



INNER AND OUTER INTEGRITY

The following is an interview that Br. Maddix conducted January 26, 2002, with Carl Roy, president and CEO of Providence Health Care, Vancouver, British Columbia. Providence Health Care is Canada's largest health care system. Br. Maddix and Mr. Roy have worked together in recent years to try to reduce the gap between "mission speak" and "mission action." Here they focus on questions designed to prompt leaders to reflect on ways they might increase congruence between their roles and their motivation. They emphasize the importance of the inner life, especially as it affects one's leadership skills—and particularly those skills that enable one to build mission integrity.

I often define a leader as "one who shapes the world around him or her." How does this fit with your definition?

I can relate to your definition because it speaks to me of the art of leadership, as well as the technical aspects of being a leader. Leadership for me is about creating vision and making change happen. But for this to happen in a truly inspired way, the leader must have the courage to do things that are congruent with his or her inner self. I believe that, as a leader, I must look for opportunities to do things that both affect my world in a positive way and nurture my soul or sense of spiritual well-being. By working on both—which we might call

*Wholeness Is
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in an
Interview*

**BY BR. THOMAS
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the "inner" and the "outer" aspects of leadership—I can bring a clearer purpose to everything I do.

Sam Keen says, "We need to reinvent from time to time. ... The stories we tell of ourselves determine who we become, who we are, what we believe."¹ Has this occurred in your life?

I don't know whether I would call it "reinventing" so much as "reflecting." The early part of my own story was all about trying to find meaning through achievement and success. There was a sharp contrast between my personal and professional lives: my personal life did not seem to me to be an important part of who I was.

Fortunately, after having accumulated successes and achievements, I reached the point of asking (as the old Peggy Lee song puts it), "Is that all there is?" Today I find my satisfaction in different, more meaningful ways.

Now that I've gone through a series of significant life events, my "second story" is unfolding. I'm allowing the "feeling side" of me to emerge. Today I consider myself successful only when I can freely be who I am, both for myself and for others. I've discovered that, now that I am freer to be myself, other people are more open toward me and around me.

Jean Bolen, MD, says in her book, *The Ring of Power*, "Authenticity and integrity, or inner harmony, are related to the choices made on the basis of who we are and what we love."² If leadership is about choices for others and ourselves, what types of choice have you had to make over the years to clarify your leadership style?

The fundamental questions for me are about authenticity. Do I know who I am and what's important to me? Given my earlier preoccupation



with external validation through visible success and achievement, this stance demands a great deal of personal courage from me. (And you don't learn personal courage in leadership training or formal education programs.) Authenticity involves your real-life experience and the people who have shared that experience with you, through either personal validation or challenge. To know who you are, you must be open to others and to their feedback—whether negative or positive. But to be open, you have to have a degree of security.

As a leader, I'm called to create that type of environment for those who work with me and for those we serve or have relationships with. My authenticity and integrity must shape the culture and mission of the organization. As I see it, understanding and authenticity of self come first; after that comes the exercise of integrity. I must ensure that my own leadership contribution is authentic, thereby using my personal integrity to build organizational integrity. Doing so, in a world less interested in feelings and emotions than in technical and professional competencies, is fraught with risk. Nevertheless, committing oneself to personal and organizational authenticity is vital to our work as leaders of Catholic health care organizations.

"Mentors" are people who are able not only to tap the unknown within us but also to inspire us to live from that source of energy and truth. Who have been some of the mentors in your life? Why were they important to you?

My first boss in the Catholic health ministry was Sr. Winifred McLoughlin, SSJ. In hiring me, Sr. Winifred had chosen a very ambitious, career-obsessed vice president who believed in success at any cost. She, on the other hand, always encouraged her coworkers to seek balance in their personal and professional lives. Sr. Winifred never failed to give coworkers loving support when they found themselves in personal or professional crises, thereby emphasizing the importance of relationship over selfish achievement. Two of her sayings have stuck with me: "Don't take this so personally" and "What is this to eternity?"

I also count several early colleagues among my mentors. I watched them, as they provided direct care and generously entered into the suffering of patients and patients' families in a way that seemed to energize the spirits of those who were suffering. A third category of mentors comprises people who have been my true friends and faith partners, people who believe in supporting and nurturing each other through their spirituality.

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Of course, mentors are not always positive people. Sometimes they are people who cause us to think: "There but for the grace of God go I." What have you learned about being a leader from such "negative mentors"?

It's true that you can learn a good deal from people who don't have a positive impact on the world around them—those, for example, who are controlling, autocratic, and use their positions of power to dominate; those who frustrate relationships and breed distrust; and those who say one thing and do another. In other words, people who lack personal and professional integrity.

