

At the Table Together: Mission and Ethics as Partners

Dynamic and Effective Teamwork Between Ethicists and Mission Leaders at Ascension Health Helps Strengthen the System's Ministry

Recognizing the continued advances in leadership roles in mission integration and ethics within Catholic health care, and the fact there may be related questions about the reporting structure between the mission leader and the ethicist, this article shares a perspective on the essential collaboration of these leaders and its potential impact on the ministry.

We start by exploring the development of these roles in the context of strategic leadership for the sake of the identity of Catholic health care as ministry. We follow by reflecting on the leadership styles and qualities that allow a collaborative relationship to have maximum impact and how that, in turn, creates the pathway for both the mission leader and the ethicist to be “at the table” in multiple ways, able to utilize their respective areas of expertise to the full. This takes place in the overall area of mission integration, and so we then share the experience of a departmental approach in which the many gifts of leaders in areas such as formation and spirituality along with ethics create a vital presence and participation in the overall organizational strategy.

Next, we go on to share specific examples from our experience of working together. We conclude with a reflection on this overall experience and on why it works.

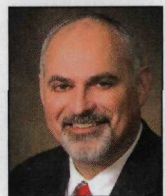
In recent years, mission leaders in Catholic health care systems have collaborated to strengthen a shared sense of the significance, requirements and impact of the mission leader role. For example, clarity about the role of the mission leader as strategy leader has evolved. A strategic plan or direction is in essence the way in which

each Catholic health care system or individual entity lives — incarnates — its particular sense of the larger mission. Seen in the context of Catholic health care as a “ministry living a mission,” the system mission leader and the system ethicist collaborate to build in multiple ways the capacity of the organization to be a ministry (defined as the service of health care done in the name of Jesus and the church for the sake of the reign of God) both now and into the future. So, we begin with questions of identity (being ministry), which lead to the implications for strategy and action (living the mission).

STRENGTHENING CATHOLIC IDENTITY

Strengthening Catholic identity is the shared responsibility of the health ministry's senior leadership team, which looks to a department of mission integration, whatever its size and composition, for the necessary technical expertise and accountabilities to help build that capacity. Seen in this light, the contributions within that department — of ethics, theology, workplace spirituality and leadership formation — create an integrated approach. They are at the service of the organization's ability to direct the evolution of its culture, make decisions, prepare leaders and inspire all its members, engaging their gifts.

The mission leader depends on the expertise of the other members of the mission integration department to fulfill its overall goals in service of the ministry's mission and strategy. The role of the mission leader, precisely as leader, involves assuring that persons with the needed qualifications are in the appropriate positions and are then encouraged to place their gifts at the service of the organization through their full participation and unique contributions. The mission leader acts neither as a filter nor as surrogate for the other members of the department. Rather, he or



**BY SR. MAUREEN
MCGUIRE, DC, & DAN
O'BRIEN, PH.D.**

Sr. McGuire is senior vice president, mission integration, and Dr. O'Brien is vice president, ethics, both at Ascension Health, St. Louis.

At the Table Together: Mission and Ethics as Partners

she acts as a thought partner with them in ways that rely on and transcend their specific areas of technical expertise to a broader shared agenda and responsibility for leadership. In order for such relationships to work, the individuals need to be secure in their roles and strengths, aware of and at ease with their professional scope and limits, to trust one another, and commit to fostering the gifts and success of the others.

This mutual respect, trust and celebration of each other's giftedness, combined with an organizational leadership commitment to a culture of creativity and innovation, means that we must be free to make mistakes. We are encouraged to take risks, assuming our hearts are in the right place, and assuming we have made a reasonable case for a given proposed action.

Having set this context, we would like to share our perspectives on the relationship between the ethicists and the mission leader at Ascension Health, a Catholic health system with 65 hospitals and dozens of related facilities in 20 states and the District of Columbia.

BEING "AT THE TABLE"

THE MISSION LEADER'S PERSPECTIVE

Sr. Maureen McGuire: The professional competency, experience and relational style of our system ethicists in clinical, organizational and social ethics, as well as in ecclesial relationships, supports system leadership at all levels. They are directly engaged with our local CEOs and mission leaders, for whom they play a developmental role as well as a consultative one. As a member of the senior leadership of Ascension Health, I realize there are many ways of "being at the table" and it is critical for our ethicists to relate directly and regularly with our leaders throughout the system in order to engage our shared agendas and to identify opportunities for contribution and for their continual learning. Also, such opportunities arise because annual departmental and individual goals are set in relation to the strategic direction and participation on various teams and in work groups.

