A Shared Vision of the Future

Canada's Counterpart to CHA Convenes a National Dialogue on a Path for the Catholic Health Ministry

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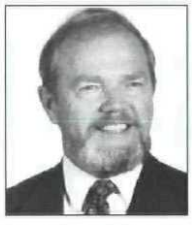

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In February 2002, the board of directors of the Catholic Health Association of Canada (CHAC) discerned that the time was opportune for a thorough reflection and dialogue concerning the nature and future of the Catholic health ministry in Canada. The board made its decision after consulting representative members across the country and receiving the report of a special advisory committee. In May 2002, at CHAC's Annual Assembly, members approved the board's recommendation that a one-year National Dialogue be undertaken to identify a preferred future for the ministry. CHAC would sponsor the Dialogue in collaboration with the Canadian Conference of Catholic Bishops (CCCB), sponsors of Catholic health facilities, Catholic provincial health associations, Catholic social service agencies, diocesan representatives, the Catholic Women's League of Canada (CWL), the Knights of Columbus, and other ministry partners.

The Dialogue concluded with a National Forum held in Montréal in early May 2003. We are now in the post-Dialogue implementation stage. In this article, I would like to describe the Dialogue's background and purpose, the way it was organized, and its results to date. Readers wishing to know more about the tools and documents mentioned in this article are encouraged to visit www.chac.ca.

An Important Turning Point

The history of the Catholic health ministry in Canada, from its beginnings more than 300 years ago, has been characterized by service to those in need and by a capacity to adapt to society's changing times and needs. Women religious have been at the ministry's heart, assisted by their lay and clerical associates. The sisters' legacy of compassionate service, faith, courage to risk, and perseverance has provided a foundation and inspiration for all who have followed in their footsteps. Throughout the centuries, they have consistently remained faithful to Gospel values and found creative ways to apply those values to constantly changing circumstances.

The Catholic health ministry is again at an important turning point. Changes in society, the church, and health and social services generally are presenting new challenges and opportunities that require discernment and planning for the future. Government health care restructuring and financial constraints during the last decade have had a widespread impact on the nation's health care system, including Catholic hospitals, long-term care institutions, and associations. Catholic health care organizations have struggled to survive in the face of diminished revenues, downsizing, hospital closings, and threats to Catholic identity and governance. At the same time, sponsorship structures have radically changed. The ministry has had to cope with fundamental and rapid change, with little time or energy for reflecting on its future or trying to discern the deeper "signs of the times" and the callings of the Spirit.

Specific factors in the current milieu have highlighted an urgent need to initiate a dialogue at this time.

Changing Congregations This is the end of an era: Many religious congregations have decided, or are in the process of deciding, to leave active involvement in the institutional health care ministry.

Emergence of Public Juridic Persons New sponsor organizations (public juridic persons), with lay, religious, and episcopal leadership, have been founded in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, and New Brunswick to continue Catholic governance of Catholic health care institutions. These new organizations need support. They are struggling with major issues of

identity, relationships, and financial viability. In the province of Québec, Catholic governance structures have long since been removed by government decisions, and the church's pastoral presence in health care institutions needs support.

Government Decisions and Ethical Pressures The future existence of some Catholic health care institutions is in jeopardy, in the face of government decisions that affect governance structures and ethical pressures that threaten Catholic identity.

Maintenance of Catholic Identity Catholic hospitals and sponsor organizations are finding it difficult to maintain the level of financial support needed for maintaining Catholic health care identity.

Education of Lay Leaders Emerging lay leaders need education in the values, theology, and ethics of the church's healing ministry.

Education of Catholics about the Ministry The church's healing ministry goes beyond the care provided in Catholic hospitals and long-term care centers. However, because not all Catholics share this broader understanding of the ministry, they need to be educated about it.

Health Care Reform Health care reform initiatives, by provincial and federal governments and professional caregiver groups, are setting new directions for the health care system. It is important that Catholic health care clarifies the distinctive role it could play in a transformed health care system.

Broader Definition of "Health" Increased attention is being given to a broader definition of "health," including population health and the determinants of health. These developments present opportunities for Catholic health care to promote care of the whole person and to speak to issues of social justice, spiritual care, and ethics.

