



## GENERATION TO GENERATION

# Jesus, Formation and Transitions in Leadership

By SR. KATHERINE “KIT” GRAY, CSJ

In his poem, “Generation to Generation,” Antoine de Saint-Exupéry expresses a number of ideas pertinent to reflection on the leadership transitions that have taken place in Catholic health care. His words suggest that while transition is natural — “one hands down and another takes up” — it also requires intentionality: “it is needful to transmit the passwords from generation to generation.”

In my experience, the leadership transitions in Catholic health care from 1970 to the present have included response to external forces or circumstances and planning; natural succession and intentional formation. Further, these transitions are deeply rooted in “the meaning of things” that are essential to Catholic health care.

### HEALING MINISTRY OF JESUS

Everyone associated with St. Joseph Health (SJH), an integrated Catholic health system sponsored by the Sisters of St. Joseph of Orange, is expected to know, understand, embrace and work toward its mission of extending “the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.”

Because the sequence is important, the Parable of the Good Samari-

*In a house which becomes a home,  
one hands down and another takes up  
the heritage of heart and mind,  
laughter and tears, musings and deeds.  
Love, like a carefully loaded ship,  
crosses the gulf between the generations.*

...

*We live, not by things, but by the meanings  
of things. It is needful to transmit  
the passwords  
from generation to generation.*

“Generation to Generation,”  
by Antoine de Saint-Exupéry

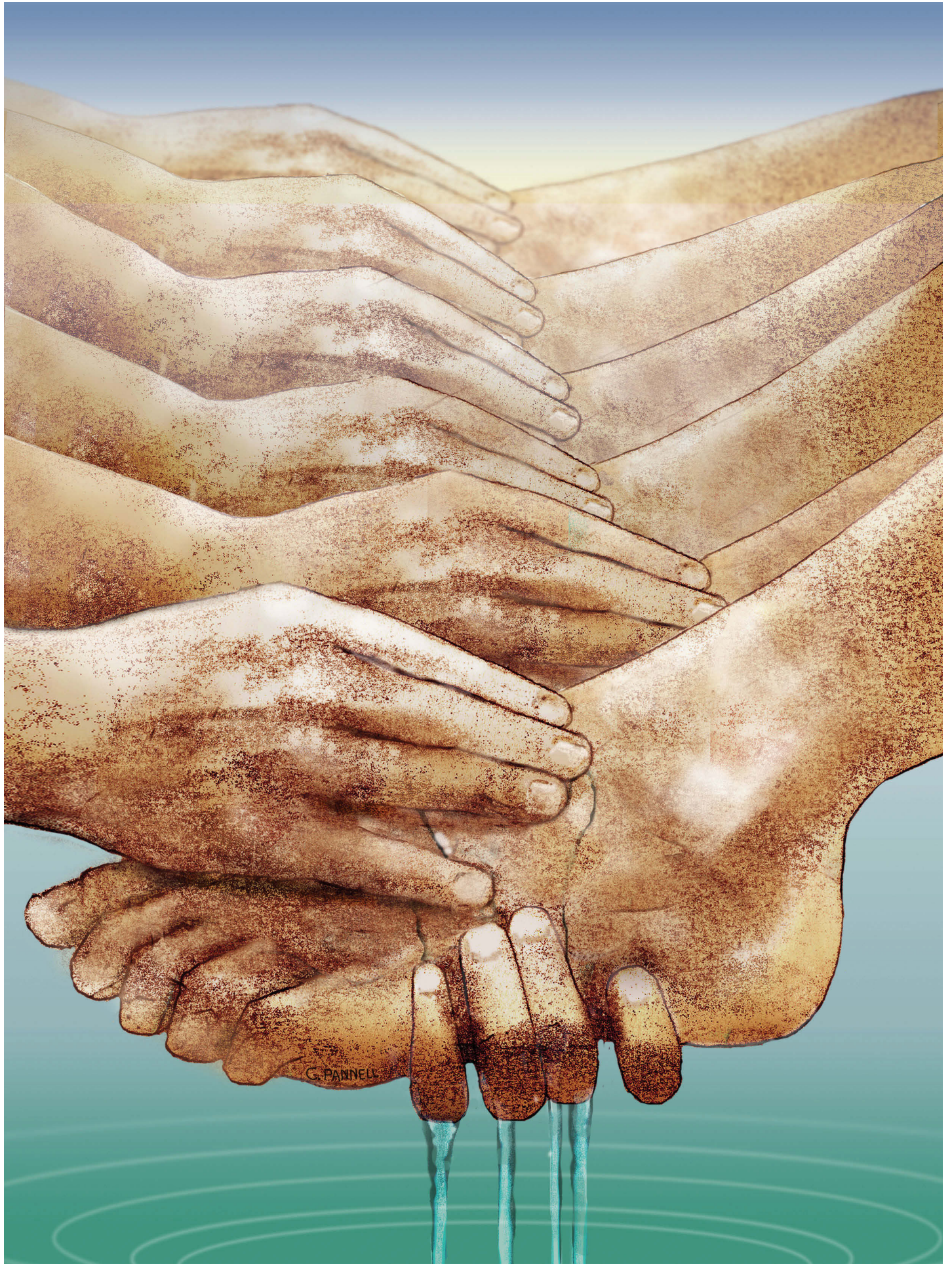
tan (Luke 10:25-37) is used extensively in SJH formation programs. This parable powerfully illustrates a personal and practical response to the physical needs of the man who had fallen victim to robbers and had been left half

