

Chaos Offers Opportunity For Creativity

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 AND CHAOS

"At the very heart of culture is order"—human beings' most primary aspiration, observed Fr. Arbuckle, who is director of the refounding and



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pastoral development unit of Catholic Theological Union, Sydney, Australia. Culture is the social defense against chaos—"the radical breakdown of the predictable," he added. And reform concepts such as universal coverage, employer mandates, and integrated delivery networks (IDNs) spell chaos for today's providers.

IDNs will coordinate the delivery of healthcare services in specific geographic markets but will require providers to collaborate and consolidate, merging organizations' cultures and precipitating a variety of losses. In short, "IDNs mean radical culture change and culture chaos," asserted Fr. Arbuckle.

An organization's or a society's culture is usually viewed as positive. It offers a sense of order, meaning, and defense against anxiety. But not all culture types are positive (see **Box**, left). Culture is inherently resistant to change, but "unless a culture experiences the breakdown of the predictable, there can be no growth," according to Fr. Arbuckle.

In the same vein, chaos is not always a negative. Without chaos, organizations and societies become static. "There can be no significance in society unless there is an experience of chaos," remarked Fr. Arbuckle. "If we own the chaos of our lives, we can develop a creativity beyond human imagination."

THE LEADERSHIP CHALLENGE

With the United States turning from an illness culture to a wellness culture, all U.S. healthcare providers are being thrown into a period of chaos, noted Fr. Arbuckle. But he said the Catholic healthcare ministry is facing added pressure because it is moving from clear to uncertain sponsorship; precise to uncertain Catholic identity; and self-contained, collaborative systems to IDNs.

However, chaos gives Catholic healthcare providers an opportunity to refound, Fr. Arbuckle remarked. To achieve this, he advised them to seek leaders who can maintain contact

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.

with the past, manage, and nurture resources (i.e., help employees get their needs met in the workplace).

"But the ultimate function of leadership is to vision—to keep the organization in contact with the realities of the world and with its needs and to challenge the organization to walk into the unknown," said Fr. Arbuckle. He warned, however, that visioning creates so much anxiety that an organization will instead often focus on maintaining contact with the past, managing, or nurturing resources.

To refound out of chaos, an organization needs three types of persons working collaboratively:

- Authority persons (who have ultimate control).
- Refounding persons (who believe in the organization's vision). They have imagination, drive, and creativity. Such persons dare to ask

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questions that disturb the status quo.

- Renewal persons (who are open to change and risk). These are the nuts-and-bolts people who help the visionary concretize the vision.

Once an organization has identified these players, how does it refound out of chaos? First, the authority persons must express a vision and find the refounding persons who can run with it, placing them in positions that allow them to help the organization move forward and keeping them away from tasks and people that could de-energize them.

Second, authority persons need to encourage dissent. "If the culture crushes dissent, that is the culture's demise," asserted Fr. Arbuckle. He admitted that dissent is dangerous and threatening but maintained that it is crucial to change because it forces an organization to look at all its options.

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OPERATIONALIZING MISSION

During this time of change, "the most important thing we [mission leaders] can do is ensure that we've 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.



Sr. Wrobleski

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.

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.

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

Oakey 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 Oakey.

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.

Oakey 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.