, they can also be open to misunderstanding unless we know how they relate and connect to the organisation's espoused values and basic assumptions (Netting, 2004). Without that deeper knowledge, incorrect inferences could be drawn about the organisation (Pondy, Boland & Thomas 1988; Schneider *et al.*, 2013) in terms of identity.

In summary, many researchers (Jeavons, 1998; Smith & Soisin, 2001; Unruh, 2001) have "posited characteristics of faith-based organisations and have suggested that such organisations vary in their degree of religiosity and institutional ties to denominations and churches" (Ebaugh *et al.*, 2003:414). In order to fully explore the key questions of this study, it is clear that an understanding of "what makes an Institution Catholic" is a key component of this research and should assist in answering the question as to whether a Catholic identity will be sustained in

their health and social care services as the RIs ‘move on’. The typology proposed by Sider & Unruh (2004), as already noted previously, looks at the way religion is apparent in the organisation, in addition to taking account of the distinction in the literature between institutional manifestations of religion, such as organisational characteristics of resources, governance (as proposed by Smith & Sosin, 2001), and behavioural manifestations such as the inclusion of religious practices in services. The next section of this chapter considers the specific role which Catholic institutions occupy in terms of FBOs.

2.3 Catholic Institutions

Catholic institutions have historically played an essential role in the provision of welfare services throughout the world. In terms of the Western World, in particular, Fahy (1998) notes that in “the nineteenth century, the Catholic church’s survival and expansion in the face of social revolution, industrialisation and the spread of secularism rested in part at least on its success in developing a powerful, far-reaching role as a social service provider” (1998: 144). In some countries including Ireland, in the 20th century, the Church continuing its expansion usually through its RIs, and entered into various types of partnership with the state in jointly providing educational, social and health care services. While in others (such as the United States), it appears that the RIs worked as independent organisations which paralleled and in some ways competed with state provision (Fahy, 1998). The effect of these developments in terms of their relationship with the state in either country has been discussed in section 2.2.1.

In the 21st century, the Catholic Church manages 26% of health care facilities in the world (Catholic News Agency, 2010). However, at the same time, particularly in the Western World, this dominance of Catholic identified social and health care provision is under threat due to both internal challenges and external challenges. Indeed, as Morey & Pideret (2006) note, many Catholic institutions, including education, health and social care services, struggle to be seen as identifiably Catholic. The next section sets out, in brief, some of the challenges which Catholic health and social care, in particular, are facing.

2.3.1 Challenges to Catholic Health and Social Care Organisations

Around the time of the Vatican II Council (1962-1965), “membership in religious communities had reached the highest point in the history of the church” (Cada *et al.*, 1979:43). However, the decades immediately after Vatican II saw a rapid decline in membership, with large numbers of Religious resigning from religious life and the number of vocations plummeting, as set out in Table 2.2 and 2.3 below:

USA	1965	1995
Nuns	181,421	92,107
Brothers	12,255	6,578
Male Seminarians	48,046	5,083

Table 2.2: Decline in numbers of active Religious between 1965 and 1995 - USA
(Stark & Finke, 2000)

Europe	1980	2012
Nuns	527,707	269,532
Brothers	35,445	17,574

Table 2.3: Decline in numbers of active Religious between 1980 and 2012 – Europe
(CARA, 2015).

Between 1967 and 1998, the decline in the number of Religious in Ireland has been evident with a 67.4% decline in the number of Brothers, 45.8% decline in religious order Priests and a 41.5% decline in the number of religious Sisters (Donnelly, 2000). In 2012, in Ireland, there were 6,912 religious Sisters and 628 religious Brothers (Annuario Statisticum Ecclesiae, 2012).

Amid this sweeping demographic change, the Second Vatican Council addressed relations between the Roman Catholic Church and the modern world, which had a profound effect on the RIs. A number of documents affecting religious life were published during or after Vatican II. The following paragraphs set out, in brief, their influence.

Lumen Gentium, (1964) confirms that *all* Christians, whether religious or Laity, are “called to the fullness of the Christian life and to the perfection of charity” (Schneiders, 1986: 24). Heretofore to be a member of a religious institute meant that one was part of a closed system, a “separate state of religious virtuosity within Catholicism, with a certain level of moral power based in sanctity and a quasi-clerical status where such a lifestyle modelled the purity and perfection of the spiritual realm to a sinful and fallen world” (Connors, 2011:141). With this understanding, the world outside had been seen as something separate, even as a contaminating influence that was best avoided. *Lumen Gentium’s* (1964) confirmation of equality of all Catholics, by virtue of baptism and engagement with the world, meant that

Catholic RIs had to re-examine their role. They had to become ‘the same as’ the Laity, rather than as the traditional ‘different to’ the Laity by virtue of their vocation, which meant they also needed to look at becoming part of the world rather than separate from it.

Gaudium et Spes, (Pastoral Constitution on The Church in the Modern World) (1965), reinforces this new understanding of what it is to be a member of a religious institute. It encouraged a new engagement between the Church and the World itself, as noted in one of its most well-known paragraphs, that is “to carry out such a task, the Church has always had the duty of scrutinizing *the signs of the times* and of interpreting them in the light of the Gospel. . . . We must therefore recognize and understand the world in which we live, its expectations, its longings, its often dramatic characteristics" (4: 71). It is clear that the message from *Guadium et Spes*, (1965) was that the Church must engage with the world in which it found itself, and that also meant encouraging and recognising the role of the Laity in the life of the church.

A less well known, but equally profound document of Vatican II is *Perfectae Caritatis*, (The Degree on Adaptation and Renewal of Religious Life) (1965). According to Schaefer, two primary tasks for the renewal of religious life were initiated by *Perfectae Caritatis*: “a rediscovery of the original history and charism of the founder of each institute by the members of the institute themselves (*renovatio*) and second an adaption of the lives and customs of RIs to the changing needs of modern times (*accommodata*)” (2009: 47). Communities of Religious were advised to return to the deep roots of Christian life, that is to sacred Scripture and the inspiration of their institutes and founders and to adapt both to the needs of the contemporary world. According to Koehlinger (2007), *Perfectae Caritatis*, (1965) in encouraging RIs to return to the spirit of their founder, moved the centre of religious life from that of the order or congregation itself to the individual Religious themselves, with the locus of renewal and revitalisation moving from the RI to that of the people within the institute.

Finally, a post councillor document entitled *Evangelica Testificatio* (1971) which was an apostolic exhortation on religious life, set out a path for renewal for Catholic RIs. In this document, the important role of the life of the Religious as a gift to the world was re-affirmed and also the direction of Vatican II, which thrust the Religious more into the world they inhabited. However, the document also notes with concern that the Religious could lose the focus of their specific and unique calling when occupied with the demands of apostolic ministry (Schaefer, 2009), and there was a specific focus on the demand for obedience.

In 2015, in a retrospective interview of 50 years post- Vatican II, Fr. Robert Schreiter notes that the Vatican documents had “tremendous impact on religious life with RIs taking up ‘eagerly and seriously’ the twin call to return to the founding figures of their communities and to adapt to the changed circumstances” (Lefevere, 2015: 4a). This was not done easily and for many RIs, this period of ‘renewal’ consisted of many years of meetings and discussion and yet at the same time provided a level of excitement and feelings of transformation. As noted by Kenny (2004), from her personal experience "at first the issues being examined seemed trivial and many tense sessions were held where people struggled with changing of religious dress, the horarium³, using our baptismal names, leaving the convent and going in twos and threes to live in housing estates. Moving out of management in schools and hospitals and going into totally new areas like care for the disadvantaged was another cause of stress and tension. Change was happening at an alarming rate, and it was frightening, but at the same time, it was life-giving and exciting. There were new possibilities for ministry opening up for us" (2004:402). Exterior elements, such as the wearing of habits, and living a particular form of community life in convents or monasteries with strict rules and regulations, began to change for many RIs post-Vatican II, as members went through this period of renewal. At an interior level, *Evangelica Testifato (1971)* included a demand to look back at the founder's charism. The calls enunciated in these documents "heightened the awareness in Religious of the importance of a return to the gospel, the mission of Jesus, the vision of the founders and a new vision of Church as the source of their life" (Kenny, 2004:402). All the above meant, that when in the 1970's/80's, Catholic RIs began to explore their founding charism as a response, one of their reactions was to emphasise and make their identity more manifest, both to themselves but more importantly to the outside world with which they connected through their sponsored organisations.

At the same time as the Catholic RIs were facing these internal challenges, they were also facing a number of external challenges. In Ireland, these challenges included shifting government policy, increasing regulation and legislation and stronger accountability measures (Brennan, 2003a; Prospectus, 2003b; Comptroller & Auditor General, 2005). In addition, there was increased professionalization, cutting edge technology and greater market competition (White, 2000, 2013). Finally, there were societal and cultural changes which began in the 1960s (Fuller, 2005) with the sexual revolution, women’s liberation and the civil rights movement,

³ Name given to the daily schedule of those living in a religious community or seminary within the Catholic Church.

reaching a new trajectory following the revelations of abuse by Religious which became evident in the latter part of the 20th century. The last in particular had a profound effect on the reputations of Catholic RIs as service providers in the United States, the UK, but most particularly in Ireland (Fahy, 1998). Until then, there was perhaps a general belief in Ireland that the basic assumptions (Schein, 1985) held by the members of RIs were not far removed from that of the general population in the 1970s and early 1980s. Catholicism was deemed to have played a crucial role in the creation of a strong Irish national and cultural identity (Nic Ghiolla, 1992; Kirby, 1984). However, the result of the cultural and societal changes and the abuse scandals described above was that people turned away from the sacramental life and rituals and practices of the Catholic Church in large and increasing numbers (Burley & Regan, 2002; Inglis, 2007). Indeed, even though most people in Ireland would still identify as Catholic in that “most Irish Catholics are still born into the Church, baptised and socialised into its beliefs and practices” (Inglis, 2007: 206), it is clear that this identification evolved during the last decades of the 20th century in such a way that the Catholic Church in Ireland lost a great deal of its authority and credibility.

The reduction in vocations and the lack of capacity in those remaining to manage these pressures, meant that for the first time the leadership of Catholic Institutions had to change, and thus the transfer from religious to lay leadership began. New lay leaders were appointed, who in many cases had been ‘formed⁴’ by the sponsoring RI in terms of the identity of the organisation. This leadership change took place at different levels, including executive and board level. However, the most significant change in leadership took place at the sponsorship level, where new bodies were created to take over the role of the religious congregations and orders as sponsors of their health and social care services. Sponsorship is discussed in the next section, with particular consideration of its role in the Irish context.

2.4 Sponsorship

2.4.1 Current Context

Sponsorship is a relatively new term which entered the ecclesiastical vocabulary around 25 years ago in response to "new needs, new opportunities, new challenges: response to changes in church and society (Vatican II Council, changes in health care delivery, funding and

⁴ 'Formation', in preference to a word like 'training', is most often used in the context of spiritual development and “implies images of deep learning that involves attitudes, values, commitment to particular life directions as well as knowledge and skills” (Gowdie, 2006: 67)

restructuring etc.)" (McGowan, 2005: 3). At that time, sponsorship was viewed as the best way of ensuring that ministries would retain their Catholic identity into the future.

Bouchard *et al.*, (2005) provide a definition of sponsorship within this context: "Sponsorship of a health care ministry is a formal relationship between an authorised Catholic organisation and a legally formed system, hospital, clinic (or other institution) entered into for the sake of promoting and sustaining Christ's healing mission to people in need" (2005: 9). All models of sponsorship start off with the same primary goals which are enspiriting the sponsor(s) heritage, mission and culture, ensuring the Catholic identity of the organisation and protecting the religious institute's assets or stable patrimony – usually defined as free or liquid capital, e.g. lands, buildings, long-term investments or endowments.

The work on sponsorship now taking place in Ireland in certain RIs follows a pattern which has already taken place for many Catholic health care systems in the United States. These RIs are anxious that the formal relationship which had heretofore existed between them, as RIs and the Catholic Church, should continue to exist between the new board of sponsors and the Church in pursuit of its social care ministry. They see this as a crucial new structure in ensuring their identity will be sustained in their services. In the future, in the absence of the RI, the new public juridic person (PJP) will be a group of lay and religious persons who will perform a similar duty as that of the original religious congregation/order. Not all RIs involved in health and social care are progressing in the same way regarding governance choices. Nonetheless, there is a sense of a quiet revolution taking place, as RIs prepare to pass the governance of the health and social care services which they commenced, developed and fostered over the years in Ireland, to lay people.

2.4.2 Sponsorship – Future Considerations

In the future, the composition of sponsorship bodies will change and consist mainly of lay people, as it appears that within the next number of years both the availability and capacity of Religious to participate in such bodies, will be much less. The life cycle model of RIs proposed by Cada *et al.*, (1979) which is referred to by a number of the research participants, gives some insight into the way forward:

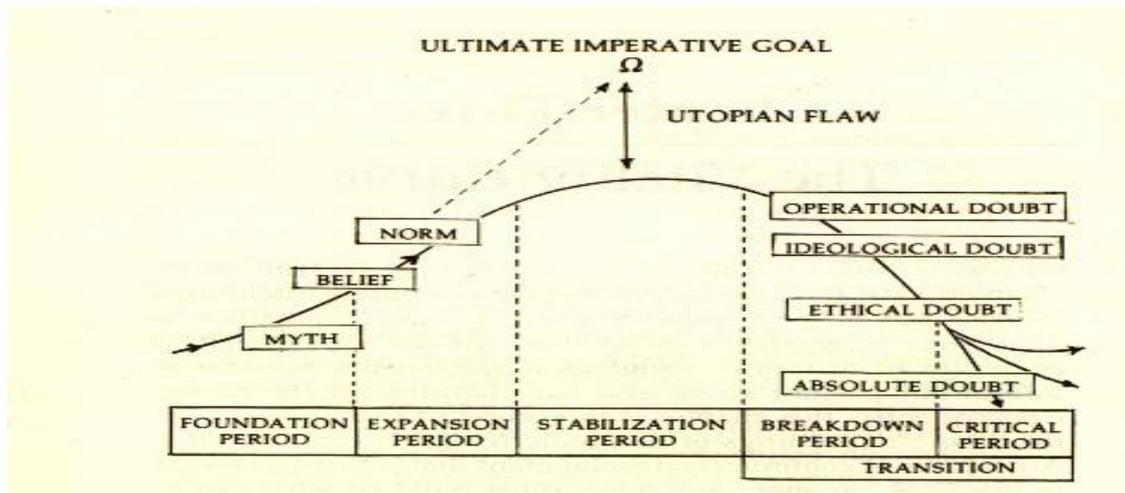


Figure 2.1 Life Cycle of Religious Institutes
(Cada *et al.*, 1979)

RIs it is suggested have a life cycle of around 250/300 years, which coincidentally is the length of time a number of the RIs have been in existence in Ireland. Cada *et al.*, (1979) suggest that in the final period of the life cycle of RIs that is the breakdown/critical period, there are three possible outcomes: extinction, minimal survival or revitalisation. Using life-cycle theory as a lens, it seems that RIs in Ireland are going through something akin to Cada *et al.*'s (1979) critical period. Minimal survival in this instance in Ireland could be that there would be no Irish Religious. However, there could be Religious of another nationality working in Ireland, a kind of reverse missionary initiative. Another form of revitalisation in terms of service provision could be seen in the new organisational structure of the board of sponsors whose primary goal is the preservation of a Catholic identity in the health and social care services in the future.

As has been seen from the previous sections, in the face of current internal and external challenges, the core purpose for many RIs is the maintenance and sustainment of its interpretation of its identity in its services in the future. The final part of this chapter examines the literature with regard to identity in FBOs and Catholic institutions. The literature on organisational identity and indeed the components of a Catholic identity itself are explored in greater detail in chapter 3.

2.5 Identity in FBOs

Despite the importance of identity to FBOs, Tracey (2012) notes the lack of research at the intersection of religion and organisations. Fulton (2018) argues that organisational theories, such as organisational identity can be advanced through examining religious organisations and

their activities because as he argues, identity is central to their very purpose and existence. He notes that “given religious organisations’ often-complex structural arrangements, competing priorities, diverse stakeholders, and varied surrounding environments, they provide excellent cases for examining differences between an organisation’s projected and perceived identity as well as the relationship between those identities—topics that continue to be debated among organisational theorists” (Brown *et al.*, 2006; Ravasi, 2016) (Fulton, 2018: 8). As Bielefeld & Cleveland (2013) observe, religious traditions have a strong influence on the provision of social and health care services. They go on to state that “an organisation’s founding religion provides an identity reflecting the way the religion views service and this outlook usually stays with the organisation” (2013: 452). However, maintaining this identity is becoming an increasing issue for FBOs in the face of an increasingly secular society, as discussed in section 2.3.1 and must be managed if it is to survive. It is not only Catholic RIs who wish to sustain and maintain their identity. For many FBO’s as Bielefeld & Cleveland (2013) note “religious identity is taken as given and is deemed non-negotiable with employees and volunteers as a way to resist secularizing pressures” (2013: 449). These authors go on to note that stakeholders with 15 organisations in Christian, Jewish, and Muslim traditions “describe their moral imperative for service and personal belief in their accountability to God as more powerful than any pull to secularisation” (Netting, O’Connor, & Yancey, 2006) (2013: 449). A religious tradition is seen to support a set of values which means that relationships are imbued with respect, compassion, understanding, hospitality, and unconditional positive regard. For Catholic health and social services, such values are core to the manner in which services are delivered and thus deemed fundamental in terms of maintaining their identity.

Maintaining and sustaining a Catholic identity in their services, be they educational or social service, has become a crucial objective for the Catholic Church and many of the RIs who sponsor them (Hehir, 1995; Kauffman 1990; Cochran, 2000; White, 2000, 2013). Throughout history, there have been redefinitions of its identity to keep pace with the changing nature of society, religion and indeed health care sponsorship (Farren, 1996). However, the demographic changes within RIs as discussed in section 2.3.1, the influence of Vatican II and the external changes in the national, societal and health and social care environment have, particularly in Ireland it would seem, created a crisis point in terms of identity. The survival of Catholic identified health and social care in the future, depends as White (2013) notes on “their ability to maintain legitimacy as a sponsored work of the Catholic Church, while at the same time competing with secular hospitals in a market-based economy” (2013: 23). In addition, in

Ireland, the negative reputation and image of Catholic sponsored services due to the abuse scandals, destabilised members' self-perceptions and is leading to a re-evaluation of their understandings of what are the core and distinctive features of their services (Gioia *et al.*, 2000; Whetten & Mackey, 2002) and thus their identity as a Catholic organisation. Survival may involve a redefinition of what it means to be a Catholic health or social care facility and thus a redefinition of identity, or a change in service provision, or indeed the abandonment of a Catholic identity entirely.

Prior to the conclusion to this chapter, Table 2.4 below sets out the key literature which has been consulted in terms of faith-based organisations which informs this research:

Authors	Dates	Country	Methods	Finding
Cada, L., Fitz, R., Foley, G., Giardino, T., Lichtenberg, C.	1979	USA	Sociological Study	Building on work of Hostie (1972) authors propose a cyclical pattern to RIs, namely their life cycle, and suggest that in the final period of the life cycle of RIs that is the breakdown/critical period, there are three possible outcomes: extinction, minimal survival or revitalisation.
Fulton, B.	2019	USA	Literature Review	Review of research on religious organisations with particular attention to theories of organisational identity, organisational culture and institutional theory. Also defines types of religious organisations and examines differences among religious organisations and compares their characteristics with those of secular organisations.
Sider, R. J., & Unruh, H. R.	2004	USA	Proposes an inductively derived six- fold typology based on religious characteristics	Development of Typology of Religious Characteristics of Social Service and Educational Organisations: faith-permeated, faith-centred, faith-affiliated, faith-background, faith-secular partnership and secular.
Smith, G.	2002	UK	Paper developed from a presentation to a meeting of Voluntary Sector Studies Network in Manchester Nov 2002	Paper considers policy discussions in Britain and the USA, highlighting differences and similarities. Particularly with regard to relationships between faith sector, the voluntary/community sector and the state. The paper attempts to develop and apply some typologies of faith-based organisations.
Smith, K.S.	2013	USA	Study	Summary of study which examines the theological foundations of Catholic identity in Catholic health care, the principle of moral cooperation used to assess partnerships between Catholic and other institutions, and Catholic economic thought as it pertains to for-profit status in health care.
Tracey, P.	2012	USA	Literature Review	Highlights potential of religion as a sphere of study in management and provides specific suggestions for taking forward research in this area including that of organisational identity.
Tracey, P., Phillips, N. and Lounsbury, M.	2014	USA/UK	Introductory chapter	Sets out a clear case for greater attention and focus on the study of religion by organisation and management theory researchers as being capable of delivering significant new insights on a range of topics and issues such as identity, culture, and motivation.
Vanderwoerd, J.	2004	USA	Case study of two faith-based social service organisations	Suggests that the adaptation of secular institutional practices is not as inevitable as some have feared. "Three key strategies emerged as means for maintaining religiousness in the face of secular pressures: (1) Religious identities were perceived as given rather than chosen, and therefore were not negotiable; (2) religious values provided strong justification for seeking relationships with others who do not share their faith; (3) the religious worldview blurred religious and secular distinctions so that secular technologies and practices could comfortably be utilized" (2004:240).
White, K.R.	2000	USA	Literature Review - Reviews historical change and past research in the evolution of Catholic health care and the meaning of Catholic identity.	Finds that Catholic hospitals are a separate case of private, not for profit hospital. Suggests Catholic hospitals must begin to emphasize organisational commitments to a "Catholic" way of doing things, or they will fail "identity challenge" of what makes them Catholic, even when they meet their medical and economic challenges successfully.

Table 2.4 Key Literature on Faith-based Organisations which informs this research

2.6 Conclusion

The extant literature on FBOs has been considered in this chapter. Research on FBOs had dwindled following an initial interest in the earlier part of the 20th century (Weber, 1924; Douglass, 1926; Douglass & Brunner, 1935; Hopkins, 1940; Degler, 1950) but had arisen again in the latter part of the century due to a change in government policy and funding for FBOs. This research, which had taken place mainly in the United States and to a lesser degree in Western Europe including the UK, explored a variety of policy and operational issues particularly regarding the relationship of FBOs and the state. Of particular interest to this study is research on definition, typologies and organisations providing welfare services. Research in Ireland regarding FBOs had been limited which is a gap which this study hopes to address, with most studies concentrating on the influence of the Catholic Church on health and social care policy. Finally, Tracey (2012) notes limited research was carried out by organisation and management theorists at the intersection of the study of religion in secular organisations and the study of religious organisations themselves. Both Fulton (2018) and Tracey (2012) argues that because of this there is a substantial gap in the understanding of this field of organisations, and proposes that one area where management scholars could make a distinctive contribution concerns the role of religious identity, the subject of this research.

The cultural context in which the FBOs operate was reviewed as it influences both the relationship between state and society and indeed considerations about identity. The United States appears to be a much more ‘religious’ country than Ireland now, and there appears to be a commitment of citizens of that country to a particularly religious identity in its care and social care services. This is demonstrated by the expansion of Catholic identified health and social care services in the United States where, by the 21st Century, Catholic healthcare had become the “nation’s largest group of not-for-profit health care sponsors, systems and facilities” (Catholic Health Association, 2017). A similar expansion in health and social care has not occurred in Ireland, which may indicate how the relationships between the Catholic RIs and the state and society at large have changed.

The difficulty in defining an FBO was explored as was the role various typologies play in defining the unique characteristics of FBOs. Following consideration, Sider & Unruh’s (2004) typology was used as a framework to guide the first set of interviews and conversations which took place as part of this study as well as informing the analysis of the data. This led to an

exploration of Catholic institutions and in particular, identity management processes, and the internal and external changes and challenges affecting them. . However, it remains unclear as to whether such identity processes will be sufficient. Johnson (2014) in her study on the role of faith-based organisations (FBOs) in service provision for homeless people in the UK, demonstrates that “the ‘F’ in FBO is expressed in a myriad of nuanced ways, and that the strength of ‘coupling’ between many welfare agencies and organised religion has diminished over time such that some projects’ faith affiliation or heritage is now evident in palimpsest only” (2014: 413). The literature about identity is explored in the next chapter.

Chapter 3

Organisational Identity

Literature Review

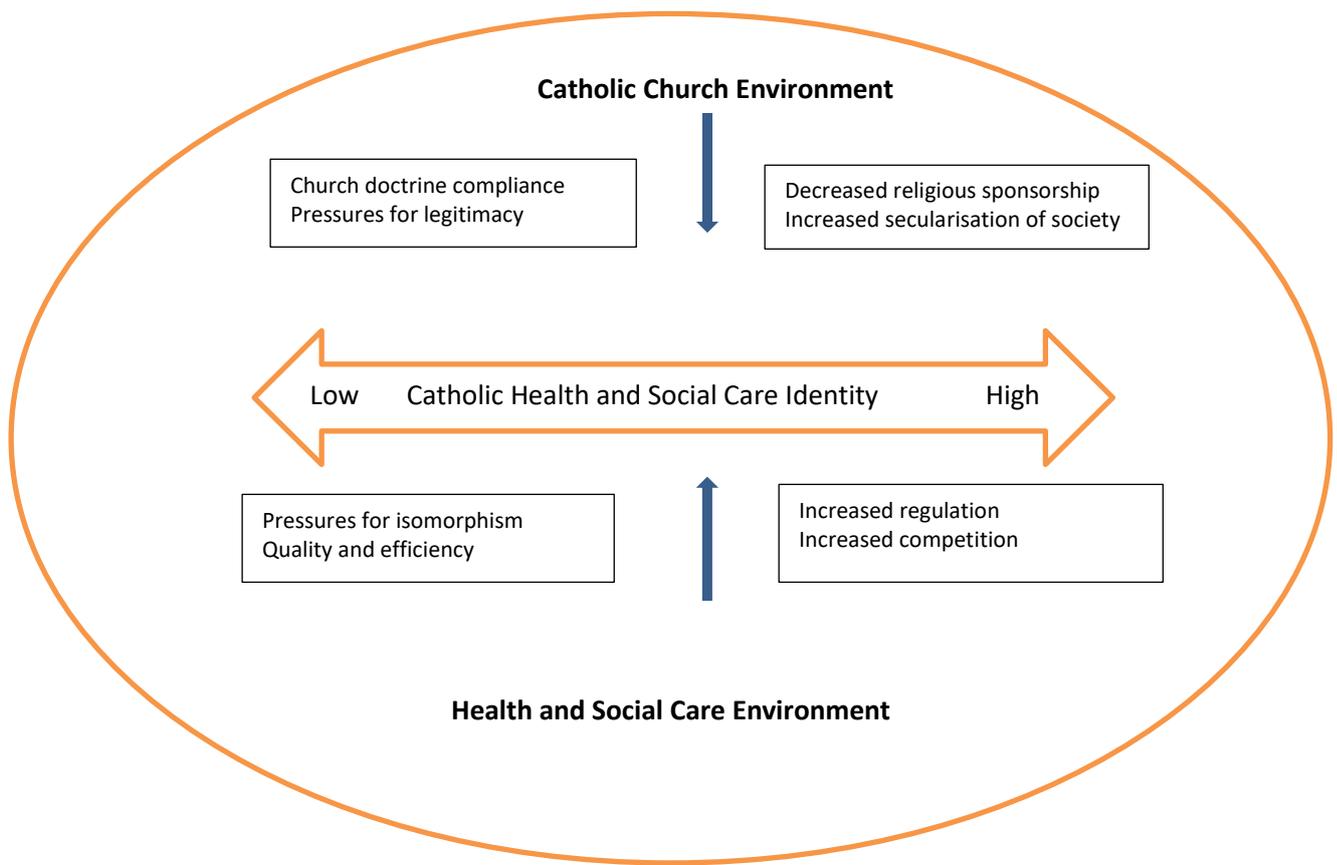
3.1 Introduction

This chapter provides an overview of the literature on organisational identity (OI), which supports this study. This chapter explores the origins, definitions and philosophical foundations of the OI concept as well as the key assumptions and developments over the years. This literature has been selected as the purpose of this research is to explore the sustainability of identity in Irish Catholic led health and social care in a time of change.

In chapter 2, the extant research on faith-based institutions, particularly regarding health and social care organisations, was explored, in order to provide an appropriate context for this research. In addition, the challenges faced by Catholic health and social care organisations to retain a distinctive identity in the face of a sharp decrease in the number of vocations and a corresponding increase in the average age of Religious Brothers and Sisters (Arbuckle, 2000) was examined in the context of a fast-changing environment.

In the United States, from the early 1990s, it became clear that Catholic education and healthcare organisations were struggling to balance demands of economic, political, and legal pressures while sustaining a distinctive Catholic identity (Hehir 1995; White, 2000; Cochran & White, 2002; Grogan, Morey & Piderit, 2007). Now in the 21st century, for the first time in over 200 years, it seems that the Catholic identity of Catholic-led Irish health and social care services is under threat.

The Catholic culture of Ireland itself up to the latter part of the 20th century supported a sense of Catholic identity in health and social care. However, changing attitudes towards the Catholic Church as well as increasing professionalism, regulation and legislation have driven the professionals who are now involved in providing the services to similar professional norms and practices, whether they are employed in Catholic or state-owned health or social care settings. At the same time, the Catholic Church wishes to retain its legitimacy as a key provider of health and social care services, as being core to its social teaching. Figure 3.1 below adapted from White (2013) sets out this struggle:



**Figure 3.1 Impact of Catholic Church and health and Social Care Environments on Identity of Catholic led health and social care services
Adapted from White, 2013: 21**

This figure shows the collision course between the competing Catholic Church and the technical and professional health and social care milieu and its effect on Catholic identity. While the institutional environment of the Church wants to maintain legitimacy and authority by being able to demonstrate a distinctive contribution to its health and social care ministry, the Church identity in this context has become increasingly harder to define and sustain. The competing isomorphic pressures of quality and efficiency, increased regulation and competition are putting pressure on the sustainment of a Catholic identity in Catholic health and social care.

As He & Brown (2013) note, OI is now seen as a critical factor in understanding such major organisational issues as decision-making (Riantoputra, 2010), internal conflicts (Humphreys & Brown, 2002), communication (Fombrun, 1996), issue interpretation and response (Dutton &

Dukerich, 1991; Gioia & Thomas, 1996), consideration of issues centred on legitimacy (Sillince & Brown, 2009; He & Baruch, 2010) and strategic change (Ravasi & Phillips, 2011).

As such, research on OI focuses on several dimensions (Lin, 2004) such as multiple identities and identity management (Albert & Whetten, 1985; Pratt & Foreman 2000; Puusa, 2009) and identity and organisational change (Brown & Starkey, 2000). In terms of the research presented in this thesis, the studies on OI threats (Ravasi & Schultz, 2006) and the ongoing construction of OI (Dhalla, 2007; Gioia *et al.*, 2013; Schultz, 2016) are of particular interest.

Organisation change continues to be a major research focus (Kotter, 1995; Burnes, 2000; Smith, 2002). Woodman (2008) proposes that the central issue of how effective change can be managed within organisations is a major issue which he suggests may never be satisfactorily resolved. However, Brown *et al.*, (2016) in a review article exploring why change is unsuccessful, propose that an understanding of the processes and mechanisms that serve to maintain stability in an organisation would be appropriate. If stability itself is understood then interventions that affect real change to that stability may be successful. One of the processes that they suggest supports stability is OI. Brown *et al.*, (2006) propose that understanding the role OI plays as a mechanism of cognitive learning creates an opportunity to improve organisation change efforts. Organisation change interventions may be designed in such a way as to align with identity or, when necessary, to specifically alter identity.

This chapter reviews the literature on OI noting, in particular, its origins, evolution and relationship with key organisational processes and actions. Albert & Whetten's (1985) formative definition of OI as specified by a set of claims regarding what is "central, distinctive and enduring" is considered and used in exploring more recent definitions of OI as well as providing a framework for the subsequent consideration of research in this area.

The various theoretical perspectives on OI are explored with particular attention to the construction of OI. Finally, the literature on Catholic identity, particularly concerning health and social care services is considered.

3.2 Organisational Identity (OI)

Work by Erik Erikson is seen as informing the initial study of OI.⁵ He describes it as the ‘inner sense of sameness’ and a ‘continuity of character’ (Erikson, 1959) answering the question ‘who am I?’ Albert and Whetten’s (1985) seminal work built on these ideas into the concept of OI, where the question became ‘who are we as an organisation?’ OI has become an increasingly important area of research enquiry (Brown, 2006; Corley *et al.*, 2006; He & Brown, 2013) over the last 30 years, with a great deal of conceptual and empirical work being accomplished (Gioia *et al.*, 2013). OI has also become a key issue for consideration by managers as an organisational feature that can be manipulated or influenced to improve organisational effectiveness or control (Alvesson & Willmott, 2002). Indeed, Ravasi & Phillips (2011) note that ignoring OI or failing to manage it appropriately could lead to multiple and partly differing beliefs, hopes and objectives which could have the effect of undermining change processes within organisations. There is a sense that one of the critical duties of leadership is to ensure that there is an alignment between members’ beliefs and new strategies (Gioia *et al.*, 1994) and that this is central to the successful implementation of the desired changes. The construction of identity is discussed further in section 3.3.4.

The next section explores the various definitions of OI, starting with the seminal work carried out by Albert & Whetten (1985).

3.2.1 Definitions

Definitions of OI have abounded over the last 30 years, and most have built on Albert & Whetten’s (1985) foundational work which continues to be the touchstone for most studies in this area (Gioia *et al.*, 2013). Albert and Whetten (1985, 2004) claim that an organisation’s identity is specified by a set of claims which satisfies three criteria, namely what was “central, distinctive and enduring” about that organisation, that is:

- i. “...features that are somehow seen as the essence of the organisation: the criterion of claimed *central* character;
- ii. ...features that distinguish the organisation from others with which it may be compared: the criterion of claimed *distinctiveness*.

⁵ There are key criticisms related to the basis of OI in individual identity theory (Van de Ven & Poole, 1995; Heath & Sitkin, 2001; Foreman & Whettan, 2012;) but this issue is not being explored as it is not relevant to the research being presented here.

- iii. ...features that exhibit some degree of sameness or continuity over time: the criterion of claimed *temporal continuity*" (2004: 90).

The following paragraphs give a brief introduction to the three elements described while section 3.3 of this chapter explores each of the criteria in greater detail.

Centrality can be defined as features that members of the organisation see as important and essential to that organisation (Whetten & Mackey, 2002). This includes "key values, labels, products and services or practices which are deemed essential etc, and are deemed to be the essential aspects of the organisational self-definition of 'who we are'" (Gioia *et al.*, 2013: 125). In this definition, the term "labels" is used to describe unique organisational attributes such as mission statements, artefacts, ethos, and history. The founder and history of the organisation are seen as a central feature of OI (Schulz & Hernes, 2013; Basque & Langley, 2018), and this aspect of centrality or distinctiveness is particularly pertinent in the study presented here.

The criterion of distinctiveness emphasises that the organisation should be able to distinguish itself from other organisations in their field (Glynn & Abzug, 1998). As noted by Corley *et al.*, (2006) "distinctiveness is predicated by comparison, on judgements of similarity and difference to comparable entities" (2006: 92). Organisational members compare what is central about their organisation and how that is different from other organisations.

The third criterion is that of enduringness/continuity. Albert and Whetten (1985) believe that OI is stable and does not change except during major disruptions in the life cycle of the organisation. With this understanding, identity changes slowly and over long periods of time if at all. In contrast, other theorists would propose that OI can adapt and change over short periods while still supporting a sense of continuity (Gioia & Thomas, 1996; Gioia *et al.*, 2000, 2013; Hatch & Schulz, 2000, 2002). Gioia *et al.* (2000) argue that the meanings of the labels used to describe identity change, even while the labels themselves remain the same and use the term adaptive instability to describe this process, which is further discussed in 3.3.3.2.

Subsequent research highlighted concerns about Albert and Whetten's (1985) vagueness surrounding their characterisation of OI. This lack of clear definition led to researchers such as Pratt (2003) calling OI a "concept that means nothing" (162). Corley *et al.* (2006) note that few researchers were able to stipulate the actual criteria that they would use to decide that an attribute was central, distinctive or enduring enough to be considered part of an organisation's identity, rendering the concept of little analytical use. Corley *et al.* (2006) also go on to state

that much of the research on distinctiveness, except for Elsbach & Kramer's (1996) study of business schools and their responses to OI threats, is superficial, with the criterion of distinctiveness rarely being demonstrated. While the distinctiveness criterion has proved problematic, the 'enduring nature' of OI has been explored in a much more detailed manner (Gioia & Thomas, 1996; Gioia *et al.*, 2000, Hatch & Schultz, 2002; Ravasi & Schulz, 2006; Gioia *et al.*, 2013). All three criteria are discussed in greater detail in section 3.3 of this chapter, with specific emphasis on the temporal aspects of OI.

In his 2006 article, Whetten tries to clarify and strengthen the original Albert & Whetten formulation to address some of the conflicts which had arisen following their 1985 publication. He endeavours to "formulate the concept of OI in such a way that it can be distinguished analytically from related concepts, such as organisational culture and image, and can be used operationally to identify bona fide OI claims referents and associated identity-referencing discourse" (2006: 219). He refers to the 'central, enduring and distinguishing criteria' (CED) of the original formula as 'identity claim referents' which signify "an organisation's self-determined (and 'self'-defining) unique social space and are reflected in its unique pattern of binding commitments" (2006: 220). Such identity claim referents and/or binding commitments can then be used practically by members acting or speaking on behalf of the organisation. They can also be articulated by organisational members when they face 'fork in the road' choices which have the potential of significantly challenging the core question of 'who are we as an organisation'.

Albert & Whetten's original formulation of OI as being based on organisational features which were central, enduring and distinctive seems to locate identity as a property of the organisation or the collective itself (Corley, 2006). This definition supports the 'identity of an organisation' (*a social actor viewpoint*), rather than that of 'identity in an organisation' (*a social constructionist approach*). These approaches, and their implications for OI analysis, are explored in further detail in section 3.4 of this chapter. Other researchers such as Van Tonder & Lessing (2003) use a similar understanding in this definition of OI. Van Tonder defines OI as a "dynamic cognitive gestalt or integrative schema of an organisation's features which reflect its uniqueness or distinctive, central/core and enduring character" (2003:24). This definition accords with the underlying sentiment in the original Albert and Whetten (1985) formulation, which portrays identity as the property of an organisation itself as a whole.

In contrast, other theorists such as Hatch & Schulz (1997), Corley (2004), Corley *et al.*, (2006) and Nag, Corley & Gioia (2007), place collective shared understanding as central to interpreting identity. For example, Humphries & Brown (2002:142) define OI “as identity narratives [that] participants construct in their effort to make sense of their collective history and what is central, and enduring about them as a group”. Hatch & Schulz (1997) also use a social constructionist definition, in which OI “is assumed to be a collective, commonly-shared understanding of the organisation’s distinctive values and characteristics” (Hatch & Schultz, 1997: 357).

Therefore, those researchers who support a social actor viewpoint emphasise that organisations are seen as social actors in their own right, which supports a definition of OI which resides in institutional claims about what is the central, enduring and distinctive properties of their organisation. These identity claims are seen as enduring and resistant to change. In contrast, researchers from a social constructionist perspective see OI as the 'shared meanings and understandings' about what is central about the organisation which are constructed by organisational members to answer the question ‘who we are as an organisation’. This collective understanding about their OI is periodically reviewed by the members as necessary and can therefore change more often than in the social actor approach.

3.2.2 Definitional issues

Some OI research explores specific issues with regard to the various definitions of the concept (see for example Scott & Lane, 2000; Corley *et al.*, 2006). The definition of ‘collective’ and who is included within the ‘collective’, i.e. organisational members only or the inclusion of external stakeholders, is one such issue. Scott and Lane “shift the focus from an internal-external (i.e., identity-image) view to a manager-stakeholder view that specifically addresses OI as emerging from the complex interactions among managers, organisational members, and other stakeholders” (2000:43), which broadens out the understanding of the ‘collective’. However, most OI researchers would submit that identity is an internally defined construct (Gioia & Thomas, 1996; Tripsas, 2009; Gioia *et al.*, 2010; Gioia *et al.*, 2013), with outside perceptions being seen as images which can affect identity but are not identity. Image reflects the external appraisal of the organisation (Gioia & Thomas 1996), whereas identity represents the perceptions of organisational insiders. For the purpose of this research, OI is viewed as an internally constructed phenomenon.

Another issue is understanding what it means for a belief to be ‘shared’; it is not clear whether this is an aggregate property as argued by Whetten & Mackey (2002) or some sort of “gestalt” property arising from group dynamics (Corley *et al.*, 2006). Albert & Whetten, (1985), Whetten & Mackey (2002), and Whetten, (2006) argue that OI can be recognised by the patterns of that organisation's entity-level commitments, obligations and actions. This argument reflects their view of OI as the property of the organisation. This view “explicitly rejects the idea that OI is the collective’s beliefs about the organisation” (Corley *et al.*, 2006: 87). In this perspective, OI does not reside mainly in the interpretation of the members, as in a social constructionist viewpoint, but more in the institutional claims associated with the organisation (Corley *et al.*, 2006; Whetten, 2006). These differing perspectives are explored in the context of the primary research later on in the thesis.

The influence of organisational hierarchy, as well as organisational structure on identity and its function is another issue explored in the literature. Corley (2004) argues that higher levels of management tend to see identity in light of the organisation’s strategy, whereas the lower levels perceive OI in light of the organisation’s culture. Organisational unit boundaries, functional boundaries and professional boundaries can all cause differences between employees in how they perceive identity. As Bartels *et al.* (2006) argue, an “organisation can be seen as a melting pot of all kinds of sub-cultures and sub-identities” (175). Research has shown that individuals tend to identify more with the unit/department rather than the identity of the organisation as a whole (Riordan & Weatherly, 1999; Van Knippenberg & Van Schie, 2000; Moreland & Levine, 2001). The notion of multiple identities is explored in further detail next.

3.2.3 Multiple Identities

Albert & Whetten (1985) state that some organisations are in fact multiples or ‘hybrids’, such as family-businesses, public-private partnerships or church-universities/hospitals. The issue with hybrid or multiple identity organisations is that when faced with difficult choices and decisions, rather than relying on their central commitments to guide their decision making, organisational leaders have to take action to prevent decisions from becoming test cases of their loyalty to competing identity claims (Whetten, 2006). Many researchers note that not-for-profit organisations can have multiple and conflicting identities (Golden-Biddle & Rao, 1997; Glynn, 2000; Nevile, 2009; Jager & Beyes, 2010; Harris, 2011; Kreutzer & Jager, 2011) as they balance social missions with economic pressures (Jager & Beyes, 2010; Harris, 2011; Kreutzer & Jager, 2011). In this context it is therefore understandable that religious-led non-profit health

and social care services demonstrate multiple identities (Starr, 1982; Stevens, 1989; Pratt & Foreman, 2000). In addition to the conflict between social mission and economic pressures mentioned above, such organisations, particularly hospitals, are also heavily staffed by professionals, i.e. medics, therapists, and nurses, all of which are "closed collegial and self-regulating occupations" (McGivern et al., 2015:1) which foster specific professional identities. Bates notes that for healthcare organisations,

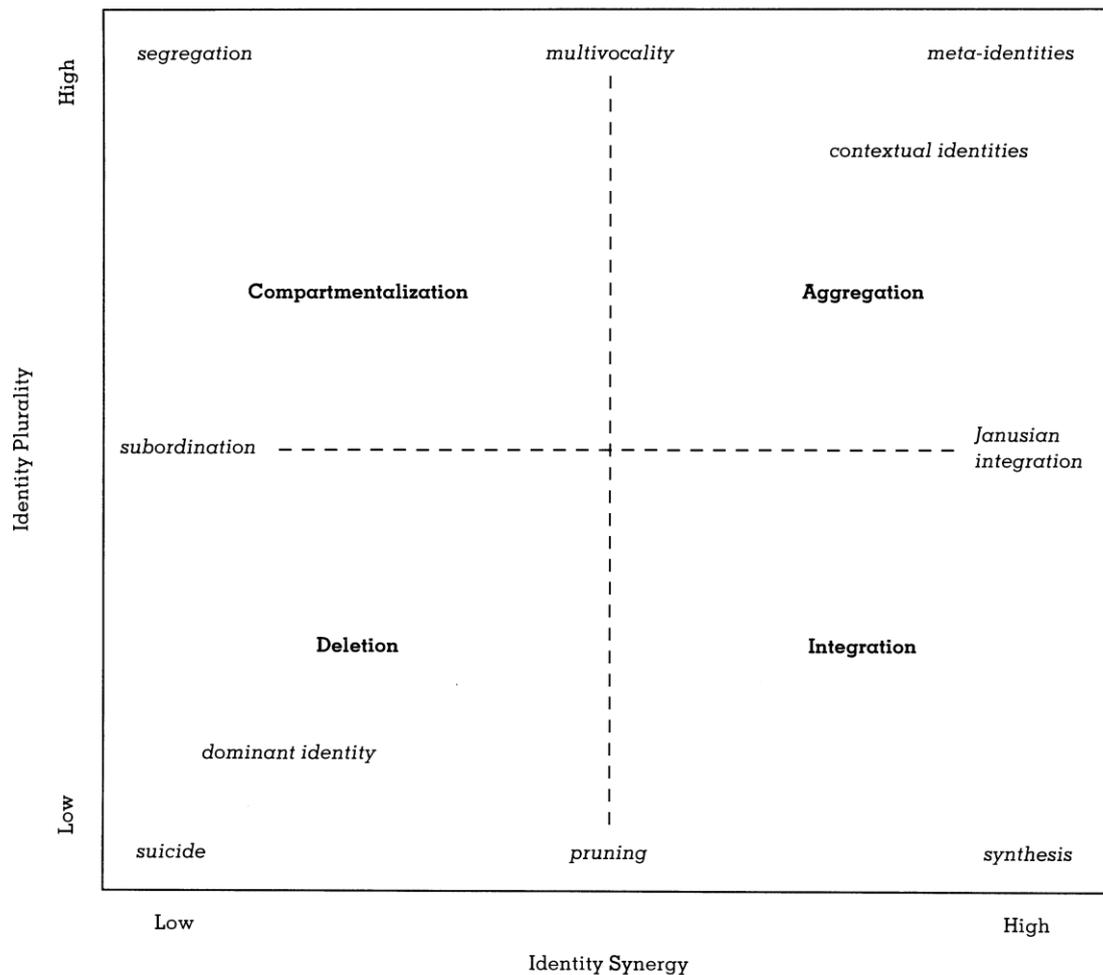
“the problem is one of managing elites. Each profession tends to regard itself as an elite. Members look to their profession and to their peers to determine codes of behaviour and acceptable performance standards. They often disdain the values and expectations of those outside their discipline Most professionals are reluctant to subordinate themselves to others or to support organisational goals not completely congruent with their special viewpoint” (2000: 5).

An individual professional identity, under pressure from institutional forces, may not necessarily support or buy into an overarching or dominant OI, particularly when that is a Catholic identity, as this study demonstrates.

The management of multiple identities is, therefore, an issue of concern, and as such, the next section explores the framework around identity management responses proposed by Pratt and Foreman (2000).

3.2.3.1 Management of Multiple Identities

Pratt and Foreman (2000) developed a framework to identify and distinguish between different approaches organisations can take to manage multiple identities. See Figure 3.2 below.



^a The placement of specific responses (e.g., multivocality) is for illustrative purposes only. Further research is needed before we can more exactly map these responses.

Figure 3.2 Pratt and Foreman’s (2000) Framework

With this classification, Pratt & Foreman (2000) argue that the main issues in managing multiple organisational identities are the number (identity plurality) and the relationship between or among them (identity synergy). Multiple identities are seen as expensive and thus require a great deal of resources, i.e. human, financial, physical, political and otherwise, from an organisation and a key question is whether the organisation can afford them. Synergy refers to the degree to which identities are complementary, with Pratt and Foreman (2000) suggesting that the more complementary identities are, the more likely it is that they can be managed in an integrative manner. Combining these two dimensions leads to four “ideal ways” ways of managing multiple identities. “Compartmentalisation which involves preserving all current identities without seeking to attain any synergies among them; deletion which refers to removing the organisation of one or more of its multiple identities; integration which involves fusing multiple identities into a distinct new whole; and aggregation which refers to attempts

to retain all identities while forging links between them” (Chenhall *et al.*, 2015: 671). The next paragraphs explore these dimensions in detail.

Compartmentalisation can be implemented in a variety of ways, including using physical, spatial, or symbolic means, for example, by separating parts of an organisation with different identities in different buildings or different floors. It is a high-plurality response, which allows management to maintain multiple identities and thus, it is perceived that the organisation can be responsive to multiple stakeholders. It is also less costly in terms of coordination in comparison with *integration* and *aggregation*. However, it does not address the potential for conflicts between identities, as an understanding is not facilitated by and between managers about how the multiple identities could work together.

In accordance with Pratt & Foreman (2000), *aggregation* occurs when an organisation attempts to keep all its identities while forging links between them. In contrast to compartmentalisation, *aggregation* does not involve separating identities, but rather efforts are made to identify relationships and exploit synergies/relationships between or among the identities, through the identification of identity hierarchies, or the creation of new beliefs which can be supported through the creation of mediating myths. *Aggregation* is deemed most appropriate when leaders believe that the maintenance of each of the organisation's multiple identities is essential and that there are considerable needs for or advantages in cooperation among individuals holding these multiple identities, as in a healthcare setting.

According to Pratt & Foreman (2000), *integration* occurs when managers attempt to fuse multiple identities into a distinct new whole. Pratt and Foreman (2000) use the phrase Janusian integration which is where organisations with two apparently different identities can be fused together to make a 'two-sided identity' where the characteristics of both identities are respected. However, as Pratt & Foreman note organisations have a great deal of difficulty in reducing the number of identities they hold (Albert & Whetten, 1985; Reger *et al.*, 1998), and as such *integration* may prove to be an arduous, or perhaps even impossible.

Deletion occurs when “support by powerful stakeholders for, the legitimacy of, and/or the strategic value of the existing identities, is low and/or resource constraints are high, and when the compatibility, interdependence, and/or diffusion of the identities is low” (Pratt & Foreman, 2000:29). The costs in relation to deletion of an identity may be deemed as necessary if the identity is incidental to the mission or occurring political liabilities. Pratt and Foreman (2000) use the example a monastic order that owns and operates a restaurant and convention centre on

its grounds where the RI might find it relatively easy to disengage from the business and its “associated ‘utilitarian’ identity” (2000:29) especially if the Religious had transferred the operation of the business to professional managers and not adopted this identity themselves.

In their case study of a non-profit welfare organisation, Chenhall *et al.*, (2015) focus on the actual practices that non-profit organisations can use to manage multiple identities (such as artefacts, budgets, informal meetings), and in particular, the key role that organisational routines (Feldman & Rafaeli, 2002), and material artefacts (Schultz & Hernes, 2013) can play in helping or constraining non-profit organisations to manage emerging tensions and conflicts over OI. Chenhall *et al.*, (2015) use the Pratt and Foreman (2000) framework to demonstrate different ways that non-profit organisations can seek to manage and potentially resolve identity conflicts as a result of these multiple identities.

This section gives an overview of the concept of OI. The next section explores the attributes of Albert and Whetten’s (1985) original formulation in more detail, which also forms a framework for the subsequent consideration of the ongoing research in this area

3.3 Attributes of OI

3.3.1 Centrality

According to Ashforth & Mael, the central character of an organisation is rooted in the “more or less internally consistent system of pivotal beliefs values and norms, typically anchored in the organisational mission that informs sense-making and action” (Ashforth & Mael, 1996: 24). Gioia *et al.*, (2013) note that history is seen as a central part of an organisation's identity because an organisation's history, its founding story and values, can inform organisation members in determining if the organisation is ‘acting in character’ (that is, in line with the agreed identity) in terms of actions it might be taking. These features, the organisation’s history, founding story and values, are seen to be core to the organisation, and indeed the essential feature of the tripartite definition of OI.

Clearly, religion is the defining element of an FBO (Faith-Based Organisation) (Netting, 1984; Chaves, 1994; Wilson, 2003; Bradley, 2009; King, 2011; Clarke & Ware, 2015), and this contributes to the “uniqueness of religious-based service” provided by an FBO (Cnaan, 1999: 26) and to its identity. Religion in an FBO is “central in shaping the actual motivations, rhetoric, practice, and production” through which “religious identity is adapted, contested, and asserted” (King, 2011: 72). The fundamental *raison d’être* for religious institutes is their mission, namely, the charitable works in which they are engaged, be it services for the homeless, the sick or

young people (Brewer, 1987; Madden, 1991; Murray, 2002). These services are how they evangelise the Word of God. With that understanding, the Catholic religion should define not only the type of health and social care services which should be provided but also how they should be provided. Catholic identity and its influence on health and social teaching are discussed in greater detail in section 3.5.

The question of what makes an organisation Catholic is discussed in greater detail in chapter 2 and is referenced here only in terms of religion being determined as a defining central element. Research has grown in this area because funding for FBOs in the United States increased from the end of the 20th Century onwards (Bielefield & Cleveland 2013) as it was perceived that these types of groups were particularly well-suited to responding to the needs of local individuals and communities, in comparison with their secular counterparts. In this instance, the centrality of faith or religion to an organisation has actually been a determining factor in terms of funding, and it has, therefore, become more important that this can be evidenced. Various typologies have been proposed to distinguish faith-based from secular charities/not for profits. The Sider & Unruh' (2004) typology of faith-based organisations which looks at the way religion is evident in an organisation is explored explicitly in chapter 2 and informs the aide-mémoire for the first interview process (discussed in further detail in chapter 4) as well as the analysis of data collected (chapter 7).

Finally, the role of the founder can be seen as both a central and distinctive factor. Basque & Langley (2018) note that “an organisation’s founder can live on long after their demise, haunting the discourses of their successors, and participating in the construction of OI” (2018: 2186). Founding stories are often invoked through various artefacts, such as annual reports, strategies, portraits, websites as well as mission statements, as discussed in the next section.

Organisational artefacts, in general, are seen as the visible and concrete manifestations of organisational culture (Trice and Beyer, 1984; Deal, 1985; Schein, 1985; Davies et al, 2000). Within religious led health and social care such artefacts which also include statues, portraits of the founder, specific logos, are all used to support a specific Catholic organisational culture. However, they also have an influence on OI, as identity claims of what is central, enduring and distinctive about an organisation are made manifest or illustrated through such organisational artefacts (George *et al.*, 2012). Artefacts however must stand the test of time, in order to remain as relevant manifestations of identity and culture (Rafaeli *et al.*, 2006).

3.3.2. Distinctiveness

Distinctiveness refers to how members perceive their organisation as being different from other organisations. However, there is some controversy in the literature as to whether organisations in the same category in the same social space can really be seen as that distinctive from each other. Brewer (1991) speaks of the concept of ‘optimal distinctiveness’ where organisations in a particular social space see themselves as similar to desirable relevant others, and yet somehow notably distinctive from them (Corley *et al.*, 2006; Gioia *et al.*, 2010). Brewer (2003) argues that individuals want to achieve an optimal balance between assimilation/inclusion *in* groups and distinctiveness *between* social groups and situations. These two competing motives are in constant opposition with each other; when there is too much of one, the other must increase in order to counterbalance it and vice versa (Brewer, 1991). Brewer proposes that an ‘optimal identity’ exists, which “satisfies the need for inclusion within the in-group” (identifying with the particular group) as well as “the need for distinctiveness between the in-group and out-groups” (Brewer, 2012: 90).

In contrast to the idea of ‘optimal distinctiveness’, institutional theories suggest that organisations can have difficulty in resisting institutional pressures that force them towards homogeneity (Powell & DiMaggio, 1991; Scott, 2001), making it more difficult for members to perceive of their organisation as distinctive. All health and social care services, in general, have become subject to powerful forces such as regulation, professionalization and bureaucratisation (Meyer & Rowan, 1977; White & Griffith, 2010; White, 2013). However, as noted by Arbuckle (2013) faith-based healthcare, in particular, Catholic health and social care, face additional challenges, such as cultural, economic and political forces, which will “increasingly threaten their ability to maintain the primary emphasis on the mission as the driving force in all decision making” (222).

It could be argued then that in the future, formerly religious led organisation could inevitably come to resemble the dominant secular organisations in the field (Vanderwoerd, 2004: 241), and thus may be unable to distinguish themselves in terms of their particular Catholic identity. However, Vanderwoerd’s (2004) findings on the sustainability of Catholic identity in such organisations, presents a ‘mixed, complex, and ambivalent picture’ (241), with some religious led organisations appearing to hold their own against secularising forces, and being relatively successful at maintaining a strong religious identity (Coughlin, 1965; Garland, 1992; Monsma, 1996; Hiemstra, 2002). Other studies suggest that non-profit organisations, in general, are increasingly strongly influenced by funding environments and become powerless to resist

greater influences on their religiousness or uniqueness (Jeavons, 1994; Chambre, 2001; Smith and Sosin, 2001), and thus their organisational identities. Government funding for Catholic led health and social care in Ireland is now strongly influenced by compliance with regulations, legislation, government policy and needs and demands of consumers. As such, its potential influence on the distinctiveness of the identity of religious led health and social care cannot be ignored.

