

A Path to Renewal in Work and Leadership

Making the Case for Inner Transformation and Prophetic Imagination

TIM MORAN

We are more than six months into the COVID-19 crisis, a period of immense disruption in the economy, in consumer patterns, and in how we view work and leadership. Given the confusing, unpredictable nature of the present moment, I have reflected on several distinct but intersecting perspectives on the importance of transformational thinking, leadership and formation in Catholic health care.

I begin with some questions: Have traditional approaches to the formation of Catholic leaders had their day? Are the principles that served to bridge Catholic health care from the sponsoring congregations of sisters to the first generations of lay leadership in the 1990s now in need of renewal? What is the nature of leadership formation needed for the distinctly different and demanding future that the next generation of Catholic health care leaders will be called upon to shape?

Let me make an observation about the road Catholic health care leaders have taken and where we find ourselves today. In many respects, in the year 2020, mainstream America is becoming more aware of the issues that many leaders in the Catholic health ministry have been concerned with all along: economic inequity, social determinants of health, racial inequality and social justice, among them. Yet, at the moment of this emerging mainstream awareness, it is surprising that Catholic health care leaders are not being sought out as central authorities and voices of wisdom in numbers consistent with the tremendous resources and investment that have been committed to formation. How to interpret this? Is it possible that over time leaders in Catholic health care have overemphasized the language of transformation,

while undervaluing the core elements that drive it? I suggest that traditional approaches to formation need to be changed to renew allegiance to two pillars of formation that were both integral to the sisters' success in guiding the ministry through their challenging times and are equally critical in these changing times: First, that inner, personal transformation is the foundation for organizational and community change; and second, that tapping the prophetic imagination is a critical skill in envisioning and giving voice to a continually renewing ministry.

'LETTING GO' TO ENTER NEW, SACRED SPACE

A wonderful description of the difficulty and necessity of change comes from Richard Rohr, a Franciscan priest and contemplative, and the founder of the Center for Action and Contemplation, in Albuquerque, New Mexico. Rohr explains the process of transformation by referring to "the three boxes": 1) Order, which eventually disintegrates into 2) Disorder, which seeds a new form of 3) Reorder. He explains his concept this way: "The temptation is to become overly invested in what we know, the current order, what's comfortable. Certain as the dawn, comes imperfection, failure and inadequacy of that order. Then comes disorder."

der and the necessity to reframe and see things differently.” Rohr goes on, “Whenever we’re led out of normalcy into open space, it’s going to feel like suffering, because it is letting go of what we’re used to. This is always painful at some level. But part of us has to die if we are ever to grow larger. If we’re not willing to let go and die to our small, false self, we won’t enter into any new, sacred, space.”¹

Rohr is focused on the process of inner, personal transformation and spiritual growth. Interestingly, Kurt Lewin, the father of human systems change theory, described his three-stage approach to organizational change essentially the same way, using blocks of ice as a metaphor. His “Unfreezing-Change-Refreezing” model provided the basic structure for many change management models in use today.² We’re all familiar with initiatives that describe the current state, the need for change through a transitional state, and a future state required for success.³ All of that work is traceable to Lewin.

For leaders in Catholic health care, the crisis posed by the events in 2020 requires that we engage in inner, organizational and community transformation, despite our unpreparedness or uncertainty about how to move. The cycle of order, to disorder, to a new order is at work, and how we engage it is important. The sisters proved that when leaders are able to “let go” and set ego aside, reimagination becomes possible, “sacred space” can be entered and bold results can be achieved.

Many Catholic health care leaders demonstrate the authenticity, creativity and resilience required to lead through uncertainty, mixed signals and anxiety toward possibilities that they cannot fully picture. However, other leaders in Catholic health care appear less interested in being shaped by a process of inner transformation. Instead, they model a form of leadership more in line with the values and language that any public or private corporation may have. They offer little of the model set by the lived experience of the sisters for faith-based leadership in a crisis. If we are concerned about the capacity of emerging leaders to act on opportunities for audacious change, then we must be sure that formation practices are still in touch with the personal, inner transformation that made the sisters’ actions possible. In order

to authentically lead the organizational change model that Lewin taught and the social and community transformation the sisters achieved, leaders in Catholic health care must be engaged in the constitutive personal, inner transformation that Rohr has described.

