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SPECIAL  SECTION

CATHOLIC IDENTITY: REALIZED IN CONVERSATION

Through Conversation, We Become a Discerning, Effective, Healing Community

BY ANN NEALE, PhD

The Catholic tradition has ideas, habits of the mind and heart, preferences, and a history that pertain to virtually all aspects of Catholic healthcare.[1] These qualities make it a vital, living tradition—one that Catholic healthcare leaders must constantly engage, because it provides the framework for everything we do.

The way we become more familiar with the ideas, habits, preferences, and history of the Catholic tradition is through conversation—discussion about the profound values and philosophical and theological assumptions that are at the heart of our ministry. Such conversation and theological reflection form us as a community aware of God's presence, prepare us to carry out the ministry in ways that reflect our values, and motivate us to confront and transform social institutions that are not life-giving.

Yet many healthcare boards and senior managers do not engage in such conversations. This is a serious omission, making it difficult to attain either the self-understanding necessary for a sense of Catholic identity or the confidence required for continuing Catholic healthcare as ministry.

Integrating Mission with Business

Of course, our religious heritage is evident in various aspects of the Catholic healthcare ministry. Many Catholic healthcare providers employ mission and pastoral care personnel. Some leaders have downsized their organizations in a just, conscientious fashion. Most Catholic healthcare organizations have programs that serve the poor. But a genuine self-understanding would not relegate responsibility for Catholic values to specific programs. Such bifurcation of the business and the mission has always been problematic for Catholic healthcare, and at this critical juncture in U.S.

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Summary Catholic healthcare leaders must constantly engage the Catholic tradition, because it provides the framework for everything we do. The way they can do this is through conversation—discussion about the profound values and philosophical and theological assumptions that are at the heart of our ministry. Yet many healthcare boards and senior managers do not engage in such conversations. This is a serious omission, with potentially serious consequences.

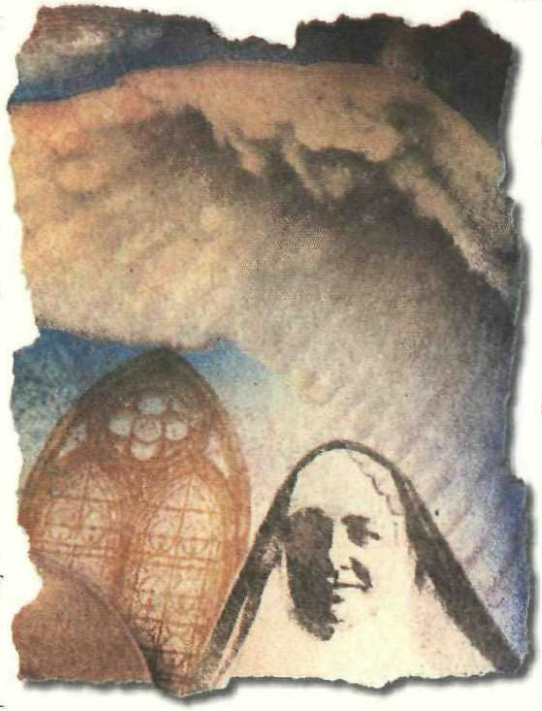
Too often mission and pastoral care values are regarded as separate from the business aspects of a healthcare organization. If we are to understand and integrate our mission into our healthcare work, this must change. The entire organization must make a commitment to foster an understanding of Catholic identity through conversation.

As important as the dialogue is, some Catholic healthcare leaders let obstacles prevent them from delving into Catholic identity. They may not understand it, or they may be deterred by our cultural tendency to regard religion as personal, not part of the business realm. Some may be embarrassed, uncomfortable with abstraction, or reluctant to spend the time required.

To encourage the conversation among Catholic healthcare leaders, we may take a lesson from our counterparts in Catholic education, who struggle with the same questions. A model Catholic university, where Catholic values are incorporated at all levels, may be a model for Catholic healthcare.

healthcare the dichotomy could be disastrous.

