The Stories We Live By

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Every day, people within our health care organizations make a myriad of decisions. Some of these may be clinical or patient/family related. Others may have to do with strategic planning, business development, finance, human resources or the common interactions between and among employees. Each of these decisions – to greater or lesser degrees – express the moral character of the individuals making the decisions and, in some cases, express the moral character of the organization.

Behind these decisions are various constellations of beliefs, values, attitudes, affections, intentions and motives. *Who* the individual or organization is gets expressed in what the individual or organization chooses to *do*. Similarly, what an individual or organization *does* shapes *who* it becomes – shapes its identity or character. Decisions and actions then both express and shape the individuals and organizations that perform them, in addition to affecting the world beyond.

Individuals and organizations generally don't attend to this dynamic as they live their daily lives. If any attention is given to the consequences of our actions, it will typically be to how they do or do not achieve some goal or, hopefully, how they affect others. But, the fact that they express who we are and shape who we become as individuals and organizations is most often overlooked, unfortunately. This means neglect of character, which is one of the fundamental concerns of ethics. Character is developed through one's decisions and actions. Ethics is not only concerned about choices and behavior, but it is also concerned about character. Attending to character is particularly important in matters of identity, for character, to a considerable degree, constitutes identity.

Another reality that needs to be attended to when speaking of character and identity are "the stories we live by," those narrative accounts and interpretations of reality, accounts of what is means to be human, what is valuable in human life, how we ought to behave, and how the world ought to be lived. These stories carry with them certain beliefs, values, attitudes, intentions, motives and patterns of acting. It is these that give shape to character and identity. Often, individuals are not fully aware of the stories they live by. The stories tend to exist and operate on a subliminal level. What tends to happen is that people identify with or commit to certain groups and implicitly or explicitly adopt the groups' accompanying stories, but especially the more particular beliefs, attitudes and perspectives.

Because we belong to several different communities – family, local community, friends, social groups, workplace, church, political party, etc. – we tend to be shaped by a multitude of different stories. Sometimes, these various stories (and all that they carry) cohere, and sometimes they conflict, either in whole or in part. This is true within any given individual as well as within organizations, and between individuals and the organization of which they are a part. Too many conflicting stories and lack of a dominant story leads to inner fragmentation, lack of coherency, lack of wholeness or integrity. Within an organization, they lead to a watering down of identity and, quite possibly, diminished integrity.

Both with regard to individuals and organizations, a dominant and operative story is essential for developing, maintaining, enhancing, and strengthening identity and integrity. A fundamental question for Catholic health care organizations is, "What story, in fact, shapes the character or identity of the organization?" The words "in fact" are important because what is at issue is not the mission statement and organizational values that are posted on walls or on the website or on various reminders. Rather, what is at issue is the story or the stories that permeate the organization, which have become operationalized throughout the organization. The story or stories shape the myriad of daily decisions made by individuals on their behalf or on behalf of the organization. What are the stories we *actually* live by in our Catholic health care organizations?

We know what the stories *should* be – the story

of the foundress(es)/founder, the Christian story, and the Catholic story. Each brings its own set of beliefs, values, attitudes, affections, intentions, motives, priorities, etc. To what extent do these stories shape the (deep) character or identity of the organization? To what extent do they influence the decisions that are made and the actions performed? To what extent are they the dominant stories among staff and leadership insofar as the life of the organization is concerned? If they are not, then the organization may not be who it claims to be or it may be so in name only or largely in name only. In order to achieve a truly Catholic identity, a Catholic health care organization must allow its grounding stories to *permeate* the entire organization. Catholic identity is more than what's on the wall or the website and more than external observances. It is really nothing unless it also involves the character and culture of the organization in breadth and depth.

What are the stories we *predominantly* and *actually* live by in Catholic health care – stories of the culture, stories of the business world, for example, or our deep grounding stories? Attending to the stories we live by will help us discern whether we really are who we claim to be and what we might need to do to try to close the gap (which is virtually inevitable) between who we claim to be and who we really are. The myriad decisions that we make every day whether on our own behalf or on behalf of the organization themselves tell a story. What is the story they tell? ■

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