The U.S. healthcare system is in the midst of something larger than reform. It is experiencing a refounding, a "quantum, imaginative leap in strategizing in response to needs," Rev. Gerald A. Arbuckle, SM, PhD, told participants at the Catholic Health Association’s recent National Mission Conference in Chicago (see also "Respecting and Celebrating Cultural Diversity, pp. 62-63). Before a new healthcare delivery system can emerge, however, Catholic providers will be compelled to reflect on their institutions’ cultures, will encounter a whirlwind of chaos, and must acknowledge their grief with respect to the inevitable losses brought about by change. Without the gifts of faith and hope, asserted Fr. Arbuckle, the refounding of the Catholic healthcare ministry will be impossible.

**CULTURE TYPES**

Although four significant culture types exist, Rev. Gerald A. Arbuckle, SM, PhD, recommended that Catholic healthcare providers aim for the mission/refounding culture. In this culture persons of different talents commit to the realization of the organization’s mission.

Three culture types that have adverse effects on the culture’s members are:
- Role culture, an unchanging culture where everyone knows his or her role and creativity is impossible.
- Power culture, where persons at the top are the only ones allowed to make change. Those at the top stifle subordinates’ creativity.
- Personal culture, which exists primarily for the welfare of the individual and which cripples collaboration and creativity. This culture, noted Fr. Arbuckle, is, unfortunately, alive and well in many religious organizations.
OPERATIONALIZING MISSION

During this time of change, "the most important thing we [mission leaders] can do is ensure that we're operationalized the mission" within our organizations, Sr. Eileen Wrobleski, CSC, told participants at the Catholic Health Association's National Mission Conference in Chicago.

MISSION STATEMENT
Sr. Wrobleski, vice president of mission development, St. Joseph's Medical Center, South Bend, IN, views the mission statement as an inspirational piece that energizes everything an organization's employees do. The mission statement should also pull staff together when they are faced with a challenge—"the foundation they can hold onto when things are in chaos," she remarked.

"If such a mission statement is operationalized, it makes the rationale for making tough decisions more credible," said Sr. Wrobleski. If an organization really believes its mission and values, this will show up positively in how things are done, decisions are made, and people are treated.

To facilitate this rootedness, St. Joseph's staff have initiated:

- Mission reflection sessions in which staff look at the mission statement and
discuss concrete examples of how it is lived out in their daily work lives
- An annual spiritual retreat for all managers in which they discuss issues such as justice and morality
- Ethical reflections on the organization's decision-making process in which managers evaluate the organization's programs, deciding whether to implement new programs or improve or eliminate existing programs

CASE STUDY
Operationalizing a mission provides the foundation for an organization's culture and affects how it behaves during times of chaos, noted Sr. Wrobleski. A recent example, she said, was when the physicians in St. Joseph's renal services department decided to move the outpatient dialysis program away from the medical center, so the kidney dialysis program would no longer be connected with the medical center. Such a move would affect 50 staff members.

This presented St. Joseph's Medical Center a challenge in terms of how to orchestrate the transition. "One of the main objectives St. Joseph's had was to try to ensure that those on the renal staff would have jobs once the transition period was over," explained Sr. Wrobleski. Renal staff had three choices: They could quit, move to the physicians's new organization, or take another job at the medical center.

Human resources staff put together a protocol for the medical center to follow, stating that managers had to give preferential treatment to qualified renal staff members for vacant positions in their departments. Because the protocol was written in the context of the organization's mission and values—to treat staff fairly and respect their dignity—no managers balked at this request. Sr. Wrobleski pointed out. The human resources department also put together an informational severance package for each person in the renal services department and counseled them through the transition process.