Understanding and integrating mission requires continuous grappling with the meaning of our Catholicity and its import for the health ministry today. Such an undertaking cannot be the project of a few individuals or occasional seminars. The whole organization must make a substantial commitment to fostering an understanding of Catholic identity, which will only emerge through discussion of our religious heritage, personal experience, and current reality. Many healthcare organizations have the resources and personnel to initiate and facilitate this dialogue, but often they are not incorporated into the leadership and decision-making circles (see **Box**, p. 30).



In such conversation about our religious tradition we will shape our ministry with greater integrity, because our discernment will be explicitly affected by our knowledge of and desire to be faithful to the tradition. To the extent that activity on the part of senior managers, boards of trustees, and key clinical staff is not informed by serious, searching attempts to incorporate justice, hope, compassion, solidarity, and the common good into the fabric of all we do, our mission and ministry will be diminished.

More Than Platitudes As Rev. Robert J. Egan says, "Being Catholic means belonging to a tradition, being related to a religious community. . . living in history, interpreting its past and present circumstance and future possibilities in the light of certain memories, texts, hopes, and ways of proceeding. It is different people with different perspectives talking with one another about the things they cherish, as well as talking with people representing alternative traditions."[2]

As leaders in Catholic healthcare negotiate these turbulent times, they must have a firm grasp of our Catholic tradition to discern why and how changes must be made, which organizations will make appropriate partners, what affiliations will best strengthen the ministry, what market strategies will best serve the community, and what their role should be in influencing public policy.

Obstacles to Dialogue

There are many reasons why Catholic healthcare leaders are not significantly engaged in puzzling out the meaning and significance of Catholic identity. For one thing, Catholic identity means something different to everyone, as it reflects individual experience and expectations. Some executives have no notion of what "Catholic" might reference. For others, it connotes symbols, rituals, or the avoidance of certain procedures. How many understand that it entails a way of thinking, being, and leading that could profoundly transform the healthcare system?

Another reason the notion of Catholic identity may not sufficiently engage leaders in Catholic healthcare is because we tend to be more influenced by dominant cultural tendencies than by important themes in the Catholic tradition. For instance, in the United States religion tends to be regarded as an individual expression—as something emotional and noncognitive—and therefore private and personal. The Catholic tradition, on the other hand, regards the world as the place where we go about the business of living as Christians. Our tradition holds that it is possible—indeed, necessary—to achieve holiness through one's occupation, and that our spiritual life is inclusive of our work.

For some in Catholic healthcare, Catholic identity is something of an embarrassment. They may even have negative associations with Catholicism. These individuals' goal is to be part of the mainstream, and they believe that pursuing the meaning of Catholic identity will undermine that objective.

Additionally, meaningful conversation about Catholic identity does not come naturally to some executives. Expert as they are in business and finance, they may be uncomfortable with a mode of discourse that ponders religious convictions and values, reflects on personal experience and current reality, and attempts to discern practical mission implications for what they have always considered purely business matters. Furthermore, these conversations do not always lead to obvious conclusions, and few of us are comfortable with ambiguity.

Finally, these conversations take time. Busy executives who do not sufficiently appreciate their importance will not set aside that time.

Integrating mission requires continuous grappling with the meaning of our Catholicity.

Lessons from Academia

Even if, as healthcare professionals rather than theologians or philosophers, we feel ill-equipped for the dialogue, we must not let that obstruct it. Catholic identity is a rich and complex reality. It is not possible to appreciate its meaning and potential, forge an adequate vision, and plan and evalu-

ate an organization's realization of that vision without ongoing deliberation about who we are as professionals in Catholic healthcare. As Peter Steinfels says, Catholic identity "simply cannot be imposed or assured by fiat. It must be implanted by persuasion and sustained, ultimately, by love."[3]

