

# Giving Flesh to Dry Bones: God's Spirit in Strategic Planning

## The Catholic Health Association of Ontario Initiates a Successful Revitalization Process

**I**n May 2006, the board of the Catholic Health Association of Ontario (CHAO), in conjunction with its members, initiated a revitalization process. The founding principles suggested in this redesign process evolved around the concept of relationship — within our association and within the communities we served. The CHAO board identified the following key roles and responsibilities:

- Determining the organization's strategic directions and expected outcomes.
- Ensuring high levels of executive performance.
- Ensuring quality of performance provided by the organization to its membership and stakeholders.
- Developing implementation strategies and monitoring the organization's plan for achieving its stewardship responsibilities.
- Evaluating the board's own performance and contributions.

The board recognized its desire to implement a set of "Common Good Functions" that could be considered the "goals" of the organization, and which lent themselves to S.M.A.R.T. (specific, measurable, attainable, realistic and timely) planning. This list was functional by its very nature. The question of how the board could incorporate a sense and experience of being called by God to this ministry of healing, while accomplishing these common good functions, merited further reflection.

The board approached Sr. Bonnie MacLellan, general superior of The Sisters of St. Joseph of Sault Ste. Marie, to assist with the association's strategic planning process. Sr. MacLellan asked the board if it would consider the possibility that God might be inviting it to put flesh on the dry

bones' of traditional strategic planning processes.

In our linear, goal-directed world, might there be some way to connect our S.M.A.R.T. plans with the "call" of God to each of us who support Catholic health care in a new era? How could we incorporate our Catholic health system's rich faith history and traditions within the context of political and fiscal agendas that rarely consider intangibles such as "heart," "call" and "servant-leadership?" Could our first strategic planning reflection focus on God's call to us personally, as board and staff of CHAO, bearers of the legacy of Catholic health care that has been passed on to us by religious congregations? In a profit-driven world that views people as commodities, could we ask how God might be calling us to be of service in a world that is fraught with isolation vs. relationship; terror vs. healing; and margin over mission? What would our strategic planning process look like if we engaged in a process that included immersing ourselves in the heart of Jesus whose focus was on relationship, call, ministry, and mission?

To assist in the review process, the CHAO board and staff engaged in the following discussions to be highlighted in this article:

- Called to Serve
- Bearers of the Tradition
- A Solid Foundation
- A "Balanced" Approach
- Continuing to be Called

### CALLED TO SERVE

Service in Catholic health care ministry is a distinct call. If we look to the scriptures, we glimpse at the implications of being called by God through the eyes of others who have also been similarly *called* to ministry: the prophets and the apostles.

While the prophets are seen today as those who showed the way to the people when they were straying from their primary relationship with God, most of the prophets responded with some



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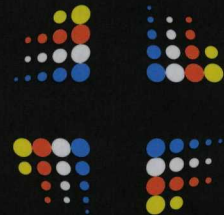
degree of fear and trepidation to God's invitation to be the voice of God to the people. Perhaps we share some of Moses' misgiving about being called to stand on God's "holy ground" and we say with Moses, "Who am I that I should go to Pharaoh and lead the Israelites out of Egypt?" As with Moses, our hesitancy is met with God's promise, "I will be with you."<sup>2</sup> The prophets show us that in saying "yes" to this "call" to ministry, we will find ourselves standing on the holy ground of struggle. Yet we do not stand alone. We stand in relationship with God, for God is indeed with us. The apostles too were "called" to be followers of Jesus, and to participate in his healing ministry. "As he was walking by the Sea of Galilee, he saw two brothers, Simon who is called Peter, and his brother Andrew, casting a net into the sea; they were fishermen. He said to them, "Come after me, and I will make you fishers of men."<sup>3</sup> In leaving everything they had and following Jesus, the apostles proclaimed the great Amen — the great "yes" to taking on the mind and heart of Jesus, and continuing his ministry to the early church.

In the examples provided, the prophets and apostles were first called into relationships with God prior to being sent out on the missions. Relationship precedes mission. The question for reflection for the CHAO board became: How have we been called by God into relationship, and then sent to support God's continued healing ministry in our church and in our world?