THE ETHICIST'S PERSPECTIVE

Dan O'Brien: Many ways to be "at the table" and to contribute to the organization's progress

are available without participating directly in *every* conversation and decision that transpires within various leadership circles. To think otherwise would seem petty or absurd in light of everything we all have to do and to accomplish. Under the successful mission leader's guidance, each member of the mission integration team feels empowered within our respective roles to seek new and more effective ways of strengthening and supporting other leaders and the organization as a whole in its capacity to be ministry. This requires profound trust in one another and recognition of the differences in our roles. This trust and recognition stems not only from our place in relation to "the table" but also from our unique gifts, competencies, contributions and *relationships* — in particular, our relationships with other leaders throughout the organization. These relationships are every bit about "being at the table."

The mission leader encourages those relationships and acts as a "connector" precisely because Sr. Maureen understands that "being at the table" takes place in various ways under many circumstances.

One of the most critical roles of the mission leader for such a department as ours is to foster an atmosphere of mutual respect, trust and freedom, where each member appreciates and celebrates the unique gifts of others, and is not in anyway threatened by their gifts or success. It goes back to Saint Paul's analogy of the body:

"If the whole body were an eye, where would the hearing be? If the whole body were hearing, where would the sense of smell be? But as it is, God placed the parts, each one of them, in the body as he intended. If they were all one part, where would the body be? ... If [one] part suffers, all the parts suffer with it; if one part is honored, all the parts share its joy." (1 Cor 12:17-19; 26)

This mutual respect, trust and celebration of each other's giftedness, combined with an organizational leadership commitment to a culture of creativity and innovation, means that we must be free to make mistakes. We are encouraged to take risks, assuming our hearts are in the right place, and assuming we have made a reasonable case for a given proposed action. We do not simply stand by waiting for the next request or project. Nor does Sr. Maureen expect us to wait for her lead on everything that needs to be addressed.

The strategic role of our mission leader is of vital importance, in particular, in the context of

this article, for the ethicists at our system office. As an integral member of the leadership team, Sr. Maureen is responsible for anticipating, under changing circumstances, many of the multiple practical implications for the focus of our mission integration department, combined with her ability to inspire and encourage us to see ourselves and our roles within the strategic vision. This actually frees the ethicists, as other members of the department, to participate more fully in and to pursue activities and services that contribute more robustly to that vision. We are encouraged to serve and to advance that vision in ways that even she could not anticipate.

What we experience is participatory leadership which fosters and engenders creativity in the department, and truly recognizes we each have unique gifts, competencies and perspectives to contribute. The result is that we all spot opportunities for one another to engage in existing or potential initiatives in which we can play a significant role or make a contribution. This enables Sr. Maureen to be more systematic in seeking, welcoming and incorporating different ideas from every member of the mission integration team, and then developing her perspective and vision in response to our interaction and participation. Everyone in the department learns and grows together.

I have come to appreciate all the above as essential characteristics of an effective mission leader and department. They are necessary conditions for the success of our endeavors as ethicists and for the other members of the mission integration team. They are part of what it means to "be at the table."

A more detailed discussion of the collaborative relationship between mission and ethics follows.

THE ETHICS CONTRIBUTION

A MISSION LEADER'S PERSPECTIVE

Sr. Maureen McGuire: I think of ethics as the pathway to living our mission in practice, from articulating the ideals and principles of justice, morality and integrity that guide our strategic thought and decision-making, to the specific application in clinical and business decisions. For example, it is of great significance to me that Dan serves on our major transaction teams. By "major transaction" I am referring to major business affiliations or partnerships of various sizes, whose transactions can have enormous impact upon the communities we serve and in fulfilling our mission. Dan's role in helping to shape these

Under the successful mission leader's guidance, each member of the mission integration team feels empowered within our respective roles to seek new and more effective ways of strengthening and supporting other leaders and the organization as a whole in its capacity to be ministry.

transactions in light of church teaching and the diocesan bishop's concerns are a vital contribution. His work supports my participation in the senior team's consideration of these matters and also provides support to the local health ministry, CEOs and mission leaders as they exercise their leadership in these strategic business decisions, including working through the complexities of implementation.

I have also come to a deep appreciation of the educational and formative dimensions of the work of ethicists. This is directly exercised in providing educational sessions by request of health ministries and teaching in our formation programs.

The work is formative because it invites the whole person. Yet, a specific style characterizes the work done by Dan and by John Paul Slosar, Ph.D., director of ethics for Ascension Health. I have seen the highly nuanced way in which they engage people in a process of discernment, and that results in individual and shared ownership, not only of a decision, but also of the ethical principles and elements of church teaching that are explored in coming to that decision. People come away with a sense of peace even in a hard decision because they know they have acted with an integrity that engaged their minds and also their hearts, values and intuitions.