Catholic healthcare leaders may also be encouraged in their efforts if they follow the lead of, or join in discussion with, their counterparts in academia, who are struggling with the same questions. Some of their suggestions apply to Catholic healthcare. For instance, Fr. Egan, describing a model university, suggests that leadership must be committed Catholics or well-disposed toward Catholicism. The university should "be a place where being Catholic is taken seriously by most faculty and staff as an intelligent and morally responsible option for contemporary people. It will be a place where people are cultivating a distinctive ethos, shaped by distinctive practices and memories and concerns. And this ethos will be reflected in hiring and recruitment policies. . . ."[4]

David O'Brien has said of Catholic higher education what can also be said of Catholic healthcare: "We want to do more than preserve and maintain our Catholic identity, we want to make it a vital element of our work together."[5] Catholic healthcare can renew the conversation about Catholic identity and invigorate it by taking up Rev. J. Bryan Hehir's recommendation that we do so in concert with our colleagues in Catholic education and social services and work together to leverage our combined Catholic institutional presence by being "actors and advocates in the world."[6]

A NEW APPROACH TO ORGANIZATIONAL ETHICS

At Mercy Health Services in Farmington Hills, MI, an innovative way to integrate ethical values and considerations with management issues is evolving. At some of the system's facilities, the senior management team has actually become, or is in the process of becoming, the ethics committee as well.

System ethicists Brian O'Toole, PhD, and Tom Schindler, PhD, began encouraging this integration about a year ago. "Under the old model," explains O'Toole, "our ethics committees could address issues individually, but couldn't address their underlying causes, such as policies or organizational contracts or structures.

"But when the people who have the authority and power to make decisions are at the table, they can address whole patterns of policy issues that may arise and also consider structural issues in the light of ethical considerations. And they can implement the decisions they come to."

To facilitate the evolution of senior management teams into ethics committees, O'Toole and Schindler attend the senior management meetings, guiding the executives through the ethical implications of issues that arise in management practice, human resources, budgeting, network issues, and managed care. The senior team also considers feedback from smaller organizational ethics committees that focus exclusively on clinical issues.

At one Mercy Health Services community healthcare system, which includes a hospital, nursing homes, home healthcare services, and hospice, the integration is nearly complete; at others, the shift is still in progress. "It's purposely fluid," explains O'Toole. "We want to work with them as they see the need for it."

System executives have become more aware of the complex ethical issues involved in many of their decisions. "We can articulate the ethical values as they contemplate solutions to problems," says O'Toole. "We try to help our managers balance the values and obligations that accompany their roles with the values of a Catholic organization."

For more information, contact Brian O'Toole at 810-489-6819.

Our Mission

The healthcare ministry is a contemporary expression of God's healing presence, and conversation among leaders in Catholic healthcare about this profound reality is an essential tool in discerning how to ensure that our ministry is faithful to our religious tradition. Such practical theological reflection nourishes, indeed is, our life together.[7] □

CHA would like to know how other organizations are facilitating conversations about the values at the heart of the Catholic health ministry. If you have an example, suggestion, or comment, please contact Ann Neale at 314-253-3511; e-mail aneale@chausa.org.

NOTES

1. Margaret O'Brien Steinfels, "The Catholic Intellectual Tradition," *Occasional Papers on Catholic Higher Education*, November 1995, pp. 3-10.
2. Robert J. Egan, "Can Universities Be Catholic? Some Reflections, Comments, Worries and Suggestions," *Commonweal*, April 5, 1996, pp. 11-14.
3. Peter Steinfels, "Catholic Identity: Emerging Consensus," *Occasional Papers on Catholic Higher Education*, November 1995, pp. 11-19.
4. Egan.
5. As quoted by Paul J. Gallagher, in the introduction to *Occasional Papers on Catholic Higher Education*, November 1995.
6. J. Bryan Hehir, "Identity and Institutions," *Health Progress*, November-December 1995, pp. 17-23.
7. James D. Whitehead and Evelyn Eaton Whitehead, *Methods in Ministry: Theological Reflection and Christian Ministry*, rev. ed., Sheed & Ward, Kansas City, MO, 1995, p. 4.