dead by the side of the road. It ends with Jesus’ mandate to anyone who would follow him, “Go and do likewise.”

It strikes me that Jesus was always preparing others to “do likewise.” This is dramatically illustrated by his words and actions near the end of his life. During the last meal with his friends before his death, Jesus got up from the table and washed their feet — an act of service usually performed by a household slave. This action and his words, “For I have given you an example, that you also should do just as I have done to you,” summed up Jesus’ whole way of being.

It also marked a transition in leadership at the end of a three-year “formation program.”

Jesus’ message was about healing and wholeness, unity and communion. It was also about values that upset the natural order of things: The last shall be first; the meek will inherit the earth; the one who wishes to lead must serve. Throughout their time together, Jesus had been schooling the disciples in these values; he had been forming them by his words and deeds. His manner



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with the disciples illustrates a number of qualities of formation: It calls for a change of heart; it takes place over time; it takes place in community; it

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combines knowledge and information with experience and reflection; it is enhanced by example and mentoring.

#### **IN THE TRADITION OF THE SISTERS OF ST. JOSEPH**

From their beginnings in 17th-century Le Puy, France, Sisters of St. Joseph have conducted their ministries in partnership with lay men and women. Their founder, Fr. Jean Pierre Medaille, envisioned the mission of the congregation as bringing about the unity of all people with one another and with God. To accomplish this mission, he directed the first sisters to undertake all the “spiritual and corporal works of mercy of which women are capable,” and he proposed a type of social analysis/needs assessment as a way to identify the works to undertake. He said, “divide the city, identify the ills there, and work with others to alleviate them.”

The transitions in the health care ministry of the Sisters of St. Joseph of Orange generally followed the trajectory outlined by Kate Grant and Sr. Patricia Vandenberg, CSC, in their book, *After We're Gone: Creating Sustainable Sponsorships*, and exhibited many of the characteristics they describe.

The Sisters of St. Joseph of Orange were founded in 1912 in Eureka, Calif.; took over the operation of a hospital there in 1920; and in California and Texas successively opened hospitals that were operated in the “family business” style described by Grant and Vandenberg. Sisters and sister administrators held “the keys, the kitchen privileges, and privileged information”<sup>1</sup> within the ministry.

Like other religious congregations in the 1960s and 70s, the Sisters of St. Joseph of Orange responded to internal realities, social changes and the impact of the Second Vatican Council by

appointing lay administrators and by establishing and separately incorporating hospital boards composed of sisters and lay persons.

I believe that the Sisters of St. Joseph of Orange incorporated lay men and women into health care governance and management because they needed and respected the expertise these professionals could bring to the ministry. Although there was no explicit conversation about lay formation at this time, the congregation was overtly concerned with how to maintain Catholic identity in the hospitals.

This concern led to the articulation of a philosophy of health care and, ultimately, to more formal programs of formation for all those associated with SJH.

Prior to the development of St. Joseph Health System, the Sisters of St. Joseph of Orange congregational leadership had worked with a consultant to assess the congregation's ministries in light of internal and external realities. Although the focus was primarily on Catholic identity, one outcome of the study was a seminal insight about the distinction between influencing an organization through personnel and personal presence (sisters) and influencing through clearly articulated values. Within the newly created health system, this insight became the impetus for work on a document, “Vision of Value,” which would communicate explicitly the sisters' values and beliefs that had previously been handed down in less tangible, sometimes even nonverbal ways.

Further, “Vision of Value” laid the foundation for the programmatic efforts of SJH to identify and form successive generations of leaders:

We believe that by exerting leadership in values integration, we can derive motivational energy to make a significant difference in our health care organizations. By developing processes and policies, we strengthen our ability to be practical in applying our values. By acting out of our values, we are confident that we will continue to find the means for accomplishing our mission and vision, our service and influence.

It is our conviction that our values transform ordinary work into a ministry that matters. We believe all who are associated with St. Joseph Health System desire to understand and act upon our values and



that together we will realize our full potential in helping to heal all we touch.

