"Co-Creating" the Space for Change

Through Dialogue, Ministry Leaders Will Find Confidence to Move into the Future

BY KEVIN BUCK & BETH McPHERSON

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It was a sunny afternoon in late January when this article's authors kicked off the Senior Mission Leadership Forum for 2006 in San Antonio, attended by a group of system mission leaders from across the United States and Canada. In making the opening presentation, Kevin Buck, a consultant, drew upon the trinitarian concept of "distinct but not separate" as a context for the work the group would be doing over the next few days.

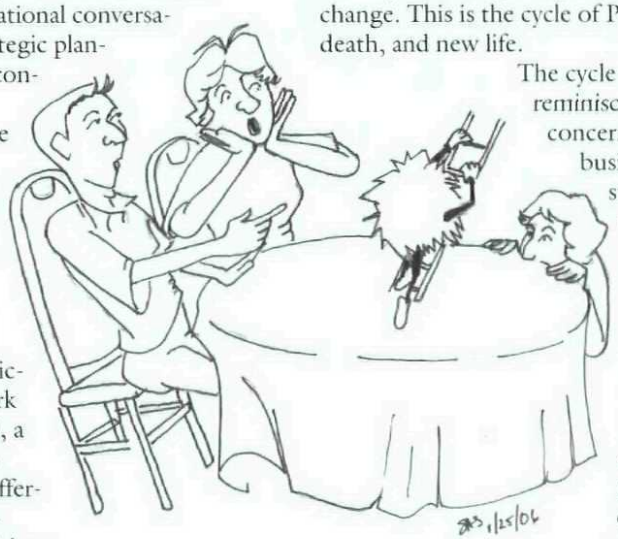
The other author, Beth McPherson of St. Joseph Health System (SJHS), Orange, CA, laid the groundwork for the work to be done in the meeting. That work concerns *dialogue*—but dialogue employed not just as a technique from the mission leader's toolkit but, rather, as a skill that is foundational to any successful organizational-development intervention. We would demonstrate why dialogue should be seen as invaluable in all organizational conversations, ranging from strategic planning and budgeting to conflict management and coaching. In the end, we would introduce an integrative process that can help organizations "co-create" themselves.

The authors were graced in the forum by the wonderful enthusiasm and zeal of the participants and by the artwork of Sr. Anne Sekul, RSM, a talented cartoonist who captured some of the different themes we were discussing. Our goal in writing this article is to invite readers to join a deeper dialogue concerning the distinct but not separate elements that are most influential for mission leadership in Catholic health care.

Courage to "Let Go"

How will the next generation of Catholic health care leaders go about extending the healing ministry of Jesus? What will motivate them? What must we who want to help them do to facilitate this transition? What will ministry leaders need to take with them into the future—and what will they need to leave behind—to guide Catholic health care? These are some of the questions that must be answered in an ongoing dialogue as ministry leaders co-create the space for change.

If Catholic health care leaders are to have the virtues and skills necessary to carry the mission forward, they will need the courage to let go of old ways of doing things and create a space for change. This is the cycle of Paschal mystery—life, death, and new life.



Participants watch for what's emerging from the middle of the table.

The cycle we've described is reminiscent of a scenario concerning a family-owned business. The father had started and "grown" the business and was now giving the reigns to his son as CEO. The problem was that the father, who was the chairman of the board, still had an office in the company headquarters. His continuing presence created all kinds of role confusion among

employees: Whom should they honor as the leader? During a company retreat, it became clear to the father that he needed to "create the space" for the transition by retiring. His concern was that he knew so much from running the business for close to 20 years—he feared that all this wisdom would be lost to the company if he retired.

A consultant assured the father that his son would always have the option of turning to him for advice. If the father retired, he was told, the son would learn and operate the business through trial and error—just as the father had done in the first place. The father did retire. And his courage in creating the space for the transition gave his son space to finally lead with confidence and competence. The organizational reality is that people co-create the space where courage lives and thrives.

"Even Greater Works"

Do Catholic health care leaders believe that their best is in our past? The past is an incredible legacy of courageous women and men. Yet current leaders must believe that the best of their ministry is still in front of them. Great courage and spirit are necessary in beginning any ministry. However, a different courage and spirit are required to continue that ministry in the belief that those who do so are empowered to achieve even greater things. Those who serve the Catholic health ministry need to believe and act as if this were true.

The scriptural verse that has lately seemed especially significant to the authors is John 14:12: " I tell you most solemnly, whoever believes in me will perform the same works as I do myself, he will perform even greater works." When we look at the life of Jesus, we see a pretty impressive body of work. It's difficult for even a believing Christian to believe that he or she could perform the same works, let alone even greater ones. But Catholic health care leaders need to believe that they can do the same and even better works in forwarding the healing ministry of Jesus. We who seek to help them must let them know that we believe with them through our presence and actions.

