





Maintaining Identity and Inclusivity in Catholic Health Care

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In Catholic health care, an ever-changing workforce can present new opportunities to enhance and preserve its identity and culture. This endeavor — to tie one's calling with the ministry's mission — can, however, invite new challenges, especially when welcoming staff with increasingly diverse backgrounds that are both religious and nonreligious. Those who regularly encounter this dynamic know it has no easy resolution.

For the last 20 years, we have grappled with this issue in formation and administrative settings, working with hundreds of Catholic health care leaders. From our experiences, we offer lessons learned on some areas of concern. It is our hope that by continuing this vital conversation, Catholic health care can find new ways to carry on the healing ministry of Jesus.

TWO WRONG APPROACHES

Before offering our suggestions on how to respond to a changing workforce and its beliefs, while still remaining faithful to Catholic health care's mission and identity, we first want to rule out two approaches that have been proven not to work — based on our time in Catholic health care. The first is trying not to offend those with different beliefs by avoiding language or engaging in practices that might be considered “religious” or “spiritual.” For example, recently a mission leader was asked to give a short reflection to a gathering of donors, but to not say “Jesus.”

The goal of this strategy — what might be called a “watered-down” approach — is to be sensitive. However, this tactic can result in excluding

conversations on topics and traditional practices that are central to the Catholic ministry's identity.

A second approach is trying to blend the ministry's mission and values with the dominant secular culture, perhaps even implying that the Catholic and secular cultures are virtually the same.

History is filled with examples of health care and educational organizations that are secular today but were founded within a religious tradition. Their transition from religious to secular was usually not the result of an intentional decision to drop their religious heritage, but rather the cumulative effect of small decisions and shifts in practice that eroded that tradition over time. Ultimately, the decision to become secular became merely a recognition of what had already occurred.

The result of either watering down the Catholic heritage or trying to blend it with secular culture is inevitably the loss of Catholic identity. Over time, the ministry becomes Catholic in name only — an organization that may still deliver quality health care, but is no longer connected with or defined by the Catholic tradition.

Instead of these fruitless approaches, we offer

three principles to guide how the ministry can be faithful to its Catholic identity while still welcoming into the ministry people from diverse backgrounds.

Principle One: Values Alignment

Everyone who chooses to serve in a Catholic ministry must demonstrate their commitment to the ministry's values. This is not optional. Only when the ministry holds staff accountable for living up to its values is the ministry itself being faithful to its identity. If a staff member fails to show respect for patients and colleagues, for example, that person does not belong in a ministry that professes the value of respect. Demonstrating a commitment to the ministry's values does not mean being perfect, but it does mean that the everyday speech and behavior of those who work in the ministry must be in line with the values the ministry professes.

The source of the Catholic ministry's values is its theological understanding of God, Jesus and the human person. Those with different religious or philosophical backgrounds are free to ground the values in their own traditions. For example, while everyone in the ministry must demonstrate respect for others and excellence in their work, they may base those values on their own philosophical or religious understanding. A Buddhist and a secular humanist will ground the values of compassion and respect differently. What is essential is that they demonstrate the values in their words and actions.

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To ensure that all are committed to the ministry's values, its hiring processes should include a focus on them and help those who are hiring determine if candidates have demonstrated values like respect, integrity, compassion and excellence. They should ask themselves: Is there evidence of those values shown in the person's life

and experience? Similarly, the ministry's performance evaluation process should assess whether employees' words and actions are consistent with its values, and, if they fall short, it should have effective improvement plans and respectful ways to separate those who fail to improve.

It can be challenging to deal with a person who is failing to uphold the ministry's values but who otherwise has valuable skills. The temptation is to overlook where the person exhibits deficits in the values of the ministry to retain their other contributions. Yet, if some staff get away with unacceptable behavior, that tells others the ministry doesn't really care, and a "staff infection" spreads. On the other hand, when the ministry makes clear that everyone, even high-profile people, must demonstrate the values, the message also spreads that this ministry walks its talk and is faithful to its identity.

Principle Two: Respect

Those who choose to work in the Catholic ministry must show respect for its Catholic tradition and heritage, regardless of their own beliefs. When a person with different beliefs accepts the invitation to work in a Catholic ministry, it is like visiting the home of someone from a different culture. If the invitation is accepted, the guest is expected to respect the host's culture. The same would be expected of Catholics who choose to work in a Jewish or Adventist hospital. For those working in a Catholic ministry, respect for its tradition includes participating in practices like

reflections before meetings, celebrations of milestones in the ministry's history, and orientation and educational programs that explain its heritage. Respect extends in a special way to the ministry's organizational and ethical principles. One does not need to personally agree with the ministry's principles and positions, but must show respect for them, and, consistent with their responsibilities, must follow them.¹

Principle Three: Welcoming Diverse Traditions

The third principle is the reciprocal of the first two — the ministry must demonstrate respect for the diverse backgrounds of its staff. The model is Jesus welcoming everyone, including outsiders.



Welcoming all who work in the ministry means at the outset not suggesting any effort to convert them. While it is essential to explain the tradition and heritage of the ministry in which they work, it must also be made clear that the ministry respects their beliefs and does not intend to proselytize or indoctrinate them.