Of course, I've witnessed the damage this type of behavior can do to both individuals and organizations. For us in Catholic health care, damage of this sort can be irreparable. Having seen it, I'm strengthened in my desire to be a *positive* kind of leader.

I've also learned something important from my experiences with people and groups that are hostile to Catholic health care and faith-based health care delivery in general. Dealing with such people has only deepened my confidence in Catholic health care delivery. It's shown me that what matters is, not talk, but the lived reality of seeking to deepen our mission as Catholic providers. We don't need to *defend* what we do. We just need to acknowledge that when we "get it right," people want to work in our ministry and to receive their care from it. They are attracted to us.

In trying to be true to yourself and being a leader with a sense of integrity, what type of "tests" do you grapple with in your present position as the CEO of Canada's largest Catholic health care organization?

The first test for me as a leader concerns how well I understand and live the essentials of the ministry; this is the test of commitment. The second test involves creating unity at the broader leadership level for deepening the mission. Test three is ensuring that mission is integrated throughout the entire organization—reflected in the services we provide, the people that do the work, and the quality of their relationships. We must continually ask ourselves: How visible are our values in our structures and our business processes, including decision making?

A fourth test, critical to building mission integrity at the leadership level, involves the relentless pursuit of feedback that demonstrates whether we have passed or failed these tests. Getting such feedback requires unprecedented openness about mission integrity being our No. 1 job.



And, finally, I must continually ask myself: Is there an active and deepening spirituality present in me, the leader?

How are these tests affecting your life?

I use them as frameworks for my personal and professional accountability. They remind me of my obligation, first, to continue my own spiritual development and inner work and, second, to help other Providence Health Care leaders do the inner work and find their own sense of personal meaning. Finally, these tests also provide a framework with which we can evaluate whether our system is really doing what it's supposed to be doing. Are we, as an organization, still faithful to the ministry of our founders? Are we, through our continuing witness of God's healing presence, still relevant in today's world?

In *Let Your Life Speak: Listening for the Voice of Vocation*, Parker J. Palmer writes about challenges facing leaders. He begins by quoting the poet Rumi, who said, "If you are here unfaithful with us, you're causing terrible damage." Palmer writes: "If we are unfaithful to true self, we will extract a price from others. We will make promises we cannot keep, build houses from flimsy stuff, conjure dreams that devolve into nightmares, and other people will suffer . . . if we are unfaithful to true self."³ I find these words powerful. Do you agree?

I would simply say that Palmer and Rumi capture my life story. As I've said before, the work begins in understanding one's true self to the best of one's ability. Palmer's words illustrate not just people's need to find their authentic selves but also their need for congruence between those selves and the way they interact with the world around them. Palmer's words also allude to the damage that can be done by the type of people I have described as "negative leaders"—people motivated by power and control rather than integrity and relationship.

I've found that, as leaders, we need tools to assist us in doing the inner work and personal reflection. For example, I find Helen Palmer's "enneagram" to be an invaluable tool, both personally and organizationally.⁴ I like her approach to finding an authentic self that values both one's gifts and one's differences from other people. I value it because I see this as another challenge facing leaders. Great leaders are not made with cookie cutters; one leader's tips for success may not work for another. A person possessing solid technical skills and management expertise may

not have the inspiration needed to be a real leader. Dedication to the true self, on the other hand, allows us to find the right place and the right style. It allows us to intersect with the world in a way that is beneficial for ourselves and those around us. That is the true gift of vocation.

I've long been struck by a something Rachel Remen, MD, said in her book *Kitchen Table Wisdom*: "In this culture, the soul and heart too often go homeless."⁵ At the core of faith-based health care delivery, it seems, is the nurturing of the heart and soul not only of oneself and others but also of the organization as a whole. How is this nurturing done in your personal and organizational life?

For me, it's the ongoing struggle to achieve a life-work balance—to find time to do the things that inspire my soul and to give them their proper priority. Since moving to Vancouver, I've been able to walk on the beach, take extended bicycle rides along the shoreline, and enjoy bountiful nature. I would also say, on a personal level, that I have learned to set limits in my own organization around schedule availability. I'm trying to bridge the personal and organizational aspects of my life, to do the things that really inspire "meat" work. One example of such work is dismantling outdated and irrelevant organizational systems that no longer make a meaningful contribution to the quality of care or our mission integrity. Another example is looking for soulful people who can tell their own stories and inspire others to do the same.

A third example of "meat" work is seeking to create a vision that integrates the passion of our founders and advances our legacy in meeting contemporary challenges. A fourth example involves being holistic in our work. So much of what we health care leaders do is "head" work involving systems and a fervent search for results. Yet our *essential* work is about care, which by definition is relational and heart-centered. Each day we touch people's lives in ways that change both them and us, and this is work that is good for the soul. We need to integrate body, mind, and spirit into our leadership practices.