Vanderwoerd (2004) states that there were three key strategies which emerged as a means of maintaining religiousness in organisations in the face of secular pressures, namely: “(1) Religious identities were perceived as given rather than chosen, and therefore were not negotiable; (2) religious values provided strong justification for seeking relationships with others who do not share their faith; (3) the religious worldview blurred religious and secular distinctions so that secular technologies and practices could comfortably be utilised” (Vanderwoerd, 2004: 240). The use of these strategies informed the conclusions to this thesis (chapter 8).

3.3.3. Enduringness

The criterion of enduringness in identity has been more debated than either of the other two pillars. There has been a great deal of discussion on whether identity endures over a long period of time or changes over short time spans (Gioia *et al.*, 2013).

3.3.3.1 Stable and Enduring

Albert and Whetten’s (1985) initial formulation proposes that identity is enduring, that is stable and durable over long periods. However, even within this concept Albert and Whetten (1985) proposes a temporal aspect of identity that would align with a life cycle perspective, changing at crucial transition points (Gioia *et al.*, 2013). Albert and Whetten (1985) specifically suggest that the question of OI will be particularly significant or important during life-cycle events, that is ‘fork in the road’ times, such as the formation of the organisation, the loss of an identity sustaining element or a change in ‘collective’ status.

When the organisation is forming and defining exactly what its function will be, questions of mission, goals, means (all of which are key features of defining who and what the organisation is in terms of its identity) will be significant and important. The loss of an identity sustaining element is also seen as a crucial transition point.

Albert and Whetten (1985) suggest that, throughout the life of an organisation, identity shifts by both ‘substitution’ (one identity giving way to another) and ‘addition’ (one identity joining

another) and that this can lead to dual or multiple identities (see also Albert, 1995; Gioia *et al.*, 2013). Therefore Albert and Whetten, (1985) do accept that organisations and therefore OI do change over time, but only over extended periods.

Support for Enduring Proposition

Gioia *et al.* (2013) note that support for the “enduring” proposition has been found in a variety of explanations—ranging from micro-level factors that “resist” change to macro-level factors that act as “barriers” to change (Nag, Corley, & Gioia, 2007). One such micro-level factor is a desire by organisational members for stability (Gustafson & Reger, 1995) or as Weick (1995) notes an “intrinsic desire to sense and experience coherence and continuity” (1995:20). Another micro-level influence is deemed to be the need for organisational members to maintain a positive social identity. Members of an organisation might pursue an enduring OI as a way of preserving their individual social identities (see for example, Ashforth *et al.*, (2008)). Proudfoot & Kay (2018) found that membership of a highly stable organisation “can help individuals maintain a subjective feeling of efficacy and control in their lives more generally” (2018:104), and therefore presumably a positive social identity, especially when threats to control originate outside these groups. Furthermore, perceiving one's organisation as turbulent or in flux may disrupt individuals' sense of their group as a coherent collective that is in control.

At a macro level, Gioia *et al.*, (2013) note that previous studies make a strong connection between centrality and the enduring nature of identity, which is resisted or deliberately preserved in a conscious effort by organisational members. For example, Ravasi & Schultz (2012) in their study of identity in Danish consumer electronics company, Bang & Olufsen, show that OI is often cited by organisational members to support or justify decisions which are seen as “crucial to the maintenance of features without which ‘our organisation would not be the same’” (103). Canato *et al.*, (2013), in their study on the introduction of Six Sigma at 3M, perceive that resistance strengthened among employees if they saw that the effects of organisational changes began to threaten a deeper layer of cultural beliefs, integrity and fundamental values, in essence, their identity.

OI is also inherently inertial (Albert & Whetten, 1985; Ashforth & Mael, 1996). There are many factors which support organisational inertia (Hannan & Freeman, 1977) including internal politics, organisational culture, strategic commitments and resource capabilities, as well as external public legitimisation of organisational activity. However, OI is not just one more factor to consider when examining sources of inertia, but rather that as Tripsas (2009) notes

“identity can serve as a guidepost, directing the development of some routines and capabilities over others and reinforcing some beliefs over others” (442). These studies suggest that if change is implemented without fully taking account of the broader implications of identity and the commitment of employees to that identity, problems could ensue and implementation of change may not be effective. Canato *et al.*, (2013) note that in 3M the change only occurred when there was a partial alteration of both new practice and organisational culture and that both were necessary for change to take place.

3.3.3.2 Mutability of Identity

Over time an alternative view has emerged where researchers propose that OI changes over shorter spans of time Dutton & Dukerich (1991), Gioia & Chittipeddi (1991) and Gioia & Thomas (1996).

Within this concept of OI as changing, Schultz (2016) distinguishes between two cohorts of researchers. The first cohort sees OI change as periodic or as a partial change that occurs prompted by a variety of different circumstances, including changes in the organisational context. These researchers, Schulz (2016) notes, all share the assumption that organisational change remains stable in between changes. The second cohort of researchers perceive identity change as ongoing and inherent to the construction and therefore the definition of identity itself. Within this concept, rather than looking at external reasons for identity change, researchers deem that "the changing nature of identity is inherent in the intertwined claims and perceptions constituting OI" (Schultz, 2016:137). Questions are therefore asked about how identity changes and how stability is maintained if identity is perceived as constantly on the move. These views are set out in the table below adapted from Schulz (2016) and the ensuing paragraphs explore the approaches:

DOMINANT VIEWS ON MUTABILITY OF ORGANISATIONAL IDENTITY			
View on Identity change	Examples of View	Examples of mechanisms of identity change or stability	Examples of Authors
1. Identity as periodic or partial change	<p>a) Identity claims and their meanings change as they adapt to external changes, shifts in strategies, and/or respond to identity threats.</p> <p>b) Identity labels/claims change conforming to shifting environments and new requirements for legitimacy</p> <p>c) Some identity elements may change, while others remain stable, e.g. identity labels or claims are stable, while their meanings are malleable.</p>	<p>a) Identity change in response to shifting images and renewed sensemaking: e.g. as cognitive tactics, relationship sense-making-sense-giving; sensemaking through discursive resources; identity change facilitated by identity ambiguity or transitional identity; or strategic formation processes.</p> <p>b) Identity change via institutional forces and relations between institutional and organisational levels.</p> <p>c) Partial identity change via processes of adaptive instability, institutional isomorphism or loss of corporate reputation.-</p>	<p>a) Elsbach & Kramer (1996); Gioia & Thomas (1996); Ravasi & Schultz (2006); Clark, Gioia, Ketchen & Thomas (2010); Rindova, Dalpiaz & Ravasi (2011); Bhatt, Van Riel & Bauman (2016), Tienari & Vaara (2016).</p> <p>b) Greenwood et al. (2011); Bersharow & Brickson (2016); Philips, Tracey & Kraatz (2016); DeJordy & Creed (2016)</p> <p>c) Gioia, Schultz & Corley (2000); Glynn & Abzug (2002); Glynn & Marquis (2004)</p>
2. Identity as ongoing change	<p>a) Identity as process and flow.</p> <p>b) Identity is constituted by dynamic relations with other constructs, such as culture, image and/or innovation</p> <p>c) Identity is continuously reconstructed in time as ongoing relations between past, present and future.</p>	<p>a) Identity is by definition always in the making and never settles. Identity formation distinguishes from “self-processes” across time.</p> <p>b) Identity dynamics as relationships between culture, identity, and images; unfolding through identity activation; mutually constitutive dynamics between innovation and identity</p> <p>c) The past is continuously connected to future identities in an ongoing present using members lived experiences, various memory forms or narratives and rhetorical resources based in history.</p>	<p>a) Gioia, Price, Hamilton & Thomas (2010); Gioia & Patvardhan (2012); Pratt (2012); Gioia & Hamilton (2016)</p> <p>b) Hatch & Schultz (2002); Pratt (2012); Hatch, Schultz & Skov (2015); Anthony & Tripsas (2016)</p> <p>c) Chreim (2005); Ybema (2010); Schultz & Hernes (2013); Howard-Grenville, Metzger & Meyer (2013), Kreiner & Murphy (2016); Suddaby, Foster & Trank (2016)</p>

Table 3.1 Dominant Views on Mutability of Organisational Identity - Adapted from Schultz (2016).

Identity as Periodic or Partial Change

Different researchers have different approaches under this understanding. The first group of researchers perceive this type of identity change in the context of changes in the organisational context, whether that is changes in the external environment, perceived threats to the existing identity or a new strategic context. This viewpoint is of particular relevance to this research and as such it is explored in detail in the subsequent paragraphs. Researchers such as Elsbach & Kramer (1996), Gioia & Thomas (1996) and Ravasi & Schultz (2006) have studied identity change in terms of the relationships between organisational image and identity, where “identity claims change as they adapt to shifting images (and/or reputation) or desired future images” (Schultz 2016: 514). Ravasi & Schultz (2006) note that previous research (Dutton & Dukerich, 1991; Elsbach & Kramer, 1996; Golden-Biddle & Rao, 1997) indicates that “events that call into question members’ beliefs about central and distinctive attributes of an organisation can challenge collective self-perceptions and self-categorisation” (2006:3). Such events have been referred to as ‘identity threats’ (Ginzel, Kramer & Sutton, 1993; Elsbach & Kramer, 1996). These threats have been seen as a mismatch between what organisational members perceive to be the identity of their organisation and how it is perceived by external stakeholders, that is its image (Ginzel, Kramer, & Sutton, 1993; Kramer, 1996). Organisational responses have been portrayed as being aimed at restoring alignment between who members think they are as an organisation (Albert & Whetten, 1985) and how they believe they are seen or would like to be seen by others (Dutton & Dukerich, 1991; Gioia & Thomas, 1996; Gioia, Schultz, & Corley, 2000).

According to Ravasi & Schultz (2006), and as referenced earlier, in general researchers in OI use that term to refer to internal members’ perceptions, and to use the term ‘organisational image’ to refer to external stakeholders’ perceptions (Brown, Dacin, Pratt & Whetten, 2006; Corley et al., 2006; Whetten, 2006; Price, Gioia & Corley, 2008; Gioia, Hamilton & Patvardhan, 2014). Image or reputation of an organisation can be very important to organisational members. Dutton and Dukerich (1991), in their study on the New York Port Authority (NYPA) and their action on homeless, argue that the authorities in this case only took action because members began to feel a disconnect between *their* perception of the NYPA’s identity and the negative image of it as perceived by the *external community*. Due to their commitment to their identity, organisations will make changes to other aspects of their organisation (excluding identity) in order to preserve their positive identity perception. For example, in the NYPA study, structural changes were made to the organisation in terms of

setting up homeless teams and funding of new drop-in centres, and quiet advocacy initiatives took place to support homelessness (Dutton & Dukerich, 1991). These initiatives were a response to the position that the NYPA found itself in rather than a change of mission, and were the ways in which the organisation minimised image damage and tried to pull their image back into alignment with their enduring identity as a “high-quality, first-class institution” (1991:543).

In a further development on the theory on identity threats, Ravasi & Schulz (2006), building on a longitudinal study on identity-threatening environmental changes in one organisation over 25 years, explore how organisational culture shaped responses to identity threats and, along with external images, drove identity dynamics. Their findings provided empirical evidence of a dynamic relationship between organisational culture, identity and image. Ravasi & Schultz (2006) specifically highlight the role that culture plays in OIC. Culture informs and supports both *sense-making* and *sense-giving* processes which are triggered by external changes which convince organisational members to review and re-evaluate their OI. The concepts of sense-giving (social actor viewpoint) and sense-making (social construction viewpoint) are discussed in section 3.4. Ravasi & Schulz (2006) suggest that both viewpoints, one emphasising institutional claims and the other collective understanding, are important in terms of constructing OI, representing different aspects of the process, which is important in terms of this study. Ravasi & Schulz (2006) conclude that OC “preserves a sense of distinctiveness and continuity as organisational identity is subjected to explicit re-evaluation” (2006: 455). In linking the redefinition and re-evaluation of Bang & Olufsen’s OI to its cultural heritage, OI acted as a platform for OC change.

Another group of scholars who perceive OI as being capable of periodic or partial change draw on institutional theory. They focus on how “institutional forces or changes in institutional environment create pressure for organisational identity change, while they also explore how organisational identity may serve as a filter in how organisations respond to institutional change” (Schultz: 2016: 135). Greenwood *et al.*, (2011) note that in this context, identity is not really about the unique features of the organisation but rather about its membership (or claims to membership) in a specific social category or collective identity at the level of the organisational field (Corley *et al.*, 2006; Ravasi & Schultz, 2006; Glynn, 2008; Gioia, Price, Hamilton, & Thomas, 2010). If an identity does not ‘fit’ with the social category to which it wishes to belong, the organisation itself can lose credibility; therefore any identity change must be aware of its institutional environment.

The final studies with this understanding propose that while some identity elements remain stable, others change. Gioia, Schultz & Corley (2004) for example propose the concept of adaptive instability which argues that what seems like continuity of identity is created when the meaning of stable OI labels change to allow for adaptation to changing circumstances. “By altering the meaning of static labels, organisational members preserve the illusion that their organisation has continuity” (Hatch, 2013: 312). Gioia et al. (2000) use Hewlett-Packard (HP) as an example to illustrate how OI can change. Collins and Porras’s (1994) argue that the ‘H-P way’ was a ‘label’ which has been used as an expression of core values of HP's identity for decades. However, the underlying meaning of the particular values and actions associated with the ‘H-P way’ had changed several times over the years (Gioia *et al.*, 2000, cf. Collins & Porras, 1994). Gioia *et al.* (2000) propose that the instability and flexibility of identity is primarily a result of its ongoing and reciprocal relationships with the more fluid organisational image. Moreover, they suggest that the unstable and adaptive feature may actually help organisations increase their flexibility as OI can change in the face of environmental challenges, but in a way that retains a sense of coherence and continuity (Gioia *et al.*, 2000). This dynamic view of OI sits within a social construction perspective on identity (Corley *et al.*, 2006) and it implies that organisational members have gone through a collective shared re-interpretation or sense-making around the organisation’s distinctive values and characteristics and come to an understanding which supports a sense of continuity about its identity.

Identity as ongoing Change

Researchers with this point of view argue that organisational identity construction is “the continuous intersubjective negotiation of claims and understandings that constitute organisational identity” (Gioia *et al.*, 2013: 166). For some researchers, thinking of OI as a process calls for “other metaphorical images, such as - “flow” or “narrative” or “work” or “play” - that is, identity as continually under construction” (Schultz *et al.*, 2012: 3). The constructing of identities using a process perspective means that OI is ever evolving from ongoing processes of enacting “how we are becoming” rather than from defining “who we are” as an organisation.

Other researchers focus on OI dynamics and findings on a dynamic relationship between organisational culture, identity and image (Hatch & Schultz, 2002). The ‘OI dynamics model’ links identity, culture and image together through different internal and external processes. Hatch & Schulz (2002) argue that an understanding of organisational culture and image is needed to encourage a balanced identity to develop and grow along with a changing

environment and workforce. They make the point that organisations must maintain open conversations in this area, between leaders, senior managers, and organisational members, as well as external stakeholders, and therefore go beyond periodic change. Hatch, Schultz & Skov (2015) in their study in the Carlsberg Group note that a programme of planned identity change was both resisted and supported over a period of 5 years, as organisational members engaged in what they termed as 'identity activation', that is processes of reflecting, questioning and debating. In this manner, the ongoing identity change was intertwined with changes in organisational culture.

Finally, under this perspective of identity as ongoing change, some studies focus more on the "duality between continuity and change and a further conceptualisation of the role of time" (Schultz, 2016: 135). One such study is that by Schultz & Hernes (2013) conducted in Lego, where memories of past identities are evoked in present identity construction/reconstruction, as the past influences the articulation of claims for future identity.

The research on organisational identity construction (OIC) is considered in the next section.

3.3.4 Organisational Identity Construction

Foreman and Parent (2008) define organisational identity construction (OIC) as follows: "the purpose of OIC is to create an identity which serves to position the organisation in its environment and orient it to external and internal stakeholders" (Czarniawska & Wolff, 1998; Scott and Lane, 2000; Dhalla, 2007) (2008:225). Foreman & Parent (2008) note that OIC involves risks. Identities which are unsure or weakly created, fragmented, ambiguous or conflicting may have serious repercussions for organisations. These consequences include a lack of recognition and acceptance (Czarniawska & Wolff, 1998, Glynn & Abzug, 2002), poor reputation (Fombrun, 1996), reduced legitimacy and access to resources (Hsu & Hannan, 2005), weak identification (Foreman & Whetten, 2002), confused strategy (Glynn, 2000) or limited competitiveness (Deephouse, 1999).

Researchers currently propose several internal and external resources that form and construct OI. Gioia *et al.* (2013) argue that there are three important categories of internal resources that organisations employ in identity formation processes, and it would appear from this research, also the ongoing construction processes. These include:

- Founders' and leaders' beliefs and values,
- Past experiences of organisational members, and

- Organisational narratives.

Researchers have documented the importance of the founder in terms of OI (Gioia *et al.*, 2010; Kroezen & Heugens, 2012) and it has also been discussed in section 3.3.1. However, studies also suggest, that it is not enough for founders and other leaders just to “give sense” to organisational members about their OI (Corley, 2004; Corley & Gioia, 2004; Gioia *et al.*, 2010), but that leaders must allow members to “make sense” (*author’s parentheses*) of the new identity on their own to a certain extent if they are expected to have a sense of ownership. Gioia *et al.* (2013) note that this is an interesting question for future research to explore further, and it is one which this research considers. The past experiences of organisational members are also deemed important in terms of organisation formation and construction, including the emotional connection which they had with the organisation. For instance, Howard-Grenville, Metzger, & Meyer (2013) in their study on identity resurrection in Track Town USA, found that the emotional connection that community members have to the community’s previous positive identity was a key factor in identity renewal. Other studies have noted the importance of other internal resources enacted by members such as organisational culture (Ravasi & Schultz, 2006) and knowledge and practices (Nag *et al.*, 2007) to the ongoing construction and maintenance of OI. Finally, Gioia *et al.* (2013) propose that organisational narratives or storytelling are another strong internal resource in terms of OI. Humphries and Brown (2002) argue that narratives are one way in which organisational members negotiate, share and interpret meaning, and thereby the identity of the organisation.

In terms of external resources, Gioia *et al.* (2013) argue that the following influences should be considered:

- an organisation’s institutional context and more specifically, peer organisations in the environment (Czarniawska & Wolff, 1998; Clegg *et al.*, 2007; Gioia *et al.*, 2010; Kroezen & Heugens, 2012).
- National Identity (Jack & Lorbiecki, 2007)
- Societal Culture (Glynn & Watkiss, 2012)
 - Media Attention (Kjærgaard *et al.*, 2011, Dutton & Dukerich, 1991)

In order for an organisation to survive, it must be able to obtain and maintain legitimacy in its environment (Suchman, 1995) and new organisations can do this by imitating identities of existing organisations in the same field (Labianca *et al.*, 2001). Labianca *et al.* (2001) note that

it is not just a matter of choosing the most structurally similar organisation, but that other “identity-related attributes, such as reputation, organisational image, and OI, also play a significant role in the emulation decision” (312). National identity can also be a strong influence on OI as was demonstrated by Jack & Lorbiecki, (2007) in their study of three different 'British' Firms. However, they also made the point that national identities themselves are not homogenous and are influenced by different attributes such as regional loyalties, gender, personal history and traditions. Glynn & Watkiss, (2012) in examining the role that society can play in terms of influencing OI, suggest that by “aligning identity with prevalent cultural sentiments and through the use of cultural mechanisms, an organisation gains audience acceptance, thereby conferring legitimacy and value on the organisation” (Gioia et al. 2016: 163). Finally, some researchers consider that external parties such as the media have an influence on OI. Kjærgaard *et al.* (2011) argue that positive media representations foster members’ alignment around an emergent new understanding of their OI. However, as previously explored, in the Dutton & Dukerich (1991) study on the New York Port Authority (NYPA), it seems that its action on homelessness was a result of the dissonance that organisational members felt between *their* perception of the NYPA’s identity and the negative image of it as perceived by the *external community* which was influenced by negative media attention.

Dhalla (2007) proposes that both external and intra-organisational factors play a key role in the construction of organisational identity, as per the framework below:

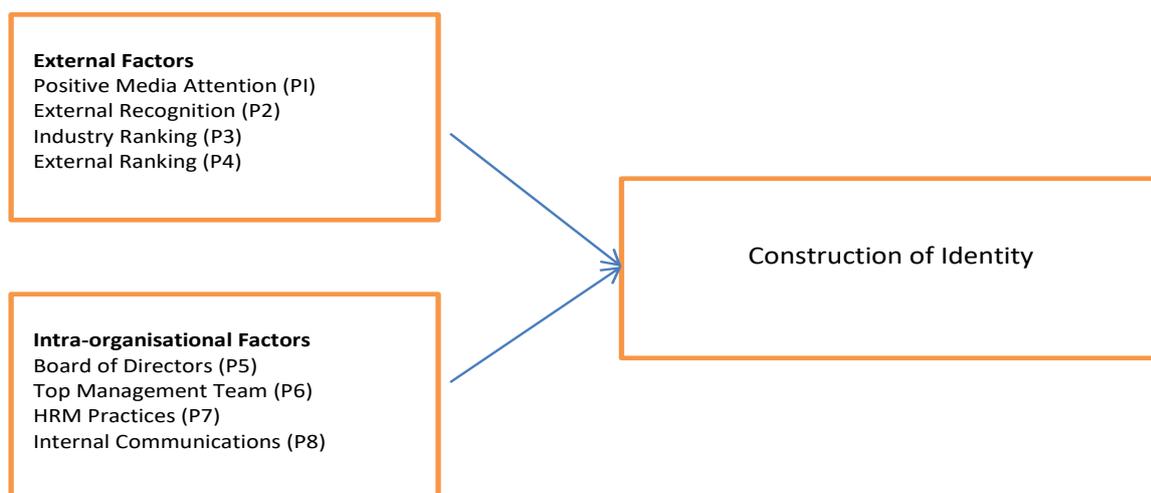


Figure 3.3: Framework of factors contributing to the construction of organisational identity (Dhalla, 2007: 249)

Dhalla (2007) notes that both internal and external stakeholders receive information from an organisation via its strategic plans and actions and, by decoding it along with additional information that they gain from other sources such as the media, make assessments and form their perceptions about the organisation (Fombrun & Shanley, 1990; Fombrun, 1996; Rindova & Fombrun, 1999). In discussing the external factors, Dhalla (2007) echoes much of the discussion in the paragraph above in terms of the influence of an organisation's institutional context, as well as the influence of society and media by proposing four external factors which contribute to the construction of OI. These are media attention, external awards and recognition, industry rankings and external communication. In addition, Dhalla (2007) suggests that organisations can strongly influence and construct their OI by managing the intra-organisational factors that form their internal core characteristics, which they usually can direct and control. These intra-organisational factors are the board of directors, top management team, human resource management practices, operations, and internal communication. In terms of human resource practices, one of the critical elements for RIs was to ensure that the 'right people' populated both executive and board teams. This sense of 'fit' is supported by Chatman (1989), who proposes that higher levels of person-organisation fit exist when there is a similarity between the norms and values of organisations and the values of persons. Research indicates that employees who hold values that match the values of their employing organisation will be more satisfied with their jobs, identify with the organisation, and seek to maintain the employment relationship (Kristof, 1996; Kristof-Brown, Zimmerman, & Johnson, 2005). Dhalla (2007) notes that understanding the factors that contribute to the construction of OI can provide leaders and managers with knowledge and insight to construct and formulate an OI which supports organisational performance and competitive advantage.

3.3.5 Summary

Albert and Whetten's (1985) tripartite formulation provides a framework for examining further research in this area in this section. The centrality element was perceived to be core to OI, encompassing an organisation's history, founding story, values and products and systems. Indeed, identity as a statement of central character defines what is important and essential to the organisation (Albert & Whetten, 1985). In faith-based health and social care services, it is clear that their religious origins contribute to the "uniqueness of religious-based service" (Cnaan, 1999: 26).

The distinctive criterion has also been explored as crucial to OI. However, whether it is possible for organisations in the same category in the same social space to really be seen as that distinctive from each other was also explored. Brewer's (1991) concept of 'optimal distinctiveness', where organisations in a particular social space see themselves as similar to desirable relevant others, and yet somehow notably distinctive (Corley *et al.*, 2006, Gioia *et al.*, 2010), was discussed. Maintenance of distinction, of being better and different, has been an important element of Catholic identity and one that articulated often, using the founding story, tradition and ethos of the religious institutes themselves as a distinguishing factor.

The concept of multiple identities was explored within the concept of religious led health and social care. Pratt and Forman's (2000) framework was reviewed, which demonstrated that combining dimensions of identity plurality and identity synergy led to four "ideal ways" ways of managing multiple identities and the inevitable conflicts that arise.

Finally, the most explored feature of OI is its enduring or continuous nature. Whereas Albert & Whetten (1985, 2004) allow for change but only over long periods, and usually through 'fork in the road moments' often explained by life cycle events, others, such as Elsbach & Kramer, (1996); Gioia & Thomas, (1996); Ravasi & Schultz (2006); Clark *et al.* (2010) and Rindova, Dalpiaz & Ravasi, (2011) argue for a more dynamic understanding of the concept. Many researchers see identity change or construction in the context of changes in the organisational context, whether that is changes in the external environment, perceived threats to the existing identity or a new strategic context. This viewpoint is of particular relevance to this research.

As has been stated previously, most OI researchers would submit that identity is an internally defined construct (Gioia & Thomas, 1996; Gioia *et al.*, 2010; Gioia *et al.*, 2013), with outside perceptions being seen as images, which affect identity, but are not identity. Image reflects the external appraisal of the organisation (Gioia & Thomas 1996), whereas identity represents the perceptions of organisational insiders. Organisational responses such as those explored in section 3.3.4 on OIC have taken place aimed at sustaining and maintaining OI as is perceived in the analysis of the data in chapters 5 and 6.

The next section of this chapter examines the various philosophical perspectives which form a lens for viewing OI.

3.4 Philosophical and Theoretical Underpinnings

There are multiple philosophical foundations and theoretical underpinnings supporting OI. In this section, the four main approaches are explored. These are: social actor, social constructionist, institutional and population ecology. The social actor and social constructionist schools are seen as the two principal lines of thought about OI (Ravasi & Schultz, 2006) and are thus addressed first. As noted in section 3.2.1 proponents of the ‘identity **in** organisations’ definition (social constructionist viewpoint), view organisations as collectives emphasising shared meanings and beliefs organisation members have about OI. In contrast, those researchers with an ‘identity **of** organisations’ viewpoint (social actor perspective), researchers view OI as the property of organisations (Corley *et al.*, 2006), where the organisation is viewed as a social actor in their own right, that is “as collective social actors” (Scott, 2008:7), who can make decisions, take action, develop strategies and own property.

3.4.1 Social Actor Perspective

As noted by Cornelissen *et al.* (2016), the social actor approach has its roots in early institutional work by Selznick (1949, 1957) and Stinchcombe (1965) which stressed the unique nature of organisations as distinct actors in society. Identity construction is linked to the need to influence how organisational members should behave and how other organisations should relate to them (Albert & Whetten, 1985; Whetten, 2003). With this understanding a *sense-giving* approach is adopted, where “identity claims are organisational self-definitions proposed by organisational leaders, providing members with a consistent and legitimate narrative to construct a collective sense of self” (Ravasi & Schultz 2006: 434). Therefore through formal identity claims, leaders make deliberate attempts to direct internal, and indeed external, stakeholders as to how the organisation should be defined or interpreted in terms of its identity. As Haslam (2017) notes, in comparison to researchers with a social constructionist view on identity, researchers with a social actor view (Albert & Whetten, 1985), see organisations as more than ‘social collectives’ and assign OI a status and quality somewhat independent of the people who at any one point in time are members of a given organisation.

Those who support the social actor perspective generally perceive OI as a set of “emotionally laden, stable, and enduring self-descriptions or characterisations” (Ravasi & Schultz, 2006: 6). As such, research from this perspective reflects on identity as “those things that enable social actors to satisfy their inherent needs to be the same yesterday, today and tomorrow and to be unique actors or entities” (Whetten & Mackey, 2002: 396). Such proponents would suggest that deeply held beliefs, embodied in formal claims, tend to change only rarely and never easily

(Whetten & Mackey, 2002), thus emphasising stability, cohesion and continuity. Therefore ‘identity threats’ are likely to trigger responses aimed at countering identity-threatening representations of what the organisation is or stands for (Albert & Whetten, 1985; Ginzel *et al.*, 1993) as discussed earlier in this chapter.

Under this perspective, OI is the “property of the organisation as an entity or “social actor” that can be discerned only by the patterns of that organisation’s entity-level commitments, obligations and actions” (Corley *et al.*, 2006: 87). Whetten (2006) claims that such categorical identities bring coercive obligations and pressures i.e. technical, regulatory and legal (with them), as well as normative, that is political, social and cultural expectations that govern their behaviour.

3.4.2 Social Constructionist View

According to Haslam *et al.* (2017), proponents of a social constructionist perspective see OI as involving individuals constructing shared meanings about ‘who we are, as an organisation’. The base assumption associated with this perspective is that OI is “an organisation’s members’ collective understanding of the features presumed to be central and continuous, and that distinguish the organisation from other organisations” (Gioia *et al.*, 2000: 64). Gioia *et al.* (2000) believe that OI is defined by the organisational members to articulate who they are as an organisation not only to themselves but also to external others. This viewpoint primarily focuses on the labels and meanings that members use to describe themselves and their core attributes (Gioia *et al.*, 2013); however, these may or may not correspond to their organisation’s official narrative (Ravasi & Schultz 2006).

The social constructionist approach to identity emphasises a *sense-making* process. Advocates of this approach argue that significant changes cause members of an organisation to consider and re-interpret what is central and distinctive about their organisation. Changes require them to ‘make new sense’ of what the organisation is about (Fiol, 1991; Gioia & Chittipeddi, 1991). In other words, OI “is seen to be an emergent outcome of collective sense-making processes that, once produced, serves as a frame, lens or orientation to guide individual and collective experiences, interpretations and understandings in context (e.g., Dutton and Dukerich 1991; Brickson 2005, 2007; Cornelissen *et al.* 2007)” (Haslam *et al.*, 2017: 321). This argument means that researchers who embrace the social constructionist approach also have a different attitude towards the ‘enduring’ element of Albert and Whetten’s (1985) tripartite definition. As Ravasi & Schultz (2006) argue, such researchers do not “deny the relative endurance of formal

claims or their importance in preserving a sense of self and continuity, yet they observe that the meanings associated with these change may evolve as organisational members try to adapt to changing environments” (2006: 435). Advocates of a social constructionist approach expect organisational members to review and revise the collective shared beliefs as they re-interpret them in response to environmental changes.

Under a social actor approach, OI is enduring and does not change easily. The implications of this are that external threats that challenge the identity of the organisation are likely to trigger responses which emphasise the maintenance and sustainment of that identity both internally and as it is perceived externally, rather than engaging in a change process around OI itself (Albert & Whetten, 1985; Ginzler *et al.*, 1993). The implications of a social constructionist approach which emphasises the mutability of OI is that organisational members can engage in a 'sense making' process of reviewing and revising their OI in response to changes in the environment or organisational threats.

3.4.3 Institutional Perspective

The institutionalist approach has traditionally regarded organisations as highly socialised entities, subject to the strong influence of institutional forces (Gioia *et al.*, 2013), focusing not on the distinction between organisations but rather the isomorphic pressure for sameness. The term “institutional forces” refers to the cognitive, normative, or regulative pressures that organisations confront in their external environments (Scott, 2008). They are also the “wider cultural frameworks” (Scott, 2008: 429) that influence the structures, practices, and identities of organisations and their members. As argued by Besharov & Brickson (2016), in this understanding “the content of OI – defined as an organisation’s central and distinctive attributes that have continuity over time (Albert & Whetten, 1985; Gioia, Patvardhan, Hamilton, & Corley, 2013) – is highly constrained by the content of institutional forces – the values, beliefs, and practices that are taken-for-granted as appropriate within a particular social context” (Besharov & Brickson, 2016: 514). More recent research on institution-theory based studies, however, appears to indicate that researchers (Glynn, 2008) are moving away from this historical approach which portrays OI as highly constrained by institutional forces present in an organisation’s environment, and instead portraying them as enabling OI processes.

Besharov & Brickson (2016) consider the role that organisational members, particularly leaders, play in constructing OI is by actively drawing on and interpreting institutional forces. Glynn (2008) suggests that institutions can assist in OI construction by supplying “raw

materials” such as meanings and symbols. Consequently, Glynn (2008) portrays OI construction as a form of ‘institutional bricolage’. In a study carried out in Carlsberg, a global brewery, Christiansen & Lounsbury (2013) argue that institutional bricolage requires the problematisation and renegotiation of an organisation’s identity. They demonstrate that in response to growing pressures to be more ‘responsible’, members of the brewery engaged in ‘institutional bricolage’ by creatively examining, tinkering with and combining different elements from social responsibility and market logics to re-interpret their OI.

The traditional perspective about institutions supported the view of them as mostly stable and homogenous settings (DiMaggio, 1988) and consequently, identity - as with most other institutional aspects - was treated as given and essentially fully-formed. However, more recent research supports a dynamic perspective about institutions as capable of change and transformation (Greenwood & Suddaby, 2006; Kostova, Roth, & Dacin, 2008; Christiansen & Lounsbury, 2013) thus compelling a more malleable view of identity. However, even within this understanding of the institutional perspective, identity remains circumscribed by what is deemed acceptable and legitimate within the particular social category to which the organisation belongs.

3.4.4 Population Ecology Perspective

Population ecology suggests that “organisational identities are formed at the level of population, whose defining characteristics are adopted by the organisations that participate in its field of activity” (Hatch, 2013: 312). Salimath & Jones (2011) note that the survival of an individual organisation is then based on an environmental selection of those organisations that best fit their particular localised environment. Although, “adaptive change is not impossible, or even rare, but it is severely constrained” (Carroll, 1988: 2) (Salimath & Jones, 2011: 875) at the individual organisation level due to inert internal and external forces (Hannan & Freeman, 1977). In this viewpoint, OI is overwhelmingly defined by category (industry) membership, i.e. the identity of each organisation is not distinguishable, and therefore any given organisation’s identity is simply described by the attributes and characteristics associated with that category by external audiences. This is in strong contrast to the social actor, social constructionist and institutional approach as described earlier, where OI is seen as an internally defined phenomenon (Gioia *et al.*, 2013). Under the population ecology understanding identity is described as being externally imposed by category (industry) membership.

3.4.5 Other Philosophical Approaches

There are many other theories of OI which have been proposed from organisational narrative or story telling (Boje, 1991; Czarniawska, 1997), to organisational identities as effects of institutions (Golden-Biddle & Rao, 1997) to the psychodynamic approach proposed by Brown and Starkey (2000). Studies have also noted the importance of other internal resources enacted by members such as knowledge and practices (Nag *et al.*, 2007) and organisational culture (Ravasi & Schultz, 2006) to the ongoing construction and maintenance of OI. The ‘OI dynamics model’ which links identity, culture and image together through different internal and external processes is the foundational model in this category (Hatch & Schultz, 2002). These authors suggest that identity-building provides a foundation for culture and practices, and it is likely that these resources, which are informed by OI and also inform it, co-evolve with identity as an organisation matures.

3.4.6 Summary

Of the four main perspectives on OI which are explored in depth in the section above, it is the social actor and social constructionist approaches which are applicable for this research. The social actor perspective emphasises OI as the property of the organisation as an entity or as a ‘social actor’, where the deeply held beliefs about identity endure and change happens rarely and usually only in connection with life cycle events. It would seem that pre-Vatican II this was how identity was perceived within the Catholic religious institutes. The perception of their identity was fostered by a separation between RIs and the rest of the world “created by means of such practices as dressing differently, living in convents, and following a life pattern that could not be assimilated into ordinary contemporary life” (Schneiders, 1986: 25).

In contrast, the social constructionist approach emphasises a social constructed reality where OI is more malleable to changes in environment and can be reviewed and revised as appropriate by organisational members and it is this different approach to OI in Catholic led health and social care in Ireland which now appears dominant. This difference between a social actor and a social constructionist approach is central to this study as is evident in the findings.

Before completing this chapter, it is important to examine the literature on Catholic Identity, particular in terms of how it relates to health and social care service.

3.5 Catholic Identity in Health and Social Care

Any exploration of what Catholic identity means in the context of health and social care is heavily dependent on research from the United States. As yet, substantive exploration of

Catholic identity in this context in Ireland has not occurred. This is a gap that the research presented in this thesis will address.

The ministry of caring for the sick has always been a central plank of the Christian Church. “Healing of individuals, in body and spirit, was clearly a *central (author’s italics)* aspect of the ministry of Jesus. From the earliest days of the church this ministry has been part of the work of the Christian Community” (Fox, 2008: 24). Fox (2008) notes that the continuation of this ministry led to the establishment of hospitals, health and social care centres, services for the homeless, and indeed many of the services that we would now associate with modern healthcare, throughout the world by Catholic RIs. The Catholic identity of these entities has historically been viewed as what makes them different, and indeed better, than similar services carried out by other non-Catholic Providers, particularly in the United States.

Throughout its history, Catholic healthcare has been challenged to re-define itself as distinctive within a constantly changing society/environment and as a result Catholic identity has been defined in many different ways. Nonetheless there is an underlying core/centrality to Catholic health care ministry which is about bringing to life the mission of love and healing (Greenstein, 2016). This central feature is translated in Canon Law namely Canon 216 which gives the “ordinary⁶ of each diocese the authority to determine necessary elements for any institution to be called Catholic, including hospitals” (Gremmels, 2019:19). White (2013) notes that common themes that become apparent in describing Catholic identity are the ways the values of the Catholic Church are combined, directed, and emphasised in the health care ministry (Wilson & Schindler, 1990), the responsibility to community, human dignity and the call to justice (Marty, 1995); and the preferential service to the poor. In addition to these requirements, there are certain elements of healthcare that Catholic health care will not be involved with, such as abortion or certain end of life issues, and the exclusion of practices such as these are equally core or central to their identity.

Catholic identity in health, education and social care changed radically for Catholic institutions in the post Vatican II period, (Arbuckle, 2000). The complex relationships of a changing and more liberal, pluralistic world, as well as the challenges and changes faced by the congregations/orders themselves led to a greater demand for clarity on the issue of Catholic identity. For many religious congregations/orders this search for a clear definition and meaningful underpinning philosophy for their ministries/institutions has become one of their

⁶ an officer of a church or civic authority who by reason of office has **ordinary** power to execute laws

most important goals in terms of helping them to navigate a way forward. In order to meet this demand for greater clarity, Catholic religious health and social care institutes have had to “clarify in a *collaborative* (author’s italics) way what is at the heart of Catholic identity – the vision, mission, and values of the healing Jesus” (Arbuckle 2000: 101), and in so doing they “expect employees to respect this identity”. In essence they have been trying to build a “collective, commonly-shared understanding” (Hatch & Schulz, (1997)) of the distinctive values and characteristics that characterise identity in Catholic health and social care.

From the literature review it seems that a consensus has emerged as to how Catholic identity in healthcare can be characterised. Smith (2013), for example, holds that there “are seven key characteristics of Catholic identity in health care, which are: “The healing ministry of Jesus, the stories of congregations, the social teaching of the church, a ministry of the church, a sacrament or sign of Christ’s presence, a way of being in communion with the church, and a means of witnessing to the faith” (Smith, 2013: 3). These characteristics, which are revealed in other research and which also emerge in varying degrees from the interviews for the research presented here, can be viewed as the central, distinctive and enduring features of a Catholic identity.

Whetten (2006) argues that the criteria of centrality, distinctiveness and endurance act as ‘OI referents’ for members of the organisation when they are considering the question ‘who are we as an organisation?’ (220). Whetten (2006) also makes the point that this question becomes increasingly important when organisation members are struggling with ‘profound, fork in the road choices’ that have the potential to alter that collective understanding of ‘who we are as an organisation’. In addition to the influences of changes in the external and internal environment, it is clear from the interviews which have taken place as part of this research that both religious and lay members within religious led health and social care are currently struggling with such ‘fork in the road choices’ and their collective and shared understanding about their OI. The authority of the Catholic religion in the 21st century, the history and tradition of the RIs and the influence of Catholic social teaching on service provision is all discussed in chapter 2.

Before setting out the conclusion to this chapter, Table 3.2 sets out the key literature which has been consulted in terms of organisational identity which informs this research.

Authors	Date	Country	Methods	Finding
Albert, S., & Whetten, D.A	1985/2004	USA	First Statement of Organisational Identity theory	Includes seminal definition of organisational identity (OI) as specified by a set of claims which satisfies three criteria, namely what is "central, distinctive and enduring" about that organisation.
Chenhall, R.H., Hall, M. & Smith, D.	2015	Australia	Case Study	Case study of a not for profit welfare organisation which focuses on the actual practices that not for profit organisations can use to manage multiple identities (such as artefacts, budgets, informal meetings), and in particular, the key role that organisational routines (Feldman & Rafaeli, 2002), and material artefacts (Schultz & Hernes, 2013) can play in helping or hindering not for profit organisations in the management of emerging tensions and conflicts over OI. Authors use the Pratt and Foreman (2000) framework to show different ways that not for profit organisations can seek to manage and potentially resolve identity conflicts.
Dutton, J.E. & Dukerich, J.M.	1991	USA	Case Study	Using a case study approach, authors examine how the Port Authority of New York and New Jersey defined and responded to the issue of the increasing numbers of homeless people present in the facilities it operated. The case study was used to generate a framework for understanding how organisations and their environments interrelate over time and the influence that the perception of external stakeholders on the organisation's image has on organisational members' understanding and interpretation of OI.
Dhalla, R.	2007	Canada	Development of Framework	This paper proposes a framework which outlines external and intra-organisational factors that contribute to the construction of strong OI that will support organisational action and consequently the achievement of the organisation's strategic goals.
Gioia, D.A., Patvardhan, S.D., Hamilton, A.L. & Corley, K.G.	2013	USA	Literature Review	Authors review literature on OI considering the conceptual and empirical work concerning the three recognised "pillars" of identity (i.e. that which is central, enduring, and distinctive). Particular attention is paid to the temporal nature of identity, identity formation and identity construction as well as four of the prevalent views on organisational identity (the social construction, social actor, institutionalist, and population ecologist views).
Hatch, M.J. and Schultz, M.	2002	USA/ Denmark	Development of new model	Authors propose a model of OI dynamics built on four processes linking organisational identity to culture and image. The processes linking identity and image (mirroring and impressing) have been described in the literature before, however, authors of this paper articulate on the processes linking identity and culture (reflecting and expressing), and of the interaction of all four processes working dynamically together to create, maintain and change OI.
Humphries, M. & Brown, A.	2002	UK	Case Study	Proposes that identity construction and process of identification that bind people to an organisation are created in personal and shared narratives that people create to make sense of their OI.
Pratt, M.G. and Foreman, P.O.	2000	USA	Development of a Framework	Authors develop a framework to identify and distinguish between different approaches organisations can take to manage multiple identities. Using OI "plurality" and "synergy" as response dimensions, a classification scheme is proposed identifying four major types of managerial responses: compartmentalization, deletion, integration, and aggregation.
Ravasi, D. & Schultz, M.	2006	Denmark	Longitudinal Case Study	Findings provide an empirically based account of culture-identity dynamics and point to the role of culture in informing and supporting sense-making and sense-giving processes which are prompted by external changes that induce organisational members to re-evaluate aspects of their organisational identity. Ravasi & Schulz (2006) suggest that both social actor and social constructivist viewpoints, one emphasising institutional claims and the other collective understanding, are important in terms of constructing OI, representing different aspects of the process. Findings provide evidence of a dynamic relationship between organisational culture, identity, and image that, heretofore, was suggested only at a theoretical level (Hatch & Schultz 1997, 2002).

Table 3.2 Key Literature on organisational identity which informs this research

3.6. Conclusion

The literature on the area of organisational identity has been reviewed beginning with Albert and Whetten's (1985) seminal work on the concept of organisational identity, which became an increasingly important area of research enquiry for researchers (Brown, 2006; Corley et al., 2006; Gioia et al., 2013; He & Brown, 2013) over the last 30 years. It was noted that although definitions of OI have abounded since Albert & Whetten's (1985) formulation and its criteria of centrality, distinctiveness and endurance, it continues to be the touchstone for most studies in this area (Gioia *et al.*, 2013).

The attributes of the Albert and Whetten's (1985) proposition are used as a framework to explore the meanings and labels behind identity as central, distinctive and enduring. Centrality is defined as the attributes that members of the organisation see as important and essential to that organisation (Whetten & Mackey, 2002) which includes "key values, labels, products and services or practices which are deemed essential etc, and are deemed to be the essential aspects of the organisational self-definition of 'who we are'" (Gioia *et al.*, 2013: 125). Religion, in this case the Catholic Religion, is seen as the defining element in terms of a Catholic identity (Netting, 1984; Chaves, 1994; Wilson, 2003; Bradley, 2009; King, 2011; Clarke & Ware, 2015), which contributes to the "uniqueness of religious-based service" provided by an FBO (Cnaan, 1999: 26) and to its identity. It is noted that the core purpose for RIs is their mission, namely, the charitable works in which they are engaged, be it services for the homeless, the sick or young people (Brewer, 1987; Madden, 1991; Murray, 2002) and that it would appear the Catholic religion should define not only the type of health and social care services which should be provided but also how they should be provided.

The founder and history of the organisation are seen as a central and distinctive feature of OI (Schulz & Hernes, 2013; Basque & Langley, 2018). Artefacts such as visual representations, annual reports, strategies and websites as well as mission statements are used to invoke the founder and the founding story.

Of the three pillars, it would appear that the question of whether identity is enduring, has been the subject of more intense debate (Gioia *et al.*, 2013). Debate has taken place on a continuum from one extreme that says essentially if it changes, it is not identity (Whetten & Mackey, 2002) to one that holds that identity is constructed and reconstructed every day (Gioia *et al.*, 2004, 2013). Albert and Whetten (1985) argue that identity changes over long periods of time, but only in response to 'fork in the road' decisions often explained by the life cycle of

organisations, and that in essence identity is enduring and stable. In contrast, despite the various deterrents to change and the ways organisational members attempt to avoid it, other researchers (Elsbach & Kramer, 1996; Gioia & Thomas, 1996; Ravasi & Schultz, 2006; Clark, Gioia, Ketchen & Thomas, 2010; Rindova, Dalpiaz & Ravasi, 2011; Bhatt, Van Riel & Bauman, 2016; Tienari & Vaara, 2016) contend that OI does indeed change over short periods of time. A number of researchers see this type of identity change or reconstruction in the context of changes in the organisational context, whether that is changes in the external environment, perceived threats to the existing identity or a new strategic context. This viewpoint is of particular relevance to this research. Religious leaders have employed a number of external and internal resources (Dhalla, 2007; Gioia et al, 2013) to construct their interpretation of identity within this new context.

Four of the multiple philosophical foundations and theoretical underpinnings supporting OI are explored. These include social actor, social constructionist, institutional and population ecology. The social actor and social constructionist schools are seen as the two principal lines of thought about OI (Ravasi & Schultz, 2006) and as noted in Chapter 2 are particularly relevant to research on religious institutes and their sponsored bodies. Researchers with an ‘identity of organisations’ viewpoint (social actor perspective), view OI as the property of organisations (Corley *et al.*, 2006), where the organisation is viewed as a social actor in their own right, that is “as collective social actors” (Scott, 2008:7), who can make decisions, take action, develop strategies and own property. Such a viewpoint supports a *sense-giving* approach, where “identity claims are organisational self-definitions proposed by organisational leaders, providing members with a consistent and legitimate narrative to construct a collective sense of self” (Ravasi & Schultz 2006: 434) which endures.

In contrast, proponents of the ‘identity **in** organisations’ definition (social constructionist viewpoint), view organisations as collectives emphasising shared meanings and beliefs organisation members have about ‘who we are, as an organisation’. Gioia *et al.* (2000) believe that OI is defined by the organisational members to articulate who they are as an organisation not only to themselves but also to external others. The social constructionist approach to identity emphasises a *sense-making* process where significant changes cause members of an organisation to consider and re-interpret what is central and distinctive about their organisation. Therefore, researchers who advocate a social constructionist approach have a different attitude towards the ‘enduring’ element of Albert and Whetten’s (1985) tripartite definition. As Ravasi & Schultz (2006) argue, such researchers do not “deny the relative endurance of formal claims

or their importance in preserving a sense of self and continuity, yet they observe that the meanings associated with these changes may evolve as organisational members try to adapt to changing environments” (2006: 435). Advocates of a social constructionist approach expect organisational members to review and revise the collective shared beliefs as they re-interpret them in response to environmental changes.

These two different approaches mean that responses to external threats that challenge the identity of the organisation therefore differ. A social actor approach to OI is likely to trigger responses which emphasise the maintenance of that identity both internally and as it is perceived externally, rather than engaging in a change process around OI itself (Albert & Whetten, 1985; Ginzel *et al.*, 1993). The implications of a social constructionist approach which emphasises the mutability of OI is that organisational members can engage in a 'sense making' process of reviewing and revising their OI in response to changes in the environment or organisational threats.

Although other definitions have been explored, the research presented in this thesis adopts the Hatch and Schulz, (1997) definition, namely that “OI refers broadly to what members perceive, feel and think about their organisations. It is assumed to be a collective, commonly-shared understanding of the organisation’s distinctive values and characteristics” (Hatch & Schultz, 1997: 357). This is a social constructionist view point, in that it sees identity as being collectively interpreted, constructed and shared by and between organisational members (Hatch & Schultz 1997; Corley *et al.*, 2006; Gioia *et al.*, 2000, 2013; Ravasi & Schultz, 2006) and it would seem that such an understanding may be vital in sustaining any interpretation of identity in Catholic health and social care in the future.

The concept of multiple identities is explored and it is noted that not-for profit organisations, including Catholic led health and social care, are perceived to have multiple and conflicting identities as they endeavour to balance social missions with economic pressures (Jager & Beyes, 2010; Harris, 2011; Kreutzer & Jager, 2011). This is in addition to the increased professionalisation of the health and social care context which has also served to increase the presence of multiple identities within these organisations (Starr, 1982; Stevens, 1989; Pratt & Foreman, 2000). Finally, in Catholic led health and social care there is a presumed allegiance to a Catholic identity (Smith, 2013). Pratt & Foreman’s (2000) framework which was developed to identify and distinguish between different approaches organisations can take to

manage multiple identities is explored, particularly in terms of how such approaches can be categorised.

In Ireland, the recently published Code of Ethical Standards for Catholic Healthcare (2018) developed by the Irish Catholic Bishops Conference alludes to the issue of identity without expressly articulating it. It is the first such code to be published in Ireland and is therefore central to the context of the research presented here. The Bishops state that this Code was developed to help those who are responsible for leading, managing and delivering the healing ministry of health and social care to show that there is no conflict between ethics at its best and most humane, on the one hand, and Catholic theological and moral and social teaching on the other. Nonetheless it also supports 'reflection' on appropriate goals of medical interventions as understood in the Catholic tradition. This includes abortion, sterilisation and end of life care, which as noted previously are some of the key determinants of a Catholic identity. This document is a prime example of one of the key points articulated by Vanderwoerd (2004), namely, where a Catholic identity in health and social care is non-negotiable as it is a given rather than chosen identity but to be successful in today's health and social care environment, the same health and social care service must comply with the demands of that environment, its values, cultural frameworks, regulation and legislation. This has been translated by the authors of the Code as being able to support a culture and identity which affirms life and healing which promotes the common good, which they say is a concern of Catholics and non-Catholics alike.

This broader understanding of identity, and how it is influenced by the environment in which it fits, as well as its dynamic nature, is clearly referenced by Hehir (1995). Hehir states "the fashioning of one's identity in an ecclesial setting like the Catholic Health Association is a theological task, but one which must be carried out in the context of rational demands, the secular setting, the pluralistic context and the scientific requirements of the world of healthcare" (1995:1) . However, he also makes the point that "if we do not have a religiously grounded, theologically articulated understanding of who we are and what we are, we will lose our way in this complex context. At the same time, if we specify our identity but cannot meet the standards of a rational, secular, pluralistic world, then our identity will not be effective" (Hehir, 1995: 1). It is this dilemma which is core to this research. Prior to examining this dilemma, chapter 4 explores the methodology which supports this study.

Chapter 4

Methodology

4.1 Introduction

This chapter outlines the research model or paradigm, methodology and approach underpinning this research. The study is underpinned by a subjective ontology and a constructive-interpretivist epistemology. A case study method of investigation was used which supported detailed, in-depth data collection involving multiple sources of information within the case study organisation (Cresswell, 2007). Also, a series of interviews took place with religious interviewees of RIs and senior lay staff of their health and social care services, external to the case study religious institute, who were also considering the same issues, which supported additional understanding and meaning of the phenomenon under investigation. Interviews with most participants took place firstly in 2011/2013 and follow up interviews took place in 2019. Two interviews took place with external governance consultants who had provided advice and support to certain RIs in 2015 and 2017.

The role of the researcher in this study is explored both in terms of insider research and Alvesson & Sköldbberg's (2009) model of reflexivity. The chapter describes the selection criteria applied to the RIs concerned and the lay leadership of the health and social care services sponsored. The data collection methods employed in the study are then described. These were chosen in line with the research model and methodology. The data for both sets of interviews is analysed using a generic qualitative approach which typifies the characteristics of qualitative research but instead of focusing on culture as does ethnography, or the building of theory as does grounded theory, researchers "simply seek to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved" (Merriam, 1998:11). Field issues are discussed, which includes outlining some of the ethical considerations considered when undertaking this study. Finally, questions about the quality and the evaluation of the research are explored.

The purpose of this research is to explore the sustainability of identity in Irish Catholic led health and social care in a time of change. The three underpinning questions of this study are:

- What are perceived to be the intrinsic elements of identity in Catholic health and social care services in Ireland in the 21st century?

- What is the nature of the identity management processes that Catholic RIs have engaged in to construct and sustain a distinctive identity in their health and social care services?
- How has the perception of religious and lay leaders of the identity of their health and social care services been influenced by external and internal challenges?

The very nature and complexity of the issues being discussed within this study demanded an approach which would allow an exploration of the processes, activities and events which the religious institutes (RIs), and indeed the health and social care entities they sponsored, were going through. In this manner, meanings could be generated, and a full and holistic picture could be arrived at, and it is for that reason that the researcher chose a qualitative approach. Van Manen (1979) noted that at best the qualitative research, "is an umbrella term covering an array of interpretive techniques which set out to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency of certain more or less naturally occurring phenomena in the social world" (1979:9). The next section sets out the research paradigm which supports this study.

4.2 Research Paradigm

Guba & Lincoln define the research paradigm as a "set of basic beliefs that deals with ultimates or first principles. This basic belief system or worldview guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways" (1994: 105). Hitchcock & Hughes (1995) build on this definition by suggesting that each of these elements is interlinked: ontological assumptions give rise to epistemological assumptions, epistemological assumptions influence methodological considerations and these, in turn, impact on instrumentation and data collection.

4.2.1 Ontological Assumptions

Guba & Lincoln (1994) state that ontological assumptions are those that respond to the question "What is the form and nature of reality and therefore what is there that can be known about it?" (1994:83). Ontology is associated with the nature of reality and being. Within the four inquiry paradigms posited by Guba & Lincoln (1994), positivists argue that there is but one true reality that is "apprehendable, identifiable, and measurable, a position known as naive realism" (Ponterotto, 2005:130). Post-positivists also accept that reality exists independently of our knowledge of it, but they believe it can only be apprehended and measured imperfectly, because of "basically flawed human intellectual mechanisms and the fundamentally intractable

nature of phenomena” (Guba & Lincoln, 1994:110). This position is known as critical realism. In contrast, critical theorists postulate a subjective reality shaped by ethnic, cultural, gender, social, and political factors. They focus on realities that are mediated by power relations that are socially and historically constituted. Finally, constructivist–interpretivists believe that there exist multiple, constructed realities (known as the relativist position), rather than a single independent reality (Guba & Lincoln 1994; Ponterotto, 2005). Under this subjective ontological assumption, a ‘relativist’ approach means that researchers embrace the idea of multiple realities (Creswell, 2007) and are influenced by the context of the situation, namely the individual’s experience and perceptions, the social environment, and the interaction between the individual and the researcher.

Relativists believe that the “world depends on how the individual views and experiences it (the world is different to different people)” (Ryan, 2018:2) and as the particular views of the individuals interviewed for this study are core to the understanding of how organisational identity might be perceived in different Catholic led health and social care organisations, it is the subjective relativist ontology that guides this researcher’s epistemological assumptions.

4.2.2 Epistemological assumptions

Epistemology focuses on the nature of knowledge about phenomena. For positivists, the purpose of research is scientific explanation (Antwi, 2015), and scientific knowledge is objective, observable and measurable. Carson *et al.* (2001) note that positivists make a clear distinction between science and personal experience, and between fact and value judgement. Consequently, it is essential in positivist research to search for objective, empirically verifiable knowledge and use consistently rational and logical approaches to the objects of research. In terms of the role of the researcher or investigator, under a positivist assumption, as the investigator and the investigated (the object or phenomena being researched), are assumed to be independent entities, it is deemed that the researcher is capable of studying the object without either influencing it or being influenced by it.

