

A Case Study

Formation Across The Workforce

BY MARY CARTER WARREN, D.Min.

The Sisters of Mercy, sponsors of Holy Cross Hospital in Fort Lauderdale, Fla., since 1959, knew they needed a new approach to passing on the legacy of the sisters and of Catholic health care as the number of active sisters in the hospital dwindled. Holy Cross Hospital already conducted required training sessions in “health care as ministry” and offered executive training opportunities as well, but neither seemed robust enough nor reached as many people as necessary, the sponsors thought. They wanted to create a new approach to transfer not only information, but also Catholic and Mercy culture to those who would follow. It needed to be succession planning, so often referred to in leadership literature, that would “stick” — that would form people who could clearly articulate and witness the mission by their leadership and that would tell the founding stories of Catherine McAuley, foundress of the Sisters of Mercy, and the rich legacy of the Sisters of Mercy at Holy Cross.

Creating such a program would take a bold investment in the mission of the hospital. To that end, in the fall of 2006, Sr. Margaret Crowley, RSM, program director of Holy Cross Hospital’s School of Spiritual Development, and Sr. Rita Levasseur, RSM, the hospital’s vice president, sponsorship and mission effectiveness, initiated a meeting with the School of Theology and Ministry at St. Thomas University in Miami Gardens, Fla.

St. Thomas is the local archdiocesan Catholic university, and Sr. Crowley and Sr. Levasseur met throughout the year with faculty members from theology, counseling and health care management to explore the ways in which Catholic health care and the university might be partners in this mission formation effort.

Sr. Crowley brought a career rich in

leadership and passion for the mission; Sr. Levasseur brought the day-to-day mission challenges of the hospital and associates; St. Thomas brought almost 30 years of recognized pastoral minis-

try education. After a year of deliberation and curriculum planning, the Legacy program was initiated in the fall of 2007, with the full support of the Holy Cross Hospital CEO at the time, John Johnson (now with Catholic Health East).

Each year, associates apply through the hospital office of mission effectiveness for one of 25 Legacy positions. From that pool, the hospital office of mission effectiveness interviews and selects applicants in a process that considers the candidate’s interest and the overall balance of departments, levels of responsibility and diversity, including

I know what has happened to me in just six months ... I guess it’s just the way that you look at things differently, that it gives you this extra layer of peace and compassion that surrounds you. Legacy just changes you. It makes you see things the way the sisters would see them. Like these sisters we all look at and love, they would do anything for anybody ... this gives you some of that, sweet and warm and wonderful ... that is the difference. Every person that I have seen going through Legacy ... it has changed who they are. And there is a visible change in the person walking down the hall.¹

— Legacy participant, Holy Cross Hospital



religious background and practice.

The first year of the program runs for 10 months. All members meet one day a month off-site for a full day of formation and training, expanded and reinforced in 20-minute, weekly sessions where short readings, reflection,

■ How to infuse this mission and these values through a retreat experience.

The sequence moves from foundational roots to more pragmatic, applied “fruits,” and it builds trust within the cohort and with the trainer. Legacy members seem to find “Catholicism 101” of great help, even those who are Catholic by birth or by choice. Participants are encouraged to speak up — no question is “too stupid to ask” — and many misconceptions are dispelled.

Over the four years of Legacy’s implementation, the unit on the Abrahamic religions (Christian, Jewish and Muslim) has developed as a key unit, both intellectually and in respect and tolerance for the multitude of ways God might be understood. Catholic social teaching is woven throughout all sessions, so that by the end of the first year, participants are able to articulate the application of those principles in Catholic health care in general and in their sphere of influence in the hospital in particular.

METHODOLOGY

The program marries the methodologies of practical theology and appreciative inquiry. Practical theology engages all participants in the theological endeavor, beginning with one’s lived experience, putting that experience in dialogue with the wider culture and the Christian tradition. This has proven invaluable as a way into the issues across the diverse religious backgrounds of Legacy leaders. Incorporating the wider culture in the program formation broadens the sources available for reflection — using movies and television as trigger events for reflection on significant issues, the films *Patch Adams* (compassionate care), *Sicko* (health care reform) and television’s *Grey’s Anatomy* (end-of-life

issues), for example.

Appreciative inquiry is based on methodology that builds on strengths — appreciating what has worked/is working, rather than dwelling on all that needs to change. Combining this methodology with asking questions to get to greater depth has meant deep respect for participants’ own experience of both health care and religious/spiritual issues and encouragement of questions not as a critique of what is, but as a way to get to the “more” of mission.

The program’s key components incorporate both practical theology and appreciative inquiry. The design was created to:

■ “Keep it real” through constant feedback, case studies and the use of media

■ Ensure and emphasize that the process matters as much as the content

■ Integrate ritual, Scripture and prayer throughout the course with a goal that participants will feel empowered to lead such processes themselves

■ Weave into the program the concepts of distinguishability (apparent differences between the Holy Cross culture and other competing cultures) and inheritability (offering new groups authentic assimilation into that culture).

The end product is Holy Cross cultural proficiency that members of the Legacy group can individually and corporately articulate and offer as the Mercy legacy to others.