Why is inner transformation critical? Bill George, former CEO of Medtronic, Harvard Business School professor, and author of *Authentic Leadership*, puts it this way, “To be effective leaders of people, authentic leaders must first discover the purpose of their leadership. If they don’t, they are at the mercy of their egos and narcissistic impulses. To discover their purpose, authentic leaders have to understand themselves and the passions that animate their lifetimes.”⁴

NATURE’S REINVENTION AFTER CRISIS

In an earlier article published on LinkedIn in April 2020 called “Some Leaders Break in Crisis, Others Are Broken Open,” I introduced the concept of “serotinous leadership.”⁵ It is based on the ecological process of serotiny whereby certain plants reproduce in response to a specific environmental trigger. For example, I considered the lodgepole pine and the Yellowstone National Park fire of 1988, in which the seeds of the lodgepole

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pine had been held fast for many years in cones hardened by resin, until fire burned the trees. As the fire melted the resin, the lodgepole seeds were released and dispersed through wind and gravity. Even as fire laid waste to the forest, serotiny had broken open the lodgepole’s cones and the forest’s future with them.

For the serotinous leader, crisis acts as a crucible of formation and evolution, dispersing seeds of renewal that the leader uses to help individuals, teams and organizations move ahead, not in a return to what was, but in a turn to new and better ways forward.

You may know a serotinous leader. You recognize her by her grit, to be sure, but that toughness is balanced with humility born of personal transformation. She likely tells stories about the way a fire of crisis burned the ground beneath her and melted away assumptions and biases that no longer fit changing circumstances. She expresses gratitude for the opportunity to find renewal, to do better. And through her own vulnerability, she builds trust as a foundation for the meaningful and fruitful relationships upon which all good organizations — and a renewed future — are built.

The self-described “leaps of faith” that many sponsoring congregations took in the 1990s have often been called “innovative.” They were much more than that. In my view they were tremendous acts of serotinous leadership, as the sisters set ego aside, let go of traditional sponsorship models and transitioned their legacy of care within a changing environment to the hands of lay leaders. So too, they passed on an equally tremendous responsibility to the ensuing generations of Catholic health care leaders: the sponsors trusted them to learn and model a form of leadership with humility and courage that they too would recognize the right moment to sublimate one’s ego, “let go” and “seed” a different way forward, when the current order would no longer be sufficient.

EMERGING FROM CRISIS TO FLOURISH

Serotiny is at work in organizations, as well. One example comes from Lancaster, Pennsylvania. In 2000, the local Catholic hospital, which had been an anchor institution since its founding in 1878, was sold by its national health system parent. The hospital’s significant capital needs and its inability to keep pace with local hospital competition brought its century-plus legacy to an end. Through the lens of the historical order, this was a failure. Yet in the crisis, the seeds of renewal were cast in the form of a new community trust. All of the proceeds of the hospital’s sale were held within the trust to establish a new ministry, St. Joseph Children’s Health, which now flourishes.

In my view, St. Joseph’s leaders have built an

organization with a serotinous mission, one that continually adapts and regenerates. In its brief history, St. Joseph’s has provided pediatric dental and behavioral health services that did not exist in the community before then. Just recently, in the face of the COVID pandemic the organization pivoted to add programs and services to meet the basic nutritional needs of families and children who are food insecure.

President of CHI St. Joseph Children’s Health and a Lancaster native, Philip Goropoulos,

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recently celebrated a St. Joseph milestone: the delivery of 20,000 meals during the COVID-19 pandemic. Goropoulos describes an organization and an approach to leadership that embraces change. “We keep it simple. We come to one another with a community need in mind and ask, ‘I’m really worried about this, are you worried, too?’ That’s how we arrived at the rapid development of a meal distribution program that started with no kitchen and grew from a modest program of a hundred meals a day to one that serves a thousand meals to two hundred residents. It wasn’t in the strategic plan, the needs and our response to them, emerge. None of us could have imagined that a project we thought would be needed in the community for a few weeks would still be working to help our friends and neighbors months later.”

TAPPING PROPHETIC IMAGINATION

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tive is not to simply manage change; it is much bigger than that. Leaders must set themselves on paths to inner, organizational and community transformation, both for themselves and for those who look to them for guidance. Even amidst such uncertainty, this is the path to minimize the losses and move toward renewal as boldly and as creatively as possible.