In contrast, the constructivist/interpretivist paradigm “assumes a relativist ontology (there are multiple realities), a subjective epistemology (knower and responder co-create understandings), and a naturalistic (in the natural world) set of methodological procedures” (Denzin & Lincoln, 2011:13). The constructivist-interpretive worldview is that it is constructed, understood, and experienced by people when they interact with each other and with wider social systems (Lincoln & Guba, 1985; Merriam, 1998; Antwi, 2015). According

to Cresswell (2014), the subjective meanings which people develop are many and varied and as such lead the researcher to look for a complexity of views. The constructive-interpretive stance is that as researcher "we do not find knowledge, we construct it" (Merriam, 2009: 9). To do so, a different logic of research procedure is required, one that "reflects the distinctiveness of human as against the natural order" (Bryman, 2012:28). Denzin & Lincoln (2003) go on to note that "findings are usually presented in terms of the criteria of grounded theory or pattern theories" (2003:35). The goal of the research under this paradigm is to rely as much as possible on the participants' views of the issue being studied. The interpretivist constructivist researcher is trying to gain a deep and rich understanding of the issue being researched and must acknowledge their own subjectivity as a part of this process. As noted by Cresswell (2014) "the researcher's intent is to make sense of (or interpret) the meanings others have about the world" (2014:21). Rather than starting with a theory (as in post-positivism), researchers generate or inductively develop a theory or pattern of meaning, which is how this research has developed. For this study, I was the sole researcher interacting with all the participants. I interviewed all the participants in their own environment, that is in the convents or communities of the religious institutes and/or the health or social care services throughout Ireland. In this way my understanding of each individual's constructed reality was supported as I relied on each participants' views of the situation being studied" (Creswell, 2003:8), while using an unstructured interview process. At the same time as an insider researcher, I had to recognise the impact on this study of my own background and experiences and how my interpretation might be influenced from my own personal, cultural and employment experiences. The analysis of the data from the interviews was constructed into various themes which supported a deeper and richer understanding of phenomenon being studied, namely exploring the sustainability of identity in Irish Catholic led health and social care in a time of change. The next section sets out the methodology used.

4.2.3 Methodology

As noted previously, the methodology of a study concerns itself with the process of the research and governs the choice and use of methods, and is influenced by ontological and epistemological assumptions. The constructivist-interpretive approach which underpins this study "aims to bring into consciousness hidden social forces and structures" (Scotland, 2012: 12), and therefore supports a qualitative methodology.

There are a number of traditional methodologies for qualitative research. These are broadly classified as interpretive (grounded theory, ethnography, phenomenology) or critical (action

research, feminist research) (Cooper & Endacott, 2007). An interpretive methodology (used in this study), is “directed at understanding issues from an individual’s perspective, investigating interaction among individuals as well as the historical and cultural contexts which people inhabit” (Scotland, 2012:9). However, within the established interpretative methodologies of grounded theory, ethnography, phenomenology, there is discussion on the degree of deviation from methodological rules and guidelines that is acceptable. Also, there is an increasing debate around research studies that do not fit established methodologies (Caelli, Ray & Mill, 2003; Kahlke, 2014). One such approach is the generic qualitative approach. The main feature of the generic approach is its methodological flexibility (Liu, 2016). This flexibility means that researchers can blend methodologies (Caelli *et al.*, 2003), or draw on a single methodology but deviate from its intent, rules or guidelines if they see that as beneficial to the study (Kahlke, 2014) or blend congruent tools and techniques at the method level (Thorne *et al.*, 2004), as has been done in this study. Generic studies are seen as those that intentionally refuse to claim full allegiance to any one established methodology. Rather than focusing on culture as in ethnography, or the building of theory as in grounded theory, instead as in this study, researchers seek to discover and understand the process and worldview of the people involved (Merriam, 1998).

The methods within generic qualitative approaches are generally “highly inductive; the use of open codes, categories, and thematic analysis are most common” (Lim, 2011:52). Generic qualitative studies, according to Lim (2011), aim at a rich description of the phenomenon under investigation. A case study was used in this study to facilitate exploration of the issue of identity as the RIs moved on from the leadership of health and social care services in Ireland, in the context of one specific religious institute, but using a variety of data sources. Also, a series of interviews also took place with senior lay staff and religious interviewees of Catholic RIs external to the case study religious institute, who were considering the same issue which supported a further meaningful understanding of the phenomenon being researched and helped to reduce any likelihood of misinterpretation. Further understanding was gained as the interviews took place at two time frames, 2011 to 2013 with follow up interviews in 2019. The generic qualitative approach supported this flexibility.

There are however a number of challenges to the general qualitative approach particularly around the credibility of the research. Caelli *et al.* (2003) posit that to support credibility, the qualitative researcher must address the following four key areas:

1. “Theoretical positioning of the researcher
2. The congruence between methodology and methods;
3. The strategies to establish rigour;
4. The analytic lens through which the data are examined” (2003:9).

The theoretical positioning of the researcher refers to the "researcher's motives, presuppositions that leads him or her toward and subsequently shapes, a particular enquiry" (Caelli *et al.*, 2003:12) which are addressed in this chapter under the sections 4.5.1 and 4.5.2 on insider research and section 4.5.3 on reflexivity. A lack of methodological clarity is another common problem associated with the generic qualitative approach. Methodology exposes the beliefs about knowledge and existence that come from the values in the philosophical framework that is being used (Van Manen, 1998) as well as the theoretical frameworks that guide how the research is to proceed (Guba & Lincoln, 1994; Rawnsley, 1998). On the other hand, methods refer to the tools, techniques and procedures to gather the evidence in the study (Harding, 1987). The tools used to collect and analyse data must be consistent with the epistemological and ontological assumptions of the approach (Van Manen, 1998). Merriam (2009) states that "generic studies are epistemologically social constructivist, theoretically interpretive studies that focus on (1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences" (Merriam, 2009:23). In this chapter, the ontological and epistemological assumptions underpinning this study are set out, as are the methods chosen to collect and analyse the data, which are congruent with these assumptions. Strategies to establish rigor are also addressed later in the chapter in section 4.9, under Lincoln & Guba's (1994) criteria for trustworthiness in research under a constructivist approach, namely "credibility (paralleling internal validity), transferability (paralleling external validity), dependability (paralleling reliability) and confirmability (paralleling objectivity)" (1994 : 114). Finally, the adoption of a specific approach with regard to the data analysis for this study which was influenced by work carried out by Clark *et al.* (2010), Ravasi & Phillips (2011) and Tracey & Phillips (2016), and follows the procedures as suggested by Thomas (2006) provides appropriate insight into the analytic lens through which the data was examined.

Thomas (2006) notes that the "evaluation objectives provide a focus or domain of relevance for conducting analysis, not a set of expectations about specific findings" (Thomas 2006: 239).

The application of the general inductive approach allows research findings to emerge from the frequent, dominant or significant themes inherent in the raw data. It allows the researcher to:

- "a. condense extensive and varied raw text data into a brief, summary format;
- b. establish clear links between the evaluation or research objectives and the summary findings derived from the raw data; and
- c. to develop a framework of the underlying structure of experiences or processes which are evident in the raw data" (Thomas, 2006: 237).

The findings result from the multiple interpretations made from the raw data by the researcher who codes the data. The goal is to gain an insider's view of the group or phenomenon which is being studied. This aim was complicated for this researcher as she actually was an insider in terms of the case study organisation and had "insider" knowledge regarding the other interviews carried out. The role of insider research is considered later in this chapter. The next section explores the methods used in this study.

4.3. Research Design

As noted above, there are two parts to this study; one is a case study of my own organisation where primary data collection (interviews) and secondary data collection (artefacts such as memos, minutes and reports) took place. Also, a series of in-depth interviews took place with religious and lay leaders from other RIs and the health and social care services sponsored. As noted previously interviews took place at two different time frames. The first part of this section examines the case study approach linking it back with the research paradigm which underpins this research.

4.3.1 Case Study

Although case studies can be either qualitative or quantitative or indeed a mixture of both, this case study is qualitative by nature. A constructivist-interpretive paradigm underpins this study which emphasises subjective experiences and the meanings they have for the individual. Therefore the subjective views of the researcher on a particular issue or situation play an important part in the study results. One of the advantages of using a case study is the close collaboration between the researcher and the participant while enabling the participants to tell their stories (Crabtree & Miller, 1999). It is through these stories that the participants are able "describe their views of reality, and this enables the researcher to understand the participants' actions" (Baxter & Jack, 2008:545). The opportunity of exploring the research question in the

RI concerned as a case study meant that a wider variety of data sources could be used, rather than just the interview process, and this included archival material and field notes, which is explored further in section 4.4.3 on data collecting.

Questions like the ones underpinning this research are one of the reasons Yin (2003) gives as to why a case study approach should be considered. Another reason given is "when the investigator has little control over the events and when a focus is on a contemporary phenomenon within some real-life context" (Yin, 2003:1). I, as the researcher in this instance, was involved in the discussion and consideration of the changes being planned but had no control over the decision making and substance of the events as they occurred. However, this meant that I had access to information in terms of documents of the religious institute, minutes and reports of various meetings, including Chapter⁷ meetings. This allowed me to use the case study to, as noted by Schramm (1971) "illuminate a decision or set of decisions: why they were taken, how they were implemented, and with what result" (cited from Yin, 2003:2012).

Cresswell defines case study research "as 'a qualitative approach' in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time, through detailed in-depth data collection involving multiple sources of information (e.g. observations, interviews, audiovisual material, and documents and reports), and reports a case description and case-based themes" (2007:73). This echoes the definition espoused by Yin (2003), as "case study as an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (2003:13). Yin (2003) is clear that other research strategies such as history, experiment and surveys are not capable of inquiring into the case that interests researchers. Therefore, they need an utterly novel "comprehensive research strategy" of case study (Yin, 2003: 14). To carry out case study research Yin (2003) advocates a structured process for undertaking case study research where an empirical topic is investigated by following a set of pre-specified procedures. Although Yin (2003) does not explicitly articulate his epistemological orientation in his text, he does appear to demonstrate positivistic leanings in his perspective on case study (Yazan, 2015). His concentration on case study research is supposed to "maximise four conditions related to design quality: construct validity, internal

⁷ Chapters are meetings composed of representatives of a whole order or congregation, which can be general, provincial and local. General Chapters are the highest collegial meeting of the religious institute where each member has an equal voice. Other provincial and local Chapters also take place within larger religious institutes which decide on the major decisions to be made in that particular region or country (Canon 632:1).

validity, external validity, and reliability. How investigators deal with these aspects of quality controlis a major theme” (Yin, 2003:19) and this correlates with Crotty’s (1998) suggestion that three notions are fundamental in positivistic orientation in research: objectivity, validity and generalizability. This approach, therefore, does not fit with the research paradigm underpinning this study.

Stake (1995, 2006) however favours a constructivist stance in that he sees that the qualitative case study he describes falls within the interpretive/constructivist paradigm. Stake’s case studies plainly seek out the multiple perspectives of those involved in the case, and aim to gather collectively agreed upon and diverse notions of what happened (Lauckner *et al.*, 2012). It is, therefore, Stake's approach to case study research that is followed in this study. Stake (1995) suggested three types of cases and study design frameworks, namely the intrinsic case, the instrumental case, and the collective instrumental case. "The intrinsic case is used to understand the particulars of a single case, rather than what it represents. A collective refers to an instrumental case which is studied as multiple, nested cases, observed in unison, parallel, or sequential order. More than one case can be simultaneously studied; however, each case study is a concentrated, single inquiry, studied holistically in its own entirety" (Hyett *et al.*, 2014:2).

An instrumental case study provides insight on an issue or is used to refine theory or redraw a generalisation. The case is selected to advance understanding of the object of interest, to facilitate understanding of the issue, as this study does. “The case is still looked at in depth, its context scrutinised, its ordinary activities detailed, but all because this helps the researcher to pursue the external interest" (Stake, 1995:237). The aim of this study is to explore the sustainability of identity in Irish Catholic led health and social care in a time of change. In this thesis, the case study is one element of this research and is used to explore and facilitate an understanding of the current paths being followed by the case study RI who provide health and social care services in Ireland, into the future.

The strength of case study research lies in its capacity for an in-depth study of complex social phenomena in real-life settings as is this case, where there was an opportunity to get first-hand experience using a range of data collection methods, with long-term relationships between the researcher and the research participants. Yin (2003) notes that there are number of reasons why case studies are looked at as less desirable than other forms of inquiry. The first one is that there is a perceived lack of objectivity and rigour of the approach. These weaknesses refer to the subjective nature of the content of the case study and the relationships between the

researcher and the participants that lead to accusations of bias. There is also a concern that case study is weakened because of confusion created by not following systematic procedures, different uses and interpretations. Criticisms of what constitutes rigour have also been stated about the general qualitative approach (Kahlke, 2014) and indeed in relation to insider research. In addressing these concerns under a constructivist-interpretivist approach, a process of reflexivity was followed by the researcher as explored further in this chapter. Also, Lincoln & Guba's (1985) criteria for trustworthiness is being used for this research, namely "credibility (paralleling internal validity), transferability (paralleling external validity), dependability (paralleling reliability) and confirmability (paralleling objectivity)" (1985:114). This is explored in the latter part of this chapter in section 4.9.

Another criticism is that of generalizability, in that it is said that one cannot generalise from a single individual case and therefore a case study cannot contribute to scientific development (Yin, 2003; Flyvberg 2011). Flyvberg (2011) quoting case studies from Galileo to Einstein, goes on to note that contrary to this viewpoint, a single case study may be central to scientific development via generalisation as a supplement or alternative to other methods. Another criticism or misunderstanding of case study research cited by Flyvberg (2011), is that the method shows a perceived bias towards verification in that it confirms a researchers' perceived notions so that the research is of doubtful scientific value. This bias towards verification is general to all qualitative research, not excepting case study research. However, Flyvberg (2011) notes that actually it is the opposite, in that "experience indicates that the case study contains a greater bias towards falsification of preconceived notions than toward verification" (2011:311). He goes on to say that many authors would say that their pre-conceived notions or views or hypotheses were mistaken and it was the case study itself which compelled revision of them. This is true in relation to this study, as the researcher had a somewhat pre-conceived view on the issue raised, which changed after the interview process and consequent analysis in the case study organisation and elsewhere. Writing under a constructivist-interpretivist paradigm and as an insider researcher, it would be impossible to say that I was able to remove all my pre-conceptions and biases completely. However as the sections in this chapter on insider research and reflexivity demonstrate, by adopting a reflexive stance, the reader was informed of how I conducted the research, related to the participants of the research and represented them in the final report, and thus I was explicit about my biases and their management. The interviews with people external to the case study organisation was also another way of challenging any biases

which I held and is explored in the next section. The actual process of how the collection of data was managed in the case study is set out in the data collection section of this chapter.

4.3.2 External In-depth Interviews

The other part of this study was a series of interviews which took place with religious interviewees of Catholic RIs external to the case study religious institute, who were also considering the same issues. In addition, interviews also took place with a number of senior lay staff who worked for the health and social services sponsored by the external RIs. The external interviews commenced at the beginning of the case study after one or two interviews within that context, and were driven by the growing awareness on behalf of the researcher of the dearth of research in relation to this topic and a sense that in order to gain a deeper and richer understanding of the phenomenon under consideration a wider data collection process was required rather than just the case study organisation alone. Finally, two interviews took place with lay experts external to the RIs and their sponsored health and social, who had a relationship with RI1 (case study RI) during this time. Information about how the data was collected in relation to this part of the study is addressed in the section 4.4.3 on data collecting.

These additional interviews external to the case study organisation also provided some degree of triangulation, which is “generally considered a process of using multiple perceptions to clarify meaning, verifying the repeatability of an observation of interpretation” (Stake, 1995: 148). The subject of triangulation is explored further in this chapter.

4.3.3 Follow-up Interviews

The original research design for this study did not include follow up interviews. However, the researcher decided to carry out follow up interviews due to a variety of reasons, including length of time since first interviews, changing context, and changing focus of the research. These reasons aligned with the opportunity to re-present this study and led the researcher to carry out a series of follow up interviews with as many of the participants of the original cohort as possible. There are a number of challenges and risks to such an ad hoc approach to unplanned longitudinal research which are considered under the section on ethical considerations (4.6) (Ryan *et al*, 2016) as well as under the role of the researcher (4.5). Nonetheless there were a number of advantages to having the follow-up interviews. One of the advantages was the unique insights provided by the different time frames (Carduff *et al.*, 2015). Issues that were indicated during the first set of interviews, such as the potential difference between lay and religious participants on the issue of identity were more evidenced in the second interviews. Having two sets of interviews in this study, gave a similar opportunity as Ravasi & Schultz

(2006) had in their longitudinal study of Bang & Oulfsen (2006), which was to study identity related processes through the different responses chosen by Irish RIs to address perceived identity threats. The second interviews which took place contributed strongly to the richness and depth of the data collected in this study.

4.4. Data Collection

The central question of this research is about exploring the sustainability of identity in Irish Catholic led health and social care in a time of change. Cresswell (2007) visualises data collection as a service of “interrelated activities aimed at gathering good information to answer emerging research questions” (2007:118) which I have adapted for this study and used to structure the remainder of this section, as follows:

- Locating site/individual
- Gaining access and making rapport
- Purposeful sampling
- Collecting data and recording information

As an insider research, it was extremely important that the role of the researcher was examined in this study and that it considered in section 4.5, with ethical issues being addressed in section 4.6.

4.4.1 Locating the site and gaining access

In relation to the case study, the site chosen was the RI and its sponsored health and social care settings, where I was an employee. This is a bounded system (a case) which permitted the researcher to carry out a detailed, in-depth data collection process involving multiple sources of information, which in this case included informal observations by virtue of my position, archival material and interviews with specific participants. It also supported reports of a case description and case-based themes. However, using your own organisation as a case study can give rise to many issues, including access, which is explored in this chapter in the section on insider research and under the sections on field issues and ethics.

4.4.2 Purposive sampling

While there are various sampling strategies which can be used in research, purposive sampling is used in qualitative research (Cresswell, 2007) and was the strategy adopted in this study, in both the case organisation as well as the external organisations. Mayan (2008) notes that “qualitative enquiry depends on samples that are selected purposefully ... the researcher

chooses individuals and contexts by asking “what kind of characteristics of individuals am I looking for?” (2008: 61 – 62). A case study is not sampling research (Stake, 1995) nonetheless the sampling strategy becomes based on the need for the researcher to select a sample from which the most can be learnt. "This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest" (Cresswell & Plano Clark, 2011). According to Palinkas *et al.*, (2015) in addition to the knowledge and experience that participants can bring to the research, is the importance of their availability and willingness to participate, as well as their ability and confidence to communicate experiences and opinions in an articulate, expressive, and reflective manner.

For the case study organisation and indeed for those participants outside the case study, it was therefore important that senior religious and lay staff were chosen. This was because they had the most in-depth knowledge and experience about the issue being studied, and were able and willing to discuss their experience and opinions in a fairly open manner. There were approximately 20 individuals in the case study organisation with this type of information and knowledge who would be able to discuss their experiences. Not all could be approached, as this was a time of great change within the organisation, in which many of them were actively involved. Some were outside the country or involved in specific projects or were moving positions, which meant they did not have the time. Others indeed left or retired from the organisation during the 7/8 year period between both sets of interviews. For the first interviews, 12 individuals in the case study were approached by the researcher informally at first to ask if they would be interested in participating in the research. If they indicated they did not wish to be involved or did not respond to me when given time, I moved on to others. In the end, six people agreed to be interviewed, four lay and two Religious. Unfortunately, the changes which had commenced during the first phase of interviews gathered speed in the intervening years before the second set of interviews and adversely affected the sample as per table 4.2. Of the 6 people who were interviewed for the first time, one of the Religious had died, three of the lay people had left the organisation and the fourth became unwell. However, the second Religious although medically frail, agreed to be interviewed again. Two the lay people who had left still had a strong connection with the organisation and also agreed to be interviewed again. In addition, I approached a number of others who had not been interviewed the first time, and two lay people agreed to be interviewed for the first time in 2019. Although it would have been better in terms of the research to have been able to re-interview the original participants again, as this was a case study, and it is the case itself that is the object of interest, the researcher

deemed it more important to interview additional participants to provide an in-depth examination of the case.

There were issues which I had to be aware of as an insider researcher about access, pre-understanding and bias, role duality and organisational politics, and they are addressed under section 4.5 of this chapter.

In relation to the other part of this study, for the first set of interviews, a letter of introduction issued from the then senior Religious of the case study RI to other leaders within the external RIs with regard to the study. The researcher followed up with another letter and/or telephone contact. At this point, I made the purpose of the research very clear requesting that whoever would be nominated to meet with me from the religious institute should fulfil the criteria as set out above. Interviewees should occupy a senior position in the organisation because they would have the most in-depth knowledge and experience about the issue being studied.

During the first set of interviews with the Religious from the external RIs, lay senior lay staff were referred to on a number of occasions by the Religious being interviewed, and it became clear that additional information and meaning could be gathered which would greatly inform the process and consequent report. The researcher wrote to 7 named individuals who were senior staff in the health or social care services sponsored by the external RIs (one religious institute no longer provided services), and four agreed to be interviewed. Again, there were some difficulties in terms of the follow up interviews, particularly in relation to the lay staff as set out in table 4.3.

For the follow up interviews in 2019, the researcher again contacted the same Religious from the external RIs and 5 of the original 7 agreed to be interviewed again. Unfortunately, only 2 of the original 4 external lay participants were available to be interviewed at follow up. This is a limitation to the follow-up. It is hoped that the 2 participants from the original case study cohort who had left the organisation and were working in other health services, could also provide an external point of view, and thus be an ameliorating factor to this limitation.

Finally, in 2015 and 2017, 2 interviews were carried out with persons external to religious led health and social care but who had a relationship with the case study organisation. One participant was a Religious who provided education and information about the issue of identity and life cycle of RIs, two emerging themes from the research. The other participant was involved as a consultant in governance and structure, again two emerging themes which arose

as the interview process progressed. As they had had no further involvement with the case study organisation since the time of the first interviews, and the interviews which had taken place had occurred recently, they were not interviewed at follow up (See Table 4.5).

Overall, 31 interviews took place, 19 with participants from the case study organisation, external organisations during 2011/13 and external participants in 2015 and 2017, and 12 in 2019 as follows:

Entity	Religious		Lay		Total (Religious/Lay)	Total (Religious/Lay)
	2011/13	2019	2011/13	2019	2011/2013	2019
Case Study	2	1	4	4 (2 new)	6	5
External Religious Institutes and Social/Healthcare Services	7	5	4	2	11	7
Total	9	6	8	6	17	12
	2015		2017			
External Participants	1		1		2	
Total	10	6	9	6	19	12

Table No. 4.1: Number and designation of participants involved in the study.

Participants were coded to preserve anonymity. Further information on the interviews is provided in the next sections.

4.4.2.1 The Case Study Interviews

In the case study organisation, there were two senior Religious and four senior lay staff interviewed in 2011/13. The two Religious interviewed occupied senior posts in the RI over the last 30 years, and had an active involvement in leading the strategy and plans in terms of the RI moving on from leading the social care services sponsored. Unfortunately, as noted previously one of the Religious died. Of the four lay staff interviewed, all occupied senior roles, either as board members or as members of the executive team of the social care service sponsored.

Participant	Religious Institute	Designation	Date Interviewed Time Frame A	Date Interviewed Time Frame B	Notes
CSPL1 ⁸	RI1	Senior Lay Staff member	9.3.2011	30.7.2019	Left organisation
CSPR2	RI1	Religious	11.3.2013	24.5.2019	
CSPR3	RI1	Religious	26.6.2013	N/A	RIP
CSPL4	RI1	Senior Lay Staff Member	25.9.2013	N/A	Retired
CSPL5	RI1	Senior Lay Staff Member	30.7.2013	17.9.2019	Left organisation
CSPL6	RI1	Senior Lay Staff Member	24.7.2013	N/A	Unwell
CSPL7	RI1	Senior Lay Staff Member		6.9.2019	Second interview only
CSPL8	RI1	Senior Lay Staff Member		23.9.2019	Second Interview only
Total:			6	5	

Table No. 4.2: Religious and lay participants of Case Study Organisation

In presenting the interviews, the letter (a) designating the first interview and (b) designating the second interview was added to each participant code for clarity and transparency purposes.

4.4.2.2 Interviews from External religious institutes and/or health/social care services

There were 7 Religious and 4 lay personnel involved in the first set of interviews and 5 Religious and 2 lay individuals involved in the second set of interviews from the external 7⁹ Catholic religious institutes and/or the health or social care services sponsored:

⁸ The identifier above is used as follows: CS: Case Study; PL: Participant Lay; PR: Participant Religious.

⁹ One religious institute was divided into two provinces (RI5 and RI7) and was therefore treated separately in this study.

Religious Institution	Brief Description	Religious Participant	Designation	2011/2012	2019
RI2	Congregation – Privately funded health services	OPR3	Senior Religious Leader	30.5.2011	30.9.2019
		OPL4	Lay CEO	10.2.2012	Retired not accessible
RI3	Order - Social Care Services	OPR1 ¹⁰	Senior Religious Leader	25.5.2011	13.8.2019
		OPL2	Lay CEO	4.7.2011	Retired not accessible
RI4	Congregation –Health Services	OPR8	Senior Religious Leader	17.2.2012	13.5.2019
		OPL7	Lay CEO	21.8.2012	22.11.2019
RI5*	Congregation –Health & Social Services	OPR11	Senior Religious Leader	16.5.2011	16.7.2019
RI6	Order – Social Care Services	OPR6	Senior Religious Leader	26.4.2011	26.11.2019
		OPL5	Lay CEO	3.12.2012	7.12.2019
RI7*	Congregation –Health & Social Services	OPR9	Senior Religious Leader	22.6.2011	No longer involved in health and social care
RI8	Congregation – No longer involved in health or social care	OPR10	Senior Religious Leader	31.8.2011	No longer involved in health and social care

Table No. 4.3: Religious and lay participants external to Case Study Organisation

Within this study to support anonymity of each of the religious institutes, each religious institute was assigned a specific code, consisting of letters and numbers. This coding system allowed each religious institute to keep its anonymity while also allowing them to be clearly identifiable. In addition, this coding system of the religious institutes was also linked to the

¹⁰ The identifier above is used as follows: O: Religious Institutes and Services external to Case Study; PL: Participant Lay; PR: Participant Religious. To distinguish between sets of interviews the letter a added to the identifier denotes a first interview, letter b denotes a second interview.

participant, also coded, and extended into the findings. The religious institutes who took part in this research are set out in the table below which has also been referred to in chapter 1 and is included here for ease of reference:

	Sponsored Entity
RI1 (Case Study)	Social Care Services
RI2	Health and Social Care Services
RI3	Health and Social Care Services
RI4	Health and Social Care Services
RI5*	Health and Social Care Services
RI6	Social Care Services
RI7*	Social Care Services
RI8	Health and Social Care Services

*Same religious institute – different provinces.

Table No. 4.4: Catholic Religious Institutes who contributed to Study

Further detail on the religious institutes who took part in this research is available in Appendix A.

4.4.2.3 Interviews - persons external to religious led health and social care

As previously noted two interviews were carried out with persons external to religious led health and social care but who had a relationship with the case study organisation. One participant was a Religious who provided education and information about the issue of identity and life cycle of RIs and the other participant was involved as a consultant in governance and structure. As they had not been involved for some time with the case study, they were not interviewed in 2019.

Participant	Type	Date Interviewed
EPR1 ¹¹	Religious	11.2.2015
EPL2	Lay	17.5.2017
Total	2	

Table No. 4.5: Interviews - persons external to religious led health and social care

4.4.3 Data Collecting

As noted previously three types of data were collected:

4.4.3.1 Interviews

4.4.3.2 Field notes

4.4.3.3 Documentary (Archival) Information from the case study organisation.

¹¹ The identifier above is used as follows: E: Individuals external to Religious Institutes and Services used in Study; PL: Participant Lay; PR: Participant Religious

4.4.3.1. Interviews

Kvale (1996) describes a research interview as “a conversation, whose purpose is to gather descriptions of the life world of the interviewee with respect to the interpretation of the meaning of described phenomena” (1996:174). Qualitative interviews have been categorised in a number of ways, unstructured, semi-structured or structured (Fontana & Frey, 1994; DiCicco-Bloom & Crabree, 2006; Bryman, 2012). For this study, the researcher choose an unstructured interview approach, which fit within the constructivist-interpretivist point of view of social reality which underpins this study, where in order to make sense of the participant's world, researchers must approach it through the participant’s own perspective and in the participant’s own terms (Zhang & Wildemouth, 2017). Interviews are (Yin 2003) one of the most important sources of case study information and are guided conversations rather than structured enquiries. The reasons for using unstructured interviews are explored further below.

There are a number of definitions for unstructured interviews. Punch (1998) describes unstructured interviews as a way to understand the complex behaviour of people without imposing any theoretical or deductive categorisation, which might limit the field of the study. He goes on to note that unstructured interviews are “used to explore people’s interpretations and meanings of events and situations and their symbolic and cultural significance” (Punch, 1998:147). Patton (2002) states that this approach offers maximum flexibility to pursue information in whatever direction is appropriate and thus help the interviewer develop a real sense of the participants understanding of the situation or issue. Zhang and Wildemuth (2017) note that in an unstructured interview the researcher comes to the interview with no predefined theoretical framework, and therefore has no hypotheses and questions about the social realities under investigation. However, they further note that this does not mean that the researcher is unprepared for the interview and detailed knowledge and preparation is required if an interviewer hopes to achieve profound insights into people's lives (Patton, 2002). Bryman (2012) advises that the researcher can use aide-mémoire as a brief set of prompts to him or herself to deal with a specific range of topics which is the case in this study.

Part of the preparation for the first interview process in this study was driven by the lack of research on the topic, particularly in Ireland. Therefore, in order to explore the question of what makes an organisation religious and/or Catholic in the context of their identity, as explored in greater detail in chapters 5 and 6, a brief initial literature review was carried on in this area in particular (See chapter 2). This review concentrated specifically on the various academic frameworks developed in relation to addressing the religiosity of organisations which

claim to be faith-based. Finally, Sider & Unruh's (2004) typology of faith-based organisations which looked at the way religion is evident in an organisation was explored in greater detail and informed an aide-mémoire for the first interview process. In unstructured interviews as noted by Bryman (2016), the interviewer typically “only has a list of topics or issues that are to be covered” (2016:201). In this manner key topics were explored with all informants within the “professional conversations” (Kvale, 1996:5) which took place as part of the primary research for this thesis.

The aide-mémoire for the first set of interviews is available as Appendix B, but in brief consisted firstly of a general introductory prompt around the participant's own background/story, whose purpose was to make the participant feel comfortable in the interview setting. The other topics related to the purpose of the study, was informed by the Sider & Unruh (2004) typology and what I as the researcher wished to find out and are explored in more detail in the section on reflexivity. Many of the key topics would often be covered in the general conversation which took place during the interview process and required little prompting, and therefore the researcher could engage more fully with the emerging worldview of the respondent, and any new ideas on the topic (Merriam, 2009).

The follow up interviews were also unstructured but in this case the aide-mémoire (Appendix C) was informed by the data from the first interview with the participant (if appropriate) as well as the literature review on organisational identity. Again, the aide-mémoire was a brief set of prompts which allowed me to deal with a certain range of topics, and the participant to respond freely (Bryman, 2016). This was particularly important with the religious participants at this time, as many were elderly and in a number of cases medically frail, and it helped to ensure their comfort with the conversation.

Data collection commenced with a pilot test in 2011 as recommended by Yin (2003), to refine data collection plans and develop relevant lines of questions. This pilot test which took place in the case study organisation also supported how the first aide-mémoire was developed to assist the researcher to gain meaningful information through the interview process.

4.4.3.2 *Field Notes:*

The researcher also took brief handwritten notes in a field diary, particularly with regard to observations made during the interview process. These were written directly after the first interview process and usually included general observations of non-verbal communications as well as subjective responses to what was observed and any other details and thoughts that I felt

were important. The field notes, although brief, were useful in providing context for the research and reflection on the interview process, which was important in terms of informing the development of themes in the research.

4.4.3.3 (Archival) Documentary Information from the case study organisation:

These materials included minutes, reports, key internal and external documentation, conference proceedings and presentations. As noted by Yin (2003), documentary information is likely to be relevant to every case study topic. “For case studies the most important use of documents is to corroborate and augment evidence from other sources” (Yin, 2003:87). If, as is the case in this research, there is a dissonance or contradiction between what is said in the documentation and what was being said in the interview process, then it was important for the researcher to pursue that problem to ascertain more clarity.

In relation to the case study organisation, the material was either made available or already available to me as a result of my role within the organisation as both a member of the leadership or management teams over a number of years and also as both a participant and an observer of the various events and processes which took place during the period of time covered by the case study. Given the quantity of the material over the period of a number of years, these documents were not coded but provided valuable information and context about the case study organisation's strategy, communication and implementation processes with regard to the perpetuation of the identity of its health and social care services.

The next section of this chapter examines the role of the researcher, particularly in terms of being an insider researcher and also the reflexive process which I engaged with in terms of this study.

4.5 The Role of the Researcher

4.5.1 Insider Research

It must be said that insider research is often seen as problematic, as it is perceived as not conforming to standards of rigour because insider researchers have a personal stake and deep emotional investment in the setting (Alvesson, 2003; Anderson & Herr, 1999). In the next section, the literature on insider research and its influence on this study is explored.

The term ‘insider research’ is used to describe research where the researcher has a direct involvement or link with the research setting (Robson 2002). Insider research is often discussed in contrast to ‘outsider research’, in which the researcher is an ‘objective outsider’ studying

phenomena external to him/herself (Denzin & Lincoln 2000). There are a variety of definitions for insider-researchers, such as that of Merton (1972) who states that “insiders are the members of specified groups and collectivities or occupants of specified social statuses” (1972:21) or as stated by Naples (2003) “the study of one’s own social group or society” (2003:46). However, there is a general understanding that insider-researchers are those who choose to study a group of which they are part, while outsider-researchers do not belong to the group under study (Unluer, 2012). A better definition for this study is that of Brannick & Coghlan (2007), who define insider researchers as those “who undertake academic research in their own organisations while retaining the choice of remaining a member within a desired career path when the research is completed” (2007:59). This was certainly the position of this researcher during most of the period of the study. However, it should also be noted that some authors would dismiss the idea of an insider/outsider dichotomy (Banks, 1998; Chavez, 2008). It has been suggested that the role of the researcher can be placed on a continuum, rather than as a direct either/or other contradiction (Breen, 2007). Mercer (2007) notes that with this understanding, the boundaries between the two are both “permeable” (Merton, 1972:37) and “highly unstable” (Mullings, 1999:338), with the result that we are all “multiple insiders and outsiders” (Deutsch, 1981:174), moving “back and forth across different boundaries” (Griffith, 1998:368), “as situations involving different values arise, different statuses are activated and the lines of separation shift” (Merton, 1972:28). This understanding of insider/outsider researcher continuum also supports the idea of “occupying the space in between” (Dwyer & Buckle 2009), which is further explored in the section on reflexivity. The next part of this section looks at the disadvantages, advantages and challenges of insider research which are examined under the following four headings, access, pre-understanding and bias, role duality and organisational politics. The consequences of the challenges for this study are also discussed.

4.5.1.1 Access

There are two factors to be considered in relation to access, primary and secondary. For outsiders, gaining primary access is often a central issue (Brannick & Coghlan, 2007; Greene, 2014). Once in, secondary access can generally be negotiated. However, for insider researchers, as they are members of the organisation being studied, primary access is usually not an issue (Merriam *et al.*, 2001), and indeed this is often seen as one of the key advantages. One of the disadvantages for some insider researchers, however, is the difficulty in getting secondary access, in terms of access to particular parts of the organisation, such as specific

departments, or specific restricted privileged information, due to their position in the hierarchy. The higher the researcher is in the hierarchy, the more access they will have to documentation and networks, particularly downward through the hierarchy (Brannick & Coghlan, 2007). Conversely, this can also be a disadvantage as occupying a high hierarchical position in an organisation can mean that access to informal networks, such as the grapevine, become more limited. Another disadvantage is that ease of access implies that the insider researcher has a greater familiarity with the subject being researched and with the participants and this can lead to a perceived disadvantage of a loss of objectivity. Critics would argue that member knowledge is the "result of subjective involvement – a deterrent to objective perception and analysis" (Aguiler, 1981:15). This is a challenge for the insider researcher, in that this loss of objectivity means that there could be an increased risk of the researcher making erroneous assumptions based on their prior knowledge and experience. In this constructive-interpretivist study, subjective interpretation is actually key to the research process. Nonetheless the researcher had to be aware of how her prior knowledge and experience would affect the study, and this is addressed under sections 4.5.1.2 and 4.5.2.2. on "pre-understanding and bias".

As noted above one of the perceived main advantages to insider researcher is ease of primary access. Chavez (2008) refers to this as "expediency of access" (2008:482), which supports acceptance of both the researcher and the research subject by potential participants. There can be issues about accessing secondary data, and it is thus important that such access is negotiated before the commencement of the project if possible. Another challenge for the insider researcher is that approval can change during the study process, particularly if some actions or interim findings from the research are seen as threatening to the organisation. The support of an appropriate gatekeeper can be useful in terms of access. The term 'gatekeeper', can be defined as an individual "who has the power or influence to grant or refuse access to a field or research setting" (Berg & Lune, 2004:82). A gatekeeper can influence the research progress and access to participants based on their own assumptions and preconceptions about the implications of the research, and as will be explored further in this chapter under the section on reflexivity, was extremely important in terms of this study.

4.5.1.2 *Pre-understanding and bias*

This 'pre-understanding' identified above in the section on access is defined by Gummesson, (2000) as referring "to such things as people's knowledge, insights and experience before they engage in a research programme" (2000:57). The disadvantage to this prior knowledge or pre-understanding is that when insider researchers are interviewing, they may assume too much

based on their knowledge, insights and experience, and so not probe as much as if they were outsiders or ignorant of the issue. As noted by Mercer (2007), this can mean that the obvious question may not be asked, the sensitive topic might not be raised, shared assumptions may not be clarified, and shared norms might not be articulated. The researcher might feel that they already know the answers and therefore not expose their thinking to an alternative point of view (Brannick & Coughlan, 2007). All the above have the potential for distortion or bias particularly in terms of inadvertently making erroneous assumptions and thus affecting the results of the study. Insider researchers should not be afraid of bias, for “the insiders’ biases may be a source of insight as well as error” (Aguiler, 1981:26), but they must be aware of the potential of biases to creep in, their effect and to take steps to ensure that the research conducted is as error-free as possible. The issues raised above can pose considerable challenges to the insider-researcher and require rigorous introspection, integration, and reflection.

The advantages of having a ‘pre-understanding’ are that the ‘insider researcher’ in contrast to the ‘outsider researcher’ has a superior knowledge of the people, the organisation, and its environment and is thus able to interact naturally with the participants (Bonner & Tolhurst, 2002). As Hannabus (2000) notes, “the [insider] researcher knows his / her environment well, knows by instinct what can be done and how far old friendships and favours can be pressed, just when and where to meet up for interviews, what the power structures and the moral mazes and subtexts of the company are and so what taboos to avoid, what shibboleths to mumble and bureaucrats to placate. They are familiar with the organisational culture, the routines and the scripts of the workplaces” (2000:103). This supports a direct, intuitive sensitivity that makes empathic understanding possible (Merton, 1972). All the above supports the development of greater relationship intimacy with the participants, so people are more likely to respond to questions asked in an open and transparent manner, and thus richer data is obtained. Nonetheless, ethical issues can arise which need to be addressed and these are addressed later in this chapter.

4.5.1.3 *Role duality*

The issue of role duality arises in insider research as the investigator is both researcher and employee, or full organisational member (Coughlan, 2007). Indeed, it has been argued that a researcher should not conduct a qualitative study in the organisation where she or he is already employed, as the dual roles of researcher and employee are incompatible and thus may place the investigator in a very difficult position (Morse, 1998). Difficulties may arise particularly if

any findings from the research are contrary to the perception and understanding of those in authority in the organisation.

The disadvantage is that conflict can arise as a result of trying to sustain both a full organisational membership role as well a research perspective, and the researcher can be caught between issues with regard to loyalty tug, behavioural claims and identification dilemmas (Brannick & Coghlan, 2007; Holian & Coghlan, 2012). The loyalty, involvement and commitment which the organisational role might require to the goals and objectives of the organisation, could compromise the detachment that may be necessary in terms of the role of the researcher in gathering data. Also as a member of the organisation, the researcher will be part of networks and friendship groups to which participants of the research may belong (Adler & Adler, 1987). Again this dual relationship of researcher and ‘work friend’ could also influence the character of the data which is being gathered, where the participants might assume the researcher already has the answers (Breen, 2007) or answer what they think the researcher would like to hear rather than their own opinion. Finally, the dual role of the insider researcher can have a potential positive or negative impact on their ongoing work role, relationships, and personal well-being in the future after the research is completed, and the findings disseminated. The challenge for the insider researcher, particularly in an interpretivist study, is to try and manage and confront any issues or conflicts which their dual roles causes on an ongoing basis, without interfering with their need to gain a deep and rich understanding of the issue being researched.

There are some advantages to role duality for insider researchers (Brannick & Coghlan, 2007). Their connection with the organisation can mean that they have a strong desire to influence and change it. They can feel empathy and connection with their colleagues and thus be motivated to keep up the study. Both these connections can sustain the energy of the insider researcher in terms of their research. Finally, organisations themselves are social systems, and one of the main elements which an insider researcher has to address and manage is the political dynamics that are an integral part of every organisation (Coghlan, 2007)

4.5.1.4 *Managing organisational politics*

Organisational politics within an organisation can damage or adversely affect the research process and activities. According to Brannick & Coghlan (2007), “undertaking a research project in one’s own organisation is political and might even be seen as subversive” (2007: 21). Coghlan (2007) notes that gaining access, using data, disseminating and publishing the

completed reports are all intensely political acts. The challenge for the insider researcher is that they need to be able to work the political system becoming what Buchanan & Badham (1999) call a 'political entrepreneur'. A 'political entrepreneur role' implies a "behaviour repertoire of political strategies and tactics and a reflective self-critical perspective on how those political behaviours may be deployed" (Coghlan, 2007:340). Insider researchers with their pre-understanding of the organisations' political system and power structures are more capable of managing the various political challenges which come their way, without compromising their research or their future career.

Finally, although many of the issues raised above have an ethical dimension, other ethical problems can arise for the insider researcher around privacy, confidentiality and consent (Breen, 2007), and these are discussed further in this chapter. However, in general, it is through a process of reflexivity, that insider researchers become aware of the challenges faced around the areas of access, pre-understanding and bias, role duality and organisational politics. Before discussing reflexivity and its use in this study, the next section sets out my brief biography and how I addressed some of the challenges of being an insider researcher.

4.5.2 Researcher Stance

4.5.2.1 *Brief Biography*

I was employed by the case study religious institute (RII) in its health and social care services until May, 2019, commencing in a junior position and working my way up through the hierarchy, through various management roles, to the position from which I retired which was as a member of the leadership team. A crucial part of my advancement through the organisation involved an increasing participation in various formation programmes. Once I became a leader within the organisation, I was invited to participate in the reflection process that the members of RII commenced as part of their 'renewal' process. Although, as a lay person I was not involved in the actual decision making around the identity management/construction processes, nonetheless, I participated in discussions and meetings in which these matters were considered in great detail. Indeed prior to my retirement, I had been responsible for providing support for the implementation of the various strategic plans for the health and social care services sponsored by the RI, which included the practical application of decisions made by RII in these areas. This involvement meant that I had a direct involvement and connection with both the research problem and setting and such had to address the challenges discussed above in terms of being an insider researcher. The next sections look at how I addressed the issues of access, preunderstanding and bias, role duality and organisational politics, in this study.

4.5.2.2 *Research Stance - Access*

As noted previously one of the advantages which an insider research has is access, and access was not a difficulty in this study, in either the case study organisation or the external religious institutes or social and health services. However, one of the main reasons for the ease of access was the fact that the senior religious leader within the case study organisation was very supportive of the study and acted as a "gatekeeper" particularly in relation to accessing participants in the external RIs (Gray, 2013). The senior religious leader is well known within the world of religious led health and social care and has a strong reputation. He provided initial introductions to appropriate personnel in the external RIs, informing them of who I was, the purpose of my research and of his support for the study. Because of his influence, I was able to gain access to senior religious personnel. It is extremely doubtful that I would have been able to gain this primary access particularly in the external RIs, without his introduction and support and yet it could be perceived that being introduced by such a senior Religious gave me more power in the interview process. The issue of power and interviewing is explored further in the chapter on the topic of reflexivity.

Although he had no formal involvement regarding access of participants in the case study organisation, because he was known to be the sponsor of the study, this undoubtedly was a positive influence for those persons who agreed to participate and in terms of secondary access. Also I was a long-term employee of the organisation and occupied a role at a high level of the hierarchy. I had therefore known all the participants for a long time and had been part of previous debates and conversations with them about plans and decisions being made by RII as they tried to ensure the continuity of their identity in their health and social care services. This knowledge and lived experience, all supported familiarity and social interaction with the participants, but also meant that I had to be aware of the effect this pre-understanding had on the study, and this is discussed in the next section.

4.5.2.3 *Research stance - Preunderstanding and bias*

This researcher had a clear understanding of the identity of the case study organisation, as a 'lived experience'. I had worked there for over 27 years in different roles and had been involved in strategies and discussions about identity within the organisation. This meant that unlike an outsider researcher, I was free from the effects of culture shock and able to blend into situations without disturbing social settings (Aguiler, 1981). In addition, this knowledge of the identity of an RI, its founding history, artefacts and values, their meanings and use, was extremely useful not only in interviewing individuals within the case study religious institute

itself but also when speaking to other Religious and lay people external to the case study organisation. It seemed to me; they too saw me as an "insider" even though I had come from an external organisation and had never met most of them before. My knowledge and respect of the language, tradition and history of RIs and how they provided services in Ireland, encouraged trust and familiarity and a level intimacy between me as the researcher and those being researched, which would not have been there if I had been a completely 'outsider' researcher. The connection made during the first set of interviews, was one of the reasons, I felt, that so many of the Religious agreed to be interviewed again for the second time some 7/8 years later. However, this trust and familiarity was a 'two-edged sword' and I became aware through a process of reflexivity that information was being shared with me on both occasions, which probably would not have been shared with a perceived 'outsider' researcher, that is someone not belonging to the RI or health or social services, and I had to consider how I responded to this. Also, I became aware of how strong my connection and prior knowledge was of the issue under question and how that might bias and influence the study process and even findings. The section on reflexivity examines these issues in greater detail, and the steps that I took to ensure that the research conducted was as error-free as possible (Greene, 2007).

In addition, insider researchers can think that they know the answer already and not expose their current thinking to alternative reframing (Brannick & Coghlan, 2007). I thought I had a clear understanding of the manner in which RIs were moving on, and the effect that this was having on the organisational identity of its health and social care services due to my in-depth knowledge of RI1 and the discussions and processes they had gone through. I had to expose my thinking on the issue in the face of information and data received through interviews with people external to the case study organisation. Finally, participants may feel the researcher already knows the answer and therefore may not see the necessity in clarifying or expanding upon their opinion. When people took the time to review their interviews, they on occasion noticed this and made the appropriate changes to clarify or expand their position or meaning.

4.5.2.4 *Research stance - Role duality*

Like all insider researchers, as both a researcher and a long-time employee of the organisation, I had to be aware of any issues that might arise due to these dual roles. Because I was a member of the leadership team, I made a conscious decision that on both occasions, I would only interview participants from that team within the case study. As they occupied the same hierarchical level, this lessened some of the power imbalance between interview and interviewee, which is discussed further in the section on reflexivity. In that manner, I hoped

that participants would be comfortable in giving their honest views and opinions, as I had no role to play in their employment or position within the organisation in the future. Some of the identity management/construction processes decided by the religious leadership of RII to sustain their identity were set out as objectives or goals within the strategic plans for the organisation, particularly around the issue of formation and succession planning. My role was to help senior staff within the organisation to implement these goals, however, as the study I was carrying out was an 'exploration process' rather than a piece of action research, I was able to separate the two roles of employee and researcher and as researcher relied on the participants' views of the situation under study, rather than any previous understanding or knowledge that I possessed.

4.5.2.5 Researcher stance - Organisational politics

My need as an insider researcher is to do a solid piece of research that will meet the rigour and requirements of the academic community as well as be of benefit to my organisation. Although my superiors within my organisation fully supported this goal, I was also aware of issues such as confidentiality, sensitivity to others, and organisational politics, which I needed to manage. All participants were assured of confidentiality, and people were not aware of who I interviewed. Organisational politics became increasingly significant in terms of the changing internal environment of the case study organisation throughout the years of the interview process. The organisation was and is going through a great deal of change, with consequent confusion and upset. In addition, the external environment and national culture concerning perceptions of the Catholic Church was also changing, which is discussed in detail in the chapter 2. I was concerned that some of the participants may have been influenced adversely by such organisational politics. However, it seemed that the changing internal environment had actually encouraged them to think in a deeper way about the identity of the organisation which informed both their interviews and the findings of this study.

My approach to being an insider researcher as discussed above was strongly influenced by the practice of reflexivity which I adopted, which is discussed in greater detail in the next section of this chapter.

4.5.3 Reflexivity

“Reflexivity is commonly viewed as the process of a continual internal dialogue and critical self-evaluation of researcher’s positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome” (Berger, 2015). In this sense, the research process is seen as being subject to a variety of influences which impact

on the interpretations generated, and as such, reflexivity is a necessity to identify and understand what these influences are (Nadin & Cassels, 2006). Reflexivity challenges the view that the production of knowledge is independent of the researcher producing it, and endorses it as subjective epistemology, as in this study. For this study, the definition of reflexivity as given by Schwandt (cited in Engward & Davis, 2015) is used as (a) “the process of critical self-reflection on one’s biases, theoretical predispositions, preferences”; (b) an acknowledgement that “the enquirer is part of the setting, context and social phenomenon he or she seeks to understand”; and (c) “a means for critically inspecting the entire research process” (2001:224). Reflexivity is not the same as reflection. Reflection is a means of looking back deeply to gain insight, whereas reflexivity is a process of self-awareness and self-scrutiny that demands an ‘other’ (Chiseri-Strater, 1996). Therefore, a more self-conscious awareness is developed about who we are as researchers, about the decisions we make in the research process and how this impacts on the 'other' (Pillow, 2003). Reflexivity is about developing and demonstrating transparency about how decisions are made in the research process on a number of levels, including personal, methodological, theoretical, epistemological, ethical and political (Engward & Davis, 2015). The Alvesson & Sköldbberg (2009) model which is used in this study, is premised on the understanding that research findings are constructions and results of interpretation, rather than drawing on one particular theoretical framework or a specific scientific method of inquiry. They have constructed a composite of four levels of reflection, "... the empirical-based, the hermeneutic, the ideologically critical and the postmodernist" (Alvesson & Sköldbberg 2009:271), and they argue that researchers should strive to use all the levels in the analysis and evaluation of empirical data (Bates, 2013). The model outlines reflexivity in four stages: “(i) contact with the empirical material, (ii) awareness of the interpretative act, (iii) clarification of political-ideological contexts and (iv) the handling of the question of representation and authority” (2009:263). I endeavoured to put those four levels of ‘reflexive interpretation’ into play during my study (Bates, 2013).

4.5.3.1 *Contact with the empirical material*

Alvesson & Sköldbberg (2009) note that qualitative research must follow some form of "well-reasoned logic in interacting with the empirical material and use rigorous techniques when processing the data" (2009:10), which is the first level of reflexivity in their model. This focuses on the systematic techniques used in the research procedures and particularly on data collection and asks questions about how was the data generated and what influence the researcher had on the design of the data collection tools and data collection process. For the

study of the case organisation, primary data collection took place using unstructured interviews as well as secondary data collection (artefacts such as memos, minutes, reports etc.), and brief field notes. Given the quantity of the material available to me, the secondary documents were not coded. However, they provided valuable information and context about the case study organisation's strategy, communication and implementation processes in terms of the perpetuation of their interpretation of their identity in their health and social care services. The role of the field notes in the reflexive journey is dealt with further on in this chapter.

Given the limited literature available, it was clear to me that the in-depth interviews with leaders within both the case study and other RIs involved in the delivery of social and health care services as well as a number of their lay CEOs was core to the study. As stated previously, I decided that participants should be at the most senior level of either the RI itself or the health and social care setting. These participants would have a depth of understanding and knowledge which would inform and bring insight to the questions raised, as well as being on the same level of hierarchy as myself, which would lessen any power imbalance. This meant that there were a limited number of people who could and were available to be interviewed. However, as noted by Sbaraini, Carter & Evans (2012) in their study on how dentists understand evidence and adopt it into practice “for this reason we included a small sample compared to quantitative studies, and we recruited informative participants rather than statistically representative participants” (2012: 197). Careful purposive sampling took place to ensure that the interviewees being accessed within the case study organisation were of a senior enough level to be able to demonstrate a detailed understanding of the case and were comfortable in so doing. As noted previously during the second set of interviews two new participants were involved and they too were chosen because of their position in their hierarchy and their willingness to be involved.

As noted by Engward & Davis (2015), in an unstructured interview process the role that “the researcher plays in hearing and interpreting the data is very important” (Engward & Davis, 2015:4). The importance of the unstructured interview is in allowing the interviewee to talk from their own viewpoint using their own frame of reference and ideas and meanings that are familiar to them (Edwards & Holland, 2013). The researcher can be flexible in their response to the interview and thus trace the meaning that s/he attaches to the “conversation with a purpose” (Burgess 1984:102), which enables “unexpected themes and adjustments not only to the content of interviews but possibly the emphasis of the research” (Edwards & Holland, 2013:30). In this study, the unstructured interviews on both occasions enabled the participants

to talk of what was important to them, and I was then able to look for similarities and differences in and across the data which would support the patterns to emerge from the data. As noted previously the use of unstructured interviews in the follow ups, was even more important for the elderly religious participants, in terms of supporting them to speak in comfort from their own viewpoint.

As there is limited research in this area, and as previously discussed I decided to use two brief 'aide-mémoires' (Appendix B/C) as is consistent with unstructured interviewing. In the first aide-mémoire there was a general introductory question around the participant's own background/story. The purpose of this question was to make the participant feel comfortable in the interview setting. In addition to providing space for the participant to speak, this introductory question was very important for the religious participants in particular, the majority of whom were elderly, and whose own story and long tradition and history of being a Religious was very informative in terms of the purpose of the study. The other topics in the first aide-mémoire related to the aim of the study and were informed by Sider & Unruh's (2004) typology of faith-based organisations, which is explored in greater depth in chapter 2. Sider & Unruh (2004) proposed a six-fold typology that looks at the way religion is apparent in the organisation, as well as taking account of the distinction in the literature between institutional manifestations of religious integration such as organisational characteristics as resources and governance (as posited by Smith and Sosin, 2001), and behavioural manifestations such as the inclusion of religious practices in services. This framework was extremely useful for me in the development of the aide-mémoire for the first interviews. This assisted me to explore the position of religious led health and social care organisations in Ireland, their governance, the religiosity or otherwise of an organisation and the role of lay people in religious led health care both now and in the future, and how this related to the sustainment of identity in their health and social care service.

Prior to meeting participants for a follow up interview, I re-sent them their original interviews and the first question of the second aide-mémoire referred to that, and asked them if they wished to change anything or add to their interview. The purpose on this occasion was to give time to the participants, to re-introduce myself and the topic for discussion, and to give a sense of transparency and clarity around the whole process. The remainder of the document was informed by the literature on faith-based organisations and organisational identity and again consisted of a list of topics which I wanted to cover within the interview.

These aide-mémoires were used to guide the conversation with the researcher "constructing questions about the issues to be covered as the interview progresses, rather than asking any predetermined specific types of questions" (Edwards & Holland, 2013: 55). The flexibility of the approach meant that often the areas in the aide-mémoires had been covered in general conversation about the issue. I was, therefore, able to listen, respond to the situation at hand, while engaging with the emerging worldview of the respondent, and any new ideas on the topic (Merriam, 2009; Engward & Davis, 2015). During the interviews, I checked back with the interviewee to be sure they understood what was being said, which allowed them to expand or clarify their opinion if required. In the beginning, a number of interviews were shared with the supervisor to ensure that the researcher was not leading the process.

At both timeframes, each interview was transcribed verbatim and returned to the interviewee to verify accuracy, correct errors or inaccuracies and provide clarifications. The advantage of this process was that it gave interviewees a sense of control during the interview process, as they knew beforehand that they would have the opportunity to edit or clarify information provided in the original interviews. My concern was that there could be a loss of critical data if the interviewee chose to remove valuable material particularly when considering the first interview again in 2019. I was concerned that this would affect the overall meaning and interpretation of the data (Hagens *et al.*, 2009). However, of the 19 interviewees in 2011/13, only 5 took the opportunity to change any data, and only 4 of the 12 participants made changes in 2019. Only 1 made a minor change in 2019 to their 2011 interview. In the majority of cases, this related to minor editing or grammatical changes and did not affect the quality of the interviews. This seemed to indicate that the interviewees felt comfortable with the information that they had provided and in the manner it had been sought.

