Bringing Soul
To the Workplace

For two days in January, participants at the Catholic Health Association’s Tenth Annual System Mission Leadership Forum explored how personal transformation can help those who are charged with bringing together sometimes conflicting imperatives—the mission of the Catholic health ministry and business.

In today's corporate environment, individuals need to bring all of themselves—their spiritual side, as well as their pragmatic side—into the workplace, said David Whyte, a poet, author, and frequent speaker on organizational development, who led the meeting. Most people bring only about 60 percent of themselves into the building when they arrive at work; the other 40 percent they leave in the car, Whyte, believes.

The 60 percent is their practical side, what Whyte called the “strategic mind,” because they devote most of their time at work to solving problems. But the strategic mind, Whyte warned, is “immensely afraid of life.” It is the part of an individual that tries to take care of everything, that always wants to win and to know the outcome before participating.

The soul, in contrast, yearns to participate in life. “Human beings are desperate to belong to something larger than themselves. If they do not feel this, they feel despair, that they are dying little by little,” Whyte said. Through images from

CASE STATEMENT EXAMINES REASONS FOR CONTINUING

To help mission leaders examine their role as they balance business and mission, CHA’s clinical ethicist, Sr. Jean deBlois, CSJ, PhD, presented a case statement CHA has constructed to answer questions about whether the Church should continue its health ministry.

PREMISES FOR CONTINUING MINISTRY
“We must continue the health ministry; there is no other option,” Sr. deBlois maintained. Three premises support this conclusion, she said. (“MISSION” [in capital letters] represents the ontological reality that gives meaning to all the ministry’s activities. It is distinct from “mission,” which refers to how services are provided.)

- The nature of the Church is to be MISSION in the world (not to have a mission or to do a mission). MISSION precedes the Church and is the reason for the existence of the Church.
- The health ministry is essential to the nature of the Church. When the Church ceases to go out of itself in response to the needs of persons, it ceases to be Church.
- MISSION mandates an identifiable Church (Catholic) presence within the broader healthcare system.

JESUS AND THE COMMUNITY/CHURCH
Sr. deBlois explained three realities that establish the relation between MISSION and the health ministry:

- Jesus was sent by God to be the embodiment of God’s healing, reconciling presence in creation.
- In response to being God’s MISSION in the world, Jesus proclaimed the reign of God and worked tirelessly to break down the barriers that resisted full realization of God’s reign.
- The community that gathered around Jesus became “Church” in their recognition of Jesus as the Christ. Jesus sent the community into the world as he himself was sent to be God’s MISSION. Through ministry the community/Church responds to the demands of MISSION.

In his own ministry, Sr. deBlois said, Jesus spelled out the characteristics of what a healed, reconciled creation would be like. The blind would see, the captive would be liberated, the poor would hear the good news of the Lord. At the same time, Jesus confronted the beliefs, attitudes, and prejudices embedded in the social and political structures of his day that made such healing and reconciliation difficult.

The community that gathered around Jesus became transformed by their faith in him. They became Jesus insofar as they responded to his command to go and do as he had done, that is, to be God’s MISSION in the world. The community then
his and others' poems, he challenged people to bring their soul into the building, a courageous act that requires them to deal with the parts of themselves that are "deeply disturbed" by work life in order to participate in a profound way with the world.

He likened this full participation to the "self-forgetfulness" of childhood, when, free of preoccupation with workplace and career struggles, one becomes aware of the wider world. Whyte's poetry prompted the audience to reflect on how this awareness of the world and one's own need to belong to it can help one find the creativity and energy to cope with anxiety and uncertainty in the changing workplace.

CHANGE: OPPORTUNITY AND DEATH KNIFE

Unless individuals cultivate a "fierce" attention to the world and look at life in all its difficult aspects, they will not be able to face change, Whyte noted. People rightly view change as both an opportunity and a knife that might cut their throats. "You're not going to survive the experience with the same identity you began with," Whyte said. If people obey their strategic mind—with its desire to keep everything safe—and put an optimistic face on threatening situations, they will take a "surface approach to change," turning away from their deepest inner desires, Whyte said.

A CATHOLIC-SPONSORED HEALTH MINISTRY

and today responds to this call through ministry. Ministry is a vehicle whereby the Church proclaims the good news of God's healing presence in creation and works to break down the barriers that impede the full realization of God's reign.

Thus in the health ministry it is not enough to provide healthcare services to those in need. If the health ministry is to be an authentic response to the demands of MISSION, it must also address the broader social and political realities that contribute to sickness and suffering.

FOUR CHALLENGES FOR THE MINISTRY

The present environment presents four challenges to Catholic health ministry, Sr. deBlois said:

• Refounding the ministry in its MISSION roots
• Reconciling the differences among us that divide the community and make ministry on behalf of MISSION difficult
• Reidentifying the health ministry by focusing on the quality of relationships among the community in MISSION
• Recommitting ourselves to be Jesus in the world

LIVING OUT THE ROLE

Using their insights from the case statement and David Whyte's presentations, participants outlined the role of mission in the newly emerging healthcare system. They looked at several scenarios for regionally integrated delivery networks. Then they identified mission functions for these networks, including the following:

• Provide an alternative voice to current trends toward healthcare as a commodity that mitigate against holistic care of persons
• Place high priority on spiritual care
• Exhibit values in the current environment; continue to be a prophetic voice within the healthcare community
• Provide the context of meaning around suffering and other life and death experiences
• Confront social and political realities that diminish human dignity and disenfranchise the poor
• Make a long-term commitment to the health of the community
• Be the visible presence of God

Working with association members, CHA is developing materials that articulate key mission functions in the year 2000 and the critical leadership competencies needed to carry out the functions. The materials will be available to CHA members in spring 1995. To provide input as they are developed, or to obtain more information about them, contact CHA's Sr. Teresa Stanley, CCVI, at 314-253-3427.

Whyte referred to a Native American poem in which an elder tells a child that if he becomes lost in a forest, he should stand still and let the forest find him. The poem says one can find one's way by silencing oneself, Whyte noted, suggesting that silence involves not "coming up with easy answers in a meeting" and not "constantly trying to label" people and things. "The ability to let the world find you is the basis of all self-revelation," he said.

Rather than pursuing "elaborate ideas of change," Whyte advised first discovering one's personal needs and questions. "In North America we spend much more time in the workplace than with family or in church or in nature. If we only ask questions when we are not in the workplace, we'll only use about 15 percent of our time on earth to live out our destiny," Whyte said.

A PRAGMATIC APPROACH TO CHANGE

A pragmatic action for dealing with change is to identify the sense of loss people are feeling. In a meeting, if a person simply names the common feelings, "it's astonishing what will happen in that
Cardinal Joseph Bernardin’s incisive reflections suggest new ways to better understand, value, and protect America’s not-for-profit tradition of providing essential healthcare services.

Cardinal Bernardin argues persuasively for the need to preserve and strengthen the role of not-for-profit institutions in the nation’s healthcare system. He emphasizes that the primary purpose of medical care should be a cured patient and a healthier community, not to earn a profit or a return on equity for shareholders. In this regard, he notes that the not-for-profit structure is better aligned with the mission of healthcare delivery.

"...there is a fundamental difference between the provision of medical care and the production and distribution of commodities...."

Cardinal Joseph Bernardin
Archbishop of Chicago

Request free copies for trustees and other stewards of the Catholic healthcare ministry.

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