In a formation program for senior executives, a question was asked of every group: “What do you not want to happen in this program?” The number one response in every cohort was, “No proselytizing.” The deep-seated fear was that the Catholic faith-based organization would try, in one way or another, to make converts. The prevalence of this suspicion suggests it has to be explicitly rejected.

A welcoming attitude can be demonstrated in many ways. One way is to show how the Catholic tradition, its stories, language and practices share elements with other traditions. When describing the value of compassion, for example, the ministry’s stories of compassion may be complemented with stories from other traditions. Jewish, Sufi and Buddhist traditions — to name a few — are rich with spiritual teachings and stories. Incorporating them shows a welcoming attitude and how the Catholic tradition shares values with others.

A similar approach can be used in explaining the centrality of the Catholic social tradition. The newcomer may never have heard of any “social tradition,” much less one that is Catholic. It can help to start the explanation with what is familiar: all clinical professions share the humanitarian tradition of providing excellent, compassionate care and respecting patients, regardless of their personal or economic status. This humanitarian tradition includes working for the common good, or, as expressed in the U.S. Constitution, promoting “the general Welfare.” Religious traditions of the East and West also foster respect and care for others, especially those who are vulnerable. When explained in the context of humanitarian or other religious traditions, the Catholic social tradition becomes less mysterious and more like the Catholic dialect of a language newcomers have already heard. Starting with what is familiar also makes it easier to highlight the Catholic social tradition’s areas of

emphasis and why it is central to the ministry’s work.

Another way to show respect for those with different backgrounds is to avoid using “insider” language. Like others in the health care world — for example, clinicians, information technology specialists and accountants — Catholics have their own specialized terms. But using insider terms leaves some outside of the conversation and can generate confusion and misunderstanding. In explaining the Catholic tradition, it is essential to use language that is understandable and tailored to the role of the listener. A floor nurse may need to understand only a few Catholic terms, whereas an executive will need to understand and be able to use many.²

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A number of words Catholics commonly use need explaining to those new to the ministry. Some examples include: What is a sister? (Few entering Catholic health care today have known, much less worked with, a Catholic sister.) What is a congregation, religious order, superior, province, provincial council or a charism? What is a layperson, bishop, archbishop, diocese or a hierarchy? What is a ministry, sponsorship or sponsor? What is canon law, the Vatican, a dicastery, a public juridic person, an ecumenical council or Vatican II? What are encyclicals or the ERDs, and what does preferential option for the poor, subsidiarity, and, more recently, synodality mean?

Words like these can be translated into more familiar terms. For example, an order of sisters’ “province” or a church “diocese” might be translated as a “region” or “geographic territory”; “canon law” as “church law”; a “public juridic person” as a “church corporation”; or a “dicastery” as a “Vatican department.” As with any translation, nuances from the original may be lost, but the listener will better understand the concept and will appreciate being welcomed into the conversation,

not left wondering what is being said.

Some of the ministry's practices will also be unfamiliar to a newcomer. The practice of starting meetings with a reflection may be seen at first as a formality, something like singing the national anthem before a ballgame. Explaining that the reflection is a time to pause, be fully present, and connect the meeting with the mission and values can overcome the misinterpretation. The newcomer can learn to appreciate that the reflection should not be simply listening to a few pious words or a management quotation, but a time to consider the "why" of the work before diving into the "who, what, where and when."

Catholic ministries have found creative ways to welcome those with different traditions. For example, when a Catholic system assumed ownership of a hospital serving a predominantly Jewish community, the hospital's dedication ceremony included local rabbis placing mezuzahs at the entrances to patient rooms along with chaplains placing the traditional crosses. Another Catholic hospital set aside a special room where its Muslim staff and visitors could pray. Catholic hospitals have found ways to connect regularly with local religious leaders by inviting them to engage with the ministry and to teach hospital staff about cultural sensitivities of patients and ways to honor their healing and end-of-life customs. These are all ways the ministry maintains the interfaith openness of its Catholic identity.

The challenge of maintaining Catholic identity while being welcoming also arises when a Catholic ministry enters a close relationship with an organization that is not Catholic. While this complex topic is beyond the scope here, there is a parallel challenge of ensuring that the partner organization is committed to the values of the Catholic ministry and, if the Catholic identity is intended

to remain, that the ministry's practices are not diluted or lost because of the relationship.

CONCLUSION

When the founding communities of sisters began to transfer the leadership of their ministries to laypersons more than a generation ago, some doubted that the ministries could remain Catholic without sisters at the helm. The widespread development of orientation and formation programs, along with maintaining cultural practices, have proven effective in keeping Catholic identity and heritage alive. An ongoing challenge is to engage Catholic health care's increasingly diverse leaders and staff so they feel ownership of their ministry's Catholic heritage and share the commitment to pass it on.

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NOTES

1. Chad Raith, "How to Strengthen Catholic Identity in a Diverse Workforce," *Health Progress* 102, no. 2 (Spring 2021): 63-68, <https://www.chausa.org/publications/health-progress/archives/issues/spring-2021/how-to-strengthen-catholic-identity-in-a-diverse-workforce>.
2. *Framework for Ministry Formation* (St. Louis: Catholic Health Association, 2020), <https://www.chausa.org/store/products/product?id=4363>.

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