

ders and nursing schools remained segregated until integration reached mainstream society, she writes. Nonetheless, she points out, hospital work was a way for the sisters to “bear witness” against social injustice, a term that came into the sisters’ lexicon in the 1960s.

In addition to encountering sisters in every department, “a visitor to a Catholic hospital in the early twentieth century saw fountains of holy water and paintings of the bishop, the Virgin Mary and saints,” Wall writes. Today, she says, Catholic identity is less the

physical trappings and more a product of the “pastoral care ministers and directors of mission effectiveness who are charged with carrying out the hospitals’ original missions.”

Health care has evolved in the public eye from a public good to a marketable commodity, notes Wall, quoting Sr. Sheila Lyne, a prominent Sister of Mercy who has held a variety of health care leadership positions over the last half-century. Catholic hospitals continue to adapt so they can balance mission and margin.

Wall concludes that the role of the

religious in Catholic hospitals today is perhaps less about authority than about influence. Although their numbers have declined dramatically within the hospitals they once ran, women religious still remain influential on hospital boards, and they continue to be a voice for the poor and vulnerable in our society.

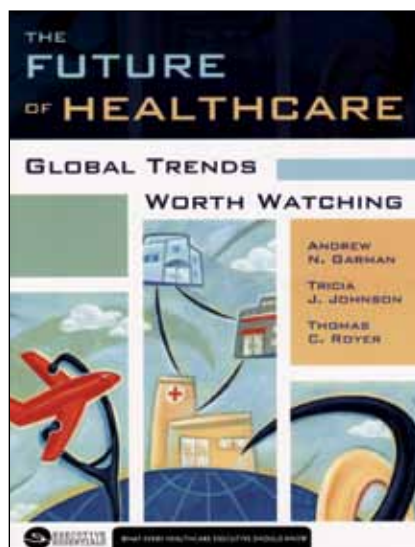
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WHAT'S AHEAD IN GLOBAL HEALTH CARE

REVIEWED BY SR. MARY JO MCGINLEY, RSM, M.S. ED, M.P.H.

Authors Garman, Johnson and Royer present a well organized study of a number of variables that will be operative in the global health care landscape in years to come, regardless of the role health reform plays in shaping health care in the United States. The book is short: 70 pages organized in eight succinct chapters, providing a quick overview for health care executives and board members. Many of the concepts are presented in both word and graphic form, helping to reinforce the outlines points.

The book begins with a look at information related to medical travel, a concept that is discussed in more detail in later pages. Recognizing that the abundance of information now disseminated via the Internet will increase exponentially, the authors caution us at the start about the need to demand transparent and accurate data and to remain vigilant in questioning sources and reliability of facts and fig-



THE FUTURE OF HEALTHCARE: GLOBAL TRENDS WORTH WATCHING

BY ANDREW N. GARMAN, TRICIA J. JOHNSON, THOMAS C. ROYER

Health Administration Press, 2011
80 pages; \$46

ures quoted there. The authors also provide a review of concepts relevant to forms of innovation that can and likely will help to shape health care’s future.

Planning and marketing executives, among others, will be wise to ponder the challenges and opportunities described throughout the book relative to the Internet — education that is transforming consumers into primary decision-makers about health care choices. Intended or not, the book’s focus on the power of the Internet, coupled with the notion of the growth of medical travel, points to a future in which many health care services will be accessed in that way — not only by leaving one’s country for treatment, but also by accessing services virtually.

Readers will benefit from learning about some of the successes of our global neighbors and becoming aware of the threats and opportunities shared across our world when it

comes to being prepared to provide health care for future populations.

One weakness in the book is a chapter titled “Convergence and Harmonization,” which seems to presuppose that the reader knows and understands the work of CHRISTUS Health in Mexico. (One of the authors, Thomas Royer, is a former CEO of CHRISTUS.) Some readers may have benefited from a brief explanation of that work.

On the other hand, moving toward convergence and harmonization when moving across borders presents a whole new and daunting challenge.

Garman et al. did not caution future leaders that such initiatives require a great deal of experience, cultural immersion and mutual dialogue, steps that will need to be understood and addressed by all decision-makers involved.

The model for decision-making presented in an appendix can be a valuable tool for strategic planning at any organization. Groups that focus on envisioning their future and developing steps to achieve it will certainly be more likely to survive than others.

Two concepts touched on that would be worthy of deeper analysis

are the principle of solidarity, the underpinning of human interaction and social decisions in much of the world, and the continuing threat of growing income inequalities. I believe that executives and governance leaders in U.S. Catholic health care could change the future of global health care, especially for the poor and underserved, if they began to envision a future based on solidarity and equality.

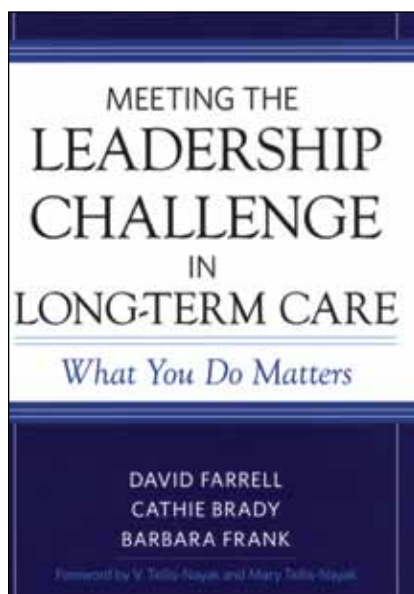
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LEADERSHIP AND MANAGEMENT SKILLS FOR LONG-TERM CARE

REVIEWED BY BELLA O. MAHONEY

I approached these pages with some hesitation. As a long-term care administrator for more years than I care to remember, I have read many books and articles that address issues of leadership, staff development and organizational improvement in long-term care. Yet I found myself surprisingly impressed at the beginning, as I read the foreword by V. and Mary Tellis-Nayak. It was as if someone were describing the life I have lived as an administrator. I thought to myself, someone really understands the stress and the challenges we as nursing home administrators and directors of nursing face on a day-to-day basis.

This is a book of considerable value, although I think its best audience is not seasoned, effective, nursing-home administrators. In my view, much of the information and advice is in the category of relatively basic leadership and management skills — especially helpful to new and inexperienced leaders. The text provides a thorough overview of the stress factors that contribute



MEETING THE LEADERSHIP CHALLENGE IN LONG-TERM CARE: WHAT YOU DO MATTERS

BY DAVID FARRELL, CATHIE BRADY and BARBARA FRANK

Health Professions Press, 2011
336 pages, \$48.95

to long-term care facilities' common problems and offers solutions adaptable to other care settings as well.

David Farrell's personal journal is an interesting section and offers positive insight into the daily activity of a nursing home administrator. It would be important to understand, however, that strategies used in one setting will not necessarily be effective in another. If I have learned anything in my many years managing long-term care facilities under a variety of organizational structures, it is that one size does not fit all.

I noted small inconsistencies. For example, in his journal Farrell refers to interviewing every applicant who applies for a position, yet farther on he notes the need to empower staff to make positive management decisions, including employee selection. As the book so aptly indicates, a long-term care facility, to be well managed, must have a leadership team. This means it is essential that administrators and nursing directors understand their respon-

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