#### **BEARERS OF THE TRADITION**

The ministry of Catholic health care is not a calling exclusively bestowed upon Catholic hospital boards, CEOs and staff. It is a ministry of caring for the sick which belongs to all baptized. In 2005, the Pastoral Letter by the Permanent Council of the Canadian Conference of Catholic Bishops noted:

"We wish to make Catholics, and all Christians in general, more aware that the mission of caring for the sick is essential to the life of every Christian in society. We would like all Catholics to understand their baptismal call to be healers and to become more familiar with the vision and guiding principles of Catholic health ministry.



## **THE FUTURE OF COMPASSION**

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## **IN THE FUTURE...**

health care promises astounding medical and technological advances. But it also poses fresh challenges for our ministry. The 2008 Catholic Health Assembly will look out over the horizon to consider the opportunities and threats that lie ahead.

We also wish to encourage those Catholics who are directly involved in the health-care profession, whether at a faith-based or secular facility, or in the community at large — to foster even more assiduously, the Gospel values inherent in their professional health care. The Gospel parable of the Good Samaritan captures well the health and healing ministry incumbent on every Christian when confronted with a fellow suffering human being who is in need. “A Good Samaritan,” Pope John Paul II said, “is anyone who stops to attend to the needs of those who are suffering.”

The cosmic implications of our personal relationship with God as well as our call to ministry within the Catholic health care system were noted by Bishop Michael Putney (2004) in a paper presented at an executive workshop sponsored by the St. John of God Health Care System. He noted, “The church is a communion, but as such it is a sign and servant of what God is doing on a larger scale, reconciling the whole cosmos to Christ, and the coming of the Kingdom of God. The church is always a fragile, ambiguous sign of the kingdom, but also always its servant.” He also offered a warning to the conference. “Unless we shape ourselves in the future in terms of our mission to serve the reign, the Kingdom of God — communion/reconciliation among all people with themselves, each other, the whole created order, and God — and with all that such reconciliation entails — then we have little hope to inspire and give life.”

The CHAO board recognized that each of us was invited, through our baptism, to be in relationship with the One who has “called us by name.”<sup>24</sup> And this relationship with God calls us to, as Francis Sullivan, who is CEO of Catholic Health Australia, suggested at the 1994 conference, make present to all whom we serve our “experience of the divine, and a sense of the beyond.”<sup>25</sup> We are more than caretakers of this wonderful ministry of Catholic health care. We are bearers of a tradition of service and ethical reflection.

Our call to be embraced by Sullivan’s “experience of the divine” seemed akin to the awakening the corporate soul that is seen as a growing mantra in both contemporary faith-based and secular organizations. Izzo & Klein (1999, p. 80) note “The soul is where the inner and outer world meet,” noting that “when people start exploring their own values and then connect those values to the organization’s goals, the corporate soul begins to awaken.” Dalla Costa (2005, p. 12) advises that “souls in business are hungry . . . for models or guides to enmesh the interior desire to live in God’s embrace with the exterior desire to make a successful contribution

as professionals.”

As those called to Catholic health care ministry, we believed that touching the organization’s “soul” through relationships was the “heart” of strategic planning for us. We resonated with Margaret Wheatley’s (1999) invitation to a simpler way to organize our human endeavours, which requires a new way of being in the world, where we allow ourselves to be engaged through relationships, and inspired to allow the “newness” that lies within everyone in organizations to emerge. To do this, Dalla Costa (2005, p. 276-77) suggests we allow our individual and corporate “soul” to tell us exactly what is needed. How could the board of CHAO find ways to allow our corporate soul and organizational newness to emerge?

Fr. Gerry Arbuckle (2005, pp 19-24) reminds us that one of our responsibilities as the bearers of the tradition of Catholic health care ministry is to “maintain a prophetic culture,” noting that “if it is to endure and prosper, Catholic health care must foster prophetic cultures. . . Cultures that positively encourage the development of new leaders possessing prophetic qualities.” How could the board of CHAO strategically plan to support the development of these prophetic cultures — both within our own organization and within our membership?