Social and Cultural Change The impact of social and cultural change (information technology, globalization, individualism, secularism, and consumerism) present new challenges for Catholics and Catholic institutions that must be acknowledged and strategically addressed.

Some of these factors are immediate and pressing; others are long-term and integrally connected with our era's social and cultural changes. The Dialogue was not expected to treat all of these issues. Rather, it was intended to engage the Catholic health ministry in a serious conversation about the nature of the ministry and about ways of ensuring its sustainability into the future. Rooted in a deeper sense of its mission and vision, Catholic health care would then, we hoped, be in a better position to address the threats and opportunities it faces.

> The Dialogue's leaders hoped it would provide a "road map" for the ministry.

What Were the Dialogue's Aims?

Since the healing ministry is an integral part of the church's mission, CHAC's board believed that the Dialogue should involve as much of the church community as possible—the leadership of the Canadian bishops, representatives of Catholic health care organizations, Catholic social service centers, and the health and healing ministry of the larger church community.

The Dialogue was therefore organized to actively involve as many ministry participants as possible in sharing their experiences and perceptions. We hoped that the Dialogue would lead to an affirmation of the importance and distinctive characteristics of this ministry, discern a vision for the future, and propose plans that will ensure the sustainability of the ministry. Specifically, it would:

- Provide a "road map" (vision) for the Catholic health ministry
- Develop action plans for addressing challenges and opportunities
- Deepen a sense of identity and commitment for those in the ministry
- Enhance the future viability of the ministry

Appreciative Inquiry

The approach selected for enabling the reflection, dialogue, and visioning is known as "Appreciative Inquiry" (AI).* AI is a process that provides a large number of people with an opportunity to

*Information about Appreciative Inquiry can be found at http://appreciativeinquiry.cwru.edu.

participate in creating and implementing a vision. Directed by an expert in the methodology, participants engage in storytelling and dialogue (one-to-one sharing) about the topic they seek to explore, in this case the Catholic health ministry. These shared experiences would reveal what is best about the ministry, the qualities and strengths that have shaped its distinctive contribution. The recounting of these experiences would also call forth the feelings that were a part of those experiences and would reignite energy and passion for the ministry. The qualities and strengths identified would form the basis of a vision for the ministry's future. The feelings evoked would provide a dynamic for turning the vision into action.

Key to the AI process is its focus on positive characteristics. The Dialogue was neither a problem-solving exercise nor a conversation about the challenges and difficulties the ministry is facing. The AI methodology focuses on identifying what the subjects of its inquiry do best and on the crafting of a creative vision of the future. Creative thinking, passion, and commitment flow from harnessing the energy of positive experiences. We knew that once we had attained this goal and had articulated a new vision, we would be in a position to address our problems, challenges, and difficulties from a new perspective and with renewed commitment.

Organization Strategies

To prepare for the Dialogue, CHAC hired a consultant with expertise in the AI approach to facilitate all its stages. We also formed a National Dialogue Steering Committee composed of clerical, religious, and lay members and reflecting Canada's regions and provinces, English- and French-speaking populations, and various sectors of the ministry. The committee met four times during the year to oversee Dialogue developments.

To launch the Dialogue, a planning retreat was facilitated in September 2002 with CHAC's board and the Steering Committee. The following month, a similar retreat was facilitated in Winnipeg, Manitoba, with representatives from the provincial association and sponsors. As a result of these sessions, Dialogue leaders:

- Developed resource material to help facilitate one-to-one interviews across Canada.
- Put into place communication strategies and tools to promote ministry participation.
- Gave presentations to provincial health association conventions, meetings of hospital boards, hospital ethics and mission committees, pastoral care groups, the CWL, and Knights of Columbus groups. These presentations were given by Steering Committee members, CHAC staff, and provincial association representatives. Many of those who participated in these workshops later acted as facilitators of interview sessions.

Monsignor Peter Schonenbach, general secretary of the CCCB and a member of the Steering Committee, sent a letter to all bishops promoting the Dialogue and inviting them to appoint diocesan Dialogue contacts. Fifteen such contacts were appointed.