Sisters continued to be in hospital ministry and to have influential roles in governance and sponsorship; however, the ever-clearer articulation of mission and values rooted in the CSJ spirit and spirituality began shaping the culture of St. Joseph Health System — a culture connected to and yet distinct from the founding congregation. That culture was further shaped by structures, policies, procedures and roles explicitly intended to “operationalize” the values. That process of mutual influence and shaping continues today. There is an ongoing dynamic between the values and their implementation, the way the values shape successive generations of leaders and the way those leaders shape the culture for the next generations.

Sr. Suzanne Sassus, CSJ, currently a member of St. Joseph Health Ministry (SJHM), was part of the early development of the system. She describes the changes she experienced in this way:

- From information to formation
- From focus on the individual to an emphasis on community
- From personnel intensive to value intensive
- From leadership concentrated in one person to leadership shared by boards, senior management, middle management, doctors, volunteers and others

#### HOW IS IT WORKING?

The goals and programs of St. Joseph Health’s Leadership Institute are wonderfully aspirational and illustrative of what most Catholic health systems are doing. However, to use the idiom of a popular television psychologist, we need to ask, “How is this working for us?”

Are we identifying people within and associated with the organization who have the personal qualities needed for leadership formation? Are the formation programs changing lives and the organization?

Deborah Proctor, SJH CEO, describes her own efforts as proactive and personal. Over a two-year period, she requires new senior leaders to engage in a series of one-on-one conversations with her that focus on qualities and style of leadership within the SJH culture. The expectation is that participants will see their leadership as ministry; they will become more reflective about themselves and the organization; understand the roles of management, governance and sponsorship;

and build effective working relationships with persons in those roles. This personal onboarding experience reinforces an important aspect of the SJH culture — leadership is exercised as a community rather than a team.

Proctor suggests that an indicator of the effectiveness of these formative programs and experiences is that senior leaders are increasingly more

### ST. JOSEPH HEALTH LEADERSHIP INSTITUTE

#### Foundational convictions:

- We understand our work to be ministry and health care to be holy ground.
- In all that we do, we serve the dignity of each human being and seek to deepen our connection with spiritual sources and resources to extend the healing ministry and bring about transformative change.
- The formative experiences and programs are intended to provide participants the opportunity to engage content and meaning, encourage internal growth and external application and increase intellectual knowledge and spiritual insight in the service of a mission inspired by the Sisters of St. Joseph of Orange.

Within this framework, St. Joseph Health formation programs are directed toward supporting and enabling these leadership competencies:

**Self-Awareness:** The leader seeks and develops a personal understanding and connectedness to the healing ministry; actively engages in spiritual exploration, formation and personal development; demonstrates self-awareness, an understanding of one’s personal strengths and gifts and a willingness to grow.

**Spirituality and Formation:** The leader understands and connects with the healing ministry of Jesus, integrating ministry into leadership by facilitating spiritual development in self and others; role models the importance of formation through reflection, sacred encounters and a commitment to compassionate care of the whole person — body, mind and spirit.

**Mission Integration:** The leader respects the mission as the foundation and purpose of the ministry and organization; demonstrates the ability to integrate the mission in culture, daily work, strategy and planning; advances the role of mission in strategic thinking and operational management by reinforcing our mission with teams, other leaders and community members/patients.

comfortable discussing issues openly with sponsors and raising challenging questions with them; and that leaders speak easily about their work as a vocation and about health care as a ministry.

Ned Dolejsi, a member of SJHM, said in reference to front-line, local ministry and system office employees, “we take them where they are and recognize that they work with us for a variety of reasons. We expect these men and women to use their talents, expertise and skills for the mission of providing quality, compassionate care, and we want to offer them opportunities for continuing personal and professional growth.”

For example, the “Sacred Moments” program offered at various local ministries seems particularly effective at fostering the connection between personal and professional growth. This program, connected to the ministry outcome of having “every interaction experienced as a sacred encounter,” engages teams in designing concrete ways to enhance experiences of dignity, care, connection and compassion toward patients and colleagues.

Several members of SJHM commented on the challenge of selecting people to manage the changing structures needed for implementing a

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new health care delivery system. The system is becoming less facility-centric, more community based; services are delivered in different ways at a variety of sites; clinical and non-clinical partnerships are the norm.

Qualities we need and look for in these leaders include: commitment to the healing ministry of Christ and to the promotion of health and healthy communities; transferable knowledge and skill; flexibility in thought and action; systems thinking; an appreciation for the possibilities of technology; commitment to ongoing personal growth; ability to connect mission and business.

Reflecting on the transition from religious to laity in the sponsorship role, Sr. Mary Therese Sweeney, CSJ, a member of SJHM, said: “Our vision is for a combination of religious and lay,

and while that may not always be possible, it seems we should continue to foster the unique gifts and interests of religious and look for ways to integrate the charism of the congregation as it originated and as it evolves. In our own community (of Sisters of St. Joseph), our understanding of the charism has evolved to include greater emphasis on relationships, reconciliation and unity and attentiveness to immigrants.