4.5.3.2 *Awareness of the interpretative act*

The second level of reflexivity in research using the Alvesson & Skoldberg (2009) model considers reflexivity in the analysis of the data and researcher engagement with the interpretive act. Here the researcher demonstrates their decision making about how the analysis took place and aims at "recognising potential personal and a priori perspectives that may influence the data analysis" (Engward & Davis, 2015:1533). For this study, a general qualitative approach was followed. The flexibility of the generic inductive approach did not mean as noted by Liu, (2016), that there is not a logical approach to be developed. In the case of this study, the path taken concerning the data analysis was influenced by work carried out by Clark *et al.*, (2010), Tracey & Phillips (2016) and Ravasi & Phillips (2011), and follows the procedures as

suggested by Thomas (2006) also borrowing from the constant comparison process from Grounded Theory methodology (Liu, 2016).

As noted previously the interviews were recorded, fully transcribed verbatim and analysed manually by the researcher and returned to the interviewee following transcription to verify accuracy, correct errors or inaccuracies and provide clarifications if they wished. The data was integrated, coded and thematically analysed using a coding scheme derived in the main from the interviews themselves but also influenced by the literature reviewed, field notes taken, research questions and in the case of the case study organisation, documentation that was made available. The first step in analysing the interviews was an open coding process (Strauss, 1987; Strauss & Corbin 1990, 1998) in which, following reading and re-reading of all 31 interviews, to generate as many ideas as possible, specific segments or 'chunks' of information were identified, which led to initial concepts being found, labelled and grouped together into first-order categories (Clark *et al.*, 2010; Ravasi & Phillips, 2011; Tracey & Philips, 2016). Interviews were reviewed for similarities and differences. The researcher had to decide which codes were most prevalent and included and which were to be excluded, and these decisions were based on the number of examples of each category across the data. Decisions about what to include were based on "how the codes best explained the participant's main concern" (Glaser, 2005:10-11). Detailed excel spreadsheets were developed to support my thinking and understanding at this point of the analysis process.

The next step was axial coding (Strauss, 1987; Strauss & Corbin 1990, 1998;), which Strauss viewed as building "a dense texture of relationships around the "axis" of a category" Strauss (1987:64). If initial coding broke the interview text into specific segments and codes, axial coding was used to identify the relationships between the first-order codes and to bring the data back together into a more coherent whole (Charmaz, 2006). This process was assisted by the literature review on organisational identity and faith-based organisations which enabled the collapsing of the first order categories and sub-categories into a smaller number of second order themes, thus reducing overlap and redundancy among the themes (Liu, 2016) and resulted in second-order themes. This was an iterative process and involved "constant comparison analysis" as originally developed for use in the grounded theory methodology of Glaser and Strauss (1967), as well as moving between the data, the literature and archival documentation. This process was supported by memos written within the excel spreadsheets, to identify possible patterns in and between codes (Glaser & Strauss, 1967), thus supporting the development of the overarching themes. This provided an evidence trail for both myself and

others as to how each part fit together (Engward & Davis, 2015), and documented my thinking about how I was doing the research, the decisions that were being made about the interpretation of same, and the checks that were in place. This was particularly important regarding the familiarity and pre-understandings which I had as an insider researcher. Reflexivity in the case of this study was especially important at the analysis stage. It helped to keep me alert to "unconscious editing" because of my own sensitivity and intimate knowledge of the case study organisation, thus enabling fuller engagement with the data and a more in-depth comprehensive analysis of it (Valentine, 2007).

Operating under a constructivist-interpretivist epistemology as is the case in this study, it would be impossible to remove my biases completely. Indeed as noted previously, the constructivist-interpretive researcher sees the world as constructed, interpreted, and experienced by people as they interact each other and with wider social systems (Guba & Lincoln, 1985; Merriam, 1988; Antwi, 2015). The interpretivist constructivist researcher is trying to gain a deep and rich understanding of the issue being researched but must also acknowledge their own subjectivity.

4.5.3.3 *Clarification of political-ideological contexts*

The third level of reflexivity as articulated in the Alvesson & Sköldbberg (2009) model is the critical interpretation of the context. Questions here relate to how potential ideological and power relationships may impact how the data was collected, analysed, reported and potentially used (Engward & Davis, 2015). Reflexivity requires that the researcher is conscious of how their "self-location (across for example gender, race, class, sexuality, ethnicity, nationality), position, and interests influence all stages of the research process" (Pillow, 2003:178). In this way, the researcher can be conscious of and indeed make statements about bias or prejudice in the research.

Even at the beginning of the research, researchers can usefully examine their motivations, assumptions, and interests in the research to identify any forces that might skew it in particular directions (Finlay, 2002). As noted previously, I have gone through extensive formation concerning the identity and charism of the case study religious institute. I was seen as a member of the 'family of [founder]', which involved both lay and religious members as partners, and was seen as the new way forward for RI1. I was aware that other RIs were considering similar issues but not in any great detail, and indeed presumed that all RIs were following the same pattern. Nonetheless, it seemed to me that a huge transformation was taking place in the governance and leadership of religious health and social care services in Ireland,

which at the time this study was commencing, was not being studied or researched at all. Indeed there seemed at that time, to be a complete lack of awareness in the wider community of what was happening and that for that reason alone this issue was worthy of research. This has changed somewhat in the last few years or so as demonstrated by the intensive media coverage in the area.

However fairly early on in the research process, I had to learn to disentangle myself from being ‘a member of the family of [the founder]’ to that of my new role as researcher, when carrying out the work in relation to this study. Obviously, I continued to work in my role as a member of the senior leadership team until May, 2019. In ‘disentangling’ I learnt not to presume that even in the case study organisation, that we shared the same views and held the same assumptions, and indeed as the interview process went on it became clear we did not. Some instances are described here to support this perception. I do not like the word ‘evangelisation’, which has connotations for me of colonialism and proselytization, but I knew it would probably come up with one of the religious interviewees within the case study. This was knowledge I had as an insider researcher, and therefore, before the interview, I prepared myself so that I would be able to ‘hear’ what the interviewee was saying and not make a pre-judgement on his viewpoint, but rather use it to clarify his meaning within the context of this study.

As my study continued, I was struck on a number of occasions of how people outside my own organisation or indeed its milieu of religious led health care made assumptions about my own religious belief structure because of the topic which I was considering. I am baptised a Catholic and therefore had a basic understanding and knowledge of the Catholic religion, its language, history and belief system, even before any formation processes provided by the case study organisation. I was therefore comfortable using the language of Catholicism which was an advantage in my interviews with Religious and indeed lay people working in religious led healthcare. However, in using this language and understanding on the occasion of discussions with doctoral colleagues, lecturers and supervisors, I felt that assumptions were made about me and ‘how religious/Catholic’ I was. I found myself explaining that ‘I wasn't strongly Catholic’ or ‘was Catholic like everyone else in Ireland’ because I felt people would be more comfortable listening to what I was talking about if I made that distinction. On the other hand, I made assumptions in terms of using a certain phrase or statement both orally and in my writing, which I presumed was self-explanatory as it would be in my world of religious led health and social care, but which required more detailed explanation and clarification when trying to share the meaning with the wider community. Exploring these assumptions, real or

perceived, both by myself or with my supervisor/review board, made me conscious of how I responded to the data, and the influence that response might have on the findings from the data.

In addition, I am interested in the different ways women and men work and think and would call myself a feminist. I worked for a male religious order and before the interviews with female RIs outside the case study organisation, thought that I might see a clear difference between how male RIs and female RIs were approaching this radical transformation. However, this did not occur within the formal interview process, and in reflecting on it, where it had been raised, it was because I as the researcher had brought it into the interview process. I decided that if it did not come up naturally within the unstructured interview approach, that I could be forcing my viewpoints on to the interviewees by even raising the question. Therefore, I ceased asking such questions unless it arose naturally within the interview, which meant that this did not feature as a theme in the study. It does of course not mean that it is not an issue worthy of consideration regarding future research.

One particular concern for reflexive researchers is how to manage the power imbalance between researcher and participants (Finlay, 2002). Using the constructivist interpretivist paradigm which underpins this research, fostered a balancing of power in the researcher–participant relationship (O’Connor & O’Neill, 2004). In this paradigm, interviewing is seen as an interactional encounter, which “means that whatever is produced in an actual interview has to be viewed as a product of an interaction between an interviewer and an interviewee” (Suoninen, 2005:469). The two sides of interviews have been termed ‘conquest or communion’, with interviewers, on the one hand, exercising power through the application of questioning techniques such as probing, directing and active listening to generate data from interviewees as a sort of conquest. Whereas on the other hand, "reflexive awareness of, and engagement with, the emotional, embodied and performed dimensions of the interview" (Ezzy 2010:163), allows qualitative researchers to engage in communion with the participants, whereby there is a sense of mutual trust and respect. This leads to greater openness and transparency and therefore deeper and richer insights for both researchers and participants, the latter being much more a constructivist interpretivist approach.

In relation to data collection in this study, I did not perceive any major power imbalance in my relationships with the participants in the case study organisation, who were all senior religious and lay people who occupied leadership roles, similar to my own and with whom I had friendly relationships. Indeed, as noted previously, the ability to interact naturally with the group and

its members, and an established familiarity between the researcher and the researched which promotes both the telling and judging of truth are some of the advantages of being an insider researcher. I had invited people to participate, and a number refused or were not available, either because of lack of interest or time, and this had no perceived effect on our working relationship. It can be argued that power during the interview process lies with the interviewer, in that the researcher chooses the topic, controls the interview process and topic guide (Brinkmann & Kvale, 2005). In this case, as all the participants had gone through the same formation as the researcher, and had been involved in discussions and meetings about the change process which RII was planning and going through, there was a similar level of information and comfort in discussing the topic between the participants and the researcher. Indeed even after the interview, when "formal control and power returns to the researcher" (Karnielli-Miller *et al.*, 2009), by returning each interview which had been transcribed verbatim to the participants for amendment or clarification, I handed back a level of control to the participants. 9 people made minor changes overall, which did not affect the overall meaning of their viewpoint and another raised issues about how the information would be released but once discussion had taken place, was happy with the response.

The interviews with lay and religious participants external to the case study organisation also had a warm, caring and empowering character. This is evidenced by the fact that 5 of the 7 Religious and 2 of the lay people agreed to be interviewed again for the unplanned follow-up. This was supported by the insider-ness of the researcher regarding my pre-understanding of the specific language, tradition and history of RIs and how they provided services in Ireland, and the fact that I had been introduced to them by a letter from a senior Religious of RII where I worked. Initially the external RIs themselves decided if and who would be interviewed. However, as the interviews progressed, as the researcher I was conscious that I did not have the same depth of knowledge which I had with the case study organisation, and also that information was being shared with me which probably had never been shared with an 'outsider', that is someone not belonging to the religious institute or health or social services, before. In this instance, I felt that I was both an insider and an outsider (Breen, 2007), or indeed as noted by (Dwyer & Buckle, 2009), occupying the space in between. According to the (Dwyer & Buckle, 2009), all researchers fall somewhere within the space between complete insiders and complete outsiders. Researchers will likely inhabit different spaces depending on the context of a specific research project. It is up to the researcher than to take responsibility

for understanding where they are placed within this space and to explore how their position may affect the research process and its outcomes (Serrant-Green, 2002).

I became much more conscious of this dichotomy during the analysis stage of the study, particularly concerning the external participants. Again, all participants received verbatim transcripts of their tapes for review and clarification or amendment, although only 6 of the external persons took that opportunity. As I read and re-read the interviews, I noticed there were some things that were said that could be perceived negatively either within the formal Church or by the wider national community. Comments about their relationship with the formal Church such as “We have never come under the control of the hierarchy and that’s something, which leaves us freer to move” or about the ownership of land, or even about the sexuality of religious members, seemed to me could be used in a pejorative manner by others. There are certain elements of healthcare that Catholic health care will not be involved with, such as abortion or certain end of life issues, and I was concerned that some of the comments made could be used to reinforce a negative perception of Catholic health care in general, such as in this extract below:

"Participant: "some approaches to medicine which we won't do.

Researcher: Would that be abortion Sister?

Participant: Yes, and end of life issues, you know what I mean, choices which people might want to make, which are questionable in terms of human dignity. We would just be saying, we don't do those, if people want them, there might be other places that do them, but we just don't do them”.

As noted by Karnieli-Miller et al. (2009) during this stage, the "researcher's control over the data seems to be absolute (that is ‘the interpreter's monopoly of interpretation’) (Brinkmann & Kvale, 2005) and ethical considerations are of utmost importance" (2009:283). With my insider's hat on, I was not surprised at the content of what people revealed, but as an outsider, I had a sense that some of this information could be used in a negative manner in the media or elsewhere. As Kvale (2006) notes “the societal uses of the knowledge produced by academic social science interviews warrant close consideration” (2006: 497). My sense of responsibility for the participants was in some ways about protecting them from how their own words might be perceived by an external population. The negative press about RIs providing health or social care in Ireland over the last number of years perhaps heightened my sense of responsibility. I

ensured that as noted already each participant had the opportunity to review their interviews and would have been able to remove any content if they were uncomfortable with it. All participants were advised of the voluntary nature of the research, their ability to withdraw at any time and the confidentiality of the process. The participants were interviewed within their own environment, be it an RI or health and social care setting. Consent was obtained from each interviewee at both time frames when the researcher again went over the purpose of the interview and participants were advised that the information being provided, including excerpts from the interviews, could be published in the researcher's doctoral thesis (Appendix D/E). In addition the consent process for the second set of interviews (Consent and Information Letters, 2019 - Appendix F) was heavily influenced by the General Data Protection Regulation (GDPR) 2018 which set out particular requirements in terms of information to be given to participants and accessing explicit consent.

4.5.3.4 *The handling of the question of representation and authority*

The fourth level of reflexivity in the Alvesson & Sköldberg (2009) model focuses on questions of representation and authority, such as “reflecting on how language is used in the production of the research text, including claims of authority on behalf of the researcher and selectivity of the voices represented in the final text” (Engward & Davis, 2015:1533).

How a researcher presents their final report reflects their approach and purpose, which obviously depends on the research objectives, reporting style and their potential audience (Engward & Davis, 2015). In writing this study, the researcher was using a general qualitative approach under a constructive epistemology. As noted previously the general qualitative approach as stated by Merriam, cited in Caelli *et al.*, (2003), “epitomises the characteristics of qualitative research but rather than focusing on culture as does ethnography, or the building of theory as does grounded theory, *researchers* simply seek to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved” (2003:3). The purpose of this study is to explore the sustainability of identity in Irish Catholic led health and social care in a time of change, and in particular how the worldviews of those involved perceive, influence and lead the transformation process, not to build a theory. I, therefore, used fragments of data to illustrate meaning and support understanding, not the entire interview in chapters 5 and 6. The choice of the fragments and the use of them to support the overarching themes of the study were of course mine, however, by being reflexive and explicit with regard to how decisions were made during the process, and the meanings attached, I tried to create an open and transparent approach in the writing of the report. In addition, I was influenced by

work on data reporting in qualitative research by Pratt (2009), and set out additional representative supporting data for each second order code (Appendices G and H).

In carrying out this reflexive approach I hoped to make sure that my interpretation of the participants opinions and viewpoints, although subjective, could as noted by Hertz (1997) cited in Pillow (2003) "produce research that questions its own interpretations and is reflexive about its own knowledge within research in order to produced more accurate analysis of our research" (2003:178). Although reflecting on what one is doing within a research study is important for any researcher, the nature of case study research demands that it be an element of the method. Revealing oneself within the case study research report is seen as a way to deal with concerns of how individual biases, values, emotions and potential political or social positions held by the researcher, might or might not affect the quality of the data collected as well as its interpretation. It also means that ethical issues are raised and addressed and these are discussed in the next section.

4.6. Ethical Considerations

Under the constructive/interpretivist paradigm, "ethics is intrinsic because of the inclusion of the participant values in the inquiry" (Lincoln & Guba, 1985). Those who participate in case study research share personal views and circumstances. As Stake (1995) remarks, "those whose lives and expressions are portrayed risk exposure and embarrassment, as well as loss of standing, employment and self-esteem" (1995:154). A perceived contract is in place between the researcher and the researched, of which trust, as mentioned above, is an essential element. As noted by Cresswell (2005) all researchers face issues when gathering research. However, case study and insider research involve particular issues with regard to ethics, most of which have already been explored in this chapter under the sections on insider research and reflexivity.

As explored previously, although ethical considerations were pertinent to all participants who took part in the study, they were particularly important in terms of those individuals being researched outside the case study organisation. Their trust in the researcher was increased by the way I was introduced to them, that is from a senior Religious within the case study religious institute. Also, because due to my long tenure and formation with the case study organisation, I had a great deal of pre-understanding about the issue being researched and was able to express that in a language which was clearly understood. Issues of religion, Catholic identity and the provision of health and social care services became an increasing element of media and other

public reports in Ireland post the interview process, and were often portrayed negatively as noted previously.

Again, as explored earlier in this chapter, the model of reflexivity as set out by Alvesson & Skoldberg (2009) is used to detail my thinking and actions during the research process and to explore some of the ethical issues which arose. In addition, there were specific ethical considerations with regard to the follow up interviews, particularly as they had not been planned. One concern was that the anonymity of participants or their RI could be comprised because there was more data being generated about and from them (Neale and Bishop, 2012). Therefore, in writing up the research results I took extra care to ensure that any particular recognisable details were removed or edited. I was also concerned that by returning their first interview to them prior to interviewing them for a second time, that participants would make changes influenced by events that had happened in the intervening time, particularly adverse media attention. However, this did not happen, with only minor changes being made.

Practical efforts to address any ethical concerns included getting ethical approval from both the university (Appendix D) and the case study organisation at the beginning of the study. Ethics approval was received on three occasions from the case study organisation, at the beginning before the first set of interviews, when the title of the study changed, and prior to the second set of interviews. The ethics approval letters from the case study organisation are not included in this thesis as they would compromise the anonymity of the case study organisation. The final ethics application was heavily influenced by the 2018 GDPR legislation where issues such as explicit consent, confidentiality, data processing and storage, and risk to the participants were addressed (See Consent and Information letters – Appendix E). At initial contact and when consent was being obtained on both occasions, participants were advised of the voluntary nature of their involvement and their freedom to withdraw at any time.

Finally, as noted previously transcripts of the interviews were returned to the individuals for amendment and approval. The researcher also consulted with a senior member of the case study religious institute and shared some chapters with him so that any issues of concern could be addressed. In disseminating the report, every effort will be made to ensure the confidentiality of the interviewees and the organisations involved.

4.7 Data Storage

Some of the critical principles noted by Cresswell about data storage and handling include always developing “back up copies of computerised files, as well as a data collection matrix as a visual means of locating and identifying information for a study” (2007:142). Qualitative research and indeed case study research, in particular, generates “voluminous and often overwhelming” amounts of data to be analysed (Patton, 1980:297). Indeed, a characteristic of case study research is the use of multiple data sources, as noted previously (Yin, 2003; Baxter & Jack, 2008), which also supports data credibility. To support the collection and handling of the data the researcher developed a number of databases, particularly around the interview process, where the information was organised to be easily accessible for analysis. These, in essence, formed part of the “case study database” as recommended by Yin (2003).

An example of such a database is the interview database which was developed and which set out clearly the interview plan and included the following details:

Researchers Participants Name	Research Participants Code	Religious Institute	Health and or Social Care Ministries	Interview Date	Date sent for checking and return date	Analysis First Step Open Coding	Analysis Second Step Second Order Themes	Analysis Third Step Overarching Themes

Table 4.6: Example of Interview Database used in Study

Each interview was audio-recorded, transcribed, read and returned for checking and validation by the interviewee. The initial readings of the interviews highlighted statements and areas of interest which were used for further exploration in interviews which followed with other individuals. Each interview was read a number of times below and analysed, following the process set out below (adapted from Creswell, 2002), which was tracked and supported by detailed excel and word databases. All transcripts and data files were secured on encrypted computers.

4.8 Data Analysis Process

Analysing the data is a challenging task for all qualitative researchers, and in particular case study researchers, due to the multiple data sources and voluminous amounts of data (Yin, 2003). As noted by Baxter *et al.* (2008), “each data source is one piece of the puzzle, with each piece contributing to the researchers' understanding of the whole phenomenon” (2008: 554). There is no universal recipe for analysing or interpreting data, as Patton (2002) asserts “no

formula exists for that transformation, guidance yes, but no recipe" (2002:432). Data analysis in qualitative research breaks down analysis into steps, namely "preparing and organising the data for analysis then reducing the data into themes through a process of coding and condensing the codes and finally representing the data in figures, tables or discussion" (Cresswell, 2007). A number of authors have provided guidance on a variety of different methods in terms of how to analyse data in case studies (Stake, 1995; Yin, 2003), however, for this study, which was not confined to a case study, a general qualitative approach was followed, which was explored earlier in this chapter and which permitted the research findings to emerge from the frequent and significant themes from the data without it being constrained by a tradition-specified qualitative approach (Thomas, 2006). This more flexible approach helped to build up clear connections between the research questions and research findings.

The application of the general qualitative approach to the analysis allows research findings to emerge from the frequent, dominant or important themes inherent in the raw data. As previously noted, it allowed the researcher to condense the extensive raw data collected into a summary format, establish clear connections between the "research objective and the summary findings and thus represent, describe, evaluate, and interpret data" (Thomas, 2006: 237).

The approach taken with regard to the data analysis was influenced by work carried out by Clark *et al* (2010); Ravasi & Phillips (2011) and Tracey and Philips (2016) and follows the procedures as suggested by Thomas, (2006) (Table 4.7), and also borrows from the constant comparison process from Grounded Theory methodology (Liu, 2016).

Initial read through text data	Identify specific segments of information	Label the segments of information to create categories	Reduce overlap and redundancy among the categories	Create a model incorporating most important categories
Many pages of text	Many segments of text	30-40 categories	15-20 categories	3-8 categories

Table 4.7: The Coding Process

Source: Adapted from Creswell (2002: 266, Figure 9.4)

4.8.1 Open Coding

The first step in analysing the both sets of interviews was an open coding process (Strauss and Corbin 1990, 1998; Strauss, 1987) in which, following reading and re-reading of all 31

interviews, specific segments of information were identified, which led to initial concepts being found, labelled and grouped together into first-order categories (Clark *et al.*, 2010; Ravasi & Phillips, 2011; Tracey & Philips, 2016). The interviews were reviewed for similarities and differences using an inductive approach. There were 18 first order codes as per figure 4.1.

4.8.2 Axial Coding

The next step was axial coding (Strauss, 1987; Strauss & Corbin 1990, 1998), which Strauss viewed as building “a dense texture of relationships around the "axis" of a category” Strauss (1987:64). If initial coding broke the interview text into specific segments and codes, axial coding was used to identify the relationships between the first-order codes and to bring the data back together into a more coherent whole (Charmaz, 2006). This process was assisted the literature review on organisational identity and faith-based organisations. This process enabled the collapsing of the first order codes into a smaller number of second order themes, thus reducing overlap and redundancy among the themes (Liu, 2016) and resulted in 7 second order codes. This was an iterative process and involved “constant comparison analysis” as originally developed for use in the grounded theory methodology of Glaser and Strauss (1967) as well as moving between the data, the literature and archival documentation. This process highlighted emerging patterns (Clark *et al.*, 2010; Ravasi & Phillips, 2011; Tracey and Philips, 2016) and helped to refine the data further into 4 overarching themes, which was the third step of the process.

4.8.3 Overarching Themes

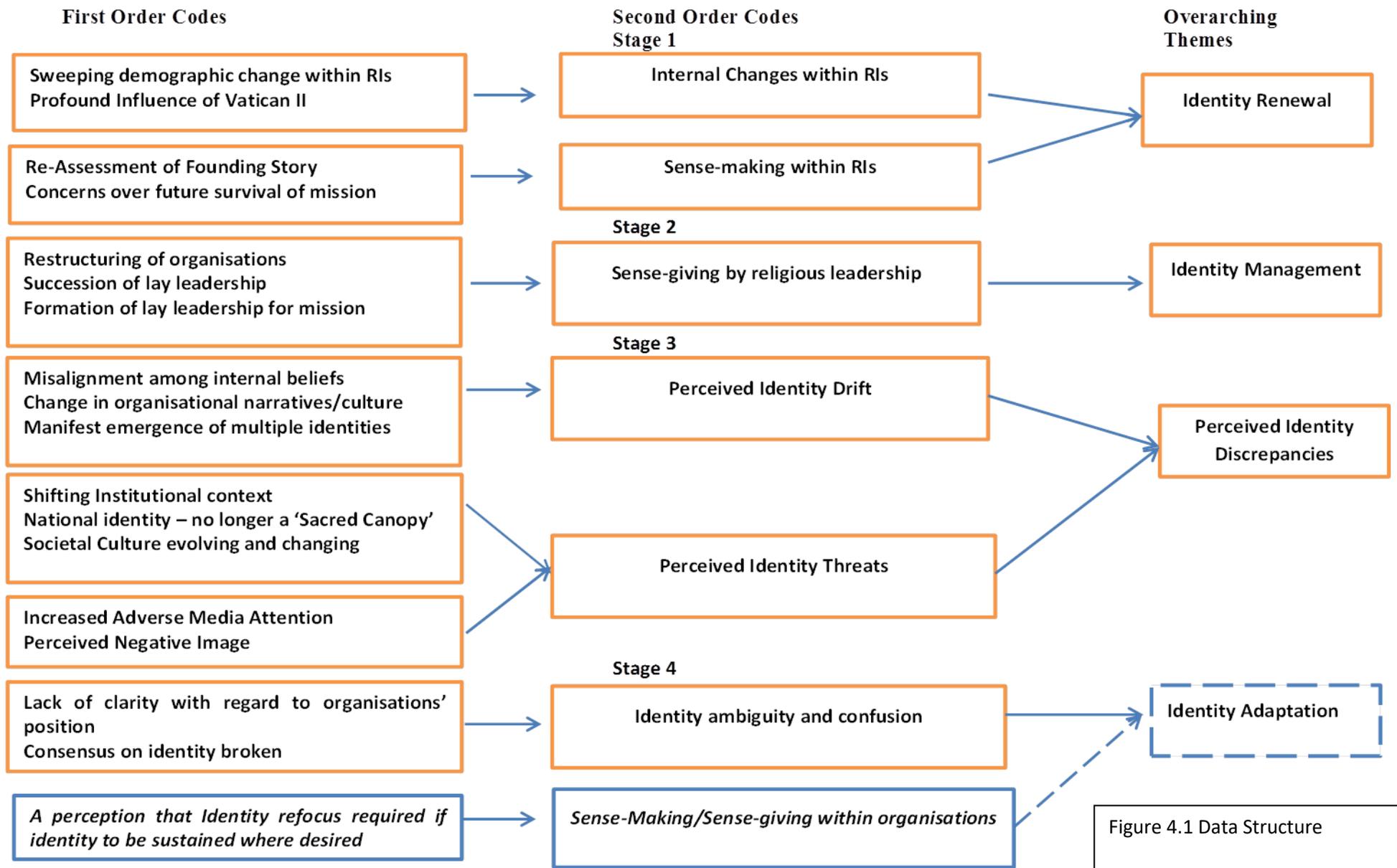
The four overarching themes which resulted from the data analysis and have been assessed as the most important themes regarding the research questions were:

- Identity Renewal
- Identity Management
- Perceived Identity Discrepancies
- Identity Adaptation

Figure (4.1)¹² below sets out the categories and themes from the analysis process. Following the analysis of the interviews, the RIs were grouped into different categories, based on the similarity of approaches and responses to challenges which they faced (Table 4.8). Table 4.8 also sets out the stages for all the religious institutes. In general, the findings from the first set

¹² Figure 4.1 was introduced in chapter 1 and is reproduced here for ease of reference

of interviews are included under Stages 1, 2 and part 3, while the second set of interviews covers part stage 3 and stage 4. The categories were used in presenting the findings and analysis to aid comparison.



Religious Institutes								
	A*	B	C			D	E	
	RI1	RI2	RI3, RI4, RI5			RI6	RI7, RI8	
Stage 1								
Identity Renewal	<p>Structured form of 'renewal' post Vatican II within RI, led by external consultant within RI.</p> <p>Involvement of lay staff, through chapters of organisation over 20 years.</p> <p>Strong Connection with Founder and founding story.</p> <p>RI determination that mission with survive and thrive</p>	<p>Structured form of 'revitalisation' post Vatican II within RI, led by external consultant.</p> <p>Internal to RI rather than involving staff.</p> <p>Connection with founder considered in terms of specific mission</p>	<p>Vatican II Driver - Renewal process – less structured – in some ways influenced by abuse challenges.</p> <p>Some involvement of staff.</p> <p>Long history and connection with founder in terms of how service delivered.</p>	<p>Vatican II driver for RI internally.</p> <p>Vocations decreasing, growing issues with competence.</p> <p>Connection with founder considered in terms of specific mission.</p>	<p>Vatican II driver – continuation of mission.</p> <p>Restructuring of congregation to support mission.</p> <p>Realisation that governance at issue.</p>	<p>Driven by realisation that new governance and leadership needed if mission was to continue.</p> <p>Resulting in lack of competence of Religious left for leadership of health and social care services</p>	<p>Move out of private healthcare – not congruent with mission</p> <p>Lack of Numbers /competency for leadership.</p> <p>Demands resources/ equity of wage/ accountability</p>	<p>Move out of private healthcare – not congruent with mission</p> <p>Lack of Numbers /competency for leadership.</p> <p>Demands resources/equity of wage/accountability</p>
Stage 2								
Identity Management	<p>1. Formal Internal Succession Planning.</p> <p>2. Formal plan for Formation of all staff, but particularly leadership</p> <p>3. Transfer to Lay Leadership planned and structural changes made - executive, civil boards and canonical body of sponsors.</p> <p>4. Appointment of new PJP consisting of lay and Religious.</p>	<p>1. Internal Succession</p> <p>2. Formal plan of formation for staff (influenced by abuse allegations). Less emphasis on formation for board members.</p> <p>3. Structural changes in terms of boards, but no new PJP.</p>	<p>1. Formation – Mission Effectiveness programme for staff - less emphasis on board members.</p> <p>2. Transfer to lay leadership in new civil governance and structural changes. No PJP.</p>	<p>1. Formation – limited.</p> <p>2. Transfer to lay leadership in new civil governance and structural changes.</p> <p>3. Considering PJP which has occurred in other Provinces but not as yet.</p>	<p>1. Formation – Concentration on values and ethos of RI and sisters themselves as exemplars.</p> <p>2. Transfer to Lay leadership in new civil and canonical governance and structural changes</p>	<p>Main Identity Management process – letting go.</p>	<p>Main Identity Management process – letting go.</p>	<p>Main Identity Management process – letting go.</p>

Stage 3								
Perceived Identity Discrepancies	External challenges include changing relationship with state, increased accountability, adverse media attention and negative image of congregation.	External challenges include changing relationship with state (Voluntary Sector V State Provision), increased accountability, adverse media attention.	External challenges include changing relationship with state, increased accountability, adverse media attention.	External challenges include changing relationship with state, increased accountability, adverse media attention.	Internal Challenges: Limited connection to founder. Ethos driven by social care values and connection with values of RI in that way.	Internal Challenges: Limited connection to founder. Ethos driven by social care values and connection with values of RI in that way.		
	Internal challenges – include changing beliefs about identity, and lessening of commitment to organisation. Changing organisational narratives/culture.	Internal challenges – include changing beliefs about identity, and rise of different identities. Changing organisational narratives/culture	Internal challenges – include changing beliefs about identity, and rise of professional identities. Changing organisational narratives.	Internal challenges – include changing beliefs about identity, influence of changing nationalities of employee population. Changing organisational narratives.	External challenges include changing relationship with state, increased accountability, adverse media attention.	External challenges include changing relationship with state, increased accountability, adverse media attention.		
Stage 4								
Identity Adaptation	Identity has become ambiguous amongst lay staff while still very clear to Religious who wish it to remain Catholic.	Identity needs to be adapted to environment in which service can best be provided. Wish of RI for identity to remain Christian but being blurred for acceptance.	Identity - Connection with original mission deemed important not necessarily with Church. Period of sense-making in organisation post media storm led to identity adaption.	Identity has probably become more ambiguous amongst lay staff while still very clear to Religious who wish it to remain Catholic.	Identity adapted to be Values Driven, with a Christian overlay.	Plan to withdraw from healthcare	Withdrawn from health care	Withdrawn from health care – sold, closed or gave to state

Table 4.8 Categories of Religious institutes – Stages of Identity Construction

***Category A: RI1: Case Study Organisation, both privately and publicly funded, strong identity construction processes enacted, new Public Juridic Person (PJP) in place to support official connection to formal Catholic Church in absence of RI**

Category B: RI2: Privately funded healthcare service, strong identity construction processes enacted, new PJP in place to support official connection to formal Catholic Church in absence of RI

Category C: RI3, RI4, and RI5: publicly funded health and social care services, all set up new civil structures, and supported some formation practices, however no official canonical structure such as a PJP in place.

Category D: RI6: publicly funded social care service, new civil structure in place, limited formation mainly focused on best practice in health and social care, and new canonical structure (PJP) in place to protect assets for charity purposes

Category E: RI7 and RI8: decision to withdraw from provision of health and social care services.

4.9. Evaluation of Qualitative Research

Many frameworks or strategies have been developed to evaluate the quality of qualitative data, which includes assessing the trustworthiness of the data and the rigour of the approach (Creswell, 2014; Lincoln and Guba, 1985). In terms of general inductive research, there are criticisms about what constitutes rigour in this research (Kahlke, 2014). Some of these concerns were explored in the sections on insider research and reflexivity in this chapter. However, in addition, Lincoln and Guba's (1985) criteria for trustworthiness in research under a constructivist approach, is being used for "credibility (paralleling internal validity), transferability (paralleling external validity), dependability (paralleling reliability) and confirmability (paralleling objectivity)" (1995:114).

4.9.1 Credibility

Credibility in qualitative research, according to Merriam (1998), correlates to what positivist researchers call internal validity, where they seek to ensure that their study measures or tests what is actually intended. Credibility, deals with the question, "are the findings credible given the information presented?" (Lincoln & Guba, 1985:301) According to Baxter & Jack (2008), case study research design principles lend themselves to including some strategies that support credibility, which include triangulation and prolonged engagement.

Triangulation is where researchers make use of "multiple and different sources, methods, investigators and theories to provide corroborating evidence" (Cresswell 2007:208). Triangulation by this process endeavours to clarify meaning, and to verify the repeatability of observation or interpretation (Stake, 1995). Stake (1995) also notes that in acknowledging that "no observations or interpretations are perfectly repeatable, triangulation also serves to clarify meaning by identifying different ways the phenomenon is being seen" (1995:148), which was very useful concerning this research. Mason (2002) observes that at its best triangulation "encourages a researcher to approach their questions from different angles, and to explore their intellectual puzzles in a rounded, holistic and multi-faceted way. This does enhance validity, in the sense that it suggests that social phenomena are a little more than one-dimensional, and that your study has accordingly managed to grasp more than one of those dimensions" (2002: 190), but it is not a guarantee of credibility.

Triangulation in this study was attempted through the use of different sources such as interviews from a range of informers (Shenton, 2004), archival documentation within the case study organisation and the field notes taken by the researcher. Interviewing individuals external

to the case study organisation, was extremely useful in terms of triangulation as it reduced the effect on the study of particular local factors peculiar to the case study organisation. Finally, the follow up interviews provided corroborating evidence of the considerations on identity by the RIs.

However, it would seem to this researcher that second component of credibility which is prolonged involvement or engagement is a better indicator of credibility in this research. Prolonged involvement by the researcher in the phenomenon being studied in its context is recommended by many authors including Lincoln & Guba (1985) and Erlandson *et al.*, (1993), in order both for the researcher to gain an adequate understanding of an organisation and to establish a relationship of trust between the research and the researched. Both my employment with the case study organisation and the length of the time during which the study took place, have ensured a prolonged engagement with the research questions being investigated. There is obviously a danger that the researchers' emersion in the culture and identity of the case study organisation might influence the findings, (Shenton, 2004) as explored in the section on insider research, but I used reflexive practice to ensure my judgement was not overtly influenced. Under a constructivist-interpretivist paradigm, researchers must recognise that their own background will shape their interpretation which will be influenced by their own personal, cultural and historical experiences. Again, however, the section in this chapter on reflexivity demonstrates how the adoption of a reflexive stance informs the reader how I conducted the research, related to the participants of the research and represented them in the final report, and thus I am explicit about biases and their management.

4.9.2 Transferability

Transferability is showing that the findings from the research have applicability in other contexts. Transferability in the interpretivist constructivist paradigm is in preference to external validity/ generalisability in the positivist paradigm (Pandey & Patnaik, 2014). As the findings of a qualitative project are specific to a small number of particular environments and individuals, in this case, Catholic religious institutes and their health and social care ministries in Ireland, it can be difficult to demonstrate that the findings and conclusions apply to other situations and populations. Stake (1994) however, does not fully accept that transferability should be rejected, suggesting that although each case may be unique, it is also an example of a broader group. An example of this could be other religious institutes and settings such as religious sponsored schools.

One way of addressing the issue of transferability is through the provision of “rich, thick description” (Lincoln & Guba, 1985; Li, 2004; Creswell, 2007) because then the author can describe in detail the participants or setting which is the subject of the research. By giving this detailed description, and perhaps establishing whether findings can be transferred because of shared characteristics (Creswell, 2007), I would hope that “it is the reader, not the researcher, who determines what can apply to his or her context” (Merriam, 2009:51).

4.9.3 Dependability

Positivist researchers when addressing the issue of reliability, employ techniques to show that, if the work were repeated, in the same context, with the same methods and with the same subjects, similar results would be obtained (Shenton, 2014). However, for qualitative researchers, the range of unpredictable facts in their research means that such provisions are problematic in their work. One way of addressing issues of dependability in qualitative research is by ensuring that the research processes are reported in detail, thereby enabling another researcher to repeat the work, if not necessarily to get the same results, in other words, an audit trail strategy (Li, 2004, Guba and Lincoln, 1982). Therefore the research report should include sections devoted to “the research design and its implementation, describing what was planned and executed on a strategic level, the operational detail of data gathering, addressing the minutiae of what was done in the field; and reflective appraisal of the project, evaluating the effectiveness of the process of inquiry undertaken” (Shendon, 2014:71-72) as has been done in this chapter.

4.9.4 Confirmability

The concept of confirmability co-relates to objectivity as described by a positivist researcher, and is about the degree to which the findings are the results of the experiences and ideas of the researched rather than the preferences of the researcher in order to eliminate bias. Confirmability is “concerned with establishing that data and interpretations of the findings are not figments of the inquirer’s imagination, but are clearly derived from the data” (Tobin & Begley, 2004:392). Studies would suggest that confirmability in terms of qualitative inquiry can be accomplished through an audit trial, and triangulation (Lincoln & Guba, 1985; Bowen, 2009; Shendon, 2014). Within this research, triangulation and the “case study data” base (Yin, 2003) as explained earlier in the chapter, help to establish confirmability. It must be noted that as this study is underpinned by a constructivist epistemology, it would be impossible to eliminate bias entirely.

4.10 Conclusion

The purpose of this chapter was to give an overview of the research design which supports this study. An interpretivist/constructionist research paradigm underpins the conduct of this research. This is a qualitative study, centred on a case study, with additional interviews used at two different time frames to further and clarify and provide deep meaning and interpretation. The role of the researcher is discussed in detail in terms of both being an insider researcher and the reflexivity process carried out by the researcher. The data was analysed using a general qualitative approach, and the research was evaluated using criteria proposed by Lincoln & Guba (1995). The next chapter sets the findings from the case study organisation.

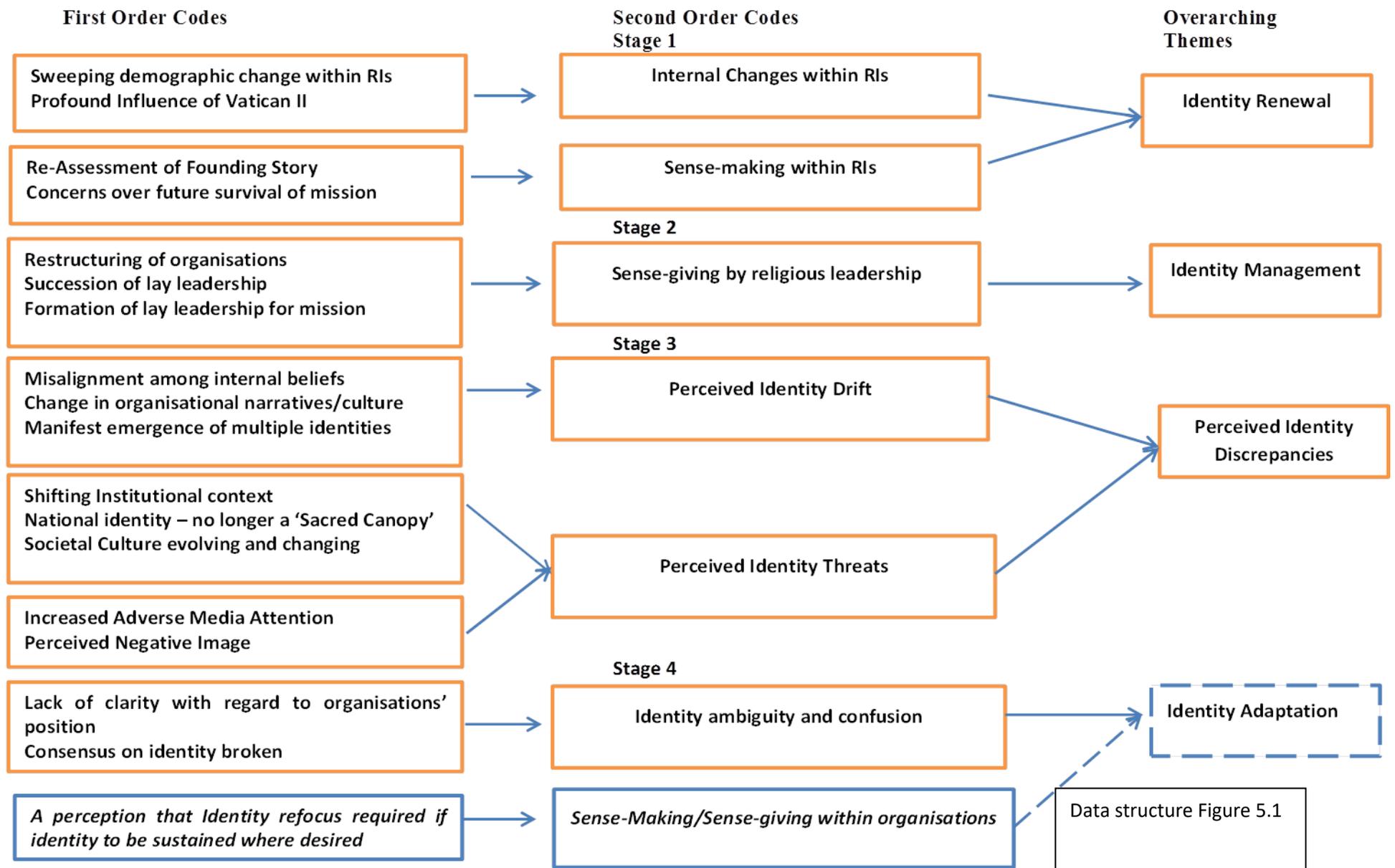
CHAPTER 5

Construction of Identity in Case Study Organisation

5.1. Introduction

This chapter contains a comprehensive review of the findings from two sets of interviews with participants from the central case study organisation in this study. The interviews took place over two different time frames; the first set from 2011 to 2013, and the second set in 2019. There is also a limited contribution from two individuals external to the health sector who were interviewed in 2015 and 2017, because of their interest and involvement with the sector as advisors. The data collection and analysis process has already been explored in detail in the methodology chapter (chapter 4), which resulted in the categories and final overarching themes as set out in the Data Structure Figure 5.1¹³ below.

¹³Table Introduced originally in chapter 1 and re-produced here for ease of reference



The data structure sets out the four overarching themes from the analysis as well as their constituent second order codes and the first-order concepts that led to their formation. The overarching themes are Identity Renewal, Identity Management, Perceived Identity Discrepancies and Identity Adaptation. The relationship between the overarching themes and their components is, however, not as straightforward as Figure 5.1 might suggest and should not be interpreted as a strictly sequential chronology of events and processes, as there is some repetition and overlap in time. Nonetheless, for the sake of clarity, the overarching themes and their constituent codes and concepts are considered individually. Following recommendations for data reporting in qualitative research (Pratt, 2009), Appendix H sets out representative supporting data for each second order code from the case study participants. Findings are reported in section 5.3 below in a findings narrative, which includes additional representative quotes. In addition, quotes from archival material and documentation are analysed.

The data analysis also demonstrates the various stages which the case study organisation went through in their efforts to sustain and maintain their identity which is set out in Table 5.1. Table 5.1 is a subset of Table 4.7 in the methodology chapter which set out the stages for all the RIs. In general, the findings from the first set of interviews are reflected in Stages 1, 2 and part (of stage) 3, while the second set of interviews covers part stage 3 and stage 4.

Category A	
Religious Institute	RI1: International, voluntary Catholic male religious institute founded in 1572, opened first services in Ireland in 1877 and supports children and adults with a range of needs including intellectual disability, mental health difficulties and problems associated with getting older. (Case Study RI).
Stage 1	
Identity Renewal	<p>Structured form of ‘renewal’ post Vatican II, led by external consultant within RI</p> <p>Involvement of lay staff, through Chapters of organisation over 20 years</p> <p>Strong Connection with Founder and founding story.</p> <p>RI determination that mission would survive and thrive</p>
Stage 2	
Identity Management Processes	<ol style="list-style-type: none"> 1. Formal Internal Succession Planning. 2. Formal plan for Formation of all staff, but particularly leadership 3. Transfer to lay leadership planned and structural changes made - executive, civil boards and canonical body of sponsors. 4. Appointment of new PJP consisting of lay and Religious.
Stage 3	
Perceived Identity Discrepancies	<p>External challenges include changing relationship with state, increased accountability, adverse media attention and negative image of congregation.</p> <p>Internal challenges – include changing beliefs about identity, and lessening of commitment to organisation. Changing organisational narratives/culture.</p>
Stage 4	
Identity Adaptation	Identity has become ambiguous amongst the lay staff while still very clear to Religious who wish it to remain Catholic.

Table 5.1 Category A – Stages of Identity Construction – RI1

This chapter analyses the process of organisational identity construction (OIC) in the case study organisation. It commences by setting out the number and designation of the participants from the case study organisation at both time frames. Under each theme as referenced above, the findings from the analysis of the data from both the documentation and archival material reviewed, and the case study interviews are outlined in the first section, under appropriate sub-headings. A short conclusion completes this chapter.

This study adopts a purposive sampling strategy in the case organisation Interviews took place at two separate time frames, firstly in 2011/12/13 and secondly in 2019.

Tables 5.2 sets out greater detail with regard to participants of the case study organisation.

Participant	Religious Institute	Designation	Date Interviewed Time Frame A	Date Interviewed Time Frame B	Notes
CSPL1 ¹⁴	RI1	Senior Lay Staff member	9.3.2011	30.7.2019	Left organisation
CSPR2	RI1	Religious	11.3.2013	24.5.2019	
CSPR3	RI1	Religious	26.6.2013	N/A	RIP
CSPL4	RI1	Senior Lay Staff Member	25.9.2013	N/A	Retired
CSPL5	RI1	Senior Lay Staff Member	30.7.2013	17.9.2019	Left organisation
CSPL6	RI1	Senior Lay Staff Member	24.7.2013	N/A	Unwell
CSPL7	RI1	Senior Lay Staff Member		6.9.2019	Second interview only
CSPL8	RI1	Senior Lay Staff Member		23.9.2019	Second Interview only
Total:			6	5	

Table No. 5.2 Participants of Case Study Organisation – Interview Process

The intervening years between the two sets of interviews was an extremely challenging time within the case study organisation. A number of senior staff, including some participants in this study, had reached retirement age or decided to move to other organisations. CSPL1 and CSPL5 had both left the organisation, but still had a great interest in the case study organisation and were still working in the health and social care setting and thus agreed to a second interview. CSPL4 had retired and was not contactable. CSPL6 had become ill and suffered bereavement, and was also unavailable for interview. To supplement the 2019 interview material, two additional senior lay staff who had not been interviewed earlier but who had been working for the organisation for a long time were invited, and agreed, to participate. Finally,

¹⁴ The identifier above is used as follows: CS: Case Study; PL: Participant Lay; PR: Participant Religious.

many of the remaining Brothers within the organisation had become more frail and/or ill, and CSPR3 had died. However, CSPR2 did agree to be interviewed a second time.

5.2 Case Study

The case study organisation is led by a religious institute (RII) that has been in existence in Ireland providing health and social services for over 140 years. The RI is an international organisation and provides a range of social, educational and welfare services in over 250 hospitals and centres in 51 countries with 439 Brothers and 57,510 lay staff (RII Website, 2017). Each Province is an independent juridic person under canon law. However, the General Curia must ‘maintain the vitality and spirit of the Order’ (General Statutes: 2009: 32), and thus has an important role to play in the sustainment of the charism through the Order’s Provinces. One of the ways it does this is through the development and circulation of reports, letters and other documentation which refers to the religious institute and its work in Ireland. Much of this documentation has been reviewed and analysed as part of this case study,

Ireland is part of a Province within the wider organisation. There are approximately 20 Religious Brothers attached to this Province.¹⁵ Currently, in Ireland services and supports are provided in the areas of mental health, intellectual disability and care for the elderly. In Ireland, the case study organisation supported over 8,000 individuals in 2016 with a staff of approximately 3,000 (Internal statistics document, 2016). There are currently a number of civil entities in place in Ireland, with their own boards of directors, who support the delivery of service. In addition, a new system of governance, including a new board of sponsors, consisting of both Lay and Religious was approved by the Vatican in 2012, and this has now replaced RII itself, in terms of its role in leading the health and social care services. This period of change was sparked by both Vatican II and the demographic changes faced by all RIs in the later part of the 20th century as discussed in chapter 2, which led to was known as the ‘renewal’ period in RII.

5.3 Identity Renewal

This section explores the second category themes, internal changes and sense making, in the context of the case study.

¹⁵ Regional divisions of the religious institute are known as Provinces. Ireland is part of a Province that includes Great Britain and Malawi in Central Africa.

5.3.1 Internal changes within RIs

As discussed in chapter 2, *sweeping demographic changes*¹⁶ led to significant concerns across RIs, and the case study RI was no different. However, despite these concerns, RI1 remained committed to an expansion of their services. This strong commitment to the expansion of its services in the face of these changing demographics seems unique to RI1 among the RIs explored for this research. The determination to expand meant that succession planning became an increasing concern in RI1, and was one of the key areas discussed during the intense period of cogitation and discussion called ‘renewal’. Part of this discussion was informed by from the *profound influence of Vatican II* and documents produced by RI1 as a result, such as that entitled ‘Humanisation’. These documents were seen as a guide to the future, particularly regarding the involvement of the laity:

“That the governance of Catholic health and social care shouldn’t be left to the Clergy and Religious but that (*lay*) people should be involved. So that was in the background” (CSPR2a).¹⁷

As such, although Vatican II provided a legitimate path forward for laicised succession as far as Religious were concerned, this lay participant shows that *lay* people viewed this involvement with some suspicion:

“This was alien really to a lot of us.A lot of people were very suspicious about what [RI1] was doing, you know why were they including us now when we weren’t included previously but if you look at that document Humanisation, there is part of it which tells you that lay people are very important to RI1 and Bro. X who wrote it questions the Brothers status..... he questions the involvement of the laity. Where would the Brothers be without the Laity involvement and where were they going in the future?” (CSPL4a).

Vatican II and the call to the laity meant that for the first time, lay people were both involved in discussions about the mission of RIs and were considered as potential leaders in the future. They did not make the final decisions about the way forward – these were still made by the Religious - but they were more deeply involved in what Ravasi & Schultz (2006) call a ‘sense making phase’ both within and driven by the RI. This was a giant step in terms of involvement

¹⁶ Words in italics and bold demonstrate connection to first order codes

¹⁷ a indicates first interview, b indicates follow up interview

of lay people and a precursor of their future involvement as lay leaders and is discussed in the next section.

5.3.2 Sense-making within the RI

Central to the sense-making phase for RI1 was a *re-assessment of the founding story*:

“So we spent a great deal of time then looking back at our foundation story [...]and the foundation story of the Province, talking to the older men and getting the stories and understanding what it was.” (CSPR2a).

From the perspective of OI, this process can be viewed as a way of discerning what was central, enduring and distinctive about RI1 and exploring how that identity might be connected to the delivery of services in a future in which lay people played a significant role. This sense-making process involved detailed consultations throughout the Order’s communities and to a lesser degree within its sponsored health and social care bodies, and it continued on and off from the early 1980s for the next 15/20 years. During this time the religious members moved from exploring their *own* charism and identity, towards an understanding that in order to maintain this concept of identity *within their service organisation* into the future, there would have to be an engagement with processes of identity construction.

During this process, the founding story came to embody a living reminder of what was core and distinctive about RI1’s identity. This reassessment of the founder and the founding story ultimately became a new *organisational narrative*, a vehicle for identity sustainment. Describing the ceremony in which the first lay Group CEO was appointed, this religious participant makes a clear connection between the founder and the transmission of identity to lay staff through the use of an important artefact:

“A great example of that was taking the picture ... of [the founder] and presenting it to [new Lay Group CEO] on the occasion of his appointment and he was very touched by that. But I think everybody else was very touched by it because it encapsulated the concept of what this whole thing was about, that here was the Provincial¹⁸ who was traditionally the leader of this organisation handing over the responsibility to a lay person but yet it was in the name of the [the founder] because

¹⁸ An officer acting under the superior general of a religious order, and exercising a general supervision over all the local superiors in a division of the order called a province who is ordinarily appointed by the provincial chapter..... The provincial is never elected for life, but ordinarily for three or six years” (Vermeersch, 1913).

[new Lay Group CEO] was taking all the responsibility to preserve that same ethos and value and mission and vision” (CSPR2a).

Despite the suspicions that lay staff might have had at the start, the success of this re-assessment of the founding story and the re-positioning of it as a distinctive element of the organisation’s identity is clear from the lay participants’ discussion on formation covered in the next section. This sense making process around their founding story by the Religious appears to have effectively confirmed their commitment to the provision of their health and social care services underpinned by their identity, both in Ireland and elsewhere, and the discussion then moved to how this should happen.

For the Religious, the focus on the founder was not to *dilute* the Catholicity of the organisation’s identity. The interviews with the Religious demonstrate emphatically the importance they placed on sustaining the Catholic identity of the RI in their services, after they have moved on. Were the process to result in anything else, CSPR2 is clear about how that would be judged:

“I think it would be a failure and it would be interesting to see what happens” (CSPR2a).

When asked by the researcher *why* it would be a failure, CSPR2 firmly connects the health and social care services provided by RI1 to a ministry of the Church:

“Well it is back to fundamentals, the only reason that you would want it to become a PJP is that you want to do the work of the Church and the work of the Church is evangelisation” (CSP2a)

It is also clear from the religious participants that the *survival and indeed growth of the mission* in the future was a key objective of the renewal process. There was a sense, among the Religious, that if RI1 did not continue to provide its services, no one would:

“One of the main questions was asked, are we still needed in the Intellectual Disability service and the resounding answer to that was yes. The State wasn’t ready to take over those services and there wasn’t any alternatives, particularly with the severely/profound disabled adults as they were” (CSPR2a).

RI1’s considerations in relation to its future seems to have been heavily influenced by actions and steps already taken by their services in the United States particularly in relation to

governance, including the establishment of a new PJP. When asked about the thinking that underpinned some of the decisions, this religious Brother notes:

“What I saw [in the US], there was an alternative in the governance structure, which allowed for people with expertise and know-how to come in and to assist and to preserve the Catholic identity and ethos of the organisation” (CSPR2a).

A result of the sense-making processes in and driven by RII was that the religious leadership began a number of new initiatives and practices (Chenhall et al, 2016) to maintain and sustain the Catholic foundation of RII’s identity in a process of organisational identity construction (OIC). These new initiatives took place in the context of expansion of services and a transfer of the leadership to lay people. This is considered under the overarching theme of Identity Management and the sub-heading of Sense-Giving by religious leadership.

5.4 Identity Management

The analysis of the interviews showed that, following the sense-making process and in consultation with the lay personnel, the religious leadership mandated a number of sense-giving actions aimed at shaping the perception of identity by the new lay leadership in particular.