Resource Material

CHAC's staff prepared a facilitator's workbook and participant handouts. These resources provided a background for the Dialogue, offered practical tips for the facilitation of interviews, and outlined the interview questions. The resources, which included a follow-up form to be completed and sent to the CHAC office, were distributed among members and other proposed participant groups.

Five topics considered integral to Catholic health care were chosen for the interviews:

- Continuing the Healing Ministry
- Daring to Meet Unmet Needs
- Attentiveness to the Whole Person
- Promotion of Justice
- Acting on Our Strengths

The topics were intended both to provide a focus for discussion and to encourage sharing from diverse perspectives. Each was described in a short paragraph. Participants were asked, first, to share experiences that exemplified a given topic, and, second, to discuss and list the factors that made those experiences possible.

Communication Tools

For the Dialogue, CHAC prepared a seven-minute CD-ROM that gave an overview of its guiding principles, goals, and participants; described how the process would unfold; and detailed the benefits that would accrue to participants. CHAC also mailed to all members and interview participants six bimonthly issues of the *National Dialogue Newsletter;* put Dialogue resources on its website; sent a letter of thanks to everyone who participated; and included special articles about the Dialogue in the *CHAC Review,* the association's journal, copies of which were sent to the Christian media.

Stages in the Dialogue

The AI process had three stages.

One-to-One Interviews (October 2002-March 2003) To bridge the best of "what is" with "what might

be," administrators, front-line staff, caregivers, volunteers, patients, residents, family members, parishioners, and others were invited to share memorable experiences in the ministry, and to identify the strengths, values, and life-giving factors that describe the Catholic health ministry at its best. Participants were asked to mail in completed interview sheets to the CHAC office.

Report on the Interviews (March-April 2003) Input from the interviews was read, analyzed, and collated according to major themes and stories. This material formed the basis for a report, *Living Icons of Compassion: National Dialogue Findings,* which identified the key strengths and characteristics of the ministry as described by interview participants. This report guided the visioning process that took place at the National Forum (which was also CHAC's annual convention) in Montréal.

Visioning and Action Planning at the National Forum (May 2003) This meeting brought together more than 350 participants for a visioning process directed by four professional facilitators and four assistants. Participants began by reviewing the *Living Icons of Compassion.* Then, working in smaller, facilitated groups, they articulated ideas ("vision directions") concerning how the ministry might look in the future. Finally, participants identified strategies, actions, and commitments required for implementing the vision directions.

> The National Forum brought together more than 350 participants for the visioning process.

What Have Participants Said?

Space is lacking to convey all that was shared by participants in the Dialogue and National Forum. However, a listing of the major topics identified in *Living Icons of Compassion* gives an idea of the qualities and issues that participants considered important. To see the document itself, please go to www.chac.ca/dialogue/findings_web.pdf.

Participants said they believe the Catholic health ministry is at its best when:

- We honor the ministry's rich legacy
- We keep a vibrant faith and conviction about the healing power of God
- We serve out of a sense of calling
- The dignity of persons is respected and promoted
- We live the values of caring and compassion in all our relationships
- We strive to create vibrant and relevant health care organizations
- We have strong, visionary leaders, rooted in the mission and values of the ministry
- We journey with the dying and their families
- We emphasize the importance of providing spiritual/religious care
- The church community and its leadership assume responsibility for the health care ministry
- We are committed to advocating just relationships and structures
- We make every effort to identify and meet the unmet needs of persons who are vulnerable and suffering
- We promote collaboration and create partnerships, both within and outside the Catholic community

Participants said they hoped that the ministry will continue, vibrantly and boldly, to:

- Serve as an instrument of God's healing power
- Demonstrate a commitment to quality
- Remain linked to the broader church community
- Act as an advocate for the voiceless
- Display leadership
- Meet unmet needs
- Provide community and social support

In sharing their hopes for the ministry, participants also noted that we in the Catholic health ministry are not always at our best. To improve the ministry, they suggested:

- Creating a more supportive, just environment for staff in Catholic health organizations
- Building a better sense of community in these organizations
- Being willing to take risks, including risks with financial implications, in order to live our mission values
- Having the church hierarchy more fully involved in the ministry
- Educating Catholics and the public about the healing ministry
- Communicating and collaborating better among ourselves

• Reaching out to dioceses and parishes as part of the ministry
• Investing in leadership education to prepare for the future
• Reaching out to youth.