Rohr offers an insight for leaders to consider by describing the journey from the familiar to the new, through the example of the Old Testament prophets. “The role of the prophet is to lead us to sacred space by deconstructing the old space.” Rohr’s reference is echoed by another student of the prophets, Walter Brueggemann, who taught at the Columbia Theological Seminary and authored several books including *The Prophetic Imagination*.

What distinguished the prophets? Brueggemann says, “The prophets were of the traditions of their times, and they were completely uncredentialed and without pedigree. They weren’t specially educated or privileged to speak out. They were everyday people in the same way that we are. They were poets and storytellers, who gave voice to a new way of seeing.” Brueggemann continues, “The prophets imagined their contemporary world differently. They were moved, as is every good poet, to think outside the box and describe the world differently according to their insight.” Coming alongside Rohr and George, Brueggemann says that in our ever-present need to adapt to changing circumstances, “The task is reframing, so that we can re-experience the social realities that are right in front of us, from a different angle.”⁶

The prophetic imagination is relevant today, as leaders in Catholic health care confront and respond to challenging times. In this sometimes overwhelming experience of disruption, we can acknowledge that the world we trusted in is vanishing and the territory we are entering is unfamiliar. We can recognize that past frameworks are no longer sufficient. We can, in the midst of crisis and disruption, engage with others to reframe a new order. We can tap our own prophetic imagination to envision the future and the path to it.

THE ROLE OF CREATIVITY IN LEADERSHIP

The central tasks in a time of crisis are to

strengthen resilience and well-being, challenge and change habits so as to see our changing circumstances differently, and eventually emerge to a reimagined future. How do we undertake these tasks when our culture (and in many instances, our work cultures) don’t seem to have given us tools for such transformation?

After years of studying the prophets, Brueggemann suggests that we “pay attention to the nuance of language.” It is a suggestion I second, and one I have acted on in my own career. I also draw from Diane Ackerman’s book, *An Alchemy of Mind*. She suggests that “Metaphor is one of the brain’s favorite ways of understanding the ‘this and that’ of our surroundings, and reminds us that we discover the world by engaging it and seeing what happens next. The art of the brain is to find what seemingly unrelated things may have in common, and be able to apply that insight to something else it urgently needs to unpuzzle ... It is the leap of thought from one set of conditions to an analogous one, that brings us that truly great idea or action.”⁷ After many years as a corporate strategist, I now come alongside executives, teams and boards, using creativity, poetry and

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other arts, to help them give voice to their own prophetic imagination; to engage in a process of seeing differently so they can help their organizations discern the path from order, to disorder, to a compelling new order. We carry this out in strategic planning, leadership development, and team formation and effectiveness. In response to the COVID crisis, we are developing similar tools to help nurses, physicians and other caregivers find new paths to resilience and well-being, both growing concerns in hospitals and health systems across the country.

I come back to the central questions: Are current models of Catholic health care leadership getting us to where we need to be? Do they provide the underpinning and active support for the inner, personal transformation that is the prerequisite for meaningful, authentic organiza-

tional and community change? Is it possible that we are unconsciously accommodating, hedging and enabling the next generation of leaders to be articulate in the language but unpracticed in the characteristics of the ministry that enabled the sisters to enact bold and prophetic change? As the next generation of leaders attends to the tension between margin and mission, they must reckon with personal transformation and prophetic imagination as critical skills rather than the artifacts from sisters of a bygone era.

John O. Mudd, retired senior vice-president of mission leadership at Providence Health and Services, described a discovery he made as he organized and conducted leadership formation for aspiring leaders in that system. He wrote: "In formation programs, the organizational and personal dimensions are inseparable. That connection was not as clear to those of us who were putting together formation programs in the early days. When we were planning the pilot formation program for Providence Services, a wise sister summarized what we wanted to explore as basically three questions: "Who is Providence?" "Who am I?" and "Who are we together?" That's it in a nutshell. Today we understand that the "Who am I?" question is not an accidental by-product of the formation experience, but a constitutive element. This realization has crucial implications for what we do in formation and how we do it."⁸

The sisters spoke and acted from vulnerability, humility and imagination, derived from their own inner, personal transformation. That transformation was made manifest through a deliberate and intentional focus on integrating their personal spiritual journey with their ordinary daily work. They were in touch with what Bill George called "the passions that animate their life stories," and they were skilled in the nuance and use of language, poetry and art to inspire others. How can we hope to animate emerging leaders in Catholic health care, now often several generations of leadership removed from those who worked alongside the sisters, if formation is not first and foremost personal? Brueggemann described it simply, "The prophets imagined their contemporary world differently, but according to the old tradition. They bridged tradition and imagination." It's up to formation leaders to meet the emerging generation of Catholic health care leaders differently, more creatively, in tapping their prophetic imagina-

tions to traverse the same bridge.