5.4.1 Sense-giving by religious leadership

The process of sense-giving by the Religious took place over a number of years following the sense-making ‘renewal’ period by the Religious. Lay leaders were involved in discussions with regard to various issues such as *restructuring of the organisation, succession by leadership and formation¹⁹ of lay leadership for mission*, but final decisions remained with the religious leadership who remained in overall authority during this time as Provincial and Council. As part of this ‘sense-giving’ phase, for the first time, the decision was made by the religious leadership of RII to invite lay people to participate in meetings of the Provincial Chapters²⁰ where these issues were discussed, as this religious participant remembers:

“When I first started to go to Chapters, they were all Brother affairs and you were elected to go to them. Then they had pre Chapter sessions held with lay people

¹⁹ In the context of this study, the word formation is used as defined by Bracken et al. (2015), as "a set of experiences designed to prepare a person or group for a particular purpose" (2015: 8). 'Formation', in preference to a word like 'training', is most often used in the context of spiritual development and “implies images of deep learning that involves attitudes, values, commitment to particular life directions as well as knowledge and skills” (Gowdie, 2006: 67).

²⁰ Large meeting of RI held every four years to review and plan the next four years and elect new Provincial and Council.

where a lot of the business of the Order as a service provider was discussed and thrashed out and worked upon with the equal presence of lay people and gradually that pre-Chapter became so important that [...]it was decided why don't we just put these pre-Chapters and Chapter together and call it the one thing and do it once instead of having to do it twice, so it was that gradual movement forward into that situation" (CSPR3a).

Ultimately in 2001, the Provincial Chapter proposed a "partnership vision", one key element of which was the calling for "co-workers [lay staff] to become *equal* [author's italics] partners with the Brothers" (2001: 3) in the fulfilment of their mission. This sense of being 'equal partners' was another large step in the change process, and the first time such a 'vision' for the case study organisation was articulated. The importance of formalising the relationship between Religious and lay workers lies firstly in its commitment to the identity and culture of the health and social care services as a "common purpose and rooted in an accepted beliefs and philosophy" (2001:3), that is an overarching identity that all could identify with. Secondly, the statement includes an acknowledgement of the role that the lay staff and lay leaders in particular, would have to play to ensure its sustainment, as set out in the strategic plan developed to realise the Partnership Vision which was implemented over the next number of years.

The key issues in the Partnership Vision document included "articulating the evolving role of the Brother, structures, communication, involvement in decision making, equity, quality and characteristics of leadership, being true to our caring mission, further ways of celebrating, sustaining and integrating our heritage of hospitality" (2001: 1). This process continued and became more embedded as the years went on, as seen in the recommendations of the 2004 Chapter which aimed to create "a universal sense of belonging within the order [including Lay and Religious] in the midst of cultural diversity and change" (2004: 2). These efforts began a movement to a new idea of the 'Family of the Founder' consisting of Religious and lay people working together to sustain the charism of the RI in their services. At this time, there appeared to be no real dissonance between the Religious and lay personnel. Indeed, the idea of a 'Partnership Vision' where lay staff would be involved in the leadership of the organisation was broadly welcomed by lay staff, who moved from a sense of suspicion to a certain level of confidence in the process at this time.

The work that took place during these meetings led to *the re-structuring of the health and social care services* by RI1 into separate civil and canonical entities by the end of 2012. The Religious believed that the most important structural change in terms of ensuring the identity of the organisation was the appointment of the new Board of Sponsors. This consisted of lay and Religious members, and would be recognised by the Vatican as a new public juridic person. The board of sponsors took over the role of RI1 as sponsor of the health and social care service, and for the Religious, this would preserve the core element of the Catholic faith and the distinctive element of the founder in the organisation's identity. This was evident in the first set of interviews with CSPR1 and CSPR3:

“I think it [board of sponsors] brings a huge moral responsibility to be faithful to the undertaken. The group of sponsors, they have undertaken a huge responsibility that they are going to provide these services in the name of the Church and that they have got to ensure that the services throughout the Province or throughout its regions operate within that framework. So while they have got the professional standards that they have got to abide by, they also have the canonical standards that they have to abide by in terms of accountability and the way that the thing is structured. So all of the Gospel values attaches to it” (CSPR1a).

“Absolutely essential – we are going to continue the [founder's] organisation the way we have, as part of the Church. It is essential and that principally will be the role of the board of sponsors, ultimately the part they will be trying to keep is the connection with the original story, that is what their function will be.” (CSPR3a).

In this way and through such formal identity claims, religious leaders were making deliberate attempts to direct internal, and indeed external stakeholders, as to how the organisation should be defined or interpreted in terms of its identity. These claims were reiterated through the various formal and informal *formation* processes that the new lay leaders underwent as part of the succession planning.

Formation in the case study organisation was provided at three different levels, for staff, particularly senior staff; civil boards and boards of sponsors, and these programmes were funded by RI1. Prior to the renewal period, there had been a more informal approach to

formation in RI1, one in which formation would occur simply by working alongside the Brothers. However, formalised and structured formation was one of the identity management processes decided by RI1 after the renewal process, as they realised that their decreasing numbers would no longer support such an informal approach.

The role of the Institute of 'Values' is seen as fundamental to the provision of formation in the area of identity, ethos and values. The interview with CSPL4 during the first set of interviews shows that lay leaders felt this to be crucial, as much as the Brothers did:

"I mean one of the things that is really important to us is the Institute of 'Values'.To me the Institute of 'Values' as a group is concerned with the organisation's development. So looking after and kind of safeguarding the culture through the values and ethos and looking at all the different things we do and how we can make those things permeate, so how do you make them permeate at a staff meeting, how do they permeate into supervision for people, what do we do in terms of meeting, how do we meet together, do we start with a reflection? We do, and that is really important" (CSPL4a).

Formation also included particular policies and procedures to support recruitment, selection, induction and promotion for all staff, but most particularly for senior staff, where the importance of the identity of the organisation was made clear. These processes were designed to ensure the right 'fit' between the new employee and the organisation. Conferences, training days and foundation programmes took place regularly and on a systematic basis, to support an understanding Catholic social teaching, the founding story, and the values and the spirituality associated with the founding charism.

I attended several training programmes and as a director of service was also responsible for ensuring that staff attended and participated in them. Indeed, there was a target to be met regarding attendance. This responsibility was seen as a core element of my job as director and new lay leader. Specific and formal training and induction around the history, mission and identity of RI1 also took place for all lay members of the civil boards of the various entities sponsored and attendance was mandatory.

Finally, and particularly crucial to RI1, prospective lay and religious members of the Board of Sponsors took part in the intensive, two-year "Sponsorship Foundation Programme" organised by RI1 and RI4 jointly. This programme included modules on the charism of the founder, the

responsibilities of sponsors (particularly around issues such as ethics and ethical decision making), Catholic social teaching, and the role of the Board in maintaining and sustaining the identity and culture of the organisation. The purpose of this training was to support the central purpose of the Board “to evangelise and bring the good news about Jesus Christ the Redeemer of all Mankind, to people” (CSPR2a).

The religious leaders of RII felt that this formation was essential in enabling the board of sponsors to take over the task of sustaining the identity of the RI in their services into the future.

A *formal succession approach towards lay leadership* was introduced known informally as ‘growing your own’. This approach included investing in staff regarding the provision of professional training and support, to ensure the right ‘fit’ both professionally and in terms of values and ethos between new recruits and the organisation’s identity:

“Grooming is not the word actually, it’s not the word. It’s about ensuring you recruit the right people who have all the professional skills but searching for that added value that companies have every right and entitlement to look for in terms of a personal and professional commitment to leading [*the*] services, providing services in the name of [*the founder*], in the manner that would be consistent with founding mission” (CSPL1a).

CSPL1 went on to note that RII has taken this step consciously and with an eye to the future:

“I think the Order has been, has put its money where its mouth is [regarding formation]. It has shown that it has the confidence in its staff and it has the confidence in supporting the development of leadership for a new reality and that new reality will, in all probability, be exclusive of a Brother presence as we have known it” (CSPL1a).

Some of the other RIs in this study also carried out an element of ‘growing your own’. However, RII embraced this strategy to a more significant degree. At the time of the first set of interviews, the majority of the current top leadership and management within the organisation had a long history with the organisation and have been through many forms of training and formation programmes regarding the identity including the ethos, values, tradition and history of both the founder and RII. By the second set of interviews, this profile had changed.

Running through the interviews across all the RIs is the notion of finding individuals that “fit” the organisation. There is a sense that ‘fit’ is crucial in terms of the sustainment of the identity, ethos and values into the future. When asked why the case study RI was so committed to supporting ‘growing your own’ to ensure the right ‘fit’ of senior staff with the organisation, C SPR2 responds:

“Because you have people who demonstrate competence, demonstrate enthusiasm, and who are I suppose, they show enthusiasm for the mission. They also understand the organisation and have a respect for it and enthusiasm to achieve the mission” (C SPR2a).

In having the right people to lead the organisation, C SPR2 saw it as vital that they had the right understanding and knowledge of the ethos, values and charism of the religious institute and Catholic social teaching:

“It is terribly important that the leadership, in our case it would be the Board of Sponsors and all the Directors of each of the companies, the Chief Executives and their Management Team and probably the Middle Management that we talk to They are the key people to carry the future of the organisation” (C SPR2a).

Perhaps not surprisingly, this concern about ‘fit’ and having the ‘right’ people in leadership and senior management positions became increasingly important as the numbers of Brothers available for management and leadership positions decreased. As CSPL5 reflects:

“I think it used to only be about competency. I think the changing recruitment, particularly for senior positions, where we have a panel of members specifically there to explore the values, to remind the potential employee that this is a not only a faith-based but a values-driven Organisation and what's their understanding of that. To make sure that it makes it quite explicit. ...We are now actively recruiting people with that in mind whereas four years ago we didn't do that. We absolutely didn't do that” (CSPL5a).

This change in the nature of succession planning can be seen as a manifestation of the anxiety felt by the Brothers, as CSPL5 went on to explain:

“I think the increasing importance that the Order are placing on the Institute [of ‘Values’], on the Foundation Course, on being explicit about what are the values,

are an anxiety as I would see it with the Brothers, because we don't have a vocation as far as they would see it around religious life that is, that we don't actually understand a lived experience of what the values are" (CSPL5a).

The anxiety which CSPL5 speaks of in this quote may have been part of the general anxiety that the Religious felt during the change process as they moved from resistance and grief to acceptance of the way forward, as discussed in chapter 1. As far as the Religious are concerned, lay staff cannot give the same life-long commitment to the RI as the Brothers have. It could be concluded that the *formalising* of this formation process was a way of addressing the anxiety felt by Religious in their acceptance that they would soon have to hand over leadership and the job of sustaining the identity of the RI within their services, to lay staff with a different level of commitment.

The interviews with lay staff suggest that the formation process has had a strong influence on how people behave within the RI's services, and on how they understand they should behave or be seen to behave. Whether this formation will achieve its purpose of sustaining the identity and culture of the organisation into the future, is not clear, and yet as one of the participants external to all the religious institutes and their sponsored bodies states:

"And, you know, it's hard to think that without very, very highly structured organisations populated with highly skilled people to perpetuate these norms in the way the congregations would have done up to 30 or 40 years ago, it's hard to see [how it] can continue" (E2²¹a).

For E2, the norms of the RIs have been supported in the past by the very nature of Religious working in a hierarchical and rule-bound organisation (for similar, see Arbuckle 2000, 2013). One of the questions she raised was whether, in the absence of the Religious and in the new health and social care environment, will the future lay staff appreciate and own what is expected of them in terms of this Catholic organisational identity, or will the RIs be no different than any other health or social care organisation? This question is, of course, at the heart of the study presented here.

Other challenges were articulated by lay participants within the case study organisation who deemed it crucial that any formation was meaningful to everyday professional life for lay staff.

²¹ Interviewee external to all religious institutes and their sponsorship bodies

The espoused values of the organisation, as illuminated through the founding story, were seen as vehicles for that process, as CSPL4 reflects:

“That is in everybody’s induction. So for example, there is a session where [people] will sit with [the Brothers], and they will tell the [founding] story, and they will tell what their life has been and what they would like people to do. You would have to have that, and I think that is what the Institute of ‘Values’ needs to be concerned with really, is about finding all the ways that we possibly can to make sure that those values are real” (CSPL4a).

Linking formation with the organisational culture and ‘caring mission’ of the religious institute through a focus on the story of the founder is seen as extremely important as a way of motivating staff to connect with the mission, as CSPL4 showed quite powerfully:

“I think that the whole [founder] thing is an inspiration for people, a source of something that they think they can follow. You know this was just an ordinary guy who decided to help people - that is what I want to be” (CSPL4a).

The interviews with CSPL4, CSPL5 and CSPL6 demonstrate a very strong identification with the founder and the founding story. Lay participants in RI1 clearly saw the founding story and values of the RI as integral to the formation process:

“I think it puts a face on what otherwise you know, gives a lift to the words of you know ‘hospitality’, ‘compassion’, it makes us understand what ‘hospitality’ might actually be in practice. It makes us understand what ‘respect’ might actually be because we have a story to explain those words how they were evidenced and practised” (CSPL5a).

This affinity with the founder’s story would seem to indicate that the sense-giving actions in terms of formation by RI1 have been successful. However, it is crucial to note that lay leaders did not appear to see the Catholic faith as a defining central element of the formation process as CSPL4 reveals:

“I think this story the founding story is really critical to us in the Xthe story of [the founder] and his life is really what real inspiration is and probably more than anything to do with the whole Catholic bit. Because [the founder] was not

Catholic as Brother X keeps telling us, nor was he a Brother he was an ordinary person” (CSPL4a).

So while the Religious appear to have believed that this formal formation process safeguarded the Catholic identity of the RI, this is not evident in the interviews with lay staff. The first set of interviews suggest a *misalignment of views and internal beliefs*, and the second set of interviews show that by 2019, this misalignment had persisted and indeed grown. This misalignment is analysed further in the next section under perceived identity discrepancies.

5.5 Perceived Identity Discrepancies

5.5.1 Perceived Identity Drift

A *misalignment of internal beliefs* was suggested during the first set of interviews, where there seemed to be differences of interpretation between lay and religious participants about the core and distinctive elements of identity. In his first interview in 2011, C SPR2 set out his conception of the primary mission of the RI:

“Our primary mission like the primary mission of the HSE is to provide health and social care services to the people of Ireland. Our primary mission is do that, is to provide those services but in a way in the context of the Gospel of and the teaching of the Church so we are governed by its ethics and its ethos and its values and our values are the Gospel values” (C SPR2a).

And C SPR2 is just as strong in this conception by the time of the second interview in 2019:

“The whole purpose [of the new processes and structures] was to try and preserve the ethos and values and the mission. And keeping the work as a work of the church.....the whole idea is that the ethos, mission, values, philosophy and principles of the *civil entities of RII* are based and mirror everything that the Order has held traditionally. It’s really putting into practice, in a lay organisation, what has been traditional in the religious organisation for 480²² years” (C SPR2b).

However, CSPL5, in her first interview in 2013 demonstrated a different conception:

²² RI has been in existence international for 480 years but in Ireland for 140 approximately

“Well I suppose I think that there is an intrinsic link with the story of the Founder for the organisation and the expression of the values...less so the Catholic, more so it is more important to be as [linked to the founder]. That would be my view” (CSPL5a).

And her 2019 interview re-affirms this understanding:

“It’s the link with humanistic values as articulated by the founder that is the connection and how the expression of those values would be present in any good organisation which would influence behaviour and actions” (CSPL5b).

At that time the *misalignment of internal beliefs* was between the role of the Catholic faith as the central element of identity versus the role of the founder, himself a lay person, as the central element of identity. Evidence for a persisting misalignment in the second set of interviews is clear from the interview with CSPL8:

“Well for me, and again because I am employee, as an employee, forget all the religious bit. I suppose the fact that they have a founder and the founder who was key in inspiring so far everything that they did. I actually think that that could be used as a separation between what the HSE provide and another. That we follow, so we are like followers, not followers of Christ, we are following a human being that did great things” (CSPL8b).

The second set of interviews also shows that for some lay staff, even the identification with the founder is no longer to the forefront, as it seems to have been in the earlier set of interviews:

“I would be saying this is [RI1], we have a great heritage, we have a lot to proud of but we should not be judged on whether we are religious or not. That was always the Brothers’ personal beliefs, which is great, which I respect. However, for the people coming through the front door, we have to reflect the values that they have, and if they are coming to a public health service, they want a competent high quality good service that is going to meet their needs in a prompt fashion and work that is going to be successful. That is what they are looking for, that is what I take pride in” (CSPL7b).

For participants such as CSPL7, heritage is important in terms of inspiring the original mission, but at this time it is the quality of the service that matters in terms of identity, not necessarily the connection with either the Catholic faith *or* the founder. For the last 150 years in Ireland *the narrative* of the founding story has always been told in the context of the Catholic faith with the Religious Brothers as ‘living artefacts’ of that faith. Since Vatican II and in particular over the last decade this *narrative has changed*. Some lay people may connect with the founder as a lay person himself, how he provided services and the humanistic values that were espoused by him. Others, such as CSPL7, may connect more, in their everyday professional lives, with an identity founded in health and social care values. The gap in the consensus on identity which was being suggested in the first set of interviews appears to be getting larger. The founding story for the lay people interviewed does not speak of a religious institute, does not speak of the structure of the Catholic Church, but rather speaks of the needs of people and how those needs are met. “I actually like the story, I think it is great because it’s a patient. It’s about a patient who went out of his way to help other people basically. And then people got behind him to also do good” (CSPL7b)

This gradual secularisation of the OI as understood by lay staff is in line with a broader secular move in society as discussed in chapter 2. This is explored in greater detail in the section headed Perceived Identity Threats. Despite his more secular conception of the OI, CSPL7 does still see a use for the founding story:

“The story helps with that [keeping values alive], but it is a bit like building an identity. With the big state services it’s very difficult to have everybody feed into an identity. With the smaller services, it is much easier to say this is why we are here, this is what we do, this is what we specialise in, this what we take a pride in. And for everybody to get behind a particular vision or mission statement” (CSPL7b).

CSPL7 described how he uses one of the processes mandated by the RI to sustain the Catholic identity of the organisation, as a way of involving staff more in quality initiatives in the service:

“If you have something like a ‘hospitality²³’ team, you can have a group of people whose sole aim is to actually improve practical things on the ground for

²³ Hospitality Team – an identity sustaining process mandated by the religious institute as part of ‘formation’ where ‘Hospitality Staff Teams’ were set up in each service to support the organisation’s ethos, values and identity

patients and include as many staff as possible. Now the other aspect of working in a service like this, is that you hope to employ people long term, especially if they are good staff, you want to invest in them and you want to get a return for the investment in training and all the other stuff. So you have to keep them motivated. One of the ways to keep people motivated is to make sure their job is not boring, and there is a little bit of fun involved and a little bit of creativity and a little bit of licence to do things. And that is basically what the hospitality team does. It goes around saying what would you like in your service, in your team, to be improved, what can we do to help? And basically gets everybody involved in focusing on something that actually will be fun, have a direct benefit on people walking through the front door and give the staff a bit of reassurance and feeling of good will towards the organisation” (CSPL7b).

In this manner the hospitality team supported a values-based, person-centred, culture providing cues for staff as to the OI and enabling them to support that OI. This also had the effect of dampening down the difficulties that can arise from competing *multiple identities* which are common in acute health care (although, not as common in social care). The above quotes demonstrate how the perception of identity within the organisation has drifted particularly between lay staff and the Religious.

This drift in identity has, as noted before, been influenced by changes in the environment and these are discussed under the next heading, Perceived Identity Threats.

5.5.2 Perceived Identity Threats

The *institutional context* in which RII’s health and social care services operated has changed dramatically over the last 30 years. Both Religious and lay participants were well aware of these changes and their impact on the sector. A point particularly stressed by CSPL1 is the impact of greater accountability:

“A final point that I probably should have made is around accountability. If you are looking at providing services now in health or social care, now we have regulation and compliance and we have statutory bodies like HIQA and the Mental Health Commission, that in many respects provides oversight and a level of assurance to society and the tax payer, that did not exist in prior years.” (CSPL1b).

This quote shows CSPL1's sense that recent legislation and regulation in the health and services field has created an isomorphic pressure, driving all such services, including secular and religious led, to standardisation and compliance. In this environment a distinctive religious identity would seem much more difficult to sustain. However, C SPR2, whilst acknowledging the demands, feels strongly that that RII's identity is still unique, identifying the founder as the distinctive factor:

“The difference between us and any other organisation is the [founder] thing, that is hospitality. There is no difference in terms of the professionalism, the quality or the standards, they all have to be the same. Our difference is the whole concept that we have of operating a service on the principles of our tradition of hospitality. It's the hospitality of the [founder], it's how he practiced (C SPR2b).

When asked to elaborate, C SPR2 explains:

“Because what we do is based on basic humanity, its human values. [The founder] raised them through his practise, or he sort of overlaid themthe icing on his cake was the ideal of the Gospel and bringing that element of religion, so he brought in pastoral care or a bit of prayer, and that type of thing and encouraging people. But the essential thing is to get people to relate to each other, based on Gospel values or on human values, humanity” (C SPR2b).

Whether this can be interpreted as a distinctive factor in terms of identity however, is not quite clear. As this senior lay person notes:

“Humanistic, innovative, the can-do attitude, the welcoming services, all that bit that makes, I think Catholic services, a bit special. If that bit is still there I will be delighted. If the specific religious stuff is gone, fine. Because it is like everything else we have to change with the times and offer healthcare that welcomes everyone equally. But we have to keep the core values. If the core values are respect, hospitality, care, compassion, all those very basic human things, then that's the bit that is really important. The celebrating mass on Friday is nice if people want it but there are churches out there for people who want to do that sort of stuff and that's fine.” (CSPL7b).

Clearly, while CSPL7 acknowledges the importance of humanistic values, he does not perceive them as directly linked to the Catholic identity of the organisation. This reinforces the finding of a growing misalignment of internal beliefs about OI.

Another external challenge to religious led health and social care is in relation to the changes in *national culture*. This was highlighted in many of the interviews. The ‘hold’ that the Catholic Church had on Ireland and Irish society at the time of ‘renewal’, as discussed in chapter 2 no longer applies. As people are no longer identifying so strongly as Catholic, and it is no longer *a sacred canopy*, this affects how they think about the identity of the organisation in which they are working. In addition, the changes in national and societal culture have also been influenced by *increased adverse media attention* which has led to *a perceived negative image* of religious institutes and their services, including RII. A number of the participants, such as CSPL5 below allude to this, when he says:

“Now there have been some badly behaved charities which have hugely damaged their reputation but not in the context of them being faith-based organisations. XXX, which was taken over by XXX, is the one that I am thinking of, where there was absolute fraud and criminal behaviour. Whereas the rest of what has happened in the media has been sensationalism, not founded on anything other than people weren’t told rather than actively hid information” (CSPL5b).

Such media attention has had an adverse effect on the image of religious institutes involved in health and social care, as the participant continues:

“I suppose my point is there is a turned tide around anti –religion. Emanating a lot from the disclosures around child sexual abuse and the Religious involvement with that. And the narrative that there appears to be politically and to some degree within the government departments about the assets, the collective assets of the church, which are protected and kept away from the state. And the argument that while a religious or faith-based organisation might have bought it, it was actually the people of Ireland that generated the money for it. So why should it belong to the Holy See” (CSPL5b).

It seems that this more negative image has influenced staff in how they connect to the older, explicitly Catholic OI. CSPL1 reflects:

“You cannot go about, and I think that’s part of where unfortunately and sadly some religious organisations have actually lost the moral ground, because they preached a certain philosophy and they practiced what we now know was anything but that. So that applies whether it is in religious life or civilian life or home life or in our personal relationships. You cannot preach one thing and practice something very different. Because nobody will buy that” (CSPL1b).

The ‘nobody’ referred to in this quote are lay staff members and CSPL1’s views suggest that they perceive a conflict between *their* perception of the identity of their organisation and the negative image of it as perceived by society, as a result of *negative media attention*. It appears that the case study organisation is currently facing such a sense of ambiguity, and it seems that a new process of sense-making may be required by organisation members, to adapt the identity of the organisation in response.

5.6 Identity Adaptation.

5.6.1 Identity Ambiguity and Confusion

The sense of confusion and ambiguity about organisational identity within the case study organisation is informed by *a lack of clarity with regard to the organisation’s position* both in terms of identity and the way forward for it as a religious health and social care service. The last seven years, between the two sets of interviews, has been a time of “crisis, after crisis, after crisis” (CSPR2b). The effect of these crises has been an increased turnover of lay staff, in particular lay leaders. Of the four lay people interviewed in 2011 and 2013, two had moved on to new jobs with new organisations, one had retired, and one is now in their 80s and frail. New lay leaders are now in position. There has been less attention paid to the identity management strategies in terms of OI discussed above, particularly in the areas of governance, formation and formal succession planning for those lay leaders, as CSPR2 acknowledges:

“One of the problems that I would see is that we haven’t continued the training and the selection of people and the ongoing formation of those in, I suppose, a proper way or with the same frequency that we used to. A lot of that stuff has dropped since 2012. The last 7 years have been extremely disruptive so the challenges that were there in 2010 and 2011 with the introduction of the ministerial juridic person, the new structure which is Lay, a lay structure, there is a huge amount of work that hasn’t being done and that needs to be done to ensure the future of the new body” (CSPR2b).

As a result, it seems that the *consensus on identity has continued to break down* and is now in crisis as CSPL8 appears to confirm:

“I see identity at the moment as a crisis despite the planning, and the involvement of staff I suppose, that understood what the identity was 20 years ago and what the identity is now” (CSPL8b).

It appears that the previous lay leadership, those involved in the renewal process, the formation processes and the planned succession strategies are now, like the Religious before them, moving on. As a result there is a loss of consensus and understanding with regard to identity. Interestingly, however, there seems to be an understanding among lay staff that something significant might be lost, as revealed by CSPL8:

“As late as yesterday at the funeral of one of the Brothers, I stood behind the current Provincial, and watched for me what was the familiar procession take place, the rituals around their identity, and noted myself that ... there was a real lack of young people who would ever understand where this came from and the need now to copper fasten before the identity is completely lost” (CSPL8b).

Ravasi & Schultz (2006) note the importance of rituals, collective history and organisational symbols in terms of providing cues so that organisational members can make sense of their organisation’s identity. If these elements of organisational culture are lacking, it will be difficult to see how sense can be made in the future and therefore how what was seen as the unique OI of RI1 can be transferred to future staff.

CSPL8 goes on to note:

“I think that if leaders are not chosen in a very very specific way, where it is clear what the obligations, and what the end goal is, and if there isn’t a belief... when a [new senior leader] stands up in front of an audience and doesn’t know the paintings on the wall, who are the key people who are the entire cornerstone of the organisation, and says in front of 60 people, that they didn’t know who they were, then I think we are on a very [sic] slippery slope to loosing exactly who we are, who we aspire to be, who we aspire to be like, then it’s lost” (CSPL8b).

This is a sharp contrast between CSPL2 speaking of the painting of the founder as an important artefact in terms of a reinforcement of shared beliefs and a common identity in section 5.3.2,

and this statement by CSPL8, where a senior leader does not even appear to know who the paintings are of. RI1 has always made considerable efforts to use material artefacts to reinforce their identity, and this change in understanding and practice from the new senior leadership demonstrates how both clarity and consensus on identity has broken down over time. CSPL8 goes on to say:

“I think if we were to look now at the leadership, at what people are observing as the culture from that leadership, RI1 would be missing in the entire culture and going forward, where we came from and where we are going from” (CSPL8b).

It appears that to ‘copper fasten’ the identity and to ensure that it will endure, the lay leadership within the organisation will have to enter into a new period of collective shared re-interpretation or *sense-making* around the organisation’s distinctive values and characteristics and come to an understanding which supports a sense of continuity about its identity.

While it is unclear what the nature of that OI will be, it seems clear from CSPL7 that it is unlikely to be Catholic:

“For the people coming through the front door, we have to reflect the values that they have, and if they are coming to a public health service, they want a competent high quality good service that is going to meet their needs in a prompt fashion and work that is going to be successful. That is what they are looking for, that is what I take pride in. On the ground for staff it was always about the people coming through the front door in need and their families. It was never about the religious life of the Brothers, that was always the Brothers’ own affair. The staff joined in with the celebrations and why not, but once the Brothers are gone, I don’t see that that particular aspect of religious life will continue to be celebrated in work, I think it is gradually fading out” (CSPL7b).

During the period between the two sets of interviews, it appears that the link the laity had to the religious institute as a representation of the Catholic Church, and to some extent the founder as a Catholic saint, has continued to fade. It would appear that lay staff wish to embrace an identity underpinned by strong health and social care values but not a *Catholic* identity. These changes have been exacerbated by the diminishment of the Religious and by the fact that the

lay staff leadership who were strongly ‘formed’ by the Religious, are now themselves moving on.

5.6.2 Sense-making Phase within Case Study Organisation

It is not completely clear from the analysis of the second set of interviews as to the next steps RII will take in terms of sustaining and maintaining its original interpretation of its identity in its health and social care services. It would seem that the gap is widening between what RII wants and states is its identity and perceptions of identity of the lay leadership. There is a sense as CSPL8 articulated above that ‘something’ needs to be done now in order for this gap not to become unbridgeable. From private corporate documentation seen by the author, there is an acknowledgement from the remaining senior religious leaders that a strategy of consultation and discussion needs to take place around the issue of organisational identity at this time. C SPR2 acknowledged this when he stated:

“I think it is a question of making the adaptation, and to adjust and adapt because the Gospel Principles don’t change. But our behaviours need to change to ensure that they are embedded in the work that we do” (C SPR2b).

It is this work of ‘adjustment and adaptation’ that could define any new phase of sense-making that may take place. As evidence around this is limited, it is indicated using dashed lines in Figure 5.1. However, it does appear that this new phase of ‘sense-making’ about identity needs to take place within the organisation itself, with organisational members, particularly amongst the leadership, so that new interpretations, or at the very least old conceptions of what is central and distinctive about the identity organisation, can be considered and a revised identity constructed.

5.7 Conclusion

The analysis of the interviews at different time frames has reinforced a growing sense of ambiguity and confusion about identity within the case study organisation. This is despite the fact that RII had, unlike some other RIs, not only committed itself strongly to the continuation of health and social care services in Ireland, but also to OIC through a series of planned identity management processes and practices. The maintenance and continuation of its identity in the health and social care organisations it sponsors remains a core objective for the Religious remaining in RII. The central element of identity for them, not surprisingly, remains the Catholic Faith, and the distinctive factor is the founder and the founding story. However, for

the lay leaders this commitment to a Catholic identity is not so clear. The doubts expressed by lay participants in the first set of interviews, seem to have been reinforced in the second set of interviews. It seems that if lay leaders connect to the founder at all, it is as a lay leader with distinctive humanistic values. Any lay connection to a Catholic identity, already considerably weakened by the time of the first set of interviews, appears to have disappeared completely by the time of the second set of interviews.

There is a sense that the distinctive identity of RI1 has actually reached a crisis point. Some lay participants would see that as just a reflection of the institutional, national and societal changes which have taken place and not necessarily as a loss, provided the humanistic values articulated by the organisation remain vibrant. Others lay participants sense that what made the organisation distinctive is being diluted, its rituals, stories, and material artefacts as determinants of its organisational culture being lost, rather than being used to support and reinforce the identity of the organisation. Because of this, there is a sense that the connection which the previous lay leadership, had with the identity and ethos of RI1, which was fostered by their relationship with the Brothers as well as the intense formation programmes, may not continue.

The future identity of Catholic health and social care is increasingly in the hands of new lay leadership who it is acknowledged have not been as 'formed' and developed for leadership by RI1 as the previous cohort of lay leaders. Challenges faced by RI1 and its services in recent years particularly from regulation, legislation and the requirements of greater accountability, often articulated through adverse media attention have given a negative image of its services to the public for the first time. These years of crises have meant that RI1 and its new lay leadership have been unable to engage in any identity management processes. A new space that has been created in which the identity of the organisation is not shared and owned by all and it seems that the organisation members themselves now need to enter a new phase of sense-making around its identity. In this way, new interpretations of identity could be examined, elements of what is core and distinctive about the organisation could be revised, or at least the meaning behind the labels attached to the organisation's identity altered (Ravasi and Schultz, 2006). Organisational leaders should play a key role in this process to preserve alignment among internal and external perceptions of the organisation (Hatch & Schultz, 1997).

The next chapter analyses the interviews from the external RIs and their health and social care services.

Chapter 6

Construction of Identity

Analysis of Interviews from

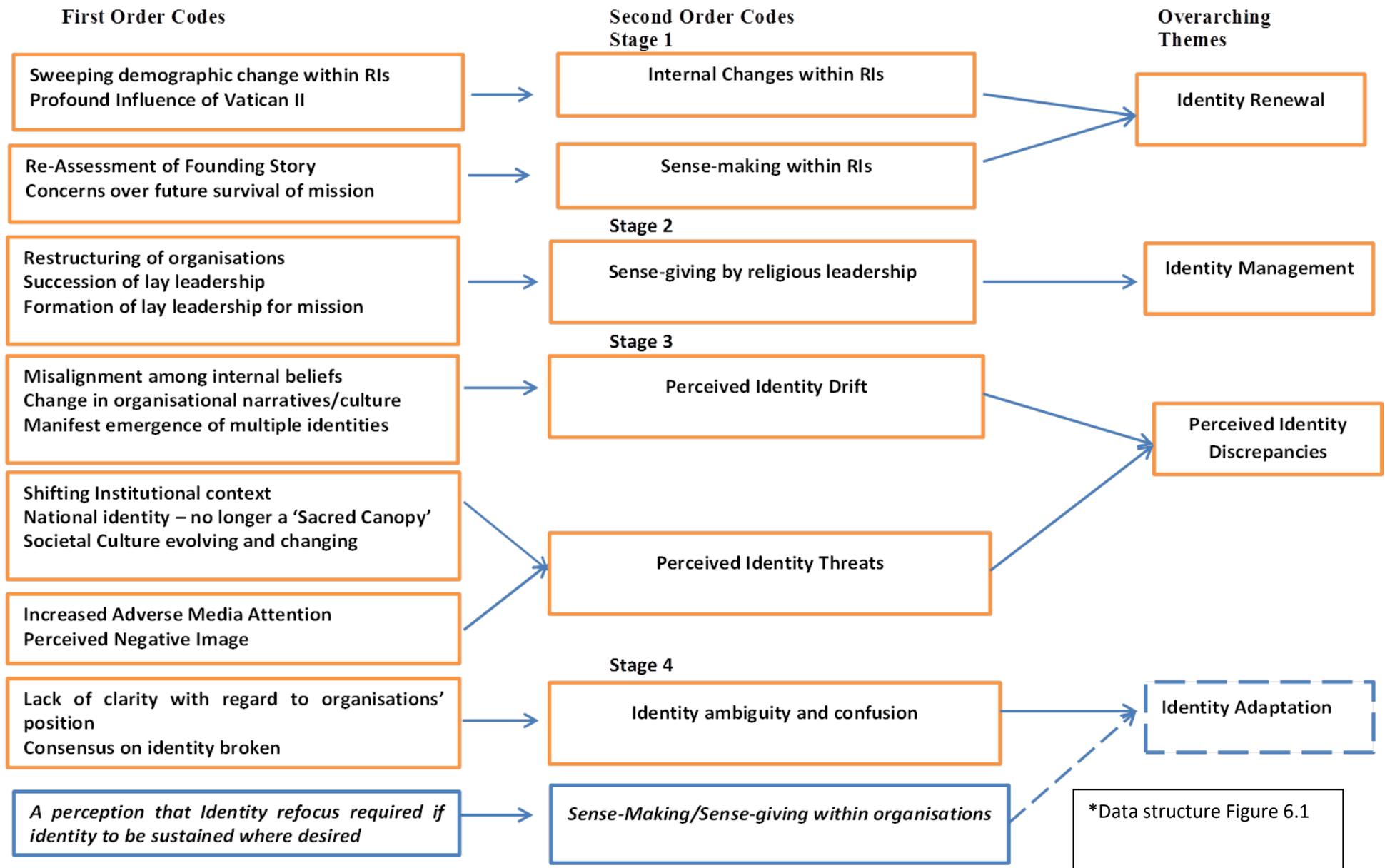
External Religious Institutes and their Health and Social Care Services

6.1 Introduction

This chapter contains a review of the findings from two sets of interviews over two different time frames with senior management from religious institutes (RIs) and their sponsored ministries, independent from the case study organisation, as well as some limited contributions from expert individuals external to health care service provision. These interviews took place as other RIs were considering the same issues as RI1 and these additional interviews supported further meaningful understanding of the phenomenon being researched and helped to reduce any likelihood of misinterpretation. The data collection and analysis process has already been explored in detail in the methodology chapter, which resulted in the categories and final overarching themes as set out in Figure 6.1 below.

This chapter is structured as follows. It commences by setting out the number and designation of the participants from the external religious institutes and their sponsored agencies (Table 6.1²⁴). There is a brief section recapping the methodology and literature review process. The findings from the analysis of the data are presented under each theme and a short conclusion completes this chapter.

²⁴ Figure originally presented in chapter 1 and reproduced here for ease of reference.



As noted in chapter 4, the data structure sets out the four overarching themes from the analysis as well as their constituent second order codes and the first-order concepts that led to their formation. The overarching themes are Identity Renewal, Identity Management, Perceived Identity Discrepancies and Identity Adaptation. Following recommendations for data reporting in qualitative research (Pratt, 2009), appendix I sets out representative supporting data for each second order code. Findings are reported in a descriptive findings narrative, which includes additional representative quotes.

Table (6.1) sets out the external religious institutes involved in the study and the number and designation of the external participants:

Religious Institution	Brief Description	Religious Participant	Designation	2011/2012	2019
RI2	Congregation – Privately funded health services	OPR3	Senior Religious Leader	30.5.2011	30.9.2019
		OPL4	Lay CEO	10.2.2012	Retired not accessible
RI3	Order - Social Care Services	OPR1 ²⁵	Senior Religious Leader	25.5.2011	13.8.2019
		OPL2	Lay CEO	4.7.2011	Retired not accessible
RI4	Congregation –Health Services	OPR8	Senior Religious Leader	17.2.2012	13.5.2019
		OPL7	Lay CEO	21.8.2012	22.11.2019
RI5*	Congregation –Health & Social Services	OPR11	Senior Religious Leader	16.5.2011	16.7.2019
RI6	Order – Social Care Services	OPR6	Senior Religious Leader	26.4.2011	26.11.2019
		OPL5	Lay CEO	3.12.2012	7.12.2019
RI7*	Congregation –Health & Social Services	OPR9	Senior Religious Leader	22.6.2011	No longer involved in health and social care
RI8	ongregation – No longer involved in health or social care	OPR10	Senior Religious Leader	31.8.2011	No longer involved in health and social care

Table 6.1: Participants of External RIs/Organisations – Interview Process

Table 6.2 is a large subset of Table 4.7 in the methodology chapter which set out the stages for all the religious institutes. In general, the findings from the first set of interviews are included under Stages 1, 2 and part 1 of stage 3, while the second set of interviews covers part stage 2 of 3 and stage 4. To provide further structure to the findings, the RIs have been grouped into

²⁵ The identifier above is used as follows: O: Religious Institutes and Services external to Case Study; PL: Participant Lay; PR: Participant Religious. To distinguish between sets of interviews the letter a added to the identifier denotes a first interview, letter b denotes a second interview.

different categories, based on the similarity of approach and the response to the challenges which they faced (Table 6.2).

Religious Institutes							
	B*	C		D	E		
Stage 1							
Identity Renewal	<p>Structured form of 'revitalisation' post Vatican II within RI, led by external consultant.</p> <p>Internal to RI rather than involving staff.</p> <p>Connection with founder considered in terms of specific mission</p>	<p>Vatican II Driver - Renewal process – less structured – in some ways influenced by abuse challenges.</p> <p>Some involvement of staff.</p> <p>Long history and connection with founder in terms of how service delivered.</p>	<p>Vatican II driver for RI internally.</p> <p>Vocations decreasing, growing issues with competence.</p> <p>Connection with founder considered in terms of specific mission.</p>	<p>Vatican II driver – continuation of mission.</p> <p>Restructuring of congregation to support mission.</p> <p>Realisation that governance at issue.</p>	<p>Driven by realisation that new governance and lay leadership needed if mission was to continue.</p> <p>Formation not particularly linked to founder and founding story – but influenced by how values practiced in terms of service delivery</p>	<p>Vatican II driver and decrease in vocations.</p> <p>Resulting in lack of competence of religious left for leadership of health and social care services.</p>	<p>Move out of private healthcare – not congruent with mission</p> <p>Lack of Numbers /competency for leadership.</p> <p>Demands resources/ equity of wage/ accountability</p>
Stage 2							
Identity Management	<p>1. Formal Formation for all staff including Board of Sponsors, Directors.</p> <p>2. Transfer to lay Leadership planned and structural changes made in terms of executive, civil boards and canonical body of sponsors.</p> <p>3. Appointment of new PJP consisting of lay and Religious</p>	<p>1. Internal Succession</p> <p>2. Formal plan of formation for staff (influenced by abuse allegations). Less emphasis on formation for board members.</p> <p>3. Structural changes in terms of boards, but no new PJP.</p>	<p>1. Formation- Mission Effectiveness programme for staff - less emphasis on board members.</p> <p>2. Transfer to lay leadership in new civil governance and structural changes. No PJP.</p>	<p>1. Formation – limited.</p> <p>2. Transfer to lay leadership in new civil governance and structural changes.</p> <p>3. Considering PJP which has occurred in other Provinces but not as yet.</p>	<p>1. Formation – Concentration on values and ethos of RI and sisters themselves as exemplars.</p> <p>2. Transfer to lay leadership in new civil and canonical governance and structural changes</p>	<p>Main Identity Management process – letting go.</p>	<p>Main Identity Management process – letting go.</p>
Stage 3							
Perceived Identity Discrepancies	<p>External challenges include changing relationships with state (private v public provision)</p> <p>Internal challenges – include changing beliefs about identity, concern about future viability of mission, new external appointments to leadership.</p>	<p>External challenges include changing relationship with state (Voluntary Sector V State Provision), increased accountability, adverse media attention.</p> <p>Internal challenges – include changing beliefs about identity, and rise of different identities. Changing organisational narratives /culture</p>	<p>External challenges include changing relationship with state, increased accountability, adverse media attention.</p> <p>Internal challenges – include changing beliefs about identity, and rise of professional identities. Changing organisational narratives.</p>	<p>External challenges include changing relationship with state, increased accountability, adverse media attention.</p> <p>Internal challenges – include changing beliefs about identity, influence of changing nationalities of employee population. Changing organisational narratives.</p>	<p>Internal Challenges: Limited connection to founder. Ethos driven by social care values and connection with values of RI in that way.</p> <p>External challenges include changing relationship with state, increased accountability, adverse media attention.</p>		

Stage 4							
	B	C			D	E	
Identity Adaptation	Identity still clear for Religious (Catholic) but not necessarily for staff. In order to sustain same, major restructuring of organisation has taken place.	Identity needs to be adapted to environment in which service can best be provided. Wish of RI for identity to remain Christian but being blurred for acceptance.	Identity - Connection with original mission deemed important not necessarily with Church. Period of sense-making in organisation post media storm led to identity adaption.	Identity has probably become more ambiguous amongst lay staff while still very clear to Religious who wish it to remain Catholic.	Identity adapted to be Values Driven, with a Christian overlay.	Plan to withdraw from healthcare	Withdrawn from health care

Table 6.2 Categories B – E – Stages of Identity Construction (RI1 – RI8)

*This RI is divided into different provinces in Ireland which had different approaches to governance structures and approaches in terms of health and social care and as such they have been dealt with separately (RI5 and RI7) in terms of this study.

***Category B: RI2: Privately funding healthcare service, strong identity construction processes enacted, new PJP in place to support official connection to formal Catholic Church in absence of RI**

Category C: RI3, RI4, and RI5: publicly funded health and social care services, all set up new civil structures, and supported some formation practices, however no official canonical structure such as a PJP in place.

Category D: RI6: publicly funded social care service, new civil structure in place, limited formation mainly focused on best practice in health and social care, and new canonical structure (PJP) in place to protect assets for charity purposes.

Category E: RI7 and RI8: decision to withdraw from provision of health and social care services.

There are seven (7) religious institutes (RIs) in this section of the study²⁶ all of whom are or were providers of health and/or social care services. They have been placed into categories based on their specific mission, approach to identification management processes, responses to external threats and outcomes.

²⁶ Although there were six religious institutes, one religious institute (RI5 and RI7) was divided into two provinces with separate governance structures and approaches in terms of health and social care and as such are treated separately in terms of analysis, making seven in total.

In addition to the interviews with these RIs, two further interviews took place with individuals external to religious led health and social care in 2015 and 2017 who had been involved as advisors or consultants and they are identified as EPR1²⁷ and EPL2.

As with the case study organisation, the period between the two sets of interviews were extremely challenging for these RIs and in a similar manner, all of the lay staff interviewed in the first set of interviews had either retired or moved away from their original posts. Efforts were made to contact them by letter where possible and two who had participated in the 1st set of interviews and who still had some contract involvement with their organisations, responded and were interviewed. Five Religious agreed to be interviewed again, even though at this time two were quite frail and suffering from ill health.

As noted previously in the chapter on methodology, the data from all the interviews was integrated, coded and analysed using a coding scheme that was influenced by the literature reviewed, field notes taken and the research questions. The findings from the interviews with the external RIs were derived directly from the interpretations made from the raw data attained from the interviews carried out by the researcher. Field notes taken by the researcher directly after each interview informed the process. These included general observations of non-verbal communications as well as subjective responses to what was observed and any other details and observations that I thought significant. The field notes, although brief, were extremely useful in providing context for the research and reflection on the interview process particularly for the external participants, which was important in terms of informing the development of themes in the study. The field notes indicate, for instance, the first thoughts I, as a researcher had, that not all religious institutes (RIs) were thinking the same way about their future identity, as indicated by my notes taken immediately following the first set of interviews. These excerpts show the surprise I experienced in finding that not all RIs were facing the changes in the same way as the case study RI:

“Interesting when talking about the perpetuation of ministry, not so much a [charism specific] identity as a Catholic identity – different from case study?”

²⁷ The identifier above is used as follows: E: Individuals external to Religious Institutes and Services used in Study; PL: Participant Lay; PR: Participant Religious

"No real concept of trying to keep services Catholic – always assumed they would be in a Catholic Ireland 25 years ago."

"Very strong on the idea of an ethos and values being humanistic rather than Catholic, perhaps Christian but really more values-driven".

My sentiments were confirmed following the analysis of the interviews which takes place in the next sections. Each section begins with a description of the RI(s) and category concerned following which the analysis of the interviews is presented.

6.2 Category B - RI2

6.2.1 Brief Description of RI2

RI2 is an international voluntary Catholic RI which came to Ireland in 1861. RI2 is the sole religious institute involved in the provision of private acute healthcare and social care only in this study. In 1994, RI2 established a Health System as a limited company to manage and coordinate the operation of its healthcare entities. When first interviewed, the governance system consisted of a local board of directors consisting of Lay and Religious which managed and coordinated the functions of each of the hospitals and an overarching board of sponsors.

RI2 is the only RI that followed a similar structured process as RI1 (the case study RI) in terms of its reflection period post Vatican II and the range of identity management processes that were mandated by the Religious consequently in terms of OIC. As such it has been placed in a category by itself. For ease of reference the participants are set out in the table below:

RI2				
Brief Description	Religious Interviewee	Designation	2011/12	2019
Congregation – Privately funded health services only	OPR3	Senior Religious Leader	30.5.2011	30.9.2019
	OPL4	Lay CEO	10.2.2012	Retired not accessible

Table 6.3 Participants from RI2 and Health and Social Care Services

The next section of this chapter analyses the data from RI2 under the overarching themes, using the second order codes as sub-headings.

6.2.2 Identity Renewal in RI2

6.2.2.1 Internal Changes within RIs

RI2 was affected by the same *sweeping demographic changes*²⁸ as all other RIs. However, it appears that these changes really began to be noticed by RI2 when they began their period of reflection post Vatican II. This reflection period was heavily influenced by discussions taking place in RI1, as OPR3 notes:

“About that time, Sister X was our Provincial who would have worked with Brother Y from RI1 who was Provincial at the same time. RI1 were doing a revitalisation programme at the time and [our Provincial] became very interested. We engaged TB, who would have worked with RI1 and began a revitalisation programme in our Province” (OPR3a).

This reflection period entitled ‘revitalisation’ in RI2 was influenced by the documents from *Vatican II* and its ‘call to the laity’ to be included in the governance of the Church, and was a period of both great excitement and for some, great fear. OPR3a reflects:

“There was a big resistance by the sisters, they really felt we were handing everything over! Also there was a huge resistance even within our Provincial Team at the time. So it was a very difficult time. But yet it was energising, for me especially, I just found that the lay people were so anxious to know about us, our mission, history and all that that it entails. So that was an exciting time, but a very difficult time” (OPR3a).

This sense of both excitement and fear was echoed by many of the Religious in this study, as for the first time, the locus of control previously held by the Religious only was going to move to a lay leadership.

It seems that the need to change the control structures became really clear to RI2 when the external consultant asked to meet the senior management, as OPR3a recalls:

“All these elderly Sisters arrived. And he just said this is not going to work. ‘You know, you need lay people, you have got to work with lay people’. And we knew that – and so it was the beginning of a big change” (OPR3a).

²⁸ Words in italics and bold denote reference to first order codes

At this point, it would seem that RI2 realised that if their mission was to survive they had to engage in a sense-making reflection about their identity which not only looked back to the founder but also ahead to the future and this is considered in the next section.

6.2.2.2 Sense-making within RI2

For RI2 in particular one of the major issues that they had to consider in this ‘sense-making’ period was the influence of their *founder* on how the *mission would survive* into the future. Their original founding mission was outlined by OPR3:

“We were founded really to take the message of Christ into the homes of the people through the care of the sick and the dying.So that was our original mission..... That would have been our original charism to care for rich and poor alike” (OPR3a).

The *outcome* of reflecting on this mission for RI2 is quite different than any other RI in the study, in that they decided that they would not enter a funding relationship with the State, but would provide private services only. The reason for this was as OPR3a states:

“We decided [not to enter into a funding relationship with the State] because we felt we would have more control or autonomy in the running of our hospital. I think at the time it was felt that if the Health Board were paying, they have more control in the Hospital and we didn’t want that. We wanted to hold on to our own autonomy” (OPR3a).

This desire for control appears to have underpinned many of the actions of RI2 in terms of identity management and construction. This is discussed further in the next section. At the same time OPR3 seems to express a sense of discomfort that the decision not to enter into a funding relationship with the State resulted in RI2 caring only for private patients. For her, this seemed to contradict the founder’s original motivation which was a distinctive factor in the identity of RI2. In order to maintain a connection with the original founding mission, RI2 sought to find a way to remain true to the mission while maintaining autonomy as an institution. This was managed through donations to charities such as the Simon Community and Peter McVerry Trust. In this way RI2 attempts to retain the founding vision, while at the same time keeping control of the mission of service provision into the future. Another way of trying to ensure control of their identity is through the identity management practices and procedures which are discussed in the next section.

6.2.3 Identity Management in RI2

6.2.3.1 Sense-giving by religious leadership

Throughout the period covered by the study, RI2 engaged in a number of sense-giving actions to support organisation identity construction (OIC). They *restructured their organisation*, setting up a civil board and new sponsorship body. The establishment of the new boards of sponsors as new public juridic persons (PJP) can be seen as perhaps the strongest element of control of their identity, as indicated below by the lay participant:

“So this is a lay element now that is a PJP, so they had to take on board all the responsibilities that the Sisters had in relation to canonical responsibility. So *nothing changes* in that regard, except that if there are no sisters in 20/30 years, at least you have the structure, the shell that is there. And it mirrors what our sister organisations in the States did, which is a number of years prior to us” (OPL4a).

Initially a further element of control was established by ensuring that Religious were in the majority on the boards and that the Chairperson was a Religious:

“This we learnt from our System in the US because in one of their hospitals, they didn’t have the majority and they were over-ruled in some decision, and they lost the hospital. So there was a fear that it could happen here also” (OPR3a).

However, even at the time of the first set of interviews, OPR3 was very aware that that this religious membership could not be sustained into the future. The influence of the previous experiences of sister RIs in the United States is even more evident in the second set of interviews. These issues are further considered under the sections titled ‘perceived identity discrepancies’ (6.2.4) and ‘identity adaptation’ (6.2.5).

As part of the restructuring of their organisation, and in common with RI1, RI2 set out a structured process for formation at the leadership and staff level, where, as this lay participant notes:

“The whole principle is to maintain the mission and ethos... so the transition to the limited company also included a transition of keeping the mission and ethos alive with the lay employees, the lay management and the lay board and that has been an ongoing process of orienting new staff, new board members and

ongoing education and training in relation to the mission, values, particularly the values on an ongoing basis” (OPL4a).

It seemed particularly important for RI2 that all individuals on the board of sponsorship were clear that the maintenance of a Catholic identity was their overall objective. In an attempt to ensure this, RI2 joined with RI1 in participating in a two-year board of sponsors education programme. As discussed in chapter five, one purpose of the programme appears to have been to ensure the right ‘fit’ between the members of the sponsorship board and the Catholic identity of the religious institute. Putting the sponsorship programme in place was a reassurance both for the membership of the religious institutes themselves, but also the Vatican that the ‘right people’ were on the board and had the training required to reinforce the Catholic identity of the services.

RI2 also continued with its structured approach regarding formal training for their civil board. The purpose of this board formation was to ensure that the civil directors could also discharge their obligations about the mission and ethos of the services that they provide, along with their civil obligations.

It is clearly important for RI2 that members of the civil board are also formed in terms of the identity of the organisation. Indeed, this is confirmed by the lay participant at the time while simultaneously sounding a note of caution in terms of the dual responsibilities of a civil board:

“They go through an orientation, the dvd and the mission and ethos, and orientation on the business aspects, the history and all like that. But the board is very business orientated in the sense that operating margins are critical to the success, so that gets a lot of time and attention and the board members that we recruit have the business background and knowledge that would support that. The service profile and the quality of the services are an important aspect and the whole operating agenda and any issues that arise and the strategy as well” (OPL4a).

The potential dissonance between commercial and canonical responsibilities in an RI’s services was a theme across all interviews. It was most clearly expressed by this external expert participant:

“What the [Religious] mind is the reputation of the [religious institute] because they have such a strong sense of identification with [it] and I think it is a

fundamental paradox. How do you get (*lay*) people to identify with the values of the organisation and to learn to live with them and learn to express them in their every decision, while at the same time respecting the fundamental principle of company law, which is that people will be independent in the exercise of their function” (EPL2a).

The analysis of the second set of interviews for RI2 gives further evidence of this dissonance and is discussed under ‘perceived identity drift’ (see section 6.2.4.1).

The final element of formation that RI2 put in place was in relation to the formation of staff. RI2 set up what was called a “Mission Effectiveness” programme, with the appointment of a Mission Co-Ordinator, a Religious, who sits on the Executive Team, and has responsibility for the integration of mission and values within the whole health system sponsored by the religious institute. The role of this Mission Coordinator is seen as a crucial one: “her role is really one of oversight.....” (OPR3a). It is a way of ensuring that the identity of RI2 survives into the future. The formality of these arrangements and the number of personnel that have been committed to the activity of formation is not replicated in any of the other external RIs. OPR3a seems to feel that putting formal structures in place, training personnel as Mission Leaders and including them in the hierarchy of the organisation will be a way of ensuring that there is the right ‘fit’ between the people recruited and appointed and the identity of RI2. However, there is an acceptance that it may not always work:

“They have to accept our ethos and values and we try to choose the staff that fit the organisation. Sometimes they don’t. For example, a person was appointed recently in a managerial role but it is not working out. The person is not fitting into the ethos and that happens” (OPR3a).

When encouraged to elaborate on this statement, the participant advises:

“I think it is just that he has come from an organisation with a very different value system. He is a very good Christian man but it’s just different and he doesn’t seem to fit in” (OPR3a).

This statement is interesting in that it seems that it is not enough to be ‘Christian’ to ‘fit’ into RI2. Whether the individual held other values, such those connected with his profession, which interfered with this ‘fit’ was not made clear. It should be stressed that this idea of the right ‘fit’ for the organisation is also noted by participants from other RIs and is not exclusive to RI2.

Finally, it is interesting to observe that, despite the rigour of the approach taken by RI2, there still seemed to be a difference in perception of the role of the formation process between the lay and the religious participants at the time of the first interviews. The lay participant saw the emphasis as being on the actual mission of ‘caring’ and not necessarily on the connection with the formal Catholic Church:

“In relation to Board members and senior executives, when we are integrating them into the mission, the people that present those programmes focus not on the religious aspect of the mission but the caring side of the mission, which goes back to the history of the Catholic teaching and healthcare and holistic care is at the centre of that. The religious component of it, that is up to individuals. It can't just be religious led because there is more to it than the religious side of the mission. It's the actual care and the origin in Catholic teaching in the Gospel of our Lord Jesus. He looked after the needy and everybody that needed help” (OPL4a).