Action Plans

As the last step in the National Forum, participants met in groups formed according to province to draw up local action plans and strategies for implementing the new vision for the ministry. A sample of some of the activities envisaged gives a sense of the work of these groups.

Pastoral Letter on Catholic Health Care The ministry should ask the CCCB to write a pastoral letter on Catholic health care. This request has been made and the CCCB has set up a working group that is now preparing a pastoral letter for the bishops' approval.

Catholic Health Care as an Integral Part of Parish Life The ministry should organize meetings with deanery and parish councils to facilitate discussion concerning the mission of Catholic health care; promote parish nurses for local parishes; promote the World Day of the Sick resource kits in parishes; encourage local bishops to celebrate annual missioning ceremonies for those engaged in the Catholic health ministry.

Meeting Unmet Needs The ministry should have representation from the Aboriginal community on boards, at conventions, and similar functions. It should also explore partnerships with agencies serving the homeless and the mentally ill.

Leadership Recruitment and Education The ministry should develop mentorship programs; develop a leadership succession plan that includes involvement by youth; explore the creation of a youth advisory committee for provincial Catholic health associations; make the Catholic leadership program mandatory for new administrators.

Developing Partnerships The ministry should organize meetings of Catholic health providers with Catholic social service agencies to identify opportunities for partnering. (Provincial Catholic health associations could become resource clearinghouses for such endeavors.) The ministry should also initiate contacts with other local faith groups involved in health care.

Spirituality in the Workplace The ministry should put the spiritual dimension of the organization on the agenda. It should, moreover, be deliberate about spirituality, talk about it at all levels of the organization, and seek occasions for affirming staff. The ministry should explore the use of AI for developing a positive culture in its organizations.

Results of the Dialogue

Has the Dialogue been a success? Has it achieved its objectives? Because the National Forum was held only a year ago, it is really too soon to give satisfactory responses to these questions. CHAC has scheduled a special session on the Dialogue for its annual convention, which will be held in early May. This session will give members an opportunity to share what actions have been initiated as a result of the Dialogue experience.

Preliminary observations can note ways in which the Dialogue's sharing and visioning have met or exceeded expectations. About 1,500 people participated in the interviews; we had anticipated only 1,000 or so. *Living Icons of Compassion* is a valuable testament to this personal sharing and an invaluable resource on Catholic identity. More than 360 people attended the 2003 National Forum and energetically created visioning propositions and action plans. These propositions have now been captured in a document, *The Catholic Health Ministry: An Emerging Vision* (available at www.chac.ca/dialogue/vision.pdf), which some organizations are using in their own strategic planning. As a result of the Dialogue, many Canadians are now more familiar with the Catholic health ministry, and many have committed themselves to implement action plans.

Not all Catholic hospitals or long-term care institutions chose to participate in the interview sessions. Few bishops chose to appoint Dialogue contacts in their dioceses. Some sectors of the ministry became much more involved than others. These mixed responses were not surprising since, in a national project of this nature, many factors are likely to be at play at any one time, and these factors can facilitate or inhibit full participation.

Since the Dialogue took place at the level of visioning a preferred future, the themes identified by participants are general in nature. The stories shared, however, are very particular and moving; and the action plans developed at the National Forum are often very specific. *The Catholic Health Ministry: An Emerging Vision* shines a light and gives a direction. It must now be applied and acted upon. The real success of the Dialogue will be measured by what happens during the next few years. If those of us engaged in the Catholic health ministry in Canada simply do as we have always been doing, if the status quo remains, then we will not be moving with the times, and the objectives of the Dialogue will not have been achieved. If, however, the vision catches our imagination and ignites energy, if some of us seize the moment and act on our dreams, then the Dialogue will be judged to have been a success. □