The same is true in working through complex ethics consultations. Rather than simply offering a solution, our ethicists lead a thoughtful and deliberative exploration of an issue that extracts the wisdom of those seeking consultation. It becomes educative and formative because it is participatory and respectful, especially in working through differences of opinion.

Ascension Health vice presidents for mission integration, as well as hospital CEOs, regularly engage with our ethicists and highly value the support they receive and the attention given to the advancement of their competencies in their accountability for Catholic identity.

A significant example occurred when leaders in finance and information technology identified a possibility of exercising positive influence and

At the Table Together: Mission and Ethics as Partners

concretely expressing our Catholic identity and social teaching in significant vendor and partner relationships in global outsourcing. Those leaders, already familiar with the work our ethics department had done in developing *Socially Responsible Investment Guidelines*, *Ethical Guidelines for Major Transactions* and the *Organizational Ethics Discernment Process* asked our ethicists to lead an initiative. During the past year, John Paul Slosar led a process aimed at developing a set of principles to help shape performance of non-U.S. companies doing work on behalf of Ascension Health. For example, our contractual arrangements now ask sources to provide information on their employment and wage practices as well as on their efforts to improve social conditions in their communities.

We do not seek other religious or scientific perspectives simply out of respect for other points of view; rather, we quite literally depend on them to deepen our understanding. We all need each other.

AN ETHICIST'S PERSPECTIVE

Dan O'Brien: The collaborative style of our mission integration department is a great practical example of theologian Fr. Bernard Lonergan's theory of consciousness at work. Lonergan identified four levels of consciousness. First, there is the level of our experience, leading us to the second level of inquiry and understanding, which in turn leads to further questions arising from the first level. Third, there is the level of judging, where we test the truth of the answers we discover. In the fourth stage of consciousness we decide on a course of action that we have finally judged to be true. It is a tentative, dialectical process that distinguishes between *absolute* truth, which resides only in God and which theological formulas might adequately grasp but never fully capture, and our *experience* of the truth, which is always a dynamic, unfolding process. Once we mistake our experience of the truth for the truth itself, we make the fatal error of locking truth into that one moment of time, that one moment of insight, where we come to believe that no one else has anything more to say to us.

Our experience with the *Organizational Ethics Discernment Process*, which so many Catholic systems use in one form or another,

demonstrates this important theory in action. First, we each approach a problem or a challenge in light of our limited experience. Second, through dialogue, and sharing of each other's perspectives and experiences, we reach a new level of understanding, which, in turn, leads to further questions about our experiences and about the problem or challenge that lies before us. Third, through this dialogue of new insights, we reach yet a deeper level of understanding, of judging, where we are better positioned to test the truth of what is unfolding us. Fourth, we are then in a better position to choose the best course of action that resonates with the deepest levels of our consciousness.

This process does not lead to moral, religious or empirical relativism. Rather, it is rooted in the recognition that the deeper truths to which God is calling us can be revealed only in an ongoing dialectic. We do not seek other religious or scientific perspectives simply out of respect for other points of view; rather, we quite literally *depend* on them to deepen our understanding. We all *need* each other.

REFLECTIONS

In reflection, we've come to realize this approach is our desired way of carrying out our system mission department's activities and understanding of what it means to live our mission and Catholic identity. It is the essence of the relationship among all throughout Ascension Health who are involved in mission leadership, and whose expertise, gifts, daily leadership challenges and experience are woven into the very fabric of the tools and processes we have created to foster Catholic identity, ethical discernment, workplace spirituality and formation. They are participant leaders in shaping the direction and approaches to mission integration for Ascension Health.

By way of another example, in our leadership formation program, we engage participants in reflections and conversations about their religious and faith experiences, and ask them to compare and contrast those experiences with the readings provided on Catholic theological, moral and social thought. The resulting dialogue among the participants leads to new insights and appreciation for the unique ways in which God is working in their lives, as well as to a deeper appreciation for and commitment to the mission and identity of the Catholic organization through which they are called to serve and to lead. Far from a conversation marked by religious relativism, it is a dialogue that invariably leads participants to a deeper commitment to the calling of God in their lives.

From any particular point in time, we stand gazing at the horizon of knowledge and truth always from the perspective of our experience. We can never see the *whole* truth about even those truths that are articulated by Catholic doctrine. Rather, they always present themselves as *experienced* truths. In order for us to understand more profoundly the significance of the knowledge that lies before us and the truth to which we are called, we absolutely *must* rely on the experience of others — including the religious, secular, scientific and seemingly oppositional experiences of others.