### **BUILDING ON A SOLID FOUNDATION**

From these initial prayers, reflections, and discussions, the board began to develop a sense of clarity re the emerging mission, vision, and values of the association. We were reminded that “like a person building a house, who dug deeply and laid the foundation on rock; when the flood came, the river burst against that house but could not shake it because it had been well built.”<sup>26</sup> Like any good home, CHAO needed more than just a solid theological foundation for its strategic planning process. The board shored up the strategic planning foundation by providing opportunities for all our members to be engaged in dialogue re the CHAO’s mission, vision, and values. Although we could rightly assume this would be an expected component of any strategic planning process, the question of how to engage our membership in ministry across Ontario, (415,000 square miles or about 2.5 times the size of California) in meaningful dialogue, became an issue. Technology was a great adjuvant in the process. CHAO members from multiple sites joined in reflecting on the Association’s proposed new mission, vision, and values through personal attendance or via video-conferencing. At the basis of all of our reflections was our belief that the call to the ministry of Catholic health care is rooted in

our personal and collective relationship with God and our shared call to ministry in the tradition of our founders.

## A 'BALANCED' APPROACH

Having completed these important first steps, the CHAO board and staff suggested that efforts be made to more clearly define the newly endorsed mission, vision, values, and strategic priorities using Robert Kaplan and David Norton<sup>7</sup> and Paul Niven's *Balanced Scorecard* approach. The use of the *Balanced Scorecard* was chosen because of its broad recognition and acceptance among health care providers in Ontario. In addition, the *Balanced Scorecard* has proven effective in assisting organizations to develop strategies which are measurable, and provide clear accountabilities to those served.

The CHAO board noted many, if not most organizations, dutifully complete strategic planning on a regular basis. However, studies suggest that fewer than 10 percent are successful in implementing the strategies created.<sup>8</sup> In 1999, *Fortune* magazine noted the majority of CEOs fail their responsibility to their organizations by assuming that defining strategy was a sufficient predictor of corporate success. "In the majority of cases — we estimate 70 percent — the real problem isn't [bad strategy but] . . . bad execution."<sup>9</sup> Niven<sup>10</sup> notes the following barriers to strategy execution:

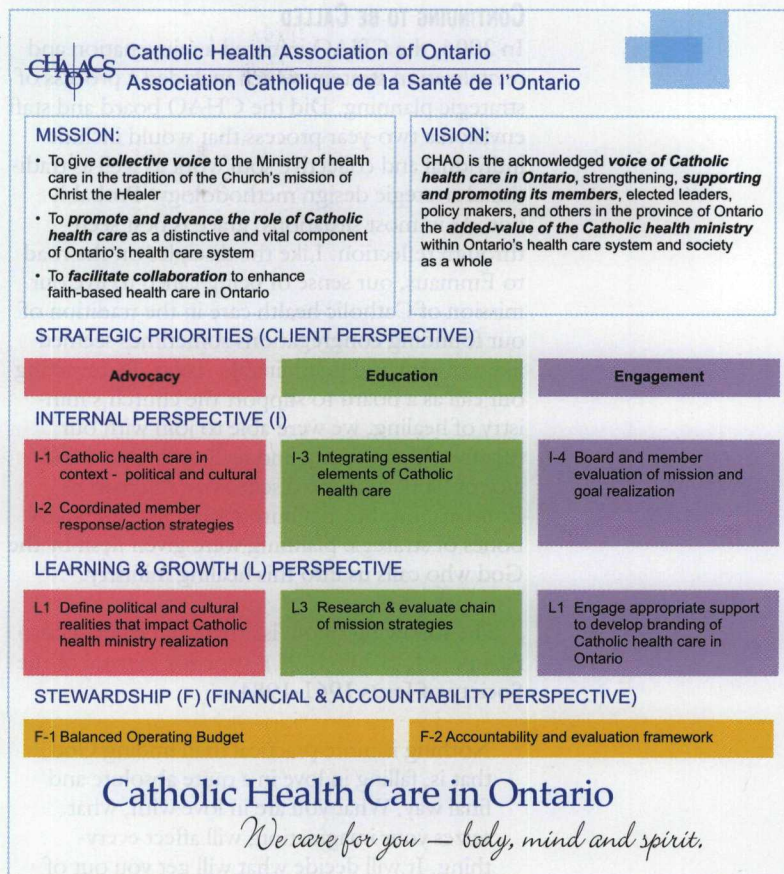
- **Vision barrier** — only 5 percent of the workforce understand the strategy
- **People barrier** — only 25 percent of managers have incentives linked to strategy
- **Management barrier** — 85 percent of executive teams spend less than one hour per month discussing strategy
- **Resource barrier** — 60 percent of organizations don't link budgets to strategy.