DISTINCTIVENESS

Unlike other mission as ministry programs, Legacy is distinctive in several ways. First, it trains and forms a cohort of 25 associates each year from all levels of the organization, nursing supervisors to accounts payable to physical therapy to recruiting staff to environmental services to front-desk associates. This enables both conversations and expectations across levels of responsibility about the ways that

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sharing and prayer keep members of the cohort in touch with one another.

One faculty member from St. Thomas University is a trainer each month, along with Sr. Crowley, Sr. Levasseur and Fr. James Nero from the pastoral care department at Holy Cross as small-group leaders. There are 10 discrete units for each of 10 months of the first year. The general curriculum has the following structure:

■ Vocation — what does it mean to be called to health care ministry? What are your gifts?

■ History and legacy of Catholic health care, Catherine McAuley and the Sisters of Mercy

■ Catholicism 101: What does it mean to be Catholic?

■ Sacramental worldview and Catholic social teaching

■ What do the Abrahamic religions believe, particularly as it influences excellent care?

■ Communication styles, skills and spirituality that enhance community

■ General ethical principles and the *Ethical and Religious Directives for Catholic Health Care Services*

■ Best practices: health care directives and culture

■ Catholic social teaching that informs health care ministry

Mercy and being Catholic are lived out in the hospital, and it is critical to the inheritability of the Catholic and Mercy culture. It helps effect a whole-system culture shift towards a stronger Catholic institutional identity, and it stands in contrast to most programs, which are geared almost exclusively for those in hospital leadership and executive roles.

A second distinction of Legacy is the length of commitment to the two-year program. The formation in the second year is done on-site once a month for an hour, with small group gatherings during the intervening weeks. Unlike a one-day or one-week health care ministry training program, Legacy makes a sustained commitment to formation, creating a vital community among and between participants.

A third distinction is the direct partnership between a Catholic university and a health care facility outside of a health care management program. It is deeply theological and ministerial, which has proven to be profoundly gratifying and enriching for both institutions.

EFFECTIVENESS

As of June 2011, the fourth cohort completed its first year, and the third cohort was commissioned as Legacy leaders with a formal acknowledgement and blessing from the CEO of the hospital with the hospital community. Of the 100 associates trained in Legacy so far, 88 continue to work at Holy Cross. The fifth cohort of 25 associates is slated to begin Legacy in September 2011.

The effectiveness of such programs often is anecdotal, or it is interpreted and reinforced by and through the constant evaluation of those participating. Holy Cross was blessed with the interest of a doctoral student in busi-

ness administration, Maureen Johnston, who wrote her dissertation on the Legacy experience at Holy Cross. Her research, "A Study of Catholic Identity Inheritance and Sustainment at Holy Cross Hospital: Implications for Catholic Healthcare Institutions," involved in-depth interviews of 33 members of cohorts 1-3 in January 2010. Her summary findings, as found in the abstract of her dissertation, assert that "the Legacy intervention is efficacious, since participants who have experienced the intervention have stronger Catholic identity than those who have not."²

In addition, "this study supports the contention that a laity intervention can reinforce collective Catholic identity — by transferring distinguishable values and beliefs that result in individual behaviors and practices, which reinforce values and beliefs."³

One of the Legacy leaders Johnston interviewed said, "I am being led and divinely guided to do what I am doing. Before Legacy, it was words spoken ... After Legacy, it's become who I am, a way of being and a passion that I can connect to. People have told me that there is something different about me ... and I think it is as a result of Legacy and it is noticeable by other people."⁴

Is the Legacy process transferrable to other Catholic health care institutions? Miami's Mercy Hospital, sponsored by the Sisters of St. Joseph of St. Augustine, began Legacy in January 2010, and its second cohort is now halfway through the program. A trainer from St. Thomas University adapted the basic curriculum to include Mercy Hospital's sponsoring congregation, as well as the history and legacy of its founder.

The hospital company HCA, based in Nashville, Tenn., bought Mercy Hos-

pital effective May 1, 2011, with the stated intention of keeping the hospital's identity Catholic. Only time will tell what impact Legacy might have in the future of Mercy Hospital, but those who participated in Mercy's first cohort report a deeper understanding of what Catholic identity means and what it will take to maintain that identity, as well as the personal reflection rooted in a faith perspective during this difficult time of transition.

Is there any single answer to effectively passing on the legacy of those remarkable religious women's congregations to successive generations of health care workers in Catholic hospitals? Is there any single way to insure the inheritability of the Catholic culture without the visible presence of the sisters, and do you need to be Catholic to do that?

The answer cannot be yes or no to a single strategy, but the Legacy program suggests that creating a community of leaders, from administration to line staff, who are able to articulate the mission and vision of Catholic health care, is one answer that is working. Only time will tell, but at Holy Cross Hospital, Legacy leaders stand ready.

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NOTES

1. Maureen Rose Johnston, "A Study of Catholic Identity Inheritance and Sustainment at Holy Cross Hospital: Implications for Catholic Healthcare Institutions" (doctoral dissertation, Lawrence Technological University College of Management, May 2011), 188.
2. Johnston, abstract.
3. Johnston, abstract.
4. Johnston, 187.



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