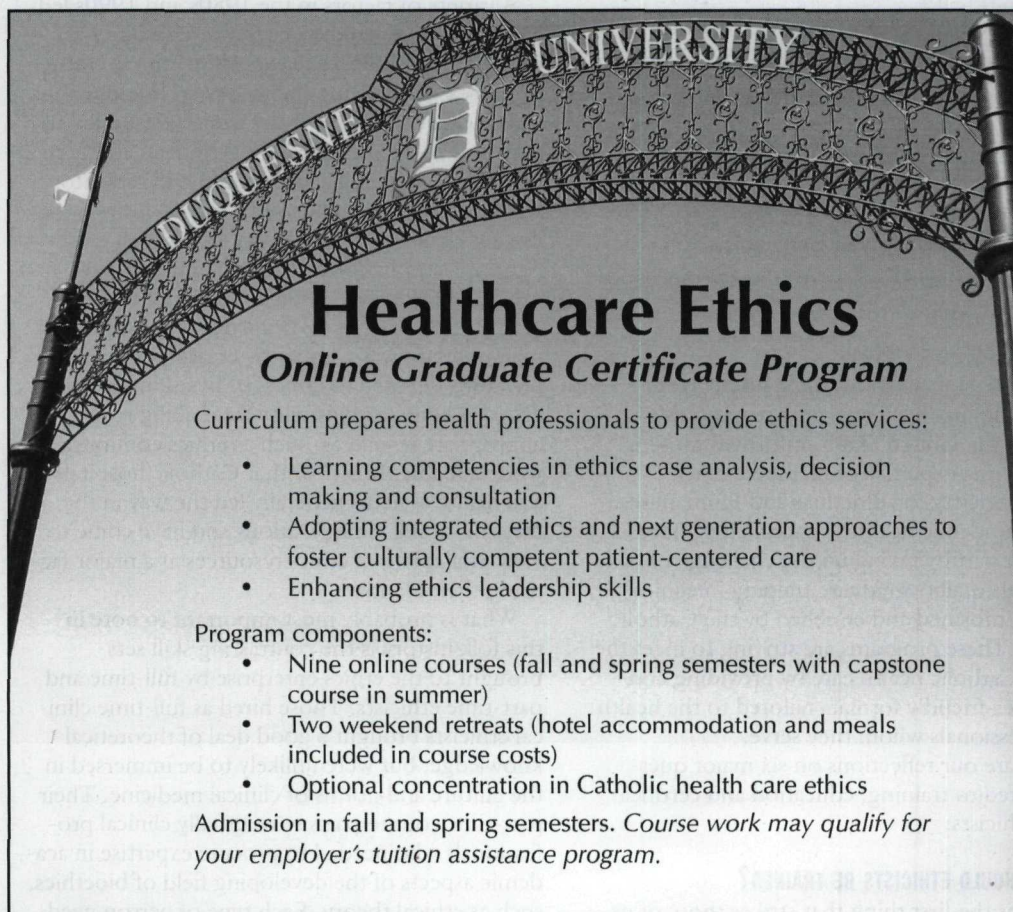
This “dialectic of contraries,” Lonergan tells us, is in every instance the path to the good, while the distortion of this dialectic is at the heart of the mystery of evil. Theologians tell us that heresy is not really the opposite of truth. Rather, it is taking one dimension, one aspect, one experience of the truth, and making that the *whole* truth.

The practical importance of this theoretically

nuanced discussion permeates the depth and scope of the work of a mission department and provides a working framework for understanding the interrelationship between all the members of the department, and between the department and other leaders and our ministry as a whole. The mission department’s work is never seen as transmitting knowledge into “empty vessels”; such a view violates the dignity and integrity of others. Rather, the work of the mission department is essentially the work of dialectical engagement, of participatory leadership. It is about learning and exploring together the mystery of God’s salvation, and coming to appreciate the multiple ways in which God is drawing us to himself and into faithful service of others. ■



**Comment on this article
at www.chausa.org/hp.**



Healthcare Ethics

Online Graduate Certificate Program

Curriculum prepares health professionals to provide ethics services:

- Learning competencies in ethics case analysis, decision making and consultation
- Adopting integrated ethics and next generation approaches to foster culturally competent patient-centered care
- Enhancing ethics leadership skills

Program components:

- Nine online courses (fall and spring semesters with capstone course in summer)
- Two weekend retreats (hotel accommodation and meals included in course costs)
- Optional concentration in Catholic health care ethics

Admission in fall and spring semesters. *Course work may qualify for your employer’s tuition assistance program.*

THE CENTER
FOR HEALTHCARE ETHICS
600 FORBES AVENUE
PITTSBURGH, PA 15282

For information contact
Glory Smith
412.396.4504
smithg@duq.edu



MCANULTY COLLEGE AND
GRADUATE SCHOOL OF LIBERAL ARTS

*Duquesne University is a
Catholic university in the
Spiritian tradition.*

WWW.DUQ.EDU/CHCE