It was apparent that developing a strategy implementation system for CHAO's strategic priorities was essential to the realization of its mission and ensuring accountability to those whom we serve in the ministry of Catholic health care in Ontario. The *Balanced Scorecard* could offer CHAO three things:<sup>11</sup>

- **A communication tool**
- **A measurement system**
- **A strategic management system**

The fundamental question was, "Do we really need a *Balanced Scorecard* for CHAO?" Niven offers a litmus test for organizational readiness for developing and implementing a *Balanced*

## CHAO Balanced Scorecard



*Scorecard*.<sup>12</sup> Answering "yes" to any of these scenarios provides an appropriate stepping stone to the *Balanced Scorecard* development:

- **Business crisis**
- **Setting the management agenda**
- **New leadership**
- **Implementing strategy (This was one of the primary rationales for CHAO adopting a balanced scorecard approach.)**
  - **Prioritizing initiatives**
  - **New organizational strategy**
  - **Aligning employee goals**
  - **Communication and education**

During the next six months, the CHAO board worked with Sr. MacLellan to develop a *Balanced Scorecard* for the organization. The *Balanced Scorecard*, along with strategic priorities and annual measurable objectives for the board and its committees became the association's strategic plan — a plan that integrates God's call and the corporation's soul with the products of the more traditional "business model" of strategic planning.

**CONTINUING TO BE CALLED**

In 2006, the CHAO initiated a rejuvenation and revitalization strategy which included a process of strategic planning. Did the CHAO board and staff envision a two-year process that would include individual and collective soul work as well as traditional strategic design methodology? Probably not. As in most situations, grace is best seen through reflection. Like the disciples on the road to Emmaus, our sense of being called to live our mission of Catholic health care in the tradition of our founding congregations sometimes seemed like a distant and unattainable vision. By revisiting our call as a board to support the church's ministry of healing, we were able to join with our membership in seeing and feeling the hand and face of God. Like the disciples on the road to Emmaus, our hearts "burn within us."<sup>13</sup> The dry bones of strategic planning were given flesh by the God who calls us into this healing ministry.

The following quote is attributed to Fr. Pedro Arrupé, SJ, (1907-1991), superior general of the Society of Jesus 1961-1984.

Nothing is more practical than finding God, that is, falling in love in a quite absolute and final way. What you are in love with, what seizes your imagination, will affect everything. It will decide what will get you out of bed in the morning, what you will do with your evenings, how you will spend your weekends, what you read, who you know, what breaks your heart, and what amazes you with joy and gratitude. Fall in love. Stay in love. And it will decide everything.

Our ministry of Catholic health care has been blessed with an opportunity to, as Fr. Arrupé suggests, continue to fall in love with the God

who calls each of us by name. We have been invited to have our imagination seized by God, knowing that having said "yes" to the incarnation within our own hearts, to being in intimate relationship with Jesus, we will never be the same. As a board, we pray to say "yes" to the new life that comes to birth in us and among us. We have fallen in love. We pray to stay in love, and we know that this will decide everything for us — as individuals and as a board. ■



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**NOTES**

1. (Ezekiel 37:4-6) *Then he said to me: Prophecy over these bones, and say to them: Dry bones, hear the word of the LORD! Thus says the Lord GOD to these bones: See! I will bring spirit into you that you may come to life. I will put sinews upon you, make flesh grow over you, cover you with skin, and put spirit in you so that you may come to life and know that I am the LORD.*
2. Exodus 3:11-13.
3. Matthew 4:18-20.
4. Isaiah 43.1.
5. Bishop Michael Putney, "Health Care and the Church's Mission," *Health Progress* (January-February 2004): 85.
6. Luke 6:48.
7. Robert S. Kaplan and David P. Norton, *The Strategy-Focused Organization: How Balanced Scorecard Companies Thrive in the New Business Environment*. (Boston: Harvard Business School Press, 2001).
8. Walter Kiechel, "Corporate Strategists under Fire," *Fortune*, 27 (December 1982): 38.
9. Ram Charan and Geoffrey Colvin, "Why CEOs Fail," *Fortune* (June 21, 1999).
10. Paul R. Niven, *Balanced Scorecard Step-by-step: Maximizing Performance and Maintaining Results*. (John Wiley & Sons, Inc., 2006) 10.
11. Niven, 13.
12. Niven, p. 37.
13. Luke 24:13-35.

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