This sense of identity connecting with the mission of caring, be it exemplified by the founder of the RI as in the case study organisation, or Jesus Christ himself, rather than necessarily *Catholic*, came across very strongly in this interview. It was echoed throughout the interviews with lay people across the study. In the case of RI2, however, this sense was at odds with the Religious interviewed on both occasions, who was emphatic that RI2 must remain Catholic and that the Catholic religion is a central factor evidenced through RI2’s specific charism and founding story. That is, according to OPR3, what makes RI2 distinctive. Whether it is possible for this to happen, in the face of perceived identity threats is discussed in the next section.

6.2.4 Perceived Identity Discrepancies in RI2

6.2.4.1 Perceived Identity Drift

The potential for perceived identity discrepancies in RI2’s services was suggested in the lay participant’s interview in 2012, when he notes:

“Maybe in 10/20 years’ time, it’ll be a bigger challenge, because you will have a new breed of people coming in, you’ll have bigger challenges” (OPL4a).

It seems that a *misalignment among internal beliefs* has been one of the effects of ‘a new breed of people coming in’ particularly at leadership level for RI2’s services, as OPR3 notes in the second interview conducted in 2019:

“Those years were very challenging, 2015 up to 2017/18. The Lay Chairperson and the CEO came in and they did just not get or understand that we were the PJP over them. You know, they felt that they were the board and that they had autonomy of their own and so it was very hard. And I was surprised by the Chairperson because he had been on the board, but the CEO hadn’t and didn’t want to hear about it. It was very challenging” (OPR3b).

It seems that the concerns mentioned by OPL4 in 2012 had been justified. A new leadership, who had not been ‘formed’ by working with and alongside the Religious in RI2 in the early days of the new governance structures, and had not gone through a formal training on identity ‘did not get it’. Attempts were made to align this new leadership with RI2’s interpretation of their identity through formation, but OPR3b reflects with caution on their success:

“And it was very good, and definitely the Chairperson got it then, he seemed to have a better understanding. It helped the Mission Co-Ordinator, it helped a lot of people. The CEO, I don’t know if he even has it yet, but... it has been very hard in that sense. It’s grand when you have your own sisters there and they live it and work it, but then when you hand over to lay people....it was a learning process” (OPR3b).

For OPR3, the new CEO, an external appointment, had not been formed in the same way as the previous CEO, and therefore did not seem to have the same allegiance to RI2’s identity as the previous lay leadership was presumed to have had.

There was concern that this misalignment of views on identity would also affect the overall *organisational culture* of the organisation, and in response additional identity management processes were put in place:

“We appointed a new Mission Co-Ordinator, a layman, now very good, an ex-priest, he is very good..... in the sense that he understood, he definitely had the grasp of the mission, he identified the gaps for me. The Sister who had been managing it, didn’t really communicate much with me so I didn’t really know what was going on. He understood that we needed to have a mission interest policy for all the staff, so that they understand their role from the mission perspective. He drew up a mission due diligence then” (OPR3b).

The role of the new Mission Coordinator was not only to ensure that that staff behaviours and actions were in alignment with the mission and identity of RI2 as envisaged by the Religious but that this alignment could be made clear to external parties that RI2's services worked with:

“Because if we were partnering with other for-profit organisations, we had to be clear for them that this is our mission, that we want to continue that. So, I found [the Missions Coordinator] very helpful in that sense.” (OPR3b).

From the point of view of OPR3, it is important that members understand and are intimately guided by the organisation's identity in their work:

“So it is very important that the roles are documented, so that they can see that this is the role of the mission co-ordinator, or this is what mission means for the CEO or whoever it is and the executive. The CEO is into change in a big way and brought in a whole lot of new staff at executive level, and it is crucial that they understand the mission” (OPR3b).

It appears that the re-focusing on identity and the mission brought about by the appointment of the Mission Coordinator was viewed as necessary to support *organisational culture and the narratives* around identity. By appointing the Mission Coordinator, the Religious in RI2 hoped to counter what seems to have been a split between the commercial and the canonical identity of RI2's services. This perceived identity drift was strengthened by a number of perceived external identity threats faced by RI2 as discussed in the next section.

6.2.4.2 Perceived External Identity Threats

RI2's services are the only private enterprise in the study, and as such, they appear to experience external challenges which are unique to it. On the other hand, RI2 does not appear to have had the same *negative media attention* as the other RIs in the study.

The shifting institutional context have also been driven by the fact that it is a private, although a not for-profit, organisation. OPR3b reveals the first glimpse she got of this understanding:

“What really happened last year, in 2018, was that around April or May our congregation leader got a letter from a gentleman here in Ireland ... offering to buy us as a system. Now that was totally new.....I was kind of shocked when I got this” (OPR3b).

Although OPR3 was shocked by this approach, it appears to have been an intervention that prompted her to think about the future again for RI2's health services. When OPR3 discussed this approach with some senior Lay colleagues on the various boards, she was surprised when they asked her to "look at your reality" particularly in the face of anxieties she had shared about identity and mission:

"So I did get out our files and looked at our ages, and yes it was kind of a shock. So we had just one sister under 60 as of this year, we had no sisters between 60 and 70, and the rest were [in their] 70s, 80s and 90s. You know, so that's it, so it's a very stark reality. So I kind of felt, I would be finishing this role at the end of this year, the few who are on the PJP will be out of it. So I kind of said who is going to fill all these roles going forward. You know we are all old, except for this one younger Sister" (OPR3b).

At the same time as OPR3 was acknowledging the change in their demographics, RI2's health services were looking for external partners to expand their service provision. This also appears to have raised concerns particularly with regard to identity.

Internally, it appeared that the divide had been growing between the RI and its board of sponsors on one side *and* the executive leadership and the civil board on the other:

"I just felt uneasy about them [new partners] all of the time. I never met them. In the old days, you'd be asked to meet them, but that didn't happen. Then we had the day of strategy and they had sent a paper in about the strategy and they were offering further partnerships. I got really nervous and I said it to one of the [sponsor] board members that day and he said I would be nervous too. So I kind of felt that's enough" (OPR3b).

The fact that this senior Religious was not even asked to meet these new partners suggests the widening split between the canonical and civil entities, and is contrary to the author's experience. These external challenges were perceived as identity threats by OPR3, which were exacerbated by the fact that the organisation was coming under financial pressure:

"Now the board looked at it financially because we have taken out a big loan for the Cork development and it became clearer that we are struggling to try and meet our bank covenants and all that kind of thing that's going on" (OPR3b).

Trying to balance the social mission and identity of RI2 in the face of increasing economic pressures is a common issue amongst not-for profits and is discussed in chapter 2. In the case of RI2, it seems to have broadened the divide between identities within the organisation and led to a crisis point for the religious leadership of RI2. It seems that RI2 perceived that they were in real danger of losing control of the identity of their health and social care services in the future. These issues are discussed in the next section identity adaptation.

6.2.5 Identity Adaptation in RI2

6.2.5.1 Identity Ambiguity and Confusion

OPR3 felt that there *a sense of ambiguity* growing in terms of identity and confusion on the way forward for the mission which had its basis in the *lack of clarity with regard to the organisation's position*:

“Because if we sold them, having talked to that man who wanted to buy us out, the mission would be gone, that would be? It, it would be very different. So I just felt, I would die.....I would hate to sell the hospitals” (OPR3b).

As far as OPR3 considered, what she viewed as *consensus on identity was breaking down* and in the absence of the sisters her goal was to ensure that it was re-constructed for the future:

“If the sisters are not there, you have to put the structures in place. It's some way of continuing it into the future. Like in States now, our Sisters are not there, they are not in the hospitals for a number of years, but they have a presence all the time. And they have maintained the mission roles and very strong on pastoral care, you know those roles. So I think that's really what keeps it” (OPR3b).

Driven by the concerns enumerated above, RI2 and some organisational members entered into another sense-making phase which is discussed in the next section.

6.2.5.2 Sense-making within organisation.

This sense-making phase took place firstly informally between interested parties as discussed above culminating with a small group of Religious and lay leaders who looked at the way forward. It was influenced by actions taken by their sister service in the United States, which had merged with another large health system there to become one of the largest health systems in the USA with over 60,000 employees. OPR3 notes:

“Four of us went away for a day to really reflect on this and look at it. And we had a facilitator with us. And we looked at all the options and we really felt that if we wanted to see the hospital continue into the future with the mission then that would be the only way really– that is to come in under the States. We felt that was the only way” (OPR3b).

It seems that the group felt that not only was it important that the services continue, but that the identity of the services had to be refocused if they were to be sustained. It was felt that by coming in under the new system in the United States this would happen, firstly because of the structure in place:

“From the PJP point of view, they in the States have a very strong PJPIt’s quite a strong group” (OPR3).

However, it was not only the structure that being part of the system brings, but also the commitment to identity as OPR3 notes “they are very Catholic and mission oriented”. She goes on to say:

“I know the Americans talk it more than we do. We live it more than they do. But they definitely talk it. Definitely at the board when they came over and met us and they talked to our board, I said, they are definitely putting their stall out there. ...They are very committed to the Catholic identity. I mean that’s big for them in the States. Catholic healthcare in the States is very big. It carries much more weight than it does here in Ireland. So I think to maintain the Catholic Identity going forward, this is the best way” (OPR3b).

This commitment to a Catholic identity from an American system has already begun to support a re-focus on identity in the Irish branch of RI2 services, as new identity management processes were put in place centred on formation and mission effectiveness:

“I think education and formation is very important, I really do. ...In the States, they are very well known for their education programmes. So I think for us..... that will be compulsory. Whereas up to now we have been trying to encourage [staff] to do programmes and that but [now] it will be compulsory” (OPR3b).

It appears that part of the informal and formal sense-making processes that OPR3 and others went through over the last number of years in the face of what they perceived to be serious organisational threats has *reinforced* their central goal of a Catholic identity for their services into the future. For OPR3, the aim now is to reinforce their Catholic identity by adopting the structures, practices and policies of an organisation that has managed to withstand threats to its strong Catholic identity.

6.2.6 Summary

For the purposes of this study, RI2 has been placed in a category by itself because of its unique characteristics. It is the only fully private health and social care organisation within the study. It is also the only one of the external RIs who followed the same structured approach to identity renewal and identity management as RI1. And it is the only RI which has re-focused on their identity by connecting with larger Catholic identified services in the United States.

At this point, RI2 seems strongly committed to an identity in its services where the Catholic faith (as opposed to Christianity) is central. It sees its mission as informed by the founder, as its distinctive factor. The drift in identity which its services appears to have experienced between the two sets of interviews (2011/12 and 2019) seems to be connected to the emergence of multiple identities, influenced by the increasingly business-like approach of the lay-dominated executive and civil board. The Religious appeared to view this as a threat to the very existence of RI2 services. It is clear that OPR3 did not feel that both the identity and the mission, the services, could survive into the future without extreme action, and she has been reassured by the decision:

“I met the [new American] CEO last week now, my first time meeting him on a one to one basis. The new man over the whole system in the States. I was saying to him, that we want to see it continue into the future with the mission and the values and to maintain our Catholic identity. And that’s what they are about, they are very strong on that” (OPR3).

The difference between the cultural context in terms of religion in the United States and Ireland has been discussed in chapter 2. There are differences between relationships with the state, allegiance to religion as well as differences in the national, societal and health and social care environment. RI2’s induction into the American Catholic Health System is in its infancy. Whether this move serves to sustain RI2’s identity into the future in Ireland remains to be seen.

6.3 Category C

6.3.1 Description - RI3/RI4/RI5

Category C consists of three RIs who have been grouped together because, although not completely identical in their responses, they do share similarities in the approaches they took to try to maintain and manage their identities. The three, publicly funded, RIs are as follows:

RI3 is an international, voluntary Catholic religious institute which opened its first services in Ireland to provide for mental health needs. In Ireland it now provides a variety of services and supports to people with an intellectual disability or autism, and their families.

RI4 is a Catholic religious institute founded in Ireland which continued to grow and spread. RI4 is involved in many ministries but in healthcare is involved in hospitals, hospices, nursing homes, convalescent centres, and in the homes of the sick.

RI5²⁹ is a Catholic religious congregation founded in Ireland with the aim at that time to 'care for the poor, sick and ignorant' through hospital and nursing home care.

The three RIs all set up new civil structures and had introduced some form of formation by the time of the first set of interviews and although they were considering the establishment of a board of sponsors as a separate PJP at that point, none had done so by the time of the second set of interviews in 2019.

For ease of reference the participants are set out in the table below:

Religious Institution	Brief Description	Religious Participant	Designation	2011/12	2019
RI3	Order - Social Care Services	OPR1	Senior Religious Leader	25.5.2011	13.8.2019
		OPL2	Lay CEO	4.7.2011	Retired not accessible
RI4	Congregation –Health Services	OPR8	Senior Religious Leader	17.2.2012	13.5.2019
		OPL7	Lay CEO	21.8.2012	22.11.2019
RI5	Congregation –Health & Social Services	OPR11	Senior Religious Leader	16.5.2011	16.7.2019

Table 6.4 Participants from RI3/RI4/RI5 and their health and social care services

²⁹ RI5 is a province of the same religious institute as RI7, but they have separate governance structures and services and have thus been treated as two separate RIs for the benefit of this study.

The next section of this chapter analyses the data from RI3, RI4 and RI5 under the overarching themes, using the second order codes as sub-headings.

6.3.2 Identity Renewal in Category C RIs

6.3.2.1 Internal Changes in RIs

The effect of the *sweeping demographic change* already discussed in this chapter in relation to RI2 and in chapter 5 in relation to RI1, is clearly articulated in all the interviews across these three RIs, both in acknowledging the facts but also the shattering effect on the RI itself.

Across the interview transcripts, there was a realisation that the competency and capacity of the remaining Religious could not now provide the expertise required in services.

As this lay participant notes:

“They found themselves without novices – there weren’t the same people coming into to them then..... there was a need to transcend from I suppose a governance of a voluntary to a more formal legal entity” (OPL7a).

At the same time as the demographic position of the RIs was changing, they were also reflecting on the *profound influence of Vatican II* as had RI1 and RI2.

Each of the RIs in this section entered into some form of reflection post Vatican II which is discussed in the next section.

6.3.2.2 Sense-making within Category C RIs

The sense-making phase in these three RIs’ while not as structured as in RI1 and RI2, nonetheless informed the identity management processes subsequently.

For RI3 their reflection period was also informed by allegations in terms of abuse which occurred at the same time:

“We were holding assemblies with the Brothers. We had the usual participation in Provincial Chapters and General Chapters through that period. We did have a number of assemblies of the Brothers, and of course through that period as well, the abuse issues started to arise, from 1995 forward. And I think that was a major distraction to myself having to handle that as against some of the further input that we wished to put in around ethos and values” (OPR1a).

The use of the term “distraction” here might be viewed as evidence of a Religious seemingly out of touch with society. However, the sense from the interview as a whole is of a man trying to address issues of historical abuse at the same time as the Religious themselves and their sponsored organisation were going through a lot of change in terms of leadership and organisational structures. However, this quote does also demonstrate the high level of concern over identity. Consequently, learning from the abuse allegations was used to inform the identity management processes that took place subsequently and are discussed in the section under Identity Management under 6.3.3.

The Religious in RI4 and RI5 were brought together formally and informally to examine their charism and founding mission in terms of their identity:

“Our General Leader was in office for three terms. So it was in her middle term, that this all started. She had a real fist on it and was a very far seeing woman, and very confident and able to reach out and not afraid to take a course and very good at communicating and getting the message across. And very good at getting people together and talking things through (OPR8a).

By ‘talking things’ through, RI4 and RI5 were able to make new sense of their identity and how it might affect their health and social care services. It was within the RIs that informed decisions were made with regard to the future.

Part of the discussions which took place across the three RIs during that time involved a *re-assessment of the founding story*. The mission of the founder was seen to be a very strong influencing factor in their discussions about the future of their services:

“Well we were so aware; we have always been since Vatican II in particular because it arose with great strength, the charism of each individual congregation. And [the founder’s] charism was the care of the poor. And it was in an attempt to keep that alive, because poverty and the poor take on different shapes at different times” (OPR8a).

“We go back to the logo given to us by our Founder which is Deus Caritas Est. God is love. And we have continually said – early on we spoke of that very formally as God is Love, but as we were promoting the whole notion of renewal and being true to the values, we brought in terms that were less hackneyed. So ... we emphasised the quality of relationships in people’s lives and we brought

that back to what the founder had said, when he gave the motto, God is love” (OPR1a).

As in RI2, for these RIs, it is the connection to the founder’s original mission that is a distinguishing factor in terms of identity. However, the *outcomes* from that reflection varied from strongly Catholic (RI5), to a Christian and more values based identity (RI3/RI4) as these quotes indicated:

RI5:

“But we see that as evolving if you like to Catholic Healthcare rather than RI5. You cannot wipe it out, do you know what I mean. But we would be saying that you cannot demand that it would be RI5 into the future, but we would be saying that it would be Catholic Healthcaresince the spirit of it and the ethos of it, is written into the walls of it, if you like, we expect that will continue to be there. But it will only continue if it is nurtured” (OPR11a).

RI3:

“The important thing to me would be in the first case that you are expressing the truest values of what Christ stands for. And if it could be recognised That’s the witness. I would hope that whatever else people recognise, that they recognise the hand of Christ and his respect at that most profound level, for the human being” (OPR1a).

RI4:

“It’s not that it should be seen as a Catholic hospital, it should be a hospital that gives a service in the likeness of Christ. And that it would be on Gospel values” (OPR8a).

Certainly, for RI3 and RI4, Catholicism as a central element of their identity in their health and social care services does not seem to be as important as the link with the values of Christ. The Religious in these organisations gave a sense that, as the vehicle of religious life is ending in Ireland, there does not need to be as strong a link with the Catholic Church but that the distinctive nature of their services could be maintained by an identity focused on Christ himself, and more directly on their founders.

After their own sense-making process around the *demographic changes the re-assessment of the founding story and the future survival of the mission*, the category C RIs appeared to be determined that their vision about the importance of the founder and their influence on the mission was communicated to lay organisational members as this participant notes:

“The vision had to be cared for and nurtured by the people who were carrying on the work. That was really the dream” (OPR8a).

How the Category C RIs went about embedding this newly formed OI is the subject of the next sub-section.

6.3.3 Identity Management in Category C RIs

6.3.3.1 Sense-giving by religious leadership

None of the three RIs in this category had as structured a plan of identity management or organisational identity construction as RI1 and RI2. However, all embraced structural changes as well as elements of formation and some succession management as a way of ensuring this newly articulated identity into the future.

During the renewal period, in common with RI1 and RI2, category C RIs also realised that that their structures and governance were no longer fit for purpose, both in terms of supporting their identity into the future, but also in terms of their changing relationship with the state. As one of the senior Religious in RI4 observes:

“Now that whole thing is moving over to the State, and whether you like it or not, we cannot run a hospital unless it complies with the regulations that are set down by the Department of Health. If we don’t, we don’t get the funding” (OPR8a).

All three RIs made *structural changes* to meet these demands.

The interviews suggest that the Religious felt they had to make changes now, while they still had staff they knew and had worked with. They seemed to feel that existing employees would respond positively to the new structures, and would be able to take the lead in carrying their particular charism and values forward:

“We felt that the sooner we do this, (a) set up companies and (b) get a good mission programme going, the better... We have very good quality staff, who understand the ethos and who would be prepared to work with us and carry it forward” (OPR8a).

It was felt there was ‘fertile ground’ at this time, for the new structures to embed and sustain the identity. This sense of immediacy can also be seen in RI1 and RI2.

In terms of the new companies or entities set up by the three RIs, some form of controls were put in place initially either in terms of board members or by having certain reserved powers such as obligations about identity and ethos. This is the same for nearly all the RIs who engaged in such structural changes.

It does not seem surprising that the RIs in this study (with the notable exception of RI4, discussed below) put controls in place to ensure the sustainability of their identity as they started the move away from the religious leadership of their services. To hand the services, which they had led in many cases since the 19th Century, over to new corporate bodies without some way of ensuring their legacy, would have seemed odd. However, even at the time of the first set of interviews one religious institute (RI4) felt that the level of control that was being suggested to them was too great:

“Initially we were advised to have at least four Sisters on each Board and then we said, Oh for heaven’s sake, four! You are tying up spaces and you haven’t the expertise for the Boards, so we reduced them down to two. And at one stage we were advised that if you have two, they should have two votes. Well, I have never had to vote on anything, well maybe once or twice, No, two Sisters with a vote each” (OPR8a).

There is a sense of exasperation in this quote between the legal advice which was being given and what OPR8 felt RI4 could actually deliver in terms of their numbers and capacity. This exasperation may have been heightened because this religious participant was very clear even at the first interview that “we have laid the foundation and moved on” (OPR8a). For RI4 it seems from the participant, that the need to control the identity in their services is not what is most important. They have done what they can do in relation to that, and now what is important is that the actual mission of providing health care supports continues. Indeed, the connection with the formal Church would seem to be seen as a negative in terms of the future identity of the health and social care services as OPR8 notes when asked about whether a new PJP is planned:

“It would be under the Church of Rome – My God, can you imagine it. [Other RIs] are much closely associated with the Pope. We are not, we have total independence other than what you have as a Catholic” (OPR8b).

The vehemence of this assertion was not expected by the researcher, and completely contradicted both her understanding of the relationships between the RIs and the Church as well as the role of the PJP in sustaining identity. RI4 however has always prized their independence. As OPL7 notes in his first interview:

“I think it is interesting if you go back in the history, they were stung very badly when they opened [new hospital]. The Church promised to give money and they didn’t and we were left if you look at the heritage they were really stung badly. So they were used to standing on their own two feet and they said that’s it” (OPL7a).

This prized independence means that any formal connection to the Church, such as a new PJP, would be seen as just too much control, which might influence how services are provided. OPR8 goes on to confirm this in 2019:

“Can I just say this, we are not grasping on to the thing. We don’t want to keep control, that’s not our purpose. Our purpose is to let go when it’s the right time, and its coming very near the right time” (OPR8b).

Although not as vehement in his opposition, the participant from RI3 expressed similar feelings in terms of ceding too much control outside the organisation by setting up a new PJP. He again sensed that this could constrain the lay leadership in terms of any plans they might have for social care provision in the future.

For RI5 the first set of interviews revealed that part of the control process in terms of managing their identity included what seemed to have been concrete plans to set up a PJP, in common with RI1 and RI2:

“I am utterly convinced as a congregation; we must make every effort, to transfer our responsibilities in a responsible way [to a canonical body], ensuring the continuity as a Catholic healthcare facility on into the future.” (OPR11a).

However, at the time of the 2019 interviews, it also had not set up a PJP, but the participant still talked of doing so in the future.

Ad hoc elements of formation were introduced by the three RIs in this category.

In RI3, the formation approach was much more informed by the scandals in relation to abuse than in the other RIs in this study. A robust staff engagement process was undertaken. In the interview with OPR1, it became clear that the focus was on linking the charism and tradition of the religious institute (RI3) with the values of respect for the dignity of the individual:

“Getting people to understand that the dignity of the person was crucial, that the way in which you exercise authority was so vitally important, and the effect that all of that had on the person that you were supporting” (OPR1a).

The main focus for RI3, as indeed for RI4 explored in the next paragraphs, was how their specific mission and charism was translated into the care and support for vulnerable persons and this, rather than preserving the Catholicity of the service, was the core element of their formation process.

RI4 introduced a formal induction programme, but only for non-Board staff. OPL7 sees the Catholic component being nearly secondary to the purpose of the formation process:

“It was interesting about how many staff objected to going on the Mission Programme. So what we did, was that people like myself, actually had to say, well you don’t have to. But by the way, you came to work with us, you applied for the job, you knew we were kind of Catholic orientated, but really it wasn’t about Catholicism, it is about looking after individuals, staff and individuals and respecting their views, whether they are our views or not – we were caring. And it was built around that philosophy, it wasn’t the sisters ramming home Catholicism” (OPL7a).

So, it seems that in RI4, the Catholicity of the service provision had to be down played or packaged differently to get staff to buy into formation. The religious participant from RI4 displays a comfort with the way in which induction was handled there. She relates it to the specific charism of the founder as being about care and service:

“We call it a (RI4) mission, but it is the basic thing which is the care and the service to the poor people. The [founder] wished to give to the poor for nothing what the rich people buy for money. So it’s a quality of service that is there by reason of the people who offer that service believing respectfully that this is what people

should get. Now whether that is called [the founder's] service or the same mission by another name in the future, does it matter?" (OPR8a).

It seems for OPR8, the purpose of formation was not so much to ensure the preservation of Catholic identity but rather to maintain the connection with the original founding story and the founder's original goal or mission. In contrast to the formal approach taken in relation to staff through its formal induction programme, RI4's approach to board education is fairly informal. Board members are asked to come to the induction programme but it is not mandatory. The non-compulsory nature of the Board's education was not seen as an issue for the Religious of RI4:

"We have this sense of trust that the thing will go forward and not just filter out..... For as long as we have the current man [lay] as the chair of board in [the hospital], the mission will go on..... And he is just riddled with a sense of Mission. As are a whole lot of others, because it's absorbed" (OPR8a).

This 'sense of trust' was reiterated by the lay participant from that organisation, who notes:

"No, we give them the articles of memorandum and it would be subtly given, you know the history, they would be told about the heritage centre. It would be very subtle, but not in your face. "We want you because you're a good fit", but also because of their background, their value system. There are ways" (OPL7a).

For RI4 at the time of the first set of interviews, there seemed to be a very high level of trust in the lay people on the Board. It seems that in 2019, despite the fact that new appointees are seen as very 'business oriented' this level of trust still exists.

RI5, the most committed of the three RIs to the maintenance of its Catholic identity as is RI1 and RI2, has in contrast to them shied away from formal formation programmes. OPR11 notes in 2011:

"I would concede, I would see that we haven't reached the point where that is, if you like, in a formal structure and we would mean to move to that in the next phase, where a proper training programme would be set up. We would see that we might have to fund that initially" (OPR11a).

By the second interview in 2019, OPR11a appears to have actually drawn away from the idea of the religious being involved with formation processes at all:

“We have stayed away from the word training and formation as we feel that both of them are condescending in today’s world, but there is a need to support that awareness as it arises. We did do and build as much as we could, a very strong mission effectiveness role and gave it legal status, so that passed up there are obligations to ensure that is a vital and vibrant role.” (OPR11b).

It seems that RI5 may have been influenced by the changing Irish culture in terms of allegiance to Catholicism, but by structuring a mission effectiveness role in this manner, they are in essence leaving it to the new civil board to determine how and whether formation will occur.

At the time of the first set of interviews, the Religious themselves across all three RIs led a large portion of formation provided. One of the RIs (RI4) has now delegated responsibility for this training to the Human Resource Department and all the Religious in this category have now withdrawn from providing formation in all three RIs. This is contrary to RI1 and RI2 where the Religious remain very involved. However, in the absence of Religious in the future, it would seem that an integration of the mission programme into the normal HR programmes could be a key step in ‘living out the mission in the future’ (OPL7a).

In the RIs in this category, a certain amount of succession planning was closely related to the formation process. Certain lay people were identified, supported through different formation processes, and over time, attained senior positions. The lay CEOs interviewed in 2011/2012 in this category had a long history with the organisation and had been through various levels of formation, both formal and informal. They saw that this experience had been formative in terms of supporting the identity of the RI in the health and social care services.

Another religious participant speaks of how their informal practice of “growing your own” was seen as extremely important in terms of the transmission of the identity of RI3 to the services:

“We were very fortunate as well, that all of the people who were appointed in the first place to the director of services’ role before the chief executive role, were all people who had at least a number of years of experience internally in the [religious institute]. I suppose we have seldom found, that people coming from the outside for interview, have outperformed the people who were internal people. They do certainly at other levels, but when it comes to this and when you are asking about the tradition, and the ethos and values and how they will work with others too, that is where the swing often comes” (OPR1a).

However, one of the concerns articulated at the same time by both lay CEOs interviewed, was what would happen when the new lay leaders who have not been part of this succession planning process, which included both informal and formal formation, were in control. There seemed even then to be awareness that a misalignment of views and beliefs could occur in the future and this is addressed in the next section.

In summary, it seems that these three RIs' in category C engaged in sense-giving activities around the construction of their identity by engaging in structural change, elements of formation and succession planning. However, in contrast to RI and RI2, these processes did not follow a structured path. In addition, none of the three have currently put a new PJP in place, and for two of the RIs in this category it would seem that such a structure would actually mean too much control from the formal Catholic Church. Although as Catholic Religious themselves, their ideal might be maintain some form of Catholic identity for their services into the future, both RI3 and RI4 seemed resigned to a future identity that supports a *Christian* value driven service, provided it was based on their founder's original mission of caring for the vulnerable or unwell. The next section on perceived identity discrepancies demonstrates how their future vision of identity was influenced in terms of perceived identity drift and identity threats.

6.3.4 Perceived identity discrepancies in Category C RIs

6.3.4.1 Perceived Identity Drift

A certain *misalignment among internal beliefs* is acknowledged by RI3 and RI4 in the intervening years between the two sets of interviews.

In his earlier interview OPR1 spoke of a Christian rather than necessarily Catholic identity based on Gospel values for RI3's services, and it appears that the intervening years have strengthened that understanding:

“So you have to be more creative about the ways in which you introduce the subject, so that while you are still working from the Christian values and from that ethos, you have to accept the fact that a significant number of people are not what we would call obviously practicing Catholics or recognising that they have a Catholic identity” (OPR1b).

He seemed to recognise that lay organisational members may have a different understanding of RI3's identity in its health and social care service, but could still support the mission of the founder:

“At the same time, one of the huge encouragements for us is that young people coming in have that greater respect for the person with a disability, that greater respect for their abilities, which is something we have been emphasising, that great respect for the dignity of the person, again a theme that has been emphasised in the ethos, but is actually maybe understood better almost by the younger people coming in even though they mightn't be looking at it from the point of view of the faith perspective” (OPR1b).

It seemed that this acceptance of a blurring of identity was deemed acceptable to RI3 and RI4 because it still supported the core purpose of their RIs.

OPR8, as she did in 2011, still linked identity strongly with the mission of the founder of RI4 rather than the structure of the church and felt that this understanding of identity acted as a mediating factor, which all organisational members could embrace:

“Well it is still there on the wall that it is a Catholic Hospital but we will treat anyone of any religion or faith or whatever and that's its purpose, its purpose is toward the sick who have a need of care” (OPR8b).

And this understanding of the identity of RI4 is confirmed by the lay participant interviewed when he notes:

“I think we have to separate the religious base of Catholicism [from] being Catholic as being a caring religion looking after people. I think there's elements of it that [RI4] respected but that they didn't uphold it in their medical centres because they felt that people needed to be looked after, it's a modern society, Ireland has moved on, the sisters had moved on, and we are moving on, but their value system and what they believe in will survive” (OPL7b).

However, OPR8 sensed that even this concept of identity may be under threat citing some of the adverse media attention which the RI received, when as she said “holy war was raised”.

Some of this ‘holy war’ was presumably linked to the *rise in multiple identities* which are common to acute health care which OPR8 notes in her first interview:

“There are certain procedures that we feel are wrong in relation to the treatment of the human body and they are the ones we stand out against. ...They [Consultants] would be bringing in their own vision” (OPR8a).

Catholic social teaching is a fundamental element of identity, in the sense that it sets out not only what Catholic health care should do, but also what it should not do. This sense of what is religiously appropriate in health care may not, however, always align with what the professionals involved believe and identify as clinically appropriate health care provision. It is acknowledged by OPL7 that professional multiple identities are always going to be in place in acute health care:

“I think there is always going to be when you have a big organisation – I mean there is around 4,000, very qualified. Let’s just take the consultant staff, and then you have XX with maybe 15/20 consultants in one speciality and you are always going to get different identities or views on what they believe in or not” (OPL7b).

It appears that the way RI4 is addressing any misalignment in views on identity as a result of the rise in multiple identities is to have a broad understanding of what its identity is which has been facilitated by a process of identity adaptation that is discussed in the next section.

For the Religious in RI3 and RI4 the blurring of identity from strictly Catholic to a Christian or Values led has been a response to any perceived identity discrepancies or external identity threats as discussed in the next section. In both organisations allegiance to the founder and the founding mission is the distinctive factor of their identity. However, despite what might seem like a move away from a strictly Catholic identity, the Religious in RI3 and RI4 do remain committed to Catholic social teaching on abortion or end of life. It remains to be seen whether changes in legislation around these issues will cause identity issues for RI3 and RI4 in the future.

In contrast, in RI5, the Religious are still clear by 2019 that they see their services continuing with a *Catholic* identity:

“I believe that they [RI5’s services] should remain Catholic and want to be Catholic in a deliberate way - not necessarily in your face kind of way. Because faith in a sense is really inherently invitational and you don’t force an invitation

on anybody. But I think there can't be lack of clarity in terms of what you stand for and where you are" (OPR11b).

However, even in 2012, OPR11 notes that there is no guarantee that their identity would continue, and that it would require 'nurturing':

"We have no divine right to require our continuity. But since the spirit of it and the ethos of it is written into the walls of it, if you like, we expect that will continue to be there. But it will only continue if it is nurtured" (OPR11a).

OPR11 acknowledges that there will "be greater cultural diversity such as Muslims and that kind of thing" but seems to feel that the structures and systems that have been put in place will maintain a Catholic identity even in the face of potential misalignment among internal beliefs.

RI5 remains committed to a Catholic identity for its health and social care services, like RI1 or RI2. However, unlike those RIs, it has not engaged in the same level of identity management processes to ensure the success of that dream.

6.3.4.2 Perceived External Identity Threats

It is clear that in the intervening years between the two sets of interviews, the RIs "had developments that we didn't really appreciate at the time" (OPR8b), to which they had to respond:

"For instance, if you take the place of Church in society, I think when we talked a number of years ago, we wouldn't have had the same uncertainty in society and even the place of its contributions in a society" (OPR11b).

"And certainly one of the challenges they face of course and have faced for some time is the extraordinary changes that have been occurring in the wider society" (OPR1b).

It seems that lay staff who were interviewed in 2011 to 2013, had some understanding of the changes that were occurring in the *wider society* such as OPL2 when she reflects:

"There are a lot of young people coming in who would have their own views or whatever, I'd say when a certain group of us are gone..... Certainly young people very much respect and regard the organisation and would hold it very dear to themothers not so" (OPL2a).

However, for the Religious the pace of change and therefore its influence has seemed extremely rapid, especially in terms of the *shifting institutional context* and their relationship with the state specifically, where there is now a sense that being identified as Catholic is a negative thing:

“What I have said to both the Day Report³⁰ and to the Statutory Authorities themselves, that if I was a young man again, I wouldn’t dream of entering in the relationship with the State that we are now in, because it is a relationship of slavery. ‘We pay the piper, we call the tune, we are not interested in what your ideas are’, to a very large degree that’s it” (OPR1b).

“Well you see you’re over a barrel, your head is over a barrel now because of there is so much that is by way of legislation, which I won’t say is anti-Catholic but the Catholic ethos is missing. So if you are to get funding from the State then you can’t be too Catholic. That’s what I feel. Well you can fight for it maybe and there are certain things you wouldn’t give in on” (OPR8b).

The *increased adverse media attention* on religious organisations has reinforced this idea that being seen as too Catholic is a negative thing, and has given religious organisations *a perceived negative image*:

“I think the media have got.... And no disrespect and they have a job to do,they have to sell papers, they have to sell time....and it has really become a rat race. .. Social media has just brought on a lot of negatives, as it is being misused. And a lot of people are getting platforms to say things, but the majority aren’t saying it but the smaller groups. And that gets perpetuated in the social media and it goes out as if that is the only story” (OPL7b).

Negative media attention and its effect on the image of Catholic identified health and social care was alluded to by a number of the participants of the various RIs, particularly in relation to the media attention which took place with regard to abuse scandals and the location of the new maternity hospital on land owned by the Religious. OPR1 felt that demanding that a new

³⁰ Independent Review Group established by Minister of Health to examine the role of voluntary organisations in health and social care.

lay leadership keep a Catholic identity in such a situation could have catastrophic consequences:

“If they found themselves in the position, like what happened with [RI] in Dublin in relation to ...and the maternity hospital, if that situation came up, would it be an unfair demand to have placed on the board. That they have to stay with that identity and as a consequence threaten the very existence of a large number of personnel who are actually working in the organisation at this point in time” (OPR1b).

It seems that *blurring* their identity, as being Catholic, but not too Catholic, has been a way of responding to the perceived external threats faced by the RIs, particularly for RI3 and RI4. In general they wish their services to continue, but even RI5 recognised that:

“But it is very very difficult I think to project that in such a changing environment that the emphasis on a Catholic identity or a Christian identity is going to hold as well as we would have aspirations for it to hold” (OPR1b).

It seems that identity in terms of Catholic led health and social care is now quite ambiguous and this is discussed in the next section on identity adaptation.

6.3.5 Identity Adaptation in Category C RIs

6.3.5.1 Ambiguity and Confusion

For RI3 and RI4, it appears that the current identity of Catholic led health and social care has now been diluted to a point where it could be perceived as no longer particularly distinctive. Religious interviewed speak of an identity where:

“What we were saying was the quality of relationships in people’s lives was what our founder said which was so profound for us, because God of Love and the quality of relationship in people’s lives is about how they are loved and cherished. And the sense of belonging” (OPR1b).

“If they have the vision, the original vision in terms of the care of the poor and all of that, then that is what we want, we don’t want anything highfalutin. If people can grasp that and move forward with it, in whatever circumstances they find themselves and whatever turns up on the plate from government or anyone else” (OPR8b).

However, this identity does not appear to be particularly Catholic in view point, but rather based on more broad, humanistic needs and values.

If a distinctive identity is to be sustained, it seems that the health and social care organisations, not the religious institutes, may need to enter a new phase of sense-making around identity, so that identity can be adapted for the new environment.

6.3.5.2 Sense-making in organisation

RI4 has gone through such a period of sense-making within in its organisation where as OPL7 notes:

“I think with our re-branding, re-positioning of ourselves, after what [the hospital] when through, they have re-positioned themselves, saying look we have nothing to hide. We can be proud, and we need to remind our staff, and not let them feel that the organisation is a bad organisation. The organisation is a good organisation, and I think staff with the mission committee going and with HR are re-establishing kind of what we are about, why we are doing it, and that you are doing a good job. It is very important and that has helped us in the last two or three years re-affirming what we are doing and why are doing it” (OPL7b).

This period of sense-making appears to have helped the health and social care services of RI4 to re-interpret their identity to one which has a basis in the original founder’s mission if not the founder themselves as a Catholic, and is one that all organisational members can work within:

“They understand the value system, and I emphasise value system as being we are here to participate in healthcare, do the best we can, and how we do that, respects quality and all that stuff, advocacy and respects whatever religion, we look after anybody and everybody and we will do whatever, and I emphasise this, is within the law” (OPL7b).

For RI3, there is a sense that a similar period of sense-making is required and that the new lay leadership must take a key role in such a re-focus, as OPR1 notes:

“I suppose what we are looking for at the moment is a re-animation. Because, one of the things in terms of the leadership, one of the things you are very careful to say from the beginning, is look ‘we know that this [OI] is alive and well where

you are at, all we are trying to do is remind you that you need to keep it nourished and nurtured” (OPR1b).

OPR11 spoke of a requirement for identity refocus in broader terms:

“If you are in the public sector and you are being funded by the state, it raises very thorny questions and I think that in the past 10 years, that question has become more acute and it has been faced by the various entities that are still in the field. And it has brought challenges that they didn’t see coming and perhaps we are in the position now that Catholic entities have to ask themselves that question. What is it to be Catholic? Can we sustain being a Catholic entity in the current society and going forward? And are there people who will be attracted to that way and to continue it?” (OPR11b).

It is these questions that any sense-making process in the future will need to consider, if the identity of religious led health and social services in the RIs is to be maintained or sustained in the future.

6.3.6 Summary

The Category C RIs above engaged in a variety of identity management processes to support OIC which included re-structuring of governance as well as elements of formation and succession planning. All of the RIs have been heavily influenced by organisational threats to their identity including a changing relationship with the state. In addition, RI3 and RI4 have been affected by negative media attention. In response their interpretation of their identity at this time is one based on Christian and humanistic values, based on their founder’s original mission. The Catholic faith itself seems no longer to be a central element of their identity, as they see that that can be perceived as a negative in today’s Irish Society.

RI5 remains committed to a Catholic identity, but acknowledges that there are questions that need consideration if that identity is to be nurtured into the future.

6.4 Category D – RI6

6.4.1 Description of RI6

There is one RI in Category D as both the central and distinctive elements of its identity, and the identity management processes which it undertook, are individual to it.

RI6 is an international religious order of women operating in the field of healthcare and education. It began in Ireland in 1946 and now under a new legal entity provides an extensive

variety of services to people of all ages with an intellectual disability, but catering mainly for people at the moderate, severe/profound level of disability.

For ease of reference the participants are set out in the table below:

Religious Institution	Brief Description	Religious Participant	Designation	2011-2012	2019
RI6	Order – Social Care Services	OPR6	Senior Religious Leader	26.4.2011	26.11.2019
		OPL5	Lay CEO	3.12.2012	7.12.2019

Table 6.5 Participants from RI6 and its health and social care services

As per previous sections, findings for RI6 are analysed under the overarching themes, using the second order codes as sub-headings.

6.4.2 Identity Renewal in RI6

6.4.2.1 Internal Changes within RI

As with all other RIs, *demographic changes* influenced choices and decisions made by RI6 in the second part of the 20th century. However, it appears that these demographic changes and the period of reflection amongst the religious themselves were not the only influence. The loss of the key Religious leader who had been the main leader of both the RI and the services provided for a long time was a key driving force, as OPL5 notes:

“There was a very powerful lady Sister XX..... who was there really for 40 years you know so I would say it was probably more when she was coming to the end of her days, you know and she kind of sort off held on until she was 75” (OPL5a).

Led by this Religious as well as a lay colleague, RI6 commissioned management consultants to do a report on governing in the future, which recommended the appointment of lay leadership. The first lay leader appointed took over the role of the Religious in terms of the operation of the services and with the appointment of the second lay leader, it was agreed that both civil and canonical structures would be put in place. The change of structures was also influenced by what this Religious termed as “what was best for people with learning disabilities” (OPR6), which was seen as crucial in terms of the way forward.

6.4.2.2 Sense-making within RIs

As part of their sense-making process at this time when they considered their identity, the Religious decided that they should share their ethos with their lay colleagues. This does not appear to have been a structured formation process, but rather a sharing of their value system, as this Religious notes:

“The ethos of the congregation is very much valued and we set up to go around at one stage to talk to staff about our ethos which had never been done before ... we talked to staff about our ethos and our congregation and the history of the congregation” (OPR6a).

It appears that this was a one-time event and did not happen again in terms of a structured formation process. Their main concern was to ensure *the future survival of the mission*, as this lay participant notes:

“I think they did have a sense that we have done some good work here and we have a lot of good people around doing that work and can we find some kind of vehicle that will enable that to continue. I think there was a very conscious sense ...of concern that in the absence of they doing it at that time, the presumption would have been the state would do it and there would have been a feeling that the state would not do it very well” (OPL5a).

This feeling of the state not being able to provide as well as RI6 is replicated in other RIs particularly RI1 and was a driving factor in trying to ensure the mission continued. To ensure continuity of their identity, RI6 then engaged in some sense-giving actions as discussed in the next section.

6.4.3 Identity Management in RI6

6.4.3.1 Sense-giving by religious leadership

Like all the RIs in this study, RI6 *restructured the organisation* in terms of establishing civil and canonical structures. At the time of interview in 2011/12, the board was chaired by a Religious but in 2019 is chaired by a lay person. A public juridic person was set up in consultation with the local bishop but according to OPL5, this was for a specific purpose, not related to identity per se:

“Yes we have a public juridic person.... It had to be in order to take possession of certain church lands” (OPL5a).

For the lay participant it appears that it was not the connection back to the Catholic Church that was valued, but rather a need to require control of the assets to support the charitable work of the organisation. However the Religious participant qualifies this statement as also being in relation to identity because if the formal connection with the church wasn't in place, the connection with the religious congregation would be gone completely. In either case, the establishment of a PJP by RI6 seems to be much more about maintaining a 'link' with the formal Church, rather than for the purpose of safeguarding identity as in RI1 and RI2.

As noted previously RI6 differs again from the other RIs in that it has not followed any structured approach with regard to *formation*. Part of the reason for that is that it appears that there was never any real drive to keep the organisation particularly Catholic as noted by this Religious:

“They would have the ethos and founding values and that, but it would change. I would see [the founding values] changing to meet the needs of [people served] But the values always remain and they would be based on Christian values” (OPR6a).

The second reason in terms of their approach to formation was the influence of the lay CEO of the time. This individual had a long tradition and history with the organisation and had carried out specific work about ethos, as this religious participant observes:

“Our CEO is very much for the ethos and that it should continue and be a huge presence in the services” (OPR6a).

This presence and influence on identity is clear from the interviews with the lay participant concerned. In his interview, he states that for him linking care and the *history* of the religious institute was not appropriate, and that formation should be much more about linking the organisational values to those of best practice and care. When asked about the relevance of the founding story to current care practice, he responds:

“No, it would just come across completely fake. Even the Sisters when they were there, it wouldn't have been talked about” (OPL5a).

At the same time, he spoke of a formation based on a general philosophy of care as advocated by the founder and the subsequent sisters which he has translated into a contemporary type of service for individuals with intellectual disability:

“What I am trying to do is to keep alive I suppose is the kind of founding - you know motivation which was about the dignity of the individual and bearing witness to the dignity of the individual and there would be that element within the Sisters. So it would be more about trying to find a contemporary expression of that and excite people with that rather than trying to layer a historical thing on top of that” (OPL5a).

RI6 is unusual in that it appears its founder or founding story is not a distinctive element of its identity, as it is for other RIs. From the very beginning it seems they saw their services as being broadly Christian in the future, based on the needs of the individuals served. However, there is a sense that the identity of their services is distinctive nonetheless:

“Well, how are we different. I was talking to a member of staff the other day and she said it’s very difficult to put words on it, but it is the atmosphere and the care and how the client is valuedand from their experience, they have worked in some non-religious places and they would say it’s quite different” (OPR6a).

For RI6, the distinctive element of identity for this organisation is founded in the quality of care provided. It appears it is this identity, the identity as perceived by the CEO based on his understanding of the values held by the RI, which is being transferred to staff:

“We do a lot of stuff, about what do we mean by taking somebody seriously, what do we mean by person-centredness? What do we mean adding value to somebody’s life and we try and get into the corners of some of those things rather than just having them as pieties that are paraded. We would, I mean I would spend a lot of time writing reflection notes and circulating it to Managers and finding opportunities to talk about that” (OPL5a).

This perception of the identity of RI6 is confirmed by OPR6 and has allowed organisational members to make sense of their identity as being based in best practice in social care.

6.4.4 Perceived Identity Discrepancies

6.4.4.1 Perceived identity drift

Unlike RI1/RI2/RI3/RI4, a *misalignment of among internal beliefs* does not appear to have occurred within RI6. This is probably because from the very beginning, RI6 and its lay

leadership adopted a concept of identity that was based in humanistic and best practice values with an overlay of Christianity:

“In a sense if you have the Christian values ...as a Catholic you have to have Christian values” (OPR6b).

“Whereas the whole ‘it being about the person’ really does watermark the work, there was hardly ever any explicit reference to Catholic thinking. There were references to the Christian tradition” (OPL5b).

It appears that this understanding of identity was shared not only by the leadership and the staff but by the families of the clients within the service, which is evidenced by the ease in which they accepted the change from religious to lay leadership:

“The parents and the clients have all taken on this lay [organisation] very easily We probably would have said that the service is going to be the same, the name is going to be different” (OPR6b).

As such it seems that the *organisational culture and narratives* have remained the same and this has been reinforced by a third new external CEO:

“[She is] is very much in keeping with tradition in a sense and where we have come from in the services and she would wish that would remain because it was something, she always thought was so good and so informed and quality driven” (OPR6).

The appointment of the new lay CEO was planned carefully to ensure that whoever was appointed would identify with the identity of the organisation:

“Part of the succession planning from me to [new CEO]I would have worked with the executive team and then with the board on making very explicit what are priorities, values are, how we manage any tensions between those values, so would have made it very very explicit” (OPL5b).

A member of the RI was also asked to sit on the interview board. Being clear about their understanding of their identity as both lay and religious leaders, appears to have been one reason that the identity drift experienced by other RIs appears not to have been experienced by RI6, even though it faced many of the same identity threats.

6.4.4.2 Perceived External Identity Threats

RI6 does not appear to have been affected by any specific *adverse media attention* but has faced the same external identity threats in terms of a *shifting institutional context and a changing national and societal culture* as the other RIs, however:

“I don’t think it had any impact on our identity. In fact we did some of our best work when we had cutbacks” (OPL5b).

OPR6 acknowledges that although there has been “drastic changes” in the environment, she does not feel that they have affected their identity in a similar way as other RIs do. Again that appears to be because of their original holistic understanding of what their identity is and their belief in the lay people who have followed them. OPR6 notes:

“If you think of what Jesus Christ said, we would hope that Jesus’ values would continue. And people are good.” (OPR6b).

In order to ensure that this vision of their identity was sustained into the future however, it became clear, particularly to the lay senior leader that values and beliefs about identity which had been implicit, would need to become more explicit into the future. As such a new phase of sense-making took place which is discussed under identity adaptation.

6.4.5 Identity Adaptation

It appears from the interviews that RI6 and its health and social care services adapted their identity from the very beginning. However, there was a sense that as the former lay CEO had a long history with the organisation and a trusting relationship with the sisters, that much of these beliefs about identity were implicitly understood. However, when he was looking to retire, it became clear that what was implicit needed to be made explicit:

“I would say that there was a lot of implicit confidence in me when I took over..... So part of what needed to happen then was to make explicit what our vision of identity is, what our core values are, and what is distinctive about the way we do things, the culture of the organisation.... as part of the succession planning” (OPL5b).

The lay participant felt that it was crucial that this ‘values clarification’ occurred particularly in terms of succession planning. He himself was planning to retire and recognised that unless beliefs about identity were understood and owned by the new CEO and the organisation as a whole, they it would not sustain:

“I would say that the whole succession thing came in two different phases from the sisters to where it is now. The first was to me, and I would say a lot of that was based on [interviewee] knows us and we know him. We have a sense of what his values and we don’t really need to go and explicitly clarify any of that. But this time around, when we were moving on to another generation and someone outside the organisation there was a recognition that we really have got to articulate what our core values are, what our vision for the future is” (OPL5b).

With this work carried out, OPL5b was confident that the identity of RI6 will continue into the future because of the leadership now in place:

“Because [xx] who has taken over from me has certainly got a sense of, and was very attracted by the vision statement.I am very confident that she will express this new and extended vision” (OPL5b).

This confidence was echoed by OPR6 who when asked again in 2019 what she hoped for in terms of the identity of the organisation:

“A good Christian service with good values” (OPR6b).

When asked whether she felt that identity would sustain, she advised:

“My answer is I don’t know, in the sense that you would hope and trust and you have trust in good people that give a service to people with disability and that they get the best service, then that’s all we ask” (OPR6b).

RI6 has remained constant and consistent in its approach to the identity it desires for its health and social care services, despite any of the internal or external challenges it faced.

6.4.6 Summary

RI6 was placed in a category by itself, because it seems that of all the RIs it “accommodated” identity change from the very beginning. Both the original ‘sense-making process’ by the RI post Vatican II and the ‘values clarification’ exercise initiated by the former lay CEO appears to have supported that ‘accommodation’. By labelling their identity as values led with a Christian overlay, they have supported an inclusive identity which presumably has made it acceptable to all members. The Catholic part of their identity appears to be covered in terms of

the establishment of a new PJP, which connects them back to the Catholic Church, but does not appear to be an influencing factor in terms of identity.

6.5 Category E – RI7/RI8

6.5.1 Description – RI7/RI8

The final category relates to two RIs who following reflection after Vatican II and in response to internal and external changes and challenges decided to divest themselves of their health and/or social care services.

RI7 is a Catholic Religious Women's Congregation founded 1831 in Dublin, Ireland with aim at that time to 'care for the poor, sick and ignorant'. In Ireland provision includes hospital and nursing home care. RI7 is the same religious congregation as RI5. However it is set up with separate governance and structures and as such for the sake of this analysis both Provinces have been treated separately.

RI8 is a religious congregation of women founded in Ireland in 1871, involved in many ministries including health and social care services.

Religious Institution	Brief Description	Religious Participant	Designation	2011	2019
RI7	Congregation – Health and Social Services	OPR9	Senior Religious Leader	22.6.2011	No longer involved in health and social care
RI8	e Congregation – Health and Social care	OPR10	Senior Religious Leader	31.8.2011	No longer involved in health and social care

Table 6.6 Participants from RI7/RI8

These two RIs are explored in category E as their responses to the internal and external challenges they faced was dramatically different than the other RIs in this study.

6.5.2 Identity Renewal – RI7/RI8

6.5.2.1 Internal Changes in RIs

Changes for RI7 similarly to RI5 were driven by the need to bring their various smaller units together into a larger grouping as Province due to the *sweeping demographic changes*. Equally as OPR9 notes they were driven by *profound influence of Vatican II*:

“I suppose it really arose at Vatican II, when we began to look at the whole charism of the Order and what united us and that kind of thing” (OPR9a).

RI8 also entered a period of reflection post Vatican II, informed by diminishing numbers and the lack of competence/capacity amongst the remaining Religious to continue with their mission.

6.5.2.2 Sense-making by RIs.

Sense-making for RI8 including consideration on their current mission in comparison with the mission of their founder. The *reassessment of the founding story* in this context was a particular driver in terms of decisions *about the future survival of the mission*. OPR10 recalls:

“It was mostly because Sisters were saying what are we doing in private healthcare? We were founded to be with people who were poor, and also it was getting harder for administration and things were getting more complex and VHI was getting more difficult to deal with and things were becomingI suppose management was moving to a different level and accountability [was required] in a bigger way (OPR10a).

The fact that they were engaged in private healthcare meant that for them they were “ really subsidising the rich” but that due to the complexity of funding “people who are working there are not getting a fair wage” (OPR10a), which was incongruent with their own identity. In addition demands of increasing regulation and legislation meant that further funding from the congregation would have to be invested in these services. For all these reasons, OPR10 notes that in the early 1991 she made the first decision to close a service, “that was my first meeting as Province Leader, I said its closing. We are not going to put resources into it” (OPR10a). This began the long journey for RI8 in divesting itself of its service.

RI7’s decision to disengage seems to have taken longer, OPR10 notes:

“You see, one of the factors in this, is even though, the Sisters are retired, are of a retired age, they are still so energetic. And people are working right up until their 80s. So in one sense, its nearly delusional in terms of the diminishment. But we are taking it seriously in the last, say, five to six years, that the diminishment is there and it’s a factor” (OPR10a).

As this interview occurred in 2011, it appears that RI7 took considerably longer in reaching the decision that RI8 reached in the early 90's. This was probably influenced by the fact that RI7 is considerably than RI8 and it took some time for the demographic changes to really affect their considerations. However, they finally decided that:

“We realised that we weren't able to keep this going the way we had been and that we could no longer hold trusteeship with any kind of authenticity” (OPR10a).

RI7 therefore also commenced a long process to disengage from its health services. As both RIs made the decision to disengage, the question of the future identity of their health and social care services does not arise and as such is not considered under the remaining themes.

Both services, over different timeframes, decided that they had not the numbers or competence to continue to provide health and social care services in a fast-changing environment. RI8 also considered that the private services that they were providing were no longer a reflection of the original mission of their founder, which is quite a different decision than that made of RI2, who also provide private services.

These decisions were not easy to make and caused upset and distress as OPR10 remembers:

“That was a very painful, oh it was so,...I'll never forget the pain of it” (OPR10a).

But both participants were clear that the RIs could no longer support these services as OPR10 notes ‘with any kind of authenticity’ and instead have found a level of equanimity about the decision:

“Now I have come to the place of peace and acceptance that that is, and that we have contributed as long as we could and that we continue to do that” (OPR10a).

The participant from RI7 echoes this sense of saying goodbye to what was and moving on to the next stage:

“I think we are pretty clear at this stage that RI7 as it was known and its foundation up until a number of years ago, it certainly won't be the same, it can't be. We are in a different time and all of that, it won't be” (OPR9a).

While the majority of the RIs made efforts to ensure the services continued underpinned by their own charisma, the Catholic faith or at least a values-driven approach, RI8 did not see itself

as having any influence on the identity its services into the future, once they had moved on. This seems to be because at the time the decision was made to divest themselves of their health and social care services, it did not occur to them that their identity would need to be bolstered or propped up in the future:

“We didn’t ask any of [our services] to be kept Catholic. I suppose at that stage, selling ...to the Health Board, we took it for granted that things would be fairly Catholic. It’s amazing the way things have changed in 15 years. 15 or 16 years ago that did not cross our minds..... you know we didn’t really think how things would change” (OPR10a).

This quote is perhaps indicative of what most RIs and indeed Irish people would be presumed in the 1980’s/early 90’s, which is that healthcare in Ireland would remain Catholic, whether operated by Religious or state. Other Religious interviewed 2011/2013 would have had a similar sense, even though changes in Irish society had started to take place.