Adjusting our course to more fully develop inner, personal transformation rooted in the values of Catholic health care, and tapping the imaginative power of prophetic imagination, can sound preposterous on its face. Deeper personal engagement as well as the need for humility, a rec-

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ognition of limits, the need to listen to contrary or conflicting opinions before acting, especially in times of uncertainty, run counter to a prevailing notion of American corporate leadership, in which the "heroic" CEO or C-suite feels compelled to provide order and control, at all times and in every circumstance. To be sure, an adjustment to vulnerability and humility, and attention to the nuance of language in values-based leadership, will not appeal to all leaders. But I believe these are necessary, constitutive parts of the deeper calling of Catholic health care leadership, as it re-roots its serotinous mission in response to the issues of 2020.

INSPIRING LEADERS TO ENVISION A NEW ORDER

In the years I served as a system-level strategy executive, I was often asked to draw on my experience to introduce new board members, executives and others to the history, mission and strategies of the organization. I would describe the health system as an ongoing experiment. I believe it is an equally appropriate way to describe the Catholic health ministry as a whole. It is an ongoing experiment in resilience and renewal, born from the legacy of the sisters and their response to challenges and the signs of their times, and continuing on with each new generation of leaders.

The signs of these times, as we can see in daily news accounts, underscore the fact that the direction an organization might take in times of crisis is precarious. As the old order crumbles, as business assumptions are rendered invalid by changing circumstances, leaders in Catholic health care must be open to disorder, and then, drawing upon humility and vulnerability, invite others to engage

the prophetic imagination in order to paint the picture and tell the story of renewal. This is what leaders are called to do: to use crisis to produce a crucible of personal change that is necessary to lead and form others. The models for inner personal transformation and broader organizational and community change share similar characteristics, and they are deeply related. After all, what are organizations and communities, other than a collection of individual inner transformations, woven together toward a common purpose?

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NOTES

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5. Walter Brueggemann, *The Prophetic Imagination*, (Philadelphia: Fortress Press, 1978).
6. "On Being with Krista Tippet," podcast, December 2011, <https://onbeing.org/series/podcast/>.
7. Diane Ackerman, *An Alchemy of Mind: The Marvel and Mystery of the Brain* (New York: Scribner, 2005).
8. John O. Mudd, "Build on Formation's Powerful Experience," *Health Progress* 98, no. 3 (May-June 2017): 63-67.

QUESTIONS FOR DISCUSSION

How emerging leaders can find their place in Catholic health care is a concern as questions of identity and mission are highlighted in the changing world of health care and the need for transformation within the ministry. Tim Moran explores the formation of future and emerging leaders in light of our history and our future.

1. The intersections of COVID-19, an overdue reckoning with racial disparities and the economic and social disparities within the determinants of health have changed the landscape of health care and the expectations we have of leaders. What do you think this means for how we approach formation? What factors need to be emphasized and what new skills and practices need to be embedded?

2. Theologian Walter Brueggemann describes the prophets we know from the Hebrew scriptures as "poets and storytellers, who gave voice to a new way of seeing." Are new leaders being introduced to mentors, tools and other resources to tap their own prophetic imaginations? How does that happen in your ministry? What additional sources and experiences could be added?

3. How can we better pursue the intersection of inner personal transformation (Who am I?) with the mission of Catholic health care organizationally (Who are we together?) How can our ministry support and energize formation practices for leaders who will be called upon to imagine future flourishing of the ministry?

4. Moran uses the image of serotiny and the example of the seeds of the lodgepole pine, which are only released and dispersed during the extreme heat and winds of a forest fire. He claims that serotinous leaders are those who allow themselves to be broken open and vulnerable during and after a crisis, so the seeds of new possibility and transformation can be released in themselves, for others and the organization. How does this statement make you feel? How willing are you as a leader to be that vulnerable? What would make this easier for you? Does your system's formation program help leaders to be vulnerable and transformed?

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