What do you see as the big challenges facing faith-based health care leaders in Canada?

Mission integrity and what we might call "sustainability" are the two biggest challenges. Mission integrity demands that we constantly ask ourselves, "If we are not different from other

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providers, why are we here?" This question, in turn, raises the issue of sustainability. Like other Canadian health care organizations, Catholic organizations must continue to change and restructure to be responsive to needs, advances, and cost pressures. For me, the question is: What can we leaders do to change Catholic health care so that it, first, truly responds to the health needs of the communities we serve and, second, continues to provide the value-added aspects that differentiate us from other-than-Catholic care?

If we are not part of the solution, we may not have the opportunity to offer ongoing service with our distinctive voice. The Catholic health care tradition encourages us to constantly reshape, renew, and reform the way we do our work so that we keep the body-mind-spirit connection intact as the best approach to health and well-being. I'm confident that holistic care of this type can still be found at the patient's bedside. But is it alive and well in our ministry's leadership?

A character in Joseph Conrad's *Heart of Darkness* says, "I don't like work—no man does—but I like what is in the work—the chance to find yourself. Your own reality ... what no other man can ever know."⁶ What have you found in your work?

In the Canadian context, our health system is our most valued social program. I am privileged to be able to lead a Catholic health system that provides services at all points in the continuum of care and serves people at the time of their greatest vulnerability. I'm conscious of the profound opportunity we have both to be instruments of change and to be changed through this vulnerability. I've experienced the power that comes from embracing my own vulner-

ability and emerging from it with a clear sense of the things that are important to me and of the contribution I can make. As a leader, I want others on my team and in my organization to know that power and the opportunities afforded us.

Hope lives at the core of faith-based leadership. How can you go about increasing hope in your organization?

Hope grows if the leader provides direction and vision for the organization, places a high priority on genuine relationships, builds personal and organizational confidence, facilitates innovation and creativity, encourages people to use all their talents and skills, celebrates accomplishments, explores new possibilities to extend the mission, and helps unify the community. Hope is embodied in every core value that underpins the Catholic health ministry. Leadership grounded in ministry integrity and personal authenticity builds hope in our world. □

NOTES

1. Quoted in Phil Cousineau, *Once and Future Myths: The Power of Ancient Stories in Modern Times*, Conari Press, Berkeley, CA, 2001, p. 7.
2. Jean Shinoda Bolen, *The Ring of Power: The Abandoned Child, the Authoritarian Father, and the Disempowered Feminine in Wagner's Ring Cycle*, Harper, San Francisco, 1992, p. 12.
3. Parker J. Palmer, *Let Your Life Speak: Listening for the Voice of Vocation*, Jossey-Bass, San Francisco, 2000, p. 31.
4. See Helen Palmer, *The Enneagram in Love and Work: Understanding Yourself and Others in Your Life*, Harper, San Francisco, 1990.
5. Rachel Remen, *Kitchen Table Wisdom*, Riverhead Publishers, New York City, 1996, p. 220.
6. Joseph Conrad, *Three Short Novels*, Bantam, New York City, 1960, p. 33.

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issues that they must work through if they are to grow.

But if we ask, listen, and affirm, we make it okay to disagree, okay to have a difference of opinion. An outdated style of leadership would react to differences of opinion by saying, "No discussion! This is the will of the sponsors, the trustees, the CEO!" But show me leaders who go around asking, listening, and affirming—establishing a territory of trust that allows for constructive feedback—and I will show you an affiliative leadership style that encourages honest feedback and an atmosphere of mutual trust.

THE CHALLENGE TODAY

The challenge today for the Catholic sector of U.S. health care is the same as it was for Jesus' disciples on the road to Emmaus. Like them, we need to restructure our imaginations. We need to imagine what this ministry *could* be like—what our workplaces would be like if only we were to recognize the power and the presence of the risen Lord among us in a new way, according to a new game plan. If each of us is faithful to our calling to bring healing and wholeness to those we serve by making their lives better, and if this shows in how we do what we do every day, we will indeed have struck gold! □

NOTES

1. See Teresa A. Maltby and John F. Tiscornia, "The Dynamics of Value," *Health Progress*, September-October 2001, pp. 46-51.
2. See Sharon Richardt, "A Clearing in the Woods," *Health Progress*, March-April 2000, pp. 20-21.
3. See John Larrere and David McClelland, "Leadership for the Catholic Health Ministry," *Health Progress*, June 1994, pp. 28-33.