6.5.3 Summary

The reflection which both RIs in this category underwent post Vatican II drove them to the decisions to disengage from health and social care services. These decisions, which took place nearly 20 years apart, were influenced by internal demographic changes as well as external environmental challenges. For RI8 discussions led to a growing sense that their then current mission in private health and social care was not congruent with their founding story and their own identity. In the early 90’s it did not occur to RI8 that their services would not remain Catholic when they ceased to be the sponsors. This is an indication of the Catholic culture of Irish society at the time, which had just started to change.

6.6 Conclusion

This chapter sets out the findings from the analysis of the interviews with individuals from religious institutes and services external to the case study organisation. The interviews were analysed under 4 separate themes:

- Identity Renewal
- Identity Management
- Perceived Identity Discrepancies
- Identity Adaptation

The 'sense-making' reflection period which most RIs went through was informed by changing demographics, consideration of the founder, the teachings of Vatican II and concerns about the survival of their mission (Identity Renewal). Two of the RIs (RI7/RI8) decided, over two different timeframes, that they would disengage from health and social care. The remaining five of the external RIs in this study realised that in order for their identity to continue into the future, they needed to engage in a series of identity management processes around OIC (Identity Management). This phase was part of a 'sense-giving' phase by the Religious, where they made formal identity claims around mission, vision, values and the founding story, and supported them through actions on restructuring, succession planning and different levels of formation. RI1 (case study organisation) and RI2 had a particular structured response, but others (RI3, RI4, RI5) all engaged in similar, if less structured, actions. RI6 was somewhat unique, in that although structural and organisational changes were made, its formation processes were particularly influenced by the translation of the ethos and values of the congregation by the lay leader.

It was during or at the end of these identity management processes, that the first set of interviews took place. Even at that time, the different RIs had different understanding about what they wanted their future identity to be, that is Catholic (RI2, RI5), Christian/humanistic and values led (RI3/RI4/RI6). Nonetheless there is a sense that they felt that the sense-giving actions which had been undertaken would support their vision of their identity into the future.

However, it is clear from the second set of interviews that a misalignment of internal beliefs, which were hinted at during the first set of interviews particularly by lay leaders, were becoming clearer (Perceived Identity Discrepancies) for a number of the RIs. During the first set of interviews, lay leaders had spoken of their connection to the secular values of health and social care, in some cases supported by the founding mission of the congregation. As in RI1 a sense of crisis was perceived by the participant from RI2, founded by a growth in a misalignment of views between the civil and canonical leadership. Concern was expressed that this lack of clarity in terms of identity would affect the organisational culture of the health and social care services in the future, in terms of how services would be provided. The participant spoke of 'gaps' which were occurring, new partnerships where she was uncomfortable, and real concern about what would happen to the identity of the organisation into the future. Other RIs (RI3 and RI4) acknowledge that a misalignment of views is or has occurred and have reacted to this by blurring their concept of identity as OPR1b notes "you have to accept the fact

that a significant number of people are not what we would call obviously practicing Catholics or recognising that they have a Catholic identity”.

These discrepancies with regard to identity have been influenced in all RIs by changes in national and societal culture particularly in terms of diminished allegiance to the Catholic religion. In addition, changes in the institutional context, specifically the relationship between the RIs and the state are also seen to have had an adverse effect. There is a concern to be seen as too Catholic means that you will not receive funding (RI3, RI4) and that it puts too much pressure on the lay leadership now in place. There is an acknowledgement that recent legislation in the area of abortion is now government policy in healthcare. However, those RIs who wish to continue in the health and social care setting, maintain that there are specific areas that they will not countenance, such as abortion or euthanasia. One RI (RI4) is following the actions of RI7 and RI8 by withdrawing completely from healthcare in Ireland to work in other countries where their mission is growing. This action was presumably influenced by the negative image of the RI which ensued following adverse media attention and to ensure that their own identity would not be compromised. But they also had a strong sense that their work in Ireland was now complete. As this lay participant notes “They are handing over the mantle, because they feel that what they have achieved in Ireland....it is time to hand on” (OPL7b).

RI6 currently seems to feel that the identity they ‘accommodated’ in the beginning is still embraced by all, particularly as it has now been made more explicit through a sense-making ‘values clarification’ exercise. There is a sense that this more explicit identity is now a collective, commonly-shared understanding of the organisation’s distinctive values and characteristics. RI5 remains committed to a Catholic identity for their services but indicates a need for further discussion about how that will occur. Others are either planning (RI2, RI3) or already have gone through a new period of sense-making within their wider organisation (RI4). The purpose of this new phase of sense-making is to find a way of adapting their identity to the new environment in which they now exist (Identity Adaptation) which can be shared and owned by all. For RI2, this is to be achieved through stronger systems around formation and governance. In this manner, organisational members will be supported to consider and re-interpret what is central and distinctive about their organisation, but within a specifically Catholic framework driven by American counterparts. For RI3, this sense-making process is planned as a ‘re-animation’ process, where organisational members will again be encouraged to look to the founder’s original mission, as an inspiration in providing services where the dignity of the individual is respected.

The reflection and deliberation processes within the RIs took many years and consisted of heartfelt discussion and consideration. It is clear that the outcomes from this process were not the same for each RI. But no matter which outcome, it is also clear that in the near future the religious congregations and orders who had sponsored health and social care services in Ireland for over 200 years in some cases, will no longer be physically present. As one religious participant stated:

“I think, where our congregation is, here in the Irish context, it really is a long slow road to saying goodbye” (OPR11a).

Chapters 5 and 6 have explored the analysis of the interviews of both the case study and the external RIs and their health and social care services. The next chapter explores those findings in the light of the literature.

Chapter 7

Discussion

7.1 Introduction

The purpose of this qualitative study is to explore the sustainability of identity in Irish Catholic led health and social care in a time of change. This chapter includes a discussion of the major findings from the analysis of the interviews (chapters 5 and 6) as they relate to the literature on faith-based organisations (FBOs) (chapter 2) and organisational identity (OI) (chapter 3). The methodology for this study is discussed in chapter 4. The findings suggest that the sustainability of identity in Catholic health and social care in Ireland may depend on three factors: firstly, a shared understanding and ownership of the distinct characteristics of organisational identity as it is interpreted by organisational members, whether that is Catholic or Christian/Values driven; secondly how that identity can continue to evolve, be reinterpreted and be adapted through sense-making processes by organisational members in the face of internal challenges and external identity threats; thirdly, how those sense making processes by organisational members may inform sense-giving OIC processes by lay leaders in the future.

Also included in the chapter is a discussion on how Pratt and Foreman's (2000) framework could be used as a lens to identify and distinguish the different approaches that RIs in this study have taken to manage multiple identities. The chapter finishes with a short conclusion.

The chapter addresses the research questions which guided the study:

- What are perceived to be the intrinsic elements of identity in Catholic health and social care services in Ireland in the 21st century?
- What is the nature of the identity management processes that Catholic RIs have engaged in to construct and sustain a distinctive identity in their health and social care services?
- How has the perception of religious and lay leaders of the identity of their health and social care services been influenced by external and internal challenges?

In exploring the sustainability of identity in Catholic led health and social care in Ireland in a time of change, interviews which had taken place with participants from the Case Study RI (RI1) and external RIs and their concomitant health and social care services, as well as two

external experts (chapters 5 & 6), were analysed and formulated into four separate and multi-dimensional themes. These themes are:

- Identity Renewal
- Identity Management
- Perceived Identity Discrepancies
- Identity Adaptation

All of the themes are relevant to each RI, but are influenced by the different approaches and responses made by the individual RIs. The identity adaptation ‘sense-making’ phase has already occurred in three RIs (RI2, RI4 and RI6), is planned for one other (RI3) and it would seem requires active consideration by two (RI1 and RI5). RI7 and RI8 have responded to the various internal and external identity threats by withdrawing from the provision of health and social care altogether in Ireland.

The next sections examine the findings under these themes and the insights developed.

7.2 Interpretation of the Findings

The four themes have a dynamic dimension to them as each theme does not always progress as smoothly and sequentially as the framework might suggest. There is some overlap and repetition; for example, lay participants had some appreciation of the growing external identity threats during the first set of interviews, but appear to be much more aware of the consequences of these threats by the second set of interviews. Each theme, addressed separately for the sake of clarity, is discussed in detail below and analysed in relation to the relevant literature.

7.2.1 Identity Renewal

As discussed in chapter 3, Ravasi & Schultz (2006) note that events that call into question the beliefs of organisational members about the central and distinctive attributes of their identity can challenge self-perceptions and self-categorisations (Dutton & Dukerich, 1991; Elsbach & Kramer, 1996; Golden Biddle & Rao, 1997). The internal identity challenges faced by the RIs in Ireland in the latter part of the 20th century were such events. They included drastically changing demographics (Donnelly, 2000; Cara, 2015) as well as the demand from Vatican II to re-examine their identity (*Lumen Gentium*, 1964; *Gaudium et Spes*, 1965; *Perfectae Caritatis* 1965; *Evangelica Testificatio*, 1971). Communities of Religious were encouraged to return to the roots of Christian life, which is to sacred Scripture, and the inspiration of their institutes and founders and to adapt both to the needs of the modern world.

For the first time in over 200 years, the RIs in this study (with the exception of RI6 which only started its services in Ireland in 1952) had to re-examine their OI and their claims about what were the central, distinctive and enduring characteristics of their identity (Albert & Whetten, 1985, Whetten, 2007). Schneider (1986) notes that prior to renewal, RIs were a “completely separate and self-sufficient social system within which no questions were asked, values and practices were accepted without examination and assimilation to the group was seen as the highest personal achievement” (1986: 27). Religious leaders in all RIs prior to Vatican II engaged in ‘sense-giving actions’ which reinforced strong identity claims. These claims were accepted by all, unquestioningly, as consistent and legitimate narratives which supported religious members to construct a collective sense of self. This approach to organisational identity is consistent with the social actor approach to identity, whereby identity claims are enduring and resistant to change, as suggested by Czarniawska (1997), Whetten & Mackey (2002) and Whetten (2003). Albert and Whetten (1985) argue that these enduring and resistant identity claims can be challenged by major disruptions in the life cycle of the organisation. The RIs in Ireland post Vatican II faced such a major disruption in the form of seismic demographic changes, during what can be described as the breakdown/critical period of their life-cycle (Cada, 1979). For Cada (1979), there are three possible outcomes: extinction, minimal survival or revitalisation. The subsequent period of identity renewal was seen by many RIs as a form of revitalisation whose primary goal was the preservation of the identity of Catholic health and social care services in the future.

During the ‘renewal period’ RIs were forced into what could be described as a social constructivist approach to their identity (Gioia *et al.*, 2000, Haslam, 2000). A ‘sense making’ process was carried out by religious members to review and revise their OI in response to organisational challenges as discussed above. These changes required them to make *new sense*, that is to make new interpretations, of what was central and distinctive about their identity in ways similar to the theoretical processes described by Fiol, (1991) and Gioia & Chittipeddi, (1991).

This seems consistent with the social constructivist approach to continuity of identity taken by researchers such as Elsbach & Kramer, (1996), Gioia & Thomas, (1996), Ravasi & Schultz (2006), Clark *et al.*, (2010) and Rindova, Dalpiaz & Ravasi, (2011). The social constructivist approach proposes that organisational members construct a collective understanding of the features that are presumed to be central and continuous and which distinguish the organisation from other organisations (Gioia *et al.*, 2000). Proponents of a social constructivist approach

argue that organisational members will review and revise the collective shared beliefs as they re-interpret them in response to environmental changes. Similarly, during this period, many RIs came to accept that their identity *could* be adapted and evolve in the face of changing circumstances, however, the research conducted for this study shows that not all RIs adapted their OI in the same way.

It seems that a consensus in the literature emerged as to how Catholic identity in healthcare could be characterised, where religion is the defining element of identity of an FBO (Netting, 1984; Chaves, 1994; Wilson, 2003; Bradley, 2009; King, 2011; Clarke & Ware, 2015; Greenstein, 2016). The centrality of religion is seen as what contributes to the “uniqueness of religious-based service” provided by an FBO (Cnaan, 1999:26) and to its identity. In the Catholic context, for example, this means that there are certain elements of healthcare that Catholic health care would not be involved with, such as abortion or certain end of life issues, and the exclusion of such practices are also core or central to their identity (Morrissey, 2013; White, 2013). For Catholic healthcare RIs in particular, there is a consensus in the literature that the role and story of the founder and the founding story of the religious institute is seen as an important distinguishing factor (Arbuckle, 2000; White, 2000). The findings presented here are not wholly consistent with this consensus.

In exploring and reinterpreting their identity, the majority of the RIs in this study did revisit the stories of the congregation and the founding figures of their communities (Schulz & Hernes, 2013; Lefevre, 2015; Basque & Langley, 2018) and designated them or at least their founding mission as the distinctive factor of their identities. By participating in a renewal process, the RIs were also accepting as did many RIs during this time, and as Ravasi & Schultz (2006) argue, that the meanings associated with formal claims about their identity could evolve in response to changes in the environment. However, closer examination of the RIs in this study, show that it is the role of the Catholic faith in the future Catholic identity of their health and social services (Arbuckle, 2000; Morrissey, 2013) that seems ambiguous. This study reveals that while most RIs have continued to hold on to the founding story as the distinguishing feature of their OI, not all have held on as strongly to their underlying Catholicism. In addressing the first research question, religious leaders in RI1, RI2, and RI5 clearly hold the Catholic faith as a central element of the identity of their health and social care services. However, contrary to the literature, RI3, RI4, and RI6 do not seem to perceive their Catholic faith as surviving as a central feature in the identity of their health and social care services into the future. The *image* of their health and social care services are still identified as Catholic via websites, mission

statements, annual reports and other documents and it is still how many external stakeholders perceive them (Brown, Dacin, Pratt & Whetten, 2006; Whetten, 2006; Corley et al., 2006; Price, Gioia & Corley, 2008; Gioia, Hamilton & Patvardhan, 2014). However, it appears that their Catholic faith no longer dominates the OI of their health and social care services.

At this time for RI3 and RI4 it is the connection with the founder, and specifically the founder's original response to changing need that is prioritised within their services. For RI6, it is not so much a connection with the founder him/herself that is prioritised, but rather how the values associated with the founding story are translated into best practice in terms of health and social care within their services. This is an unexpected finding and one that contradicts much of the literature examined in chapter 2 and 3 on Catholic identity in FBOs. It is also very different not only to RI1 and RI2, but to other RIs involved in health and social care in the United States who continue to identify strongly as Catholic. Not surprisingly, these differences around perceptions of the future dominance of Catholic faith in their services, produced distinctions between the RIs in the study in terms of identity adaptation.

At the end of the sense-making process undertaken by the RIs in this study, the religious leaders began a number of new 'sense-giving' initiatives and practices, to support their interpretation of OI within their health and social care services. The goal was to maintain and sustain their identity in their services through a process of organisational identity construction (OIC) which is discussed under the next theme.

7.2.2 Identity Management

Following on from the sense making process in terms of their *religious* identity as a result of Vatican II, the religious leaders of the RIs in this study then turned to the *organisational* identity of their health and social care services. For them, until this point, the greater religious identity and the more narrowly focused OI, were inseparable. As Arbuckle (2000) notes "there was no mission statement. It was not needed, as the purpose of a Catholic hospital was clear for all to see and experience: to be compassionate to the physically and mentally sick and to make sure the sacraments were readily available to them when needed" (2000:96). The analysis presented in chapters 5 & 6, show that following the renewal period, the religious leaders in all of the RIs in this study tried to preserve their individual interpretation of a Catholic OI through 'sense-giving' identity construction processes. These processes can be interpreted as providing a coherent guide for how organisational members within the health and social care services should behave and more particularly, understand the identity and ethos of the organisation as

well as how other organisations should relate to them (Ravasi & Schultz, 2006; Dhalla, 2007; Gioia *et al.*, 2013). The nature of the identity management processes that Catholic RIs have engaged in to construct and sustain a distinctive identity were OIC processes such as formation, leadership succession and structural change initiatives within their health and social care services.

Part of this ‘sense-giving work’ which the religious leaders of the RIs engaged in, is broadly in line with what Gioia *et al.* (2013) describe as the use of ‘internal resources’ in identity formation processes, centred around:

- Founders and leaders’ beliefs and values (Gioia *et al.*, 2010, Kroezen & Heugens, 2012)
- Past experiences of organisational members (Howard-Grenville, Metzger, & Meyer 2013), and
- Organisational narratives and organisational culture (Ravasi & Schultz, 2006; Gioia *et al.*, 2013)

These internal resources were used by the RIs to develop ‘sense-giving actions’ such as various formation programmes within RI1 to RI6 which supported alignment with the RI’s identity. As Gioia *et al.* (2010, 2013) outline, identity formation involves the articulation of an organisation’s initial identity claims by its founder, and these establish the guiding vision of the organisation and its eventual identity. This articulation lies at the foundation of most of the OIC formation processes undertaken across the RIs in this study. Chapter 5 shows that the re-connection back to the founder and the founding story is particularly important to RI1 and is a key component of every element of the formation process within RI1.

However, it appears from both the first and second set of interviews that while lay leaders in RI1 connect to the founder as a lay person who performed heroic acts in responding to new needs, they do not necessarily see this as intimately connected to the Catholic faith. In one sense, this very real connection felt by lay leaders to the founder could be seen as a sign of the success of the formation processes by the RI. On the other hand, the connection appears to be an affinity with the founder as a good person, rather than as a representative of the Catholic Church. This may not be quite the identity the religious leaders wished to construct. The implications of this finding are significant for RI1, as it suggests that its OI could still retain a deep connection with the founder into the future when its leaders are wholly Lay but not necessarily a deep connection with the Catholicity of its sponsoring RI. As noted in chapter 3,

Smith (2013), holds that there “are seven key characteristics of Catholic identity in health care, which are: “The healing ministry of Jesus, the stories of congregations, the social teaching of the church, a ministry of the church, a sacrament or sign of Christ’s presence, a way of being in communion with the church, and a means of witnessing to the faith” (Smith, 2013:3). The absence of a connection to the Catholic Church by the new lay leaders means that a number of these ‘key characteristics’ such as ‘the social teaching of the church, a ministry of the church, a way of being in communion with the church’, could be lost, and consequently a distinctive Catholic identity, and yet a connection to the founder as giving meaningful values based guidance to everyday professional practice could persist.

The different responses in terms of formation as part of the ‘sense-giving’ by the RIs are underpinned by the different perspectives of the religious leaders as to the continuance of their organisation’s identity post renewal. The religious leaders in RI2, similarly to RI1, engaged in highly structured formation programmes in which they endeavoured to reinforce the Catholicity of the OI. As with RI1, these formation processes do not appear to have been wholly effective, as became clearer at the second interview stage. In 2019, the religious participant acknowledges that a gap had started to grow between the canonical and civil structures, which had fed into a growth in a misalignment on internal beliefs about OI within the health and social care organisation.

The religious leaders in RI5 also advocate a particularly Catholic vision of identity for its services into the future, and yet seemingly paradoxically appear to have delegated their responsibility for formation to its civil board. In the first set of interviews, RI5 had plans to support formation programmes and seemed to see them as critical. However, by the second set of interviews, there was a sense that they were afraid of being seen as patronising or condescending, given the more secular Irish society. In response, RI5’s religious leaders seem to have relinquished any level of further responsibility for formation but as yet no action appears to have been taken by the civil board in this regard. Although in general the religious participant speaks of a wider discussion on the issue of Catholic identity needing to take place in society at large, in the absence of any ‘sense-giving’ actions by the board in this regard, it is difficult to see how a Catholic OI could be sustained within their health and social care services in the future.

Religious leaders in RI3 & RI4 provided formation to staff on a formal basis, and on a more informal basis to board members, and they seemed to rely on the trust they had in their lay

leaders for the continuation of a broader Christian understanding of OI in their services into the future. It would seem that institutionalising the mission effectiveness training programme into the normal HR programmes as has happened with RI4, could be a key step in ‘living out this Christian mission in the future’ in that organisation and may be an example that other RIs could follow. Finally, RI6 does not appear to have followed any structured approach with regard to formation. Part of the reason for that is that it appears that there was never any real drive to keep the organisation particularly Catholic, and that any training given to staff instead concentrated on values and contemporary social care needs.

The first set of interviews showed artefacts to play a crucial role in many of the RIs’ formation processes. Many writers have shown the importance of artefacts in sustaining organisational identity (see, for example, Trice and Beyer, 1984; Deal, 1985; Schein, 1985; Davies, 2009). In this study, the use of artefacts was a critical OIC process, whether in the production of documentation such as ethos documents (RI3), the development of museums or heritage centres (RI5) or in mission effectiveness programmes (RI1, RI2). Consistent with the literature, artefacts seem to have been viewed by the religious leaders as more than just the "concrete manifestations of culture" (Davies *et al.*, 2000:112) but also as identity claims of what is central, enduring and distinctive about their organisation (George *et al.*, 2012). This is particularly true of RI1 where certain paintings of the founder and his associates are in every service or centre, and are used to support a Catholic identity consistent with that founding. However, the analysis provided in chapter 5 indicates that, by the time of the second set of interviews, the connection between these artefacts and the identity of the organisation was weakening, and they were losing their relevance as manifestations of identity. As one lay participant notes, the new CEO did not know who the individuals in the paintings were or what they represented to the organisation in terms of identity. The lay participant notes with concern the effect of this lack of knowledge by key leaders:

I think we are on a very [sic] slippery slope to losing exactly who we are, who aspire to be, who we aspire to be like, then it [identity] is lost” (CSPL8b)

Schultz & Hernes (2013) note that artefacts, in addition to being manifestations of past practice, can also provide cues about identity claims into the future, and thus support identity construction. If the artefacts being used as part of formation within the RIs are no longer considered relevant in terms of informing and supporting the current OI, then their relevance in terms of future identity construction is likely to be greatly diminished.

Dhalla (2007) suggests that organisations can strongly influence and construct their OI by managing the intra-organisational factors that form their internal core characteristics, which they usually can direct and control. Organisational structural changes took place in all the RIs, with the appointment of new lay leaders in the executive, civil boards and, in RI1 and RI2, with the creation of boards of sponsors.

As a practitioner within RI1, it seemed to me initially that the establishment of a new PJP by RI1 which was a key part of their restructuring, was synonymous with the reinforcement of the traditional Catholic OI of RI1. Before I began this research, I had presumed that all other RIs would also be working towards reinforcing their own traditional Catholic OIs. However, my research was to show that the new structures differed quite radically across the RIs in this study.

The objective of these new structures was to ensure the continuation of the mission, underpinned by the identity as interpreted by the individual RIs. RI1 and RI2, who are committed to a Catholic identity for their services into the future, and RI6, where it seems that the establishment of a PJP afforded protection of the assets for the charitable purposes of the organisation, were the only RIs to set up PJPs, giving them a direct connection back to the Catholic Church. For RI1 and RI2, the establishment of a new PJP is a manifestation of the control thought necessary to ensure a Catholic identity is sustained in its health and social care services. This does not appear to be true for RI6. Conversely, for religious leaders in RI3 and RI4, it appears they perceived this formal connection as affording too much control to the formal Catholic Church, and therefore not enough independent control to the new lay leaders of their health and social care services. This again is an unexpected finding of this research. It is clear that the distinct objectives regarding the future *identity* of their health and social care services that religious leaders in each RI had, influenced considerably the structural changes they chose to make.

Finally, a number of RIs engaged in formal (RI1) or informal (RI3, RI4, RI6) succession planning in an effort to ensure the new lay leadership were the right 'fit' for the organisation's identity, at both at executive and board level. In most cases these new lay leaders were taking the place of religious themselves for the first time and, as such, had gone through formal (RI1, RI2) or informal (RI3, RI4, RI6) formation processes. For religious leaders across all the RIs in the study, ensuring that lay leaders had a 'fit' with the organisational values, ethos and identity was critical as they, the religious, move on. For some RIs (RI1, RI2) it was important that 'fit' supported *their* perception of a Catholic OI; for others (RI3, RI4), it was only essential

that any new leadership embraced a broader more Christian OI. For religious leaders in RI6, however, all that was required was that any new leadership embraced best practice social care values coupled with the tradition of the organisation. Finally, the religious participant interviewed for RI5 did not articulate whether 'fit' was important for them in terms of leadership, despite their conviction that their services should remain Catholic. Thus, the research reveals that the nature of "goodness of fit" in succession planning varied considerably between these RIs.

This sense of 'fit' is supported in the literature which indicates that employees who hold values that match the values of their employing organisation will be more satisfied with their jobs, identify with the organisation, and seek to maintain the employment relationship (Chatman 1989; Kristof, 1996; Kristof-Brown, Zimmerman, & Johnson, 2005). This research reveals differing success rates in achieving goodness of fit. Despite the structured formation in RI1 and RI2, the analysis shows that lay leaders have not developed the close affinity with a Catholic OI, as hoped for by the religious leaders. The result in both settings has been identity crises. In RI3, RI4 and RI6, there seems to be a greater fit between lay leaders and the more 'blurred' non-Catholic OI identity that religious leaders accept as the future of their organisations.

The various typologies explored in chapter 2, and particularly Sider & Unruh's (2004) six-fold typology adopted in terms of this study, categorises FBOs according to religious integration (Table 2.1). In analysing the RIs in this study, using this typology, it would seem that the services sponsored by RI1, RI2 and to a lesser extent RI5 could be categorised as 'faith-centred', as having an explicit and integrated relationship with religion. The services sponsored by RI3, RI4 and RI6 could be classified currently as 'faith-affiliated', and evidence from the second set of interviews suggest that perhaps over time, these services might become categorised as 'faith-background'. These latter two categorisations imply a much weaker relationship with the Catholic religion, where faith practices and beliefs have a limited influence on service provision. This split in terms of the approaches been taken by the RIs seems to be driven firstly by the different sense-making processes undergone during their own renewal period which, then secondly, informed their sense of how the OI could become adrift from their religious identity, and ultimately, the sense-giving actions they took to deal with this. It is their different interpretations of their vision of their identity that is driving the OIC processes in the health and social care services.

During this period of time, these conscious efforts at organisation identity construction were driven by internal challenges initially and their purpose was to support a consensus on identity as interpreted by the individual RIs. However, despite these ‘sense-giving’ actions by the religious leadership of the RIs, perceived identity drift began to occur in different ways in the face of *external* identity threats which are discussed in the next section under Perceived Identity Discrepancies.

7.2.3 Perceived Identity Discrepancies

Perceived identity drift across these RIs appears to have been influenced by a misalignment of views and internal beliefs, connected with the emergence of multiple identities. Many researchers note that not-for profit organisations can have multiple and conflicting identities (Golden-Biddle & Rao, 1997; Glynn, 2000; Nevile, 2009; Jager & Beyes, 2010; Harris, 2011; Kreutzer & Jager, 2011) which arise as they are increasingly being called upon to balance social missions with economic pressures (Jager & Beyes, 2010; Harris, 2011; Kreutzer & Jager, 2011). Given this pressure, it is understandable that religious led non-profit health and social care services display multiple identities (Starr, 1982; Stevens, 1989; Pratt & Foreman, 2000) while also having allegiance to an overarching religious based identity. In RI1 and RI2, the more recent appointments of lay leaders who have not previously been through the formation process seems to demonstrate a misalignment of views and beliefs - a growing gap between the understanding of identity proposed by the Religious and that understood and shared by the lay leadership.

In addition to this identity conflict, health care organisations particularly hospitals, are also heavily staffed by professionals, i.e. medics, therapists, and nurses, all of which are “closed collegial and self-regulating occupations” (McGivern *et al.*, 2015:1) which foster specific professional identities. However, up until the latter part of the 20th century within RIs providing healthcare services, it seems that these multiple identities were masked by the allegiance of organisational members to the overall Catholic identity. Indeed, the concept of a consistent organisation-wide consensus with articulated values and vision, known a ‘Catholic Identity’ has historically been the way Catholic health and social care services have been perceived (Fox, 2008), externally as well as internally. Their identity as health service providers was closely intertwined with their Catholic identity in the minds of the general public. People would talk about going to ‘John of Gods’ or getting treatment in the ‘Bons (Secours)’, conflating the name of the religious institute with the actual health or social care service. However, with the emergence of ‘identity threats’ as discussed in the next paragraph, it appears that latent multiple

identities began to emerge across most of RIs in this study. An example of the extent of these identity threats can be seen in the adverse media attention in the context of the location of the new maternity hospital on land owned by the Religious (Boylan, 2017)³¹.

Image or reputation of an organisation can be very important to organisational members as argued by Dutton & Dukerich (1991) in their study on the New York Port Authority (NYPA) and their action on homelessness. Negative media attention and its effect on the image of Catholic identified health and social care was alluded to by a number of both religious and lay participants of RI1, RI3, RI4 and RI5. For the religious participants in particular they were very concerned that the perception of the OI of their services would be adversely affected.

These perceived external identity threats also created identity discrepancies. The changes in national and societal culture in Ireland as discussed in chapter 2, already under way in the latter part of the 20th century, were further influenced by the scandals on abuse within the Catholic Church and consequently on the allegiance of many to the Catholic Church in Ireland. As Inglis (2007) note “the Catholic Church no longer acts as a “sacred canopy” for social, political and economic life” (Inglis, 2007:205). These challenges and threats had an impact on the allegiance of lay staff to the traditional Catholic OI. There seems to have been a dawning realisation amongst the religious leaders of some of the RIs (RI1, RI2, RI3, RI4), particularly evident from the second interviews, that the ‘fertile ground’ they had thought was there in their health and social services in which to embed their sense of their identity, was weakening, as Catholicism waned in general across Irish society. The answer for RI1, RI2 and RI3 appears to be in increased identity construction processes of the type suggested by Dhalla (2007) and Gioia *et al.*, (2013), particularly in the area of formation. For RI2 particularly, this has resulted in major restructuring. These are discussed below in the section on identity adaptation.

Despite the difficulties faced in terms of external and internal challenges, the religious leaders of RIs still appear to be committed to their individual interpretation of their organisational identity, as it emerged during the ‘renewal period’. Those Religious who advocated for an

³¹ The former master of the National Maternity Hospital in Holles Street, Dr Peter Boylan, articulated the concerns of some of the clinicians which were that there would be fundamental religious objections to a significant amount of the clinical work that might take place in the hospital (Boylan, 2017, O’Halloran & Hutton 2019) as it was located on land owned by a religious institute. This presumption was despite a governance agreement where the religious institute involved had committed to non-interference in clinical matters (Mulvey, 2016). The professional identity of medics in this regard as articulated by Dr Boylan; approved by much of the public and assented to by the government departments, led to a total withdrawal of the RI concerned from any part in the governance of the new Maternity Hospital.

enduring and strongly Catholic identity within their health and social care services continue to do so, sticking with the understanding of their identity as agreed during ‘the fork in the road’ period of renewal (RI1, RI2, RI5). However, the second set of interviews show clearly that the lay leaders interviewed have been more influenced by the external identity threats than the Religious. The lay participants connected with RI1 articulate clear doubts about the sustainability of a Catholic identified health and social care service into the future. Likewise, those Religious who were promoting a wider understanding of their identity also remain committed to that broader identity (RI3, RI4, RI6). Much more of a consensus around this OI was evident between the Religious and lay leaders throughout the two sets of interviews.

The next section examines the road that some RIs have taken in terms of identity adaptation which may provide some direction for other RIs in the study into the future.

7.2.4 Identity Adaptation

It seems that consistent with research by Corley & Gioia (2004), loss of clarity in the OI of Catholic led health and social care has led to a sense of ‘identity ambiguity’ in RI1 and RI2 particularly, and to a lesser degree in RI3 and RI4. Religious participants from RI1 and RI2 remain clear that they wish their health and social care services to continue with a Catholic identity. Lay colleagues connected with the RI1 seem equally clear that the ability to maintain such a vision of identity into the future seems doubtful. Currently, lay participants sense a crisis of identity, and it seems that in order for RI1’s vision to be sustained, lay leaders and other organisational members need to *make new sense* of what the organisation is about and adapt their identity in response to their new circumstances (see Ravasi & Schultz, 2006). A sense of continuity of identity could be supported through this new sense-making period through a process of adaptive instability as described by Gioia, Schultz & Corley (2004), where the the meaning of stable OI labels which are so important to RI1 could change to allow for adaptation to changing circumstances.

In RI2 the religious participant had already perceived that lay colleagues were viewing the identity of the organisation in a different way and as such had been stimulated to take action to resolve this ambiguity around identity claims and beliefs. A new sense-making process had commenced, by the time of the second set of interviews. In contrast to Ravasi & Schutz (2006) however, this new sense-making process has not led to a revision of identity claims. Instead it has confirmed what those involved in the original sense-making process during the ‘revitalisation’ period had perceived as the central and distinctive features of the organisation,

namely a strong Catholic identity. Whether this confirmation on identity was due to the continuing dominant influence of strong institutional claims about identity held by the Religious involved in this process, or whether any lay staff involved contributed to the development of a collective understanding of OI in RI2's health and social care services is not quite clear. Nonetheless, the religious leadership of RI2, decided to engage in a further series of 'sense-giving' actions around identity. This culminated in them taking the radical decision to join a large American health and social care system sponsored by another arm of their religious institute, in an effort to ensure the continuity of their Catholic OI. However, although there is an acknowledgment of difference "the Americans talk it more than we do. We live it more than they do. But they definitely talk it" (OPR3b), there appears to be limited understanding of the different cultural context between US and Ireland as explored in chapter 2 (Pew Research Centre, 2014, 2018). In addition, although this structural and governance change may help to reinforce Catholic identity in the short-run, other identity threats may arise, such as different funding models or a different relationship with the state as indicated by Smith, (2002). As such it is open to question as to whether the OIC processes seen to operate successfully in Catholic identified health and social care in United States will translate seamlessly and with equal success to Ireland.

The religious participant of RI3 also talks of the necessity of a new 'sense-making' phase (Corley *et al.*, 2006) when he speaks of the need to 're-animate' in terms of identity. However, during the whole period of this research, religious leaders of RI3 have seemed much more open to a collective shared re-interpretation of the organisation's distinctive values and characteristics by all organisation members. For RI3 as for RI4 and RI6, this identity is one dominated by the widest definition of Christian values, and not one where the Catholic faith is the central tenet. By adapting its identity to the environmental challenges it faces, the religious participant of RI3 feels that this identity will be successful in retaining a sense of coherence and continuity as suggested by Gioia *et al.* (2000, 2013).

The health and social care services of RI4 have also gone through a period of 'sense-making' with regard to their identity, driven in particular by adverse media attention and the effect that this had on its reputation and image. This adverse attention caused the organisational members of the organisation to re-evaluate their understandings of what are the core and distinctive features of their organisation (Gioia *et al.*, 2000; Whetten & Mackey, 2000). This supports the more 'blurred' concept of identity based on Christian values which had been originally advocated by religious participants of RI4 during the sense-giving process, but now seems even

more connected to secular and humanistic values which are apparently congruent with the desires of society in general. In this way, it appears that RI4 services are trying to counter any dissonance that organisational members felt between *their* perception of their identity as a Catholic identified health and social care service and the negative image of it as perceived by the *external community* influenced by that adverse media attention. These findings are similar to those of Dutton & Dukerich (1991) in their study of the New York Port Authority when it is suggested the authorities only took action on homelessness, because members began to feel a disconnect between *their* perception of the NYPA's identity and how it was perceived by the community. In addition, the professional identities common to acute health care which emerged more fully over the last 10/15 years, are able to support and buy in to such a broad overarching OI, rather than one which is particularly identified as Catholic. However, the absence or dilution of the Catholic faith as a central factor of the newly adapted identity of RI4 or the planned adaptation in RI3, could mean that it will be difficult to sustain these organisations as different from their secular counterparts into the future. If RI3 and RI4 wish to maintain a distinctive identity, they may need to look for new ways of identifying such distinctive features in the future.

RI5 remains committed to a Catholic identity and its religious participant spoke of a requirement for identity refocus in broader terms, in terms of the role of Catholic health and social care in the state as a whole. It seems however, that in RI5 consideration of the future is now in the hands of the civil board. Although they are legally mandated to continue as Catholic health care, it remains to be seen as to whether they too will engage in a new 'sense-making' process around their identity, to adapt it to ensure continuity into the future or instead engage in a box-ticking exercise around a set of actions that would demonstrate compliance with ensuring the Catholic OI of the organisation in letter rather than embracing Catholic values in practice.

For RI6, it appears that the original sense-making process that took place during the renewal period with regard the central, distinctive and enduring features of its identity still supports a source of coherence and stability for the organisation. RI6 seem to have embraced an understanding of their identity as one primarily based on best practice health and social care practice, underpinned by a very broad understanding of Christian Values. The connection to the Catholic faith no longer seems to have any part of its identity. Indeed, the lay participant reiterated his understanding of the identity as being "contemporary and using secular language as well" (OPR6b). RI6 engaged in a new phase of "sense-making" to make explicit what had

been previously understood implicitly about the identity of the health and social care services. Both lay and religious participants interviewed remain confident that this understanding of their identity will continue into the future.

Using the OI literature as a framework for analysis has supported insights about the sustainability of identity in Catholic health and social care in Ireland and how that may depend on three factors. Firstly, it seems that the sustainment of any identity, whether it is Catholic or Christian/Values driven, will be dependent on a shared understanding and ownership of the distinct characteristics of organisational identity as it is interpreted by organisational members, who in the future will largely consist of lay people. The sense-making which the Religious embraced during the renewal period post Vatican II led to a new understanding and interpretation about should be the central, distinctive and enduring characteristics of the OI of their health and social care services (Albert & Whetten, 1985, Whetten, 2007). Despite the consensus in the literature which stresses the centrality of the religion, in this case Catholic, as a defining element of identity of an FBO (Netting, 1984; Chaves, 1994; Wilson, 2003; Bradley, 2009; King, 2011; Clarke & Ware, 2015; Greenstein, 2016) each RI embraced their own interpretation and understanding of their sponsored organisation's identity. This new understanding then informed the consequent sense-giving processes. It seems that in turn, as represented by the theme of 'identity adaptation' any future sustainment of OI within the health and social care services, is dependent on a new period of sense-making by lay organisational members, which they in turn can own and embrace.

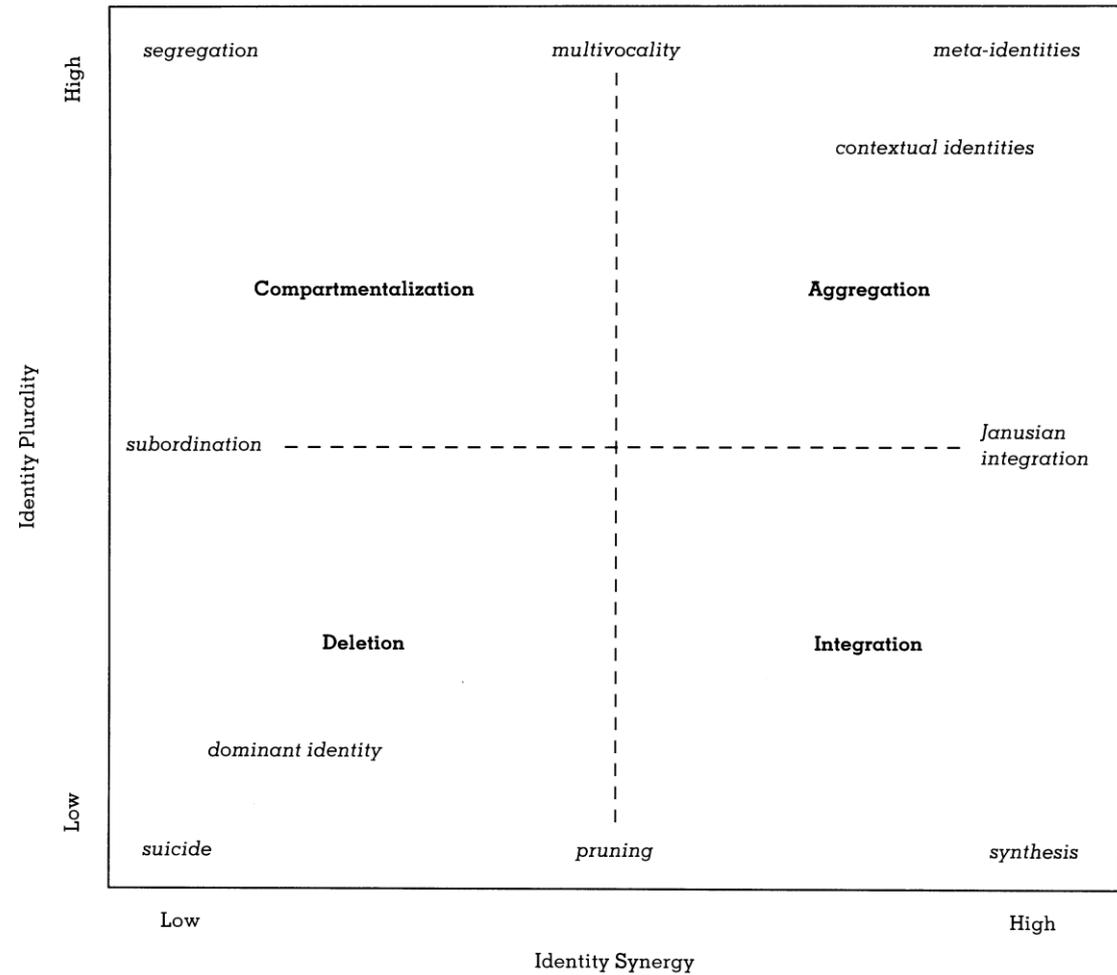
Secondly, this study shows that the shared understanding of identity may continue to evolve, be reinterpreted and be adapted through sense-making processes by organisational members in the face of internal challenges and external identity threats, particularly those coming from the increasingly secular Irish national and societal culture. The internal challenges which lay leaders in not-for profit organisations face include multiple and conflicting identities (Golden-Biddle & Rao, 1997; Glynn, 2000; Nevile, 2009; Jager & Beyes, 2010; Harris, 2011; Kreutzer & Jager, 2011) which arise as they are increasingly being called upon to balance social missions with economic pressures (Jager & Beyes, 2010; Harris, 2011; Kreutzer & Jager, 2011). This is complicated in health and social care by the increased professional identities (McGivern *et al.*, 2015) and in Catholic health and social care services specifically by a required allegiance to an overarching religious based identity (Smith, 2013). Externally, Catholic sponsored health and social care face increased OI threats such as adverse media attention, different accountability structures, and legislation and regulation which supports isomorphism in health and social care.

Finally, one of the results of the cultural and societal changes and the abuse scandals described was that people turned away from the sacramental life and rituals and practices of the Catholic Church in large and increasing numbers (Burley & Regan, 2002; Inglis, 2007). Indeed, it is clear that the former identification of the majority of population with the Catholic Church has evolved during the last decades of the 20th century in such a way that the Catholic Church in Ireland lost a great deal of its authority and credibility. Facing these various identity threats, it is clear that in order for their OI to be maintained and sustained the new lay leadership must continue to adapt their identity in response to their new circumstances through new sense-making processes (see Ravasi & Schultz, 2006).

Finally, the study shows that for identity to be sustained in these health and social care services once the Religious have gone, sense-making processes by organisational members should inform any sense-giving OIC processes by lay leaders in the future. It is clear that in order for any future sense-giving OIC processes implemented by lay leaders to be accepted and followed by organisation members, they must be informed by the organisation's sense-making processes. Without such a connection, it appears that any sense-giving OIC processes will be unsuccessful as is evident from the interviews of lay leaders in RII's services. As noted by Ravasi & Schulz (2006) focusing on both a social actor and a social constructivist approach to identity, one emphasising institutional claims and the other collective understanding, is important in terms of constructing OI, representing different aspects of the process. The next section uses the lens of Pratt & Foreman's (2000) framework to examine the approaches taken by the RIs in terms of maximising the advantages and minimising the disadvantages of the emergence of multiple identities and any consequent identity conflicts, and thus supporting and sustaining OI within the health and social care services.

7.3 Approaches to managing identity threats and conflicts

This section is influenced by work carried out by Chenhall *et al.* (2015) in their case study of a non-profit organisation and the management of identity threats and multiple identities. In this section Pratt and Foreman's (2000) framework (Figure 7.1) is used to analyse the choices being made by the RIs in terms of managing multiple identities and their effect on the identity of the health and social care services they sponsor (Figure 7.2).



^a The placement of specific responses (e.g., multivocality) is for illustrative purposes only. Further research is needed before we can more exactly map these responses.

Figure 7.1 Pratt and Foreman's (2000) Framework

Pratt & Foreman (2000) argue that combining the dimensions of identity plurality (the number of identities) and identity synergy (the relationship between or among) multiple identities leads to four 'ideal' ways of managing organisational identity. .

Figure 7.2 below sets out how the RIs response to multiple identities within their health and social care services are categorised using the Pratt and Foreman (2000) framework:

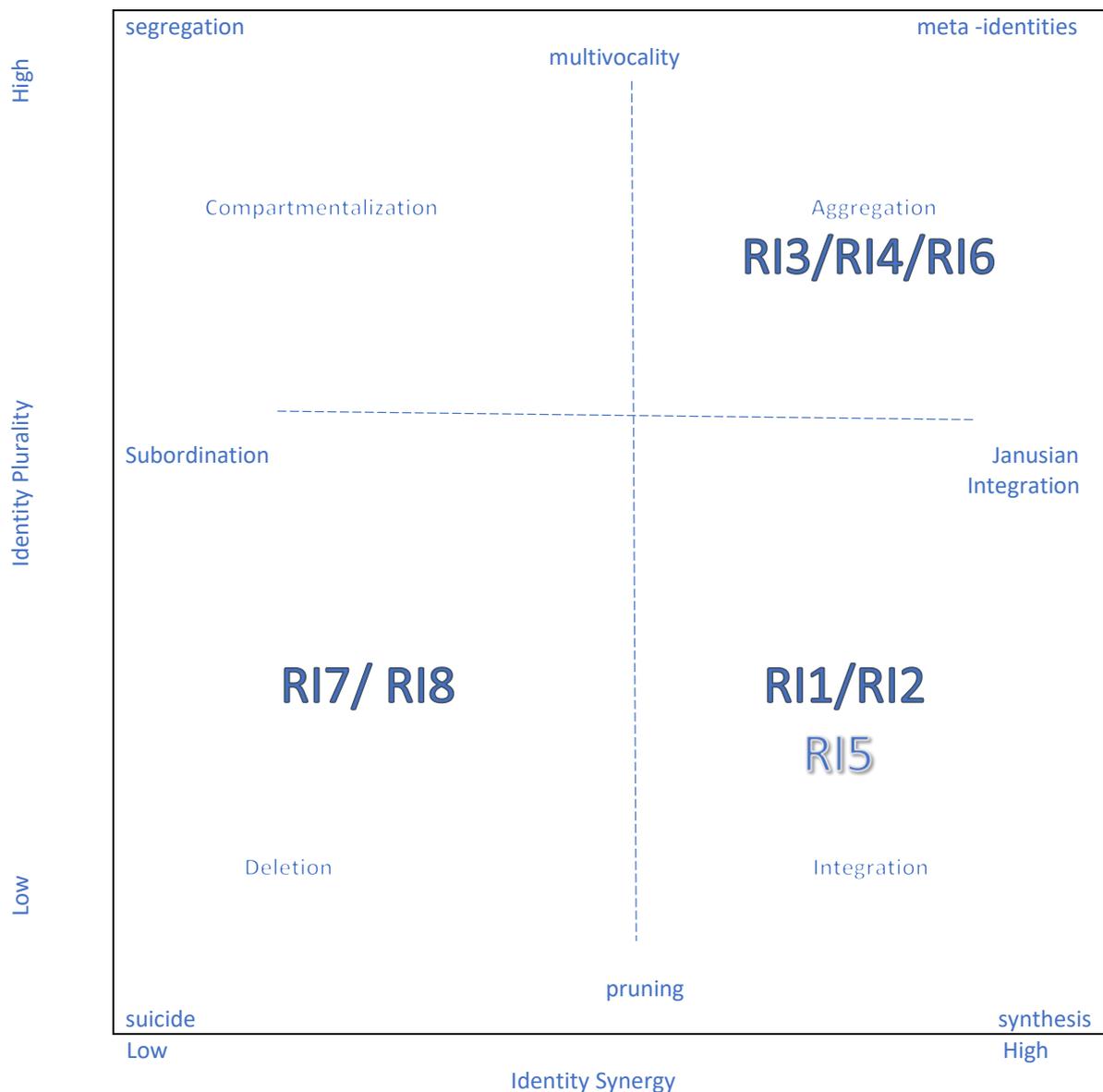


Figure 7.2 RIs' Categorisation per Pratt and Foreman (2000) Framework

It seems that RI3, RI4 and RI6, have decided to keep complementary organisational identities by creating an overarching 'blurred' identity based on humanistic values. This overarching OI is mediated by the connection with the founding mission, if not particularly the founder, which acts as a bridging device that allows the multiple identities within the organisation to connect yet still operate relatively independently. By attempting this type of *aggregation* strategy, 'professional' identities as articulated by clinicians, 'civil' identities as expressed by lay leaders and a 'Christian' identity as espoused by the Religious can all be accommodated. Pratt and

Foreman's (2000) presumption is that organisations are resourced well enough to support such a strategy, which presumably RI3, RI4 and RI6 are. By creating such a meta-identity, the RIs and their sponsored organisations appear to hope that any threats which might arise as a result of a multiple identities will be nullified. It would seem that *aggregation* has been deemed the most appropriate response by these RIs and their sponsored organisations because there are considerable advantages in cooperation among individuals holding these multiple identities within a healthcare setting. As Fottler (1987) notes, health care services are seen as unique as they are highly "variable and complex, highly specialised and highly interdependent, requiring a high degree of co-ordination among diverse professional groups" (1987: 369), in order that the best outcome can be provided for the patient. However, as previously noted it is unclear how a 'meta-identity' with the dilution of its previous central core, that is its connection to the Catholic faith, can be seen as capable of sustaining an OI that is distinct from other healthcare service providers.

Integration occurs when managers attempt to fuse multiple identities into a distinct new whole. This appears to be the vision of identity for RI1, RI2 and to a lesser extent, RI5. The new understanding of Catholic identity developed during the renewal process has the Catholic faith as a central factor, a distinct relationship with the founder in RI1's case and a commitment by all to the RIs' charism of health and social care. Pratt and Foreman (2000) use the phrase "Janusian" integration in which organisations with two identities can fuse them together to make a 'two sided identity'. In this context, the Janusian integration could be between an OI in which the values and social teaching of Catholicism is respected, and an OI in which the humanistic values of health and social care is equally valid.

However, *integration* could prove to be an arduous, or perhaps even untenable, for Catholic identified health and social care in the current secular cultural context in Ireland (Fahy, 1998; Inglis, 2007) particularly in terms of compliance with Catholic social teaching on issues such as abortion. In addition, the relationship with the state has now changed. Previously the Church's strong role in the national culture and society of Ireland from the foundation of the state (Fahy, 1998), had encouraged the development of an influential and special relationship between Church and State concerning policy development and funding of specifically Catholic health and education services. However, this understanding has now deteriorated significantly, as is evident from the media and indeed government policy, where there is no longer any special relationship. Indeed, it can seem that FBOs are currently engaged in a battle to exist within the

health and social care sector (O'Donoghue, 2014). The effect of such challenges on an *integration* strategy and the fusion of identities into the future remain to be seen.

Deletion occurs with the removal of one or more of an organisation's multiple identities by managers. In the case of RI7 and RI8 the decision was made by the religious leadership to withdraw support from their health and social care services. In RI8's case this decision was due in the main to an increasing sense that the identity of these services was not compatible with their *own* identity as a religious congregation. This decision was also influenced by constraints in financial and human resources. Because of the timing of the decision in the early 90's, RI8 had an expectation that the services would remain Catholic in general as it appeared that basic assumptions held by the members of RIs with regard to the Catholic faith were not far removed from that of the general population during that time (Kirby, 1984; Nic Ghiolla, 1992). It appears from the interviews that this expectation has proved to be unfounded. RI7's decision to disengage was also driven by constraints in human and financial resources, which meant they felt unable to support services they sponsored.

There is no real evidence of the strategy of *Compartmentalisation* being articulated by the participants in this study. However, I am aware that some RIs such as RI1 and RI4 do support both public and private funded health and social services. Over recent years the State has demanded that these services are managed in a separate and distinct fashion, often in separate buildings with separate management teams, while still linked to the sponsoring congregation. Presumably such a *compartmentalisation* strategy would allow senior leadership to maintain multiple identities. However, there was no evidence of this in this study.

The use of the Pratt & Foreman (2000) framework in this study improves the understanding of how the tensions of identity threats and multiple identity conflicts can be managed. Pratt & Foreman (2000) propose that a health care setting is particularly illustrative because of the multiple and competing identities fundamentally embedded in the health care industry (Starr, 1982; Fottler, 1987; Stevens, 1989). They also note that changes in how health care is managed or held accountable, has had the effect of both accentuating these identities and the conflicts between them. Finally, they note that the value placed on identity by Catholic RIs may be such that they would find it nearly impossible to part with, and in fact, may consider "this identity to be integral to its legitimacy and vital to its strategic posture" (2000:24). As such the use of this framework provides a new lens to view the different strategies taken by the RIs in this study to sustain identity in Catholic identified health and social care in Ireland into the future.

7.4 Conclusion:

This chapter interprets the findings from the analysis of the interviews from participants of the case study RI and the external RIs and their services in relation to the literature reviewed.

In analysing the findings over the two sets of interviews, it is clear that religious leaders in RI1, RI2 and RI5 remain committed to trying to ensure a Catholic identity for their health and social care services in the future. For them, the Catholic nature of the OI is paramount and the organisation would cease to be the organisation in its absence. It is clear that they wish these services to continue as 'faith-centred' at a minimum (Sider & Unruh, 2004). However, despite the formal and structured OIC processes carried out in pursuit of this goal, it seems from lay staff interviewed in RI1, and the perceptions of actions taken by lay staff articulated by the religious participant of RI2, that this goal has not been reached. Both organisations now appear to be facing a crisis in identity. For RI1, both the religious and lay participants interviewed acknowledge this crisis, and seem to feel that some type of a new 'sense-making' process on identity is now required. Such a process could lead to a new collective understanding of the features presumed to be central and continuous, and that distinguish the organisation from other health and social care organisations could be agreed. If this does not happen it is difficult to see how even a re-interpreted vision of the identity originally articulated by the religious leaders of RI1 could continue. In a radical endeavour to protect RI2's Catholic OI, its religious leaders have aligned the Irish services with their American counterparts who are strongly and staunchly identified as Catholic. However, it remains to be seen if the differing cultural and social contexts (as discussed in chapter 2) will support an American understanding of Catholic identity in health and social care in an Irish environment. RI5 has passed the responsibility for maintaining a Catholic identity to a lay board, which, although legally obliged to consider some form of mission effectiveness, have not been formed or mandated as to how it should be delivered and indeed it is unclear from the participant whether such programmes have occurred. In all three cases above, the sustainment of a Catholic identity in their health and social care services seems very open to question.

From the start, the religious leaders of RI3, RI4 and RI6 have embraced a wider vision of the identity they desire for their services into the future, as one which has more in common with a 'faith affiliated' categorisation (Sider & Unruh, 2004). It seems that they are concerned with having an image that is seen as too 'Catholic', believing that this will be perceived negatively by external stakeholders, such as the State and the media. It appears that their desire to continue

to provide services to people who need them is stronger than their desire to be identified as Catholic health and social care. This finding was unexpected, given the findings from the literature presented in chapter 2 and 3, where it seems that commitment to the religious basis (in this case Catholicism) of their identity is deemed critical for FBOs. It seems that the religious leaders of RI3, RI4 and RI6, by taking the radical step of broadening their concept of identity to one which is based on health and social care values with a Christian overlay, have created a consensus on identity which all staff appear to embrace. There is therefore less dissonance between the perception of the OI internally, and in its construed external image. However, the absence or dilution of central and identifying factors of identity means that it is increasingly difficult to see what is different about health and social care services with this concept of identity and that of secular partners. It seems that RIs who are currently categorised as 'faith-affiliated' could move to 'faith-background' quite easily (Sider & Unruh, 2004). During the first set of interviews, one of the lay participants spoke of visiting a health and social service abroad, where from some of the artefacts, such as pictures and the way the building was structured, she knew that the service had a religious founding. "I knew immediately that there was a religious influence. Even the building and the design of the times, there was all the give-away signs" (OPL2a). And yet when she asked a member of staff about which religious institute had founded the organisation, they had no idea. "They hadn't a clue They said 'oh there was a religious order here, I don't know who they are or who they were' ... I was horrified, to be honest" (OPL2a). The artefacts no longer supported what she saw as the integral Catholic identity of the religious institute which had founded the organisation. "I think it was sad. Because people had given their lives to doing this, building up something and the least that somebody might know is their names" (OPL2a). Whether this experience is a harbinger of the future identity of health and social care services sponsored by RI3, RI4 and RI 6 remains to be seen.