“Well-selected members of St. Joseph Health Ministry bring a charism of their own, although they may not use the same vocabulary or may have less experience articulating it. They may bring gifts of developing intimate relationships; collaborative and respectful relationships in work/community settings; consistent and humble self-giving; gracious inclusion of those with differing perspectives; solidarity with vulnerable people; and the ability to integrate relationship depth developed on micro- and meso-levels into macro-levels of decision-making.

“As stewards of a ministry of the Catholic Church, members of SJHM bring understanding, respect, and affinity for the myriad facets of the faith — social, sacramental, liturgical, mystical and Christological. They understand and express the interplay between spirituality, the personal connections with the divine and religion, the doctrinal and the public community of believers.

“They bring the incarnational element of faith, that is to say, the presence of Christ in the world and the role his followers have in furthering this presence in daily life. Health care is a business packed full of interconnected scientific, regulatory, human resource, patient experience, collaborative partnerships and financial elements that may or may not be aligned with ministry decisions. Members of SJHM need to be familiar enough with those elements so they can contribute to ethical decisions, safeguard Catholic identity and further the ministerial dimensions.”

#### **GENERATION TO GENERATION**

Transitions are normal and inevitable. Some of Saint-Exupéry’s “handing down and taking up” occurs through relationship and example; some of it occurs because we have intentionally transmitted “the passwords from generation to generation.”

In my experience, the transitions in Catholic



health care leadership — from founding sponsors to sponsor and governance groups of lay and religious; from sister administrators to lay men and women CEOs; from sisters to lay men and women as mission integration leaders; from sisters who designed and staffed the formation programs to totally committed, academically and experientially prepared lay directors and faculty — has been both natural and intentional.

My reading of the Gospels and the Acts of the Apostles provides a framework for these transitions. Throughout his life, Jesus attracted disciples and formed them to continue his mission. The Gospels portray him as leading by example — healing, teaching, bringing people into community, offering encouragement and challenge. And, he explicitly directs those who are following him to “do likewise,” for if his message were to continue, it would have to be through the lives, words and deeds of those who had known him and who were commissioned by him to go and “make disciples of all nations” (Matthew 28:19) because “you are witnesses” (Luke 24:48).

This leading by example and learning through relationship characterized the early history of Catholic health care in the United States. Men and women “caught” the spirit and spirituality of the founders of Catholic health care facilities through behavior and example.

The internal and external realities of the 1960s precipitated the transition of leadership from religious communities to lay men and women leaders, and the transition has gradually become more intentional. The situation seems similar to the development of the church as described in the Acts of the Apostles, as the group replaces Judas through a process that includes establishing criteria, prayer, and a consideration of several possible candidates (Acts 1:15-26).

Later in Acts, the order of deacons is established to meet the needs of the growing community through a process that included identifying “reputable” people within the group, prayer, and commissioning for service (Acts 6:1-6).

These two situations suggest that the early church was comfortable using human processes undergirded by the power and inspiration of the Holy Spirit. This is what I have experienced as our formation has become more intentional. We have identified men and women with their own gifts for ministry, commitment to the mission and willingness to grow. We have offered them forma-

tive experiences in community and invited them to take more and more responsibility for the mission. And they have done so — with grace and energy.

Anna Quindlen, in her book, *Lots of Candles, Plenty of Cake*, reflects on the natural transitions from generation to generation. She acknowledges the transitions related to age and speaks honestly about resistance:

Sure, it can feel like being replaced, or embalmed, when the new generation of strivers shows up. But one of the best and most dignified opportunities to stay engaged in the world as you grow older is to give a hand to those who come after. Rise up, reach down. Of course, what that means is that at a certain point you have to step aside.<sup>2</sup>

And, she offers this wonderful challenge:

We give way to the young not simply because it is right but because it is both inevitable and desirable: Dickens to George Eliot, Faulkner to Philip Roth. Something in the human heart, something we try to quell when it interferes with our own comfort, nevertheless calls out: Next!<sup>3</sup>

I believe this process has been the work of the Holy Spirit who energized Jesus for his mission and ministry, who enlivened the fearful disciples after the death of Jesus, who has remained with the church throughout its history and development and who is promised to be with us “always” (John 14:16). This conviction gives me confidence and hope for the transitions to come.

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#### NOTES

1. Mary Kathryn Grant and Patricia Vandenberg, *After We're Gone: Creating Sustainable Sponsorships* (Mishawaka, Ind.: Ministry Development Resources, 1998), 19.
2. Anna Quindlen, *Lots of Candles, Plenty of Cake* (New York: Random House Publishing Group, 2012), 159.
3. Quindlen, 160.

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