Having approached this challenge from a mission and values context, the medical center met its objective: Most of the renal staff went to work for the physicians. One quit and returned to college; four went to work for other departments in the medical center.
**STAGES OF CULTURAL CHANGE**

Once an organization’s authority, refounding, and renewal persons begin to collaborate, they can work through the stages of cultural change:

1. **Disorientation stage.** In the disorientation stage the potential for change is merely a thought. “This makes us happy but anxious,” said Fr. Arbuckle, because we wonder what the change will lead to.

2. **Political stage.** In the political stage an organization creates legislation to control the chaos that might erupt as a result of change. However, warns Fr. Arbuckle, no legal actions will make change occur.

3. **Chaotic stage.** Chaos occurs when an organization is unwilling to own the change. Chaos leads to feelings such as bewilderment at the loss of the predictable, nostalgia for the past, and scapegoating to blame others for the confusion.

4. **Self-help stage.** Self-help emerges once an organization says, “Enough is enough of the chaos. We need to do something.” Fr. Arbuckle described this stage as the most dangerous because the organization has two options. It may follow the simplest instant solution to a complex problem so it may quickly return to the predictable. Or it may decide to follow the path of conversion—rethinking its purpose and planning new ways to emerge from the chaos. The conversion route is painful, demanding risk, patience, skill, faith, and hope. Unfortunately, “the human spirit does not want to wait, does not want to risk, does not want a messy approach to culture,” Fr. Arbuckle pointed out.

5. **New culture.** A refounded culture will emerge if an organization makes it through the first four stages of change.

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**GRIEVING THE LOSSES**

Catholic healthcare organizations can find the energy and guidance to successfully journey through refounding only if they grieve the losses that occur along the way.

Unless an organization, culture, or group acknowledges its grief, Fr. Arbuckle said, the individuals within it will not be able to grieve publicly. The Vietnam Veteran’s Memorial, for example, is considered one of the most important monuments in the United States because it gives us a place to grieve.

For refounding to come full circle, organizations and individuals must work through three stages of grief:

1. In the separation stage, persons react to the loss with anger, sorrow, guilt, regret, and apathy.

2. In the liminal/reflexive stage, persons adjust to the reality of the loss. They experience tension between the pull of the past and the realities of life, gaining strength to face the future with the loss.

3. In the reaggregation stage, persons return to normal life, strengthened by conversion to the future in the previous stage.

Fr. Arbuckle pointed out that Westerners have a tendency to avoid stages one and two, wanting to go straight to stage three.

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**THE INNER JOURNEY**

As leaders steer their organizations through chaos and into refounding, they must concurrently travel an inner journey in which they discover what God is asking of them, stated Fr. Arbuckle. Only such an inner journey will give them the strength to lead their organizations into a world beyond human imagination.

-Michelle Hey

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**INTEGRATED DELIVERY NETWORKS**

Continued from page 19

Oakley foresees a bright future for the system.

will join him. Good Samaritan Health System Board Chairperson Edmund J. Fick will become treasurer and chairman of Helix’s Finance Committee, and Smyth will become chairperson of the system’s Strategic Planning Committee. Good Samaritan will have 5 of Helix’s 15 board seats.

**THE NEW HELIX**

With key board members and its CEO in leadership positions, Good Samaritan will have a major role in the new Helix Health System. “I think we will be able to influence the other hospitals in terms of ethical issues and strengthening services like pastoral care,” says Oakley.

Good Samaritan expects the negotiations, now in the process of due diligence, to be completed by July 1. The hospital is currently seeking federal and state regulatory approval. Good Samaritan anticipates approval from the Maryland Health Resources Planning Commission, which has encouraged consolidations by granting exemptions for certificates of need by systems that have merged.

The new Helix will operate a total of 1,080 hospital beds and 270 comprehensive care beds, representing more than 40,000 annual inpatient discharges. The system will offer all major medical and surgical specialties.

Oakley foresees a bright future for the system. “The combination of two strong and forward-thinking partners gives us the momentum to ensure Helix’s future growth,” he says.

To learn more about Good Samaritan’s integrated delivery activities, call Betsy Newman at 410-532-4980.