The interpretation of the findings as described above demonstrate that contrary to my perception at the beginning of this study, Catholic RIs have taken different approaches in terms of sustaining identity in their services in to the future. These approaches have been influenced by the individual interpretations which they themselves have agreed in terms of identity, rather than an homogenous approach as the definitions on Catholic identity by authors such as (Smith, 2013; White, 2000; Greenstein, 2016) would suggest. By moving between social constructivist and social actor approaches, there is a sense that the RIs, in particular RI3, RI4 and RI6, are trying to embrace an approach to identity which takes into account the views and opinions of

organisational members and thus have some chance at sustainability, but that nonetheless, strenuous efforts are being taken by RI1 and RI2 in particular to articulate their interpretation of identity for their Catholic identified health and social care services into the future. It is these striking different understandings and approaches, and their implications for the future of these organisations, which are the key finding of this study.

Chapter 8

Conclusion

8.1 Introduction

This research explored the sustainability of identity in Irish Catholic led health and social care in a time of change. An interpretation of the findings from the analysis of the interviews (chapters 5 and 6) as they relate to the literature on faith-based organisations (FBOs) (chapter 2) and organisational identity (OI) (chapter 3) took place in chapter 7. There appears to be three factors which may support sustainability of identity in Catholic health and social care in Ireland: firstly, a shared understanding and ownership of the distinct characteristics of organisational identity as it is interpreted by organisational members, whether that is Catholic or Christian/Values driven; secondly how identity continues to evolve, be reinterpreted and be adapted through sense-making processes by organisational members in the face of internal challenges and external identity threats; thirdly, how those sense-making processes by organisational members may inform sense-giving OIC processes by lay leaders in the future.

The main findings as they relate to each of the research questions are presented below.

8.2 Research Questions

1. What are perceived to be the intrinsic elements of identity in Catholic health and social care services in Ireland in the 21st century?

It is clear that the intrinsic elements of identity of Catholic health and social care were implicitly understood by both religious and lay stakeholders prior to Vatican II. The identity of the religious institute was synonymous with the identity of the health and social care service. The Catholic religion was seen as the central element of identity, the founder and founding story the distinctive element and identity was seen as stable and consistent. This social actor approach to identity was challenged within the RIs by the demographic challenges of the mid-20th century as well as the mandates from Vatican II to renew. A period of sense-making took place within the RIs who then subsequently engaged in a series of sense-giving actions with regard to OIC in their health and social care services.

For some organisations (RI, RI2, RI5), the result of the sense-making process was that the intrinsic elements of what makes a Catholic identity were confirmed, that is the central element

being the Catholic faith, the distinctive factor being the founder or founding story and that this identity should endure. However, from the interviews it appears that, despite the consequent sense-giving actions, this understanding may not be shared by the lay leaders of these RIs. In contrast, it seems that for other RIs (R3, RI4, RI6) the engagement in a social constructivist approach to their identity, prepared them to accept a more blurred identity for their health and social care organisations particularly with regard to allegiance to the Catholic faith, while still of course retaining their own Catholic identity. With this understanding the intrinsic elements of identity became blurred within their services, oriented more towards the founder's original mission and linked to broader Christian humanistic values in the delivery of health and social care. This 'blurred' identity has enabled a consensus on identity as it is more aligned to the expectations of organisational members who have been influenced by the cultural and social changes in Ireland. However, it seems that this 'blurred' identity has also the potential of making these services indistinguishable from their secular partners. This finding of a difference in approaches across the RIs was unexpected, given that the academic literature around FBOs suggests more homogeneity across religious institutions in response to internal and external identity threats (see for example, Morrisey, 2013, White, 2013).

2. What is the nature of the identity management processes that Catholic RIs have engaged in to construct and sustain a distinctive identity in their health and social care services?

Six of the RIs involved in this study engaged in a number of identity management processes to support the construction of identity as they had interpreted it. These 'sense-giving' actions were consistent with literature by Dhalla (2007) and Gioia *et al.* (2013). These included different levels of formation processes, structural and governance changes and succession planning. For RI1 and RI2 the sense-giving actions in terms of OIC were structured and formal in keeping with their determination to keep their services identified as Catholic. In Figure 7.2 this has been interpreted as an *integration* strategy, under Pratt & Foreman's (2000) Framework as discussed in chapter 7. RI3, RI4 and RI6 engaged in a more unstructured approach to formation and supported an ad hoc approach to succession planning, but all three engaged in structural and governance re-organisation. Again the approach of these three RIs to the OIC processes seems consistent with the broader conception of identity their religious leaders adopted as a means of perpetuating the identity of their health and social care services into the future. In Figure 7.2, this has been categorised as an *aggregation* Strategy, under Pratt & Foreman's (2000) Framework. After considerations post Vatican II, RI7 and RI8 did not feel that they could continue to provide services and as such the gradually divested themselves of their services. In

Figure 7.2, this has been categorised as a *deletion* strategy under Pratt & Foreman's (2000) Framework.

3. How has the perception of religious and lay leaders of the identity of their health and social care services been influenced by external and internal challenges?

Judging by the second set of interviews for this study, the perception of religious participants of the identity that they wish to sustain in their health and social care services once they have moved on has remained the same, despite the internal challenges and external identity threats that have continued to occur. RI1, RI2 and RI5 still wish to maintain and sustain a distinctively Catholic identity, and therefore can be categorised as 'faith-centred' under the Sider & Unruh (2004) framework. RI3, RI4 and RI6 remain ever more committed to a broader more blurred understanding of identity, therefore their services could be categorised their services as 'faith-affiliated' in the future. Indeed, the effect of external identity threats has actually confirmed for these RIs, that to be seen as too 'Catholic' could be a negative in terms of the fulfilment of their mission of health and social care. However, the continued dilution of distinguishing and central attributes as the Religious themselves move on, might see these services being more appropriately categorised as 'faith-background' in time.

It is clear that lay participants in particular have been influenced by the changes in the cultural, societal and national context in Ireland. These changes led to greater identity threats including a deteriorating relationship with the state, adverse media attention, and increased legislation and regulation. Despite the formal structured OIC approach taken by RIs such as RI1 and RI2, lay staff who have taken over from the Religious, have doubts about the continuance of a Catholic identity of their health and social care services. In contrast lay staff from those services which have adopted a more blurred understanding of identity appear to feel a sense of shared understanding and ownership about this identity.

In the near future the Religious who have played a key role in ensuring the 'centrality' of the Catholic faith in their health and social care services to date, will be gone. They have been the actual 'living artefacts' of their organisations, akin to what Ravasi & Schultz (2016) describe as the 'cultural heritage' of the organisation. It therefore seems from the analysis provided in this study that the sustainment of a distinctively Catholic identity of health and social care services in Ireland is in some doubt.

The more Christian humanistic identity espoused by some services may indeed continue, but it seems that these services may well become in time indistinguishable from its secular partners.

The next section of this chapter examines the contributions which this study makes.

8.3 Contributions

This study makes three major contributions:

- a. The first contribution is the identification of three main factors that will determine the sustainability of OI in Catholic health and social care services. These factors are:
 - i. Firstly, this study shows that the sustainment of any identity, whether it is Catholic or Christian/Values driven, will be dependent on a shared understanding and ownership of the distinct attributes of organisational identity as it is interpreted by organisational members, who in the future will largely consist of lay people. The sense-making which the Religious embraced during the renewal period post Vatican II led to a new understanding and interpretation about what was the central, distinctive and enduring characteristics of the OI of their health and social care services (Albert & Whetten, 1985, Whetten, 2007). Despite the consensus in literature which stresses the centrality of the religion, in this case the Catholic religion, as a defining element of identity of an FBO (Netting, 1984; Chaves, 1994; Wilson, 2003; Bradley, 2009; King, 2011; Clarke & Ware, 2015; Greenstein, 2016) each RI in this study embraced their own interpretation and understanding of their organisation's identity, whether it be Catholic or a more blurred Christian or values led identity. This new understanding then informed their consequent sense-giving processes. It seems that in turn, as represented by the theme of 'identity adaptation', any future sustainment of OI within the health and social care services, will be dependent on a new period of sense-making taking place by lay organisational members, involving an exploration of the central, distinctive and enduring characteristics of OI that they in turn can own and embrace.
 - ii. Secondly, this study shows that the shared understanding of identity may continue to evolve, be reinterpreted and be adapted through sense-making processes by organisational members in the face of internal challenges and external identity threats, particularly those coming from the increasingly secular Irish national and

societal culture. The challenges and threats described in chapters 2 and explored in chapters 5 and 6, will result in the rise of multiple and conflicting identities (Golden-Biddle & Rao, 1997; Glynn, 2000; Nevile, 2009; Jager & Beyes, 2010; Harris, 2011; Kreutzer & Jager, 2011; McGivern, *et al.*, 2015; Pratt & Foreman, 2000; Smith, 2013; Starr, 1982; Stevens, 1989). In order to address this rise, and to ensure the maintenance and sustainment of their OI, this study shows that organisational members must be willing to continue to adapt their identity in response to their new circumstances through new sense-making processes (see Ravasi & Schultz, 2006).

- iii. Finally, the study shows that for identity to be sustained in these health and social care services once the Religious have gone, sense-making processes by organisational members should inform any sense-giving OIC processes by lay leaders in the future. It is clear that unless future sense-giving OIC processes implemented by lay leaders are informed by the sense-making carried out by organisation's organisation members, they will be unsuccessful. This is clear from the identity crises that have or are occurring within RI1 and RI2's health and social care services.
- b. The second contribution relates to the context of this study. In contrast to the level of research carried out on FBOs, including Catholic RIs in United States and Europe as discussed in chapter 2, very limited research has been carried out on the role of religious institutes of Ireland in terms of the provision of health and social care. In this context, research regarding health mainly explores the influence of the Catholic Church on health care policy (Mahon, 1997; Fahy, 1998; Barrington, 2003; Wren, 2003) and the role of the Voluntary Sector as a whole (Robbins & Lapsley, 2008). The research in this study adds to the limited pool of knowledge on this organisational form.

In addition, Tracey *et al.* (2014) propose that one area where management scholars could make a distinctive contribution concerns the role of religious identity in secular organisations. They also argue that religious organisations “appear to offer fertile ground for broaching the division between the social constructivist and social actor perspectives on organisational identity” (Tracey *et al.*, 2014: 119). The division between the social constructivist and social actor perspectives was a central consideration within this study,

particularly in terms of the use of sense-making and sense-giving OIC processes, and as such it contributes to this evolving epistemological debate.

- c. Finally, this study contributes to the research on multiple identities by showing how the framework developed by Pratt and Foreman (2000) could be used to categorise how the RIs used OIC processes to respond to the emergence of identities. The use of the Pratt and Foreman (2000) framework in this way illustrates how efforts were made to manage and potentially resolve identity conflicts within Catholic led health and social care, thus building on work carried out by Chenhall *et al*, (2016) in terms of secular non-profits.

The next section of this chapter examines some of the limitations to the study.

8.4 Limitations to the Study

The study has a number of limitations.

The study took place at two different time frames, 2011 and 2013, and 2019. By the time of the second set of interviews, the religious leaders who had participated in the first second of interviews had aged considerably and become frailer, and indeed one of them had died. Of the six interviewed nearly all had completely withdrawn from the operation of their sponsored health and social care service and thus on occasion had difficulty in responding to some of the questions in the interview. Three of the lay people in the case study organisation had left the organisation, and although two agreed to be interviewed and still had connections with the organisation, their insights may have been diluted by distance. Only two of the external lay staff interviewed in 2011 and 2013 agreed to be interviewed again and this is a limitation in terms of ascertaining views of new lay leaders appointed to external health and social care services in the intervening years particularly in terms of the challenging health and social care environment and its effect on identity. However, interviewing lay people who had moved from the case study organisation into other external health and social care services was an effort to ameliorate this limitation.

Another limitation relates to the size of the sample population, particularly in the case study organisation. It would have been beneficial to the study to have interviewed more religious and lay staff, and this might have provided a greater depth of understanding, particularly about the core issue of how identity of the organisations may be viewed in the future. Interviewing middle management, for example, may have elicited some findings in terms of the day to day

running of these organisations and may have provided some interesting insights. However, in terms of the case study, in my role as a lay leader I had to be mindful of potential power imbalances in terms of interviews with managers. I was also conscious that senior religious and lay leaders would have the most in-depth knowledge and experience about the issue being studied, and felt that they would be able and willing to discuss their experience and opinions in a fairly open manner. I therefore made the decision to focus on the leadership both in the case study and the other RIs/organisations as these are the individuals that are driving changes that may not yet be fully perceived at lower levels within the organisation.

Finally, despite a great deal of media attention (Donnelly & Inglis, 2010), there is very limited research on the role and identity of the Catholic health and social care in Ireland. As such, much of the literature reviewed for this study has been from the United States which has a different cultural context and approach. These different approaches were made explicit in chapter 2 and were used to inform the findings in chapter 7. It is hoped that this study will add to the literature by exploring the identity of Catholic led health and social care in Ireland for the first time.

8.5 Further Research

As Fulton (2008) notes, in recent years, there has been increased interest in advancing the body of research around the intersection of religion and organisations. “Such research promises to increase the relevance and scope of organisational theory as well as our understanding of religious organisations and their broad role in the non-profit sector” (2018:16). This study explores the sustainability of identity in Irish Catholic led healthcare, in the face of internal challenges and threats as the religious leadership move on. The dynamic relationship between organisational identity and culture has been explored theoretically by Hatch Schultz (1997; 2000, 2002) and empirically by Ravasi & Schultz (2006). Further research could explore this relationship within religious led health and social care particularly in terms of the role that organisational culture might play in preserving a sense of identity therein, taking account of the unique relationship between identity, culture and faith.

Certain participants in this study expressed real concern over the image of their organisations and how that has affected their reputation, particularly in terms of how that is viewed by external stakeholders. It is perceived that an adverse media image could affect funding, and indeed the very viability of the mission. As such it seems further research of religious institutes and their health and social services may be particularly suited to examining the relationship

between identity, image, and reputation, which has been the focus of much debate in organisation theory (Brown, Dacin, Pratt, & Whetten, 2006).

Gioia *et al.* (2013) note that an important part of a call for future research would be to broaden and deepen an understanding of the role played by diverse contexts on organisational identity formation. As noted in the methodology chapter I had originally thought that I might see a clear difference between how male RIs and female RIs were approaching this radical transformation. Such a distinction did not arise in the research in this study. Yet on occasion in conversation after the interview, I would be asked by the Religious whether there were any differences between how the male Religious and the female Religious had approached the issue of organisational identity. It still seems that examining the distinction between the different approaches to identity from a gender-sensitive approach would enable researchers to consider different realms of experience, and open up new possibilities for study.

Finally, all sponsorship models start off with the same primary goals: enspiriting the sponsor(s) heritage, mission and culture, ensuring the Catholic identity of the organisation and protecting the congregation's assets or stable patrimony – usually defined as free or liquid capital, e.g. lands, buildings, long-term investments or endowments. This study only examined the first two elements of this goal. A further study might examine the ‘stable patrimony’ of the Catholic RIs that is the assets that are currently owned by the Religious and which ‘house’ large portions of the Irish health and social care services. No research has been carried out on what might happen to these assets once the Religious withdraw from service, or how the identity of Irish health and social care services would be affected by such a withdrawal.

8.6 Final conclusions

This study examined the sustainability of identity in Irish Catholic led health and social care in a time of change after the transfer from religious to lay governance and leadership. Catholic RIs have been the main driver of health and social care services in Ireland for the last 200 years. It can be said that without the Catholic RIs large swathes of the health and social care services in Ireland would not have existed. Indeed, up to 20 to 30 years ago, it would have seemed impossible that the RIs would not continue in the same vein into the future. The fact that most the RIs in Ireland are now entering the final stage of their life cycle in Ireland, seems, as one of the Religious acknowledged ‘amazing’.

Vanderwoerd (2004) suggests that there were three key simultaneous strategies which emerge as a means of maintaining religiousness in organisations in the face of secular pressures, namely, “(1) religious identities were perceived as given rather than chosen, and therefore were not negotiable; (2) religious values provided strong justification for seeking relationships with others who do not share their faith; (3) the religious worldview blurred religious and secular distinctions so that secular technologies and practices could comfortably be utilized” (Vanderwoerd, 2004: 240). RIs in Ireland appear to feel that choosing one or other of these strategies, rather than all three as proposed by Vanderwoerd (2004), will ensure that their interpretation of their identity will be sustained and endure in their services when they themselves are no longer present. For some this means committing to an identity with the Catholic religion as its central factor which is not negotiable and ensuring that OIC processes are in place to control this into the future. For others, adapting their identity to an overarching Christian Values led identity means that the distinctions between secular and religious health and social care are blurred and therefore presumably more open to organisational cohesion and less open to internal and external challenge. From this study, it seems that a Catholic identity may maintain its distinctiveness but may not endure in the present secularising environment and that an overarching Christian Values led identity may endure but may find it difficult to retain a distinctive, unique identity that differentiates it from any secular health or social care service.

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Catholic Religious Institutes who contributed to Study - Description

RI1: International, voluntary Catholic male religious institute opened first services in Ireland in 19th century and supports children and adults with a range of needs including intellectual disability, mental health difficulties and problems associated with getting older. **(Case Study RI).**

RI2: International voluntary Catholic religious institute who came to Ireland in 19th century and now involved in provision of acute hospital healthcare.

RI3: International, voluntary Catholic religious institute who opened their first services in Ireland in 19th century to provide for mental health needs. In Ireland now provide a variety of services and supports to people with an intellectual disability or autism, and their families.

RI4: Catholic religious institute founded in Ireland and continued to grow and spread throughout the world. In many ministries but in healthcare involved in hospitals, hospices, nursing homes, convalescent centres, and in the homes of the sick

RI5: Catholic religious congregation founded in Dublin, Ireland with aim at that time to 'care for the poor, sick and ignorant'. In Ireland involved in provision of variety of ministries including hospital and nursing home care. This religious institute is divided into different provinces in Ireland which had different approaches to governance structures and approaches in terms of health and social care and as such they have been dealt with separately (RI5 and RI7) in terms of this study.

RI6: An international religious order operating in the field of healthcare and education. Now under a new legal entity provides services of an extensive variety of services to people of all ages with an intellectual disability, but catering mainly for people at the moderate, severe/profound level of disability.

RI7: Catholic religious congregation founded in Dublin, Ireland with aim at that time to 'care for the poor, sick and ignorant'. In Ireland involved in provision of variety of ministries including hospital and nursing home care. This religious institute is divided into different provinces in Ireland which had different approaches to governance structures and approaches in terms of health and social care and as such they have been dealt with separately (RI5 and RI7) in terms of this study.

RI8: Religious congregation founded in Ireland in 19th century, involved in many ministries however, no longer involved in the formal provision of health services.

Aide Mémoire – Interviews at 2011/2013

(List of Topics as suggested by Bryman, 2012)

1. Own background/story
History/role in organisation
1. Position of religious led health and social care organisations in Ireland at the moment:
 - own organisationGovernance Plans for future
 - Civil/Canonical
3. Why happening?
 - Age of Religious?
 - Vocations?
 - Perpetuation of Mission?Lay people and role in these new governance structures – now and in the future?
4. What makes a religious health and social care organisation religious?
 - Levels of religiosity (Informed by Sider & Unruh, 2004)
 - Mission
 - Founding
 - Affiliation with external agency
 - Selection of controlling board
 - Selection of Management
 - Selection of other staff
 - Financial support and nonfinancial resources

- Organised religious practices
5. Healthcare supported by religious – different then healthcare supported by state/independents?
- Role of faith/religion – how incorporated into healthcare
6. Any additional information?

Aide Mémoire – Interviews at 2019

1. Thank Participant for seeing me again.
 - Explain about delay
 - Opportunity to carry out second interview
2. Review new consent and information letter
3. If second interview, any comments/updates/with regard to issues raised?
 - OIC management processes on formation, structural changes, succession planning – any update?
 - Any new OIC management processes?
4. Intervening years
 - Any considerations/discussions on identity construction?
 - Central, distinctive and enduring features of identity to be sustained
 - Identity Threats
 - Effect of Identity Threats on beliefs on identity of organisational members
5. Future in terms of identity of Catholic led health and social care
 - Consensus on identity to endure?
 - What will be nature of identity?

Ethics Application Process (1)

Letter of Information

(1ST SET OF INTERVIEWS)

Date:

Re: Exploring the sustainability of identity in Irish Catholic led health and social care in a time of change

Dear XX,

I am Director of Strategic Implementation for the [RI1] and I am currently undertaking a doctoral programme at DCU. As part of my studies, I am conducting research into the above topic.

As you know this is a time of great change within Irish Catholic Healthcare as there is a move towards provision of formal systems of governance which will allow lay leadership a strong role to play in the future leadership, management and governance of these organisations. I am particularly interested in looking at how processes, norms and values are sustained during this process. I am currently meeting Religious and Lay Leaders in these organisations as part of this Research.

I am also using the [RI1] as a case study in the research and am interviewing various people either in or connected to the organisation, who are involved in the process as set out above.

It is hoped that this research will not only address the current shortfall on academic research in Catholic healthcare governance in Ireland, but specifically the lack of research being carried out in this particular area. It is also hoped that the findings may be of assistance to religious healthcare organisations in their plans for the future.

The results of this study will be written in a thesis as part of my doctoral programme at Dublin City University. It may be published in relevant peer reviewed journals and/or presented at relevant conferences. However, all information will be treated in a confidential manner, and no personal details will be included in any reports and you will never be identifiable in any way.

I have interviewed many Religious and Lay Leaders involved in this work and I would be very grateful for your involvement. The interview would only last approximately 90 minutes and will take place at a location of your choice.

All information you provided will be kept confidential. Only I will know who takes part. Participation in this research is entirely voluntary and you can also withdraw from the study at any stage if you change your mind.

Interviewers will be audio-taped with your permission and then transcribed for analysis. Audiotapes will be destroyed following transcripts. Data collected will be stored in a secure manner, with no access and destroyed once my thesis is completed.

If you require any further information from me, please do not hesitate to contact me. My mobile telephone number is [X] and my email is [x]. I would be pleased to talk to you.

RI1 Title and Address

EMAIL: Researcher's email

CONSENT FORM

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I have read the information presented in the information letter about a study being conducted by Jane McEvoy. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that I have the option of allowing my interview to be audio recorded to ensure an accurate recording of my responses.

I am also aware that excerpts from the interview may be included in the thesis and/or publications to come from this research, with the understanding that the quotations will be anonymous.

I was informed that I may withdraw my consent at any time without penalty by advising the researcher.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

YES NO

I agree to have my interview audio recorded.

YES NO

I agree to the use of anonymous quotations in any thesis or publication that comes of this research.

YES NO

Participant Name: _____ (Please print)

Participant Signature: _____

Witness Name: _____ (Please print)

Witness Signature: _____

Date: _____

Oliocól Chathair Bhaile Átha Cliath
Dublin City University



Ms Jane McEvoy
DCU Business School

5th February 2016

REC Reference: DCUREC/2016/001

Proposal Title: An exploration of the processes, norms and values sustained in Irish Catholic health care Organisations after the transfer from religious to lay leadership

Applicant(s): Ms Jane McEvoy & Dr Siobhain McGovern

Dear Jane,

This research proposal qualifies under our Notification Procedure, as a low risk social research project. Therefore, the DCU Research Ethics Committee approves this project.

Materials used to recruit participants should state that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Dónal O'Mathúna'.

Dr Dónal O'Mathúna
Chairperson
DCU Research Ethics Committee



Talghde & Nuálaíocht Tacaíocht
Oliocól Chathair Bhaile Átha Cliath,
Baile Átha Cliath, Éire

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Ethics Application Process – (2)

Information Letter for second interviews (post 2018 GDPR regulation) – March, 2019

RI1 Title and Address

Information Leaflet

Study title: *Exploring the sustainability of identity in Irish Catholic led health and social care in a time of change*

Principal investigator's name: Jane McEvoy

Telephone number of principal investigator: _____

Data Controller's/joint Controller's Identity: **Jane McEvoy**

Data Protection Officer's Identity: **xxxxx**

Data Protection Officer's Contact Details: **xxxxx**

You are being invited to take part in a research study to be carried out at RI1 Services by Jane McEvoy, Principal Researcher.

Before you decide whether or not you wish to take part, you should read the information provided below carefully and, if you wish, discuss it with your family or friends. Take time to ask questions – don't feel rushed and don't feel under pressure to make a quick decision.

You should clearly understand the risks and benefits of taking part in this study so that you can make a decision that is right for you. This process is known as 'Informed Consent'.

You don't have to take part in this study. You can change your mind about taking part in the study any time you like. Even if the study has started, you can still opt out. You don't have to give me a reason.

Why is this study being done?

This is a time of great change within Irish Catholic Healthcare as there is a move towards provision of formal systems of governance which will allow lay leadership a strong role to play in the future leadership, management and governance of these organisations. This study is exploring *how identity will be sustained in Catholic led health and social care* during this

process. It is hoped that this research will not only address the current shortfall on academic research in Catholic health and social care governance in Ireland, but specifically the lack of research being carried out in this particular area. It is also hoped that the findings may be of assistance to religious health and social care organisations in their plans for the future.

Who is organising and funding this study?

My name is Jane McEvoy and I am the principal investigator and am conducting this research as part of the doctoral programme at Dublin City University. It may be published in relevant peer reviewed journals and/or presented at relevant conferences. However, all information will be treated in a confidential manner, and no personal details will be included in any reports.

Why am I being asked to take part?

You are being asked to take part as a senior member of a religious led health or social care service because of your knowledge/interest in the area of identity in such services.

How will the study be carried out and what will happen to me if I agree to take part?

Individual interviews are being carried out with a number of religious and lay personnel. The interview will take place at a location of your choice. Interviewers will be audio-taped with their permission and then transcribed for analysis. Shortly after the interview has been completed, a copy of the transcript will be sent to you to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points that you wish. Audiotapes will be destroyed following transcripts.

What are the benefits?

There is no real benefit to you personally as a result of this study. However, it would be hoped that the study might be of benefit to religious and lay leadership in their planning as Catholic led health and social care services change from being led by religious to a lay leadership.

What are the risks?

There are no real risks to this study. 90 minutes of your time is required, but at a time and location which suits you. All information you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used.

What if something goes wrong when I'm taking part in this study?

If you have any concerns about the questions please feel free to call Jane McEvoy on the number below.

Is the study confidential?

All information you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Audiotapes will be destroyed following transcripts.

The results of this study will be written in a thesis as part of my doctoral programme at Dublin City University. It may be published in relevant peer reviewed journals and/or presented at

relevant conferences. However, all information will be treated in a confidential manner, and no personal details will be included in any reports.

Data Protection

1. I will be using your personal information in my research, i.e. name and address, to help carry out this study exploring how identity will be sustained in Catholic led health and social care during this process.
2. This anonymous data is being processed under Article 6(1)(f) and Article 9(2)(j) of the General Data Protection Regulation 2016. It is being processed in a charitable organisation for legitimate interest and scientific research purposes.
3. The principal investigator Jane McEvoy along with my academic supervisor, Dr. Siobhan McGovern will have access to the anonymous raw data. This research will hopefully be presented and it may be published in peer reviewed journals.
4. The data will be kept in a locked drawer in RI1 Services Head Office for 10 years and then it will be securely destroyed.
5. All participants have a right to withdraw consent/assent until the data has been anonymised and analysed.
6. All participants have a right to lodge a complaint with the Data Protection Commissioner.
7. All participants have a right to request access to their data and a copy of it, and a copy of their interview once transcribed will be forwarded to them for amendment/approval.
8. Once their interview has been approved by the participant, it will be anonymised and at that point the data subject will not be able to restrict or object to process, because it would be impossible to conduct the research.
9. The transcript of the interview will be returned to the data subject so that any inaccurate information about them can be corrected or deleted.
10. You have a right to have your personal data deleted, before the submission of the thesis or any publication.
11. The data cannot be moved to a different data controller.
12. There will be no automated decision making, including profiling carried out
13. The participants have a right to object to automated processing including profiling if they wish. However, this research will not be doing automated processing, including profiling.

14. This data will be collected, analysed, and stored before being destroyed, and it will be disseminated through the format of presentation and may be disseminated in a peer reviewed journal.

15. The data will not be transferred outside the EU or to an international organisation.

Where can I get further information?

If you have any further questions about the study or if you want to opt out of the study, or If you need any further information now or at any time in the future, please contact:

Name: Jane McEvoy

Email: jane.mcevoy@sjog.ie

Consent Form for second interviews (post 2018 GDPR regulation) – March, 2019

RI1 Title and Address

PARTICIPANT CONSENT FORM

Study title: *Exploring the sustainability of identity in Catholic led health and social care in a time of change.*

I have read and understood the Information Leaflet about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that I don't have to take part in this study and that I can opt out at any time. I understand that I don't have to give a reason for opting out.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have been informed of any potential risks or benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have been given a copy of the Information Leaflet and this completed consent form for my records.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give informed consent to have my data processed as part of this research study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Participant Name (Block Capitals)	Participant Signature	Date
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Researcher (Block Capitals)	Researcher Signature	Date
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I fully understand the processes involved in being audio-taped	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I consent to be audio-taped for the purpose of this study only <hr/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand the audio material will be securely destroyed following data analysis and data verification <hr/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Participant Name (Block Capitals)	Participant Signature	Date
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Researcher (Block Capitals)	Researcher Signature	Date
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To be completed by the Principal Investigator or nominee.
 I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Name (Block Capitals)	Signature	Date
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Representative Supporting Data from Participants of RI1

<p>Internal Changes within RI1</p>	<p>“The 80’s were changing times in the Church and I think that vocations were beginning to waive. Even in my limited experience during those six or 7 years that I talked about earlier when I had 6 or 7 Managers, 3 of those left the Order so you know we were beginning to see I suppose it was happening in one small place it was probably happening in other places as well”</p> <p>“The expansion of the Services there were less Brothers, there weren’t enough Brothers to go around. Maybe as you know as Brothers were getting older they had the Korean Mission which they were responsible for at the time they had America and they were losing some Brothers, they weren’t gaining as many”</p> <p>“Certainly in Ireland the Services were expanding at an awful rate, enormous rate awful is the wrong word, enormous rate and there were brother managers in all of the Services and some brothers at the general curia and suddenly there weren’t enough Brothers going around”</p> <p>“I think the aging process was starting to feature on the landscape with the Brothers ageing, maybe not as many vocations”</p> <p>“The other significant one was that the Brothers across the Order - the General Council in Rome (the Curia) but also the Brothers worldwide recognised that there was more sophistication and more clinical excellence and quality coming into the services and that the Brothers weren’t in all cases competent to lead very sophisticated medical or clinical services general medicine or in specialist orthopaedics, clinics in psychiatry or intellectual disability as in our case”</p> <p>“Eventually you could see that you were not going to have the numbers to be able to sustain using solely religious in the capacity that we had them in into the future because life was becoming more sophisticated, there was more knowledge based activity at that time and that wouldn’t have been there with all the Brothers”</p> <p>“The older Brothers were you know I suppose just not competent to run the Services any more and they had to look at what was the option”</p> <p>“We were there was a Chapter in 1983 and from that Chapter we got to know about “Humanisation” (Internal post Vatican) document and we were asked to be involved in mini conferences and seminars and group thinking”</p> <p>“It was during the 1970’s and into the early 80’s that the whole sort of real development and structures came into play. There was from the Brothers point of view there was what was called the renewal process based on document “Humanisation”.”</p> <p>“The Will of God is founded back in the Vatican Council where it appealed throughout the Church so that all people would be involved in what the present Pope, the Pope that has just retired, talked about as Charity”</p> <p>“The Council would have been one -where the Council asked that the Members of the Church should be more involved. That the Governance of Catholic Health and Social Care but also Education and Pastoral like Parish work shouldn’t be left to the clergy and religious but that people should be involved”</p>
<p>Sense Making by RI1</p>	<p>“[The founder’s] vision comes as a service to the Church so and as a Church as a Holy enterprise so to speak for the World irrespective of people’s connections with faith and not faith”.</p> <p>“What I saw, there was an alternative in the Governance Structure, which allowed for people with expertise and know-how to come in and to assist and to preserve the Catholic Identity and Ethos of the Organisation”</p> <p>“I think it is because I think the founding story is the corner stone . I think [the Founder] is the inspiration I do I really believe”</p> <p>“I think that the whole [founder] thing is an inspiration for people a source of something that they think they can follow you know this was just an ordinary guy who decided to help people that is what I want to be”</p> <p>“Well I suppose I think that there is an intrinsic link with the story of [the founder] for the organisation and the expression of the values. So yes less so the Catholic more so it is more important to be as [the founder]. That would be my view”</p> <p>“It’s not right to say that [the founder], while he wasn’t a Brother,he didn’t have a recognised congregation when he died or in his life time, but he was solidly linked back or linked into the Church”</p>

	<p>“In other words, the sacramental pieces are fundamental to the Church, and other Ministries within the Church. What we are involved in is one of those and they are fundamental to the life of the Church”</p> <p>“It (<i>reflection</i>) can come from anywhere so it doesn’t matter as long as it is the kind that focuses us on reflecting on our values our mission and what we are there for the [founder]. We tend to use things from his letters or his books but we also use Martin Luther King, Ghandi whoever. If it is to do with something that we are trying to focus so we start our meeting in the right way and sometimes people find that a wee bit odd, but we are very very committed to that”</p> <p>“To me that story of his life is where it all started and we do in our part of the world really focus on his story and it is how we would like to leave it that to me is what’s important”.</p> <p>“They could at least think about sustaining their works and to ensure that services would continue to not alone be delivered and maintained but ideally developed in response to need which would be in keeping with their founding mission but it also, they wanted to look at how could they then quality assure that those services would be provided very much in keeping with the values in the way of hospitality expressed by [the founder]”</p>
<p>Sense-giving by Religious Leadership</p>	<p>“Absolutely essential we are going to continue to continue [the founder’s] Organisation the way we have as part of the Church it is essential and that principally will be the role of the board of sponsors, ultimately the part they will be trying to keep is the connection with the original story that is what their function will be”</p> <p>“The board of sponsors may always have a [Brother presence] because they are appointed by the Prior General. So the Prior general might take somebody off his Council in Rome or somebody from France or Germany and or from the..... There is always going to be that presence and accountability back to the central Leadership of RI1”</p> <p>“It is important that say on our board people are trained and go through a sponsorship training programme. Our management teams go through an Institute of Hospitality Programme - that you know as many people as possible within organisation or have a formal training in this area”</p> <p>“The whole organisational structure needed to be looked at in terms of its fitness for purpose in changing realities”.</p> <p>“What I do think, they made the decision around very early on and I think this is probably, one of the unique hallmarks of the RI1, maybe compared to others, was their commitment to investing in their own staff that they had employed, looking at the organisational structures that would most effectively deliver services and centres of excellence and in that regard they were very generous of their handing down that responsibility supporting the leadership at local service level ensuring you recruit the right people who have all the professional skills but searching for that added value that companies have every right and entitlement to look for in terms of a personal and professional commitment to leading RI1 services, providing services in the name of [the founder] in the manner that would be consistent with founding mission”</p> <p>“I think RI1 has been, has put its money where its mouth is. It has shown that it has the confidence in its staff and it has the confidence in supporting the development of leadership for a new reality and that new reality will in all probability exclusive of a Brother presence as we have known it.”</p> <p>“I mean our recruitment process is that we are developing them all the time and we are getting better at it but certainly for all senior posts including service manager that I see as the key people really in terms of the culture and values. In our service we have some set questions that we would begin with there are questions about the values in our supervision, in our appraisal, in our interview - the whole HR cycle has values based questions and explanations in them”</p> <p>“I think the increasing importance that RI1 are placing on the Institute, on the Foundation Course, on being explicit about what are values are and an anxiety as I would see it with the Brothers, that we ... don’t have a vocation as far as they would see it around religious life that is, that we don’t actual understand a lived experience”</p> <p>I think that I think they have done the right thing and I think that they have done it in a very organised way and they have educated people into you know the format that they are going down and it just hasn’t happened willy nilly and they just haven’t brought people in it has been a formation involved”</p> <p>“They realised that you know they had so many lay people working for them and that they needed development as well. Development in the values and development in their own professional lives.”</p> <p>“I would also probably mention the celebrations of significant days, feast days, how that’s marked, the [founder]s] week. Now that will change, I think that in another five years, we may not be celebrating the [the founder’s] week which we think is very unique but it is in that is meaningful today, that may not be, so I think that ability to constantly change in how we express and keep the message alive is very important”</p> <p>“Everywhere it is constant education and that was the thing that is terribly important is there has to be communication and there has to be processes all the time going onOne of the most effective ways of ensuring that an organisation stays loyal and true to its mission, its ethos, its values and its vision is by constant communication and by having little road shows or big road shows and people at the leadership saying the same thing everywhere. So like the annual reports are part of that so what came out of the renewal was that we were advised to select a number of events and processes and to institutionalise them but always to look at that after a number of years to see the effectiveness and if they become ineffective or they are not producing what they should then drop them and re-introduce something else”</p> <p>“So one of the outcomes of the renewal process was intense training and the concept or the principle of growing our own. If you notice within the organisation today, most of the people in leadership positions have been with the organisation for quite some time”</p>

	<p>“Because you have people who demonstrate competence, demonstrate enthusiasm, and who are I suppose, they show enthusiasm for the mission. They also understand the organisation and have a respect for it and enthusiasm to achieve the mission”</p> <p>“it is terribly important that the leadership, in our case it would be the board of sponsors and all the directors of each of the companies, the chief executives and their management team and probably the middle management that we talk to. They are the key people to carry the future of the organisation”</p>
Perceived Identity Drift	<p>“I think it will be different and I do think there is a spiritual leadership that the Brothers give and I think that it would be a concern but I think we mustn’t make the assumption that the only people that know about Hospitality are Catholic”</p> <p>“To me that story of his life is where it all started and we do in our part of the world really focus on his story and it is how we would like to leave it that to me is what’s important”</p> <p>“I think if you have got the story of where it began you know, history can be a barrier or it can be a driver and I think if you take the right bits of it it can really really drive people”.</p> <p>“The [founder] is not going to die, [the founder] is going to live on and that he is going to live on”</p> <p>“I am inclined to move towards the former, the faith theory. I think, Catholicism will struggle, I don’t think its survival will be based on the Catholic Church as we have know it. I think the mission of the RI1 will survive, on faith and human kind’s commitment to a greater good. So is that spirituality? I don’t care if you are a muslim or whether you are roman catholic or whether you are agnostic. I think you can have, that will be part of, all of those will be welcomed provided the commitment is the right one or they will be drawn to identify with the works of the RI1. Not the fact that we are a roman catholic organisation”.</p> <p>“You just need to understand and live the values in your work”</p> <p>“It is important to me that they are humanistic it is not important to me that they’re Catholic . I think that the values of our founder could be Buddhist could be any faith but they are Catholic in that there Christian and the Christian interpretation of them but I don’t believe that they are necessarily Catholic”.</p> <p>“It is of course it is important to the Brothers that it is Catholic. Well that is my belief “.</p> <p>“It is important to me that we are known as an organisation that really really works with values not just says it has values but lives them. So that is really important to me.”</p> <p>“We are saying that the Church should embrace this organisation as an expression a valued expression coming from itself of spirituality that both enriches back to the Church and enriches the World in what it does and that is what it is”</p> <p>“The sponsors would probably have to be Catholic that is part of the requirements that the Church will have. But outside of that it won’t be necessary for the Board of Members to be Catholic as such but they would have to certainly buy into and be seen to be buying into and have been tested as people who are buying into what the organisation is all about”</p> <p>“I think what is very important is the spiritual leadership much more than the religious and I think the Brothers in xxx have never really made a big deal about the Catholic, we work in a very secular society”</p> <p>“The Catholic identity will be difficult, the Christian person centred value system will still be achievable”.</p> <p>“Well first of all, they are of the Church they are an organisation within the Catholic Church and that’s where they begin and end and they see themselves for being responsible in that so they are not going to abdicate that responsibility if you like”</p> <p>“There is no formation now. That is the sad reality”</p>
Perceived Identity Threats	<p>“They were basically very aware of the fact that they were all becoming much older as well as the fact that given the shifting context of the external environment - they really didn’t have the skills and knowledge to be able to be a CEO in that volatile changing environment “</p> <p>“The Brothers worldwide recognised that there was more sophistication and more clinical excellence and quality coming into the services and that the Brothers weren’t in all cases competent to lead very sophisticated medical or clinical services general medicine or in specialist orthopaedics, clinics in psychiatry or intellectual disability as in our case”.</p> <p>“We have come through changed times in society and right across the world but I suppose there has been times over the years, where you would have had, I remember when I first started out working for JH, and that was the Sisters of Mercy at the time, in in 1976, every single one of the inpatient units on that hospital was led and manned by the Nurse Manager who was a religious sister”</p> <p>“Certainly 10 years ago, the people that weren’t Catholic were more the exception than the rule because we are a Catholic Country our primary school system is still Faith-based it still revolves around the Diocese and that. So I think as time goes by it may become more important to question it”.</p>

	<p>“The hierarchy in Ireland are less enlightened around all this than the religious superiors who are passing on their works that they have seen and made a commitment. Like the teaching orders as well as those of us in health care”.</p> <p>“In terms of the catholic bit, I have never really been encouraged to hold any sort of Catholic views, however, I am conscious that when contentious issues might be in the press or in the newspapers, there is a greater focus on maintaining a catholic social care type policy or at least overtly doing that.”</p> <p>“We live in a very changing world and even since our interview many years ago, how society now views religious organisations has been altered, not necessarily for the better”</p>
<p>Identity ambiguity and confusion</p>	<p>“So in terms of choosing that leadership.....and I think that there is a real problem now for the order, because the structure isn’t in place, the brothers are getting older, and whether or not there is the capacity to bring together people who really do care and understand the culture and respect that culture, than I think it is in the process of dying out”.</p> <p>“They have done so well, but at the 12th hour because of maybe infirmities on their part, it is going to fail”</p> <p>“The celebrating mass on Friday is nice if people want it but there are churches out there for people who want to do that sort of stuff and that’s fine”</p> <p>“With the religious leaders, you work in healthcare, and there is mass on a Friday and there are religious celebrations celebrated whether you like it or not. But with the lay directors it is more a case of this is a healthcare facility. We are offering to help with your spiritual needs, if you wish to attend you are more than welcome, and we hope you enjoy it. But if you don’t wish to attend it’s entirely up to you. And that would probably be the difference”.</p> <p>“Other people may have different views, but as the leader during the time that I have been here, then it is a private matter between the patient, their supporters or their carers or their family, their loved ones if you like and the professionals involved. And we have no right as a healthcare provider to direct people how to live their lives and to make choices that they find difficult.”</p> <p>“If you say the Catholic identity is wanting to do the best for people with the available resources, and go the extra mile, that bit I think and I hope will still be there”.</p> <p>“Humanistic, innovative, the can-do attitude, the welcoming services, all that bit that makes, I think Catholic services, a bit special. If that bit is still there I will be delighted. If the specific religious stuff is gone fine. Because it is like everything else we have to change with the times and offer healthcare that welcomes everyone equally. But we have to keep the core values. If the core values are respect, hospitality, care, compassion, all those very basic human things, then that’s the bit that is really important. The celebrating mass on Friday is nice if people want it but there are churches out there for people who want to do that sort of stuff and that’s fine”</p> <p>“The whole purpose was to try and preserve the ethos and values and the mission. And keeping the work as a work of the church”</p>

Representative Supporting Data from Participants of external RIs and their health and social care services

<p>Internal Changes within RIs</p>	<p>“Our reasons for doing so were to continue to share responsibility with our lay colleagues with whom we had a very good relationship, as encouraged by Vatican 11 and also because of our age profile, our sister members were diminishing” “When I came here in the early 90’s, there would have been, National Meetings, which would have been attended by the lay administrators and religious who would have been the Directors of Services. I suppose the number of religious available to gather around that table were getting smaller and smaller” “I suppose as lay staff we would have seen the fact that there weren’t the Brothers there, whereas there might have been a couple of Novices. There had only been a handful, so you could see that going forward, this was the way it was going to go” “I suppose we became aware that vocations were not there. I only had one profession in my six years of being a Provincial”. “I was aware for a number of years, say in the late 70s and 80s, it became clearer. There was nobody training as a teacher and there was a trickle of nurses, so I suppose in the late 70s/early 80s I had become much more aware of it”. “I did Vocation work for a few years but it was just the beginning of a very difficult time, when vocations were very scarce”. “We were droppingAt the highest point, the Province had about 110 members and by the mid-80’s it was down to half that” “Immediately after the Vatican Council we lost a lot of people of great consequence..... who went on to lead services for other bodies at the time. And so having lost that talent on the one hand, and seeing an ageing membership on the other, because as the younger people left, the older people got older”. “I suppose it really arose at Vatican II, when we began to look at the whole charism of the Order and what united us and that kind of thing” “I think the 80s would have been fairly decisive , I think. There were still some coming in the 80s. After that we were really very very few” “So it was not really until after Vatican II that new openness and amalgamation came about” “I must say Vatican II was one of the drivers in what I tried to do from ’86 onwards, along with the issues of the [religious]. But greater and greater participation by the people of God, was important to us, that literally this future is about the people of God participating through the Vatican II system and doing more of this themselves” “Competence and just not having people – not able to keep up that level of engagement with our age profile” “I think we grew up, definitely, I go back to Vatican II and the call of the laity And we grasped it like a nettle, we really did and we ran with it and our congregation allowed us to”</p>
<p>Sense Making by RIs</p>	<p>“We were so aware; we have always been since Vatican II in particular because it arose with great strength, the charism of each individual congregation. And [the founder’s] charism was the care of the poor. And it was in an attempt to keep that alive, because poverty and the poor take on different shapes at different times, don’t they” “We called it Revitalisation. ... It was a great time of renewal for us and the beginning of the sisters working more with lay people.” “What we were really saying was look, between now and the year 2000, we need to move from our current position, to a situation where we are gradually phasing in at every level of the congregations’ work, management that would adequate and appropriate and ultimately governance”. “By 2000, because we could see, the Brothers themselves could see it was time to let go” “It was because mostly because Sisters were saying what are we doing in private healthcare. We were founded to be with people who were poor” “We emphasised the quality of relationships in people’s lives and we brought that back to what he founder had said, when he gave the motto, God is love, that he said nothing more profoundly influences and is stronger in determining how people will react than love which is the most of all things” “Some Sisters didn’t want to be working in private hospitals... People had been talking for a number of years, that we were founded for the poor and people were going back to their roots and their Charism” “You can link it back to I suppose, it’s an organisation with a long history and a mixed history. We can go back to somebody doing something because of a need they saw and that’s how we move on and I think there is a difference” “So they formed, a kind of strategic group, and they talked about how did they maintain their culture, the way we do things, and how to keep the hospital itself but not lose what they called, looking after the “sick poor” or the sick”</p>

	<p>“The Provincial at the time would have been a key person in all of that, this is what we want to be, this isn’t who we are or this isn’t who we have been. But this is who we want to be and this is much more congruent with our founding values, then maybe how we have been”</p>
<p>Sense-giving by Religious Leadership</p>	<p>“We went around to every part of the services, during this period and spoke to people in groups of around 25. We either brought them, very often, we brought them to some place apart and we had a mixed group including management, front line, support personnel and whatever. And we sat down with them and went through the ethos and values with them and what the implications were and back through the history of the congregation as well and linked it in to where we thought we were going”.</p> <p>“They are invited to (under go mission effectiveness) but not all of them do. No but we would always have a few, at least one Physician or maybe two on the Mission Effectiveness Team and they would be on the Medical Board, so we hoping that they will pass on the mission and values. We have this sense of trust that the thing will go forward and not just filter out”.</p> <p>“Well we would always be anxious to see that the opportunity for people to practise their faith would be available. For example we have a chapel in St. Vincent’s Hospital, where Mass is celebrated every day and it is there for patients and staff and the Eucharist is brought around the Hospital every day by lay people now totally. But we also have a room in the Hospital for the Muslims to go off and say their prayers, facing Mecca”</p> <p>“We were very fortunate as well, that all of the people who were appointed in the first place to the Director of Services’ role before the Chief Executive role, were all people who had at least a number of years of experience internally in the RI3</p> <p>“We also set up this new Governance Structure for our Health System [purpose of] Mission... and appointment of the Board of Directors and the CEOs, Mission Co-Ordinator Strategic Plans, approving of operating and capital budgets, buying or selling property, ethical and religious standards for [health system], etc.”</p> <p>“No, the chairperson is a Sister. Our Congregation was anxious that we would continue with a sister as chairperson.</p> <p>“It’s important for the Sisters to maintain control or influence over the mission and ethos and having their own independent hospital in that regard, that’s important”.</p> <p>“That was part of the founding documents within the [social care organisation] that were written up about 2000 that during the initial years - that the Chair would be a member of the Religious Community and there was a kind of there was even a two tiered voting for the Congregations”.</p> <p>“Written into the company structure, written into the memorandum and articles of association, at present are the obligations to maintain the ethos and values in the Catholic Healthcare and its quite explicit. So under Civil Law they can’t not adhere to it.”</p> <p>“The PJP is not about keeping the assets protected, it is about keeping the assets that operate in the name of RI2 operating in the name of the Catholic Church and supporting Catholic teaching etc”</p> <p>“At the end of the day, I suppose,[the PJP] is the guarantor of the mission and that the mission remains part of the church on the one hand, and that it is imbued with the spirit ”</p> <p>“You are looking for a governance that would strategise and inspire and give values and meaning to what people are doing”.</p> <p>“[Formation] will look at the history of the development of the congregation and its commitment, and its link to the Founders and the Founder's interpretation and ... the relevance of that in today’s world and what it says to us about how people with disability should be engaged with in the modern world and the kind of inspiration that needs to be given to people”</p> <p>“We would have done an orientation with them as we do now, to help them understand the history of R2, where we were founded and how we developed over the years. We also share our Mission, Vision and our Core Values and introduce them to the charism of R2, namely Compassion, Healing and Liberation.”</p> <p>“But I suppose the education of the members and especially the PJP members is going to be vital going forward.”</p> <p>“We moved from the Board of Governors, we formed a Company. But for the Sisters, the big issue was that everyone would go through an induction and it was Programme Mission”</p> <p>“I know that in the beginning we put an awful lot into drawing them together and talking to them. Up until very recently we did have a meeting of the Boards with the Leadership once a year and the mission came out in it”</p> <p>“But for the 150 years celebration, she has something every month for the 12 months of the celebration, that are to do with values and mission and tradition”.</p> <p>“I look at the board members and it is up to us to educate them. That is what the Sisters want”</p> <p>“All staff receive an orientation programme on history, mission and values when the join the organisation. The Mission Leaders have programmes with the staff each year. This may be only once a year as it is extremely difficult for staff to take time out especially in our acute hospitals. That will always be a challenge but we must persevere in our efforts. The Mission Leader is also available in the Hospital to meet with staff and just to be a presence there and help them in whatever way is possible.”</p> <p>“They can be as professional as the like, but they can be professional in the wrong way. They have to have the ethos, the basic values”</p>

	<p>“God is Love. And last week one of the Sisters retired, and one of the staff was giving her a tribute and she said, well her ethos is that God is love and there we have it. So it was something that she picked up or could see in action, you know”</p> <p>“Well that is where we feel the core is and that you can touch into, all of us, and the personnel. We bring staff there, through the Mission Effectiveness Committee, sort of on a visit [to the museum], and there is a whole series of visions and the history is there. And the current, we have these interactive pictures, which is the current services being provided. But we see that as important.”</p> <p>“We have a heritage centre... it’s the original old house, which is no longer part of the Hospital, it is attached to it”</p> <p>“It’s “Going Forward Together”. It sets out the whole ethos, the values, and breaks down those different values to core values of the organisation. And I suppose as I would say to everyone at induction, if you were not working for the RI3, if you read this document, and tried to live it in your life, you wouldn’t go far wrong because it is a basic Christian document”</p> <p>“I think people need to know the values and I think it is a common ground we have and people should know that common ground I think our ethos document is important”</p>
Perceived Identity Drift	<p>“I think [formation] has strangely become more challenging for the professional, multi-disciplinary people who were often strongest in that area in the earlier days. Somehow are other it’s not sophisticated enough”</p> <p>“But to talk about it as Catholic and Christian, it’s Christian as far as I am concerned because if I respect you and relate to you and whatever, but as to whether it is formally identified as Christian..... I suppose if I go to the next generations in my own family or whatever, they certainly would have a lot of that, and they would have a lot of engagement with Church, but not to the same extent as the generation before them”</p> <p>“but this man that I put on, did not make that shift, from board to pjp. Was too involved in the board all the time. So a very good man, and great at the board level, but did not make that shift. So it was very very challenging, I just have to say that”</p> <p>“The CEO is into change in a big way and brought in a whole lot of new staff at executive level, and it is crucial that they understand the mission”.</p> <p>“All you need is look around you at the clerical church and nobody has done anything to transform it into a non-clerical churchBecause no matter what you do as an organisation, in a sense when you are talking about faith and faith and practice, it’s that church that you are then identified with, not the transformed RI3 services and I think that is the same for all the religious”.</p> <p>“I often worried about that, when I was getting on in years myself, and when people were looking at you....when I was young I was snapping at the heels of guides ahead of me.....but when people were still looking to you for the kind of leadership that they should be giving themselves, you would be very worried”.</p>
Perceived Identity Threats	<p>“And certainly one of the challenges they face of course and have faced for some time is the extraordinary changes that have been occurring in the wider society. So you have to be more creative about the ways in which you introduce the subject, so that while you are still working from the Christian values and from that ethos, you have to accept the fact that a significant number of people are not what we would call obviously practicing Catholics or recognising that they have a Catholic identity”</p> <p>“It is one of the things I may have said to you before, is that there has been a significant change in the relationship between the government and the section 38 organisations [all RIs interviewed sponsors section 38 organisations] specifically, in the sense that when we were in a direct relationship with the Department of Health in those days, we had great discretion, we actually influenced policy, we influenced the way services were delivered and we were actually leaders – a lot of the section 38s were leaders in that situation. But that relationship has changed completely”</p> <p>“Because if everything is state owned, that is totalitarianism. There is no choice, there is no opportunity for people freely to shape a service that’s demanded by society and is up to the standards required by society, and meets all the regulations, but that they provided in the same way. We will face it, if you like, with the greater cultural diversity such as Muslims and that kind of thing. And of course everyone will say that is fine, but they will have forgotten that Catholics are only asking for the same”</p> <p>“We have a right to be able to provide an alternative and there are some things in Catholic Healthcare some approaches to medicine which we won’t do - We would just be saying, we don’t do those, if people want them, there might be other places that do them, but we just don’t do them”</p> <p>“One of the things we would be concerned about going into the future, is that if we tie the operation of the services too tightly to a tight Catholic identity, it is one of the easiest ways to disenfranchise the organisation. What the state could do in that situation is, unless you do x we won’t fund you. If you are not funded you cannot operate</p> <p>In general up to quite recent times, I would say the relationship with the HSE has been one, we give you the money, you do what we tell you to do with it, if you don’t do what we told you to do with it, then you are in breach”</p> <p>“If you take the place of Church in society, I think when we talked a number of years ago, we wouldn’t have had the same uncertainty in society and even the place of its contributions in a society”</p>

	<p>“Now I suppose that question was asked if not explicitly in the background through the Independence Review Group that was set up by the Minister a year ago or more than a year ago now.whether the State should continue to fund particularly specific faith-based organisations which might choose not to do something that would be legal in the state”.</p>
<p>Identity ambiguity and confusion</p>	<p>“In that sense there are responsibilities that we have that rest outside the Catholicity of the organisation. There are the responsibilities that we have to the families, to the people that we are supporting, to the families of the people who are working for us and so on. And we don’t have the right to insist that at the end of the day we will turn our noses up to the government to such an extent that all of those livelihoods or services come under threat.”</p> <p>“But I do think that the question as to why we should be engaged in services of this nature in a developed society is a very fundamental question for us. And in a way we provided services in the past because it wasn’t provided by the state. We were in a stage of development like many countries that are in the stages of development throughout the world. But the question really is almost an existential question, is a question as to why we exist?”</p> <p>“You just wonder where the direction that it is taking. Certainly we could have spoken much more formally about the Catholic Church’s social teaching – we expect that people will remain ... and it is required in the memorandum and articles of association with boards or whatever ... that people will respect the social teaching of the Catholic Church and the heritage and tradition of the congregation. But whether a lot of people will take that...”</p> <p>“I certainly would like to see the Christian values with a certain Catholic understanding of those Christian values”</p> <p>But for Catholic identity, I think it will be blurred,but I think in another sector of society it mightn’d be as blurred as we think, because I think people will stand up for what they believe in”</p> <p>“So they have moved forward and the formal church Well I think it is trying to modernise but it is finding it very hard. And the Vatican doesn’t help, it is quite traditional. Whereas I think Archbishop martin whether you like or not, is trying to do that. And of course some the stuff that has come out, scandals and things, doesn’t help. But everyone is being tarnished with the same brush which is very unfair”</p> <p>“I don’t know, I would imagine a high percentage of people are Catholic, but they have no problem.....and it’s not the Catholic bit, it’s the values bit and what we are doing”</p>