If we ask leaders to be courageous, then we need to give them every opportunity to do so. It has become quite clear to those of us who work in the leadership development field that we must honor not only the doing of leadership but also the *being*. "A new kind of leadership is called for," say the theorist Peter M. Senge and his colleagues.[1] "If you want to be a leader, you have to be a real human being. You must recognize the true meaning of life before you can become a great leader. You must understand yourself first." In order to understand yourself, you must practice reflection. There is really no other way.

The integration of body, mind, and spirit is foundational to Catholic health care. Reflection on these three distinct—but not separate—pieces of the wholeness of being human is essential not just for patients but also for health care providers and leaders. To heal the whole person, one ministers to the integration of his or her body, mind, and spirit. Leaders of Catholic health care need to integrate this idea not only in their thinking but in their daily lives as well.

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"Thinking Together"

Quality continues to be a major concern in health care. It has become clearer that communication is a major driver in all quality efforts.

Several years ago, Buck was co-facilitating a physician retreat with Laura Adams, president and CEO of the Rhode Island Quality Institute, Providence, RI. Adams was the main presenter on quality; Buck presented on dialogue and conflict management. After their collaboration, Adams mentioned that she had an epiphany about the relationship between communication and quality: She had seen how integral they were to one another. It was difficult for her to imagine that she had not seen it more clearly before, she said. Adams was right. If we want exceptional quality in our organizations and leaders, we must create the space and teach the skills that facilitate the practice of dialogue.

Over the past eight years, McPherson has had an opportunity at SJHS to observe how the practice of dialogue can deepen leaders' capacity to have open, honest, robust conversations. SJHS's work in this regard has been an evolving journey, something that continues to be cultivated over time, supported by various efforts in the organization to build leadership team effectiveness and community.

Dialogue, the ability to "think together" to discover shared meaning and shared understanding, to see both the individual contribution and a much greater whole, has become a popular theme in corporate America. Why is that? The ability of a group of people to talk together, identify and consider different sides of an issue, and discern and recognize their collective wisdom—as opposed to the multiple perspectives of scattered

individuals—moves the group toward coordinated action, which in turn leads to positive organizational outcomes.

Consider for a moment situations in which people are not able to talk with each other. What happens? Breakdowns occur within individual relationships and within the team, and because they do, organizational outcomes are more difficult to achieve, or not achieved at all.

A breakdown in a relationship among individuals often results in confusion about next steps. The Gallup Q12, a survey instrument designed to measure employee engagement, provides a helpful way of thinking about the importance of communication, relationships, and business outcomes in organizations. The instrument comprises 12 statements with which those surveyed are asked to either agree or disagree. Five of the statements are:

"My supervisor, or someone at work, seems to care about me.

"I have a best friend at work.

"In the last seven days, I have received recognition or praise for doing good work.

"My associates or fellow employees are committed to doing quality work.

"At work, my opinions seem to count."[2]

To respond to these questions, a person must have the competency to talk and dialogue openly and honestly with others in the workplace. When people are talking to one another, working together on projects, consistently relaying information about what they're learning and receiving from others, a flow of information occurs, and those involved can move forward together easily, addressing the variety of challenges that will arise along the way in any project.

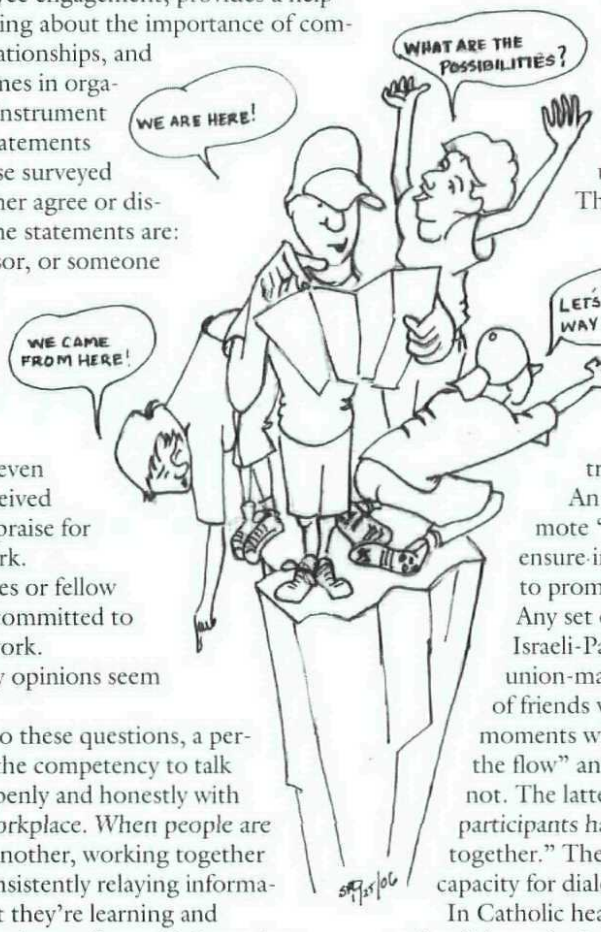
Of course, dialogue that has no structure is unlikely to be productive. A genuinely useful dialogue will be organized through a structured process that asks participants such fundamental questions as:

- Where do you want to go?
- Where are you now?
- What are your options?
- What will you do?

