

RIDING OUT THE RECESSION

BY BRIAN YANOFCHICK, M.A.

Several years ago, I worked with a Catholic leader who often concluded conversations about difficult situations with the phrase, “Life goes on.” Coworkers sometimes perceived this as a rather cold conclusion to situations that often had a deeply personal impact on others. In truth, though, this leader’s insight was right, necessary and yes, even hopeful. This special section of *Health Progress* is about discovery and learning in the midst of difficult adjustments many Catholic health providers have made during the current economic recession. As the articles in this special section show, life is going on, and new ideas and directions are emerging. We are living the Easter mystery of death and resurrection and learning as we go what shapes new life might take as a result of our “Good Friday” experience.

We have seen considerable evidence that despite the financial pressures many health care systems and facilities have faced, mission has survived as a guiding force. In my conversations with mission leaders, I have learned that some systems, for instance, have identified a great resource in their established processes of ethical decision making. They have, as a result, been able to discern solutions within the framework of their mission. Other systems affirmed the need for effective leadership formation. They see this as an essential effort to provide lay leaders with a framework that will help them to not only identify mission-centered solutions but also to surface the right questions when hard times arrive. In other cases, systems have continued with plans for growth, but with a focus on essential services. Still others have completed overdue in-depth assessments of services, positioning themselves to be more responsive to their communities and better stewards of their limited resources.

Of course, along with the pressing financial concerns are the many important leadership challenges Catholic health care providers also face during this time of turmoil and debate. Among them — perhaps for future issues of *Health Progress* to address — are: How do leaders regain the trust of employees after a series of difficult layoffs? How do we repair the damage to organizational cultures in situations where “survivors”

among the employees perceive their leaders as betrayers of stated values, despite their best efforts to address challenges in mission-centered ways? Have we learned to recognize and address the unique needs of the many constituencies that make up our facilities and systems, such as nurses, doctors, support staff and others? What about the perceptions of our institutions out in the communities we serve?

We wonder, are Catholic health systems any better at addressing these than other secular systems? Are the lessons we have learned of value to others outside the Catholic health ministry?

We are familiar with the Chinese blessing/course: May you live in interesting times. Let’s continue to explore what we will take into the future from these interesting times.

BRIAN YANOFCHICK is senior director, mission and leadership, Catholic Health Association, St. Louis. Write to him at byanofchick@chausa.org

Keith Negley / munrocampagna.com



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