A Flow of Meaning

McPherson is currently working with another SJHS leader to develop a goal for the system's spiritual care departments in the coming fiscal year. This project involves the system's vice presidents for mission integration and its directors of spiritual care.

System leaders have tried to give the project seamless leadership, talking together often, co-creating the process, setting agendas together, substituting for one another in facilitating conference calls, and sharing all information received.



The entire group has been involved in establishing the goal, writing a plan to guide work toward the goal, and choosing the tools and instruments to be used in achieving the goal. This "thinking together" ensures "buy-in" for the process and thereby increases the likelihood that SJHS will see continued excellence in the delivery of spiritual care and the training of its chaplains.

An organization's ability to promote "thinking together" can ensure important action; an inability to promote it often halts such action. Any set of negotiations—whether the Israeli-Palestinian peace process, union-management talks, or a group of friends working on a project—has moments when the participants are "in the flow" and moments when they are not. The latter moments occur when the participants have not yet learned to "think together." They have not yet cultivated a capacity for dialogue.

In Catholic health care, cultivating a capacity for dialogue is vitally important for achieving the organization's mission. The roots of the word "dialogue" lie in the Greek words *dia* ("through") and *logos* ("word" or "meaning"). Dialogue is a flow of meaning, a conversation in which people think together.

To be Catholic, a health care organization must continue to place a strong emphasis on developing community, bringing people together for the ministry. For Catholics, bringing the Gospel into the marketplace is both an individual and a communal reality. People are transformed—they grow and change as individuals and organi-

zations—in and through the conversations they have. It is in conversation that those who serve Catholic health care deepen their understanding of the meaning of their work, bring about organizational change, cultivate "best friends at work," realize their hopes and dreams, and realize God's dream in the places where they work.

Productive Advocacy and Inquiry

Let's imagine that you, the reader of this article, are a team leader in Catholic health care. What practices are required to increase your capacity for dialogue?

A few simple skills can move mountains, if they are consistently practiced. First, one must practice *productive advocacy* and *productive inquiry.*

- *Productive advocacy* is being clear when you speak, revealing your thinking; saying why you think the way you think; providing enough data so that you can be understood; and then, having finished speaking, being open to questions about what you have said.
- *Productive inquiry* is asking questions in a spirit of curiosity, sincerely seeking to understand, rather than conducting an interrogation or posing a leading question. The rule of thumb here is this: If you already know the answer you are looking for, you are performing disguised advocacy, not inquiry.

As you begin to pay attention to these skills, note the balance of advocacy and inquiry. That is, are the questions asked part of a conversation? Or do they amount to more advocacy, people stating their opinions?

Couple this with attention to listening, both as an individual and as a member of a team. Identify the practices that help you to listen better to others. Identify those that help your team to listen more effectively.

After introducing these skills and practices to your team, "hardwire" them into your agenda by installing a brief period of reflection at the end of each meeting. Ask what went well with both advocacy and inquiry. Was there a balance between advocacy and inquiry? How did team members fare in their listening, individually and collectively? The observations you make in these periods of reflection are likely to vary from meeting to meeting. But conducting these periods, even if for no longer than three minutes, will reinforce the group's efforts to change its habits.

The authors' experience with SJHS has shown them the great difference in the amount of time that religious congregations can give to education and formation versus the amount that health care executives can give to it. Executives cannot be taken away from their work for a year or more for education and training. We who specialize in such training resemble the bicycle mechanics who work in the Tour de France. Like those mechanics, we mostly "ride alongside" our executive leaders, helping them as best we can while they perform their usual jobs.

Because executives can devote little time to training, we who conduct that training must maximize their learning. Dialogue is an underlying skill set that allows for learning to happen in the context of an executive's daily demands. And it is a tool that can be extremely effective.

Dialogue is a tool that can be extremely effective.

Buck recently worked with a company that was in the process of formulating a three-year strategic plan. The executive team was concerned that the firm's income was going to be about $4 million less than its expenditures in the plan's initial year.

Fortunately, team members had been trained to dialogue and "think together." That being the case, they took time to break up into small groups to reflect on and analyze the problem. In the process, they discovered creative ways not only to meet the $4 million dollar shortfall but also to generate an additional $2 million dollars in revenue.

Dialogue and "thinking together" work. ■

NOTES

1. Peter M. Senge, et al., *Presence: An Exploration of Profound Change in People, Organizations, and Society,* Currency, New York City, 2005, p. 186.
2. *The Gallup Q12,* Gallup Organization, Princeton, NJ, 2006.