Maintaining Prophetic Cultures

Future Ministry Leaders Will Need the Qualities Displayed by the Biblical Prophets

BY FR. GERALD A. ARBUCKLE, SM, PhD
Fr. Arbuckle is director, Refounding and Pastoral Development Unit, Sydney, Australia

Our Catholic health care ministries were founded by prophetic people, most of whom were members of religious congregations. The present and future lay leaders of these ministries will also need prophetic qualities. To expect less of them is to deny the reality around us and the demands of the mission. Today's sponsors and boards must continue to invite laypeople with these gifts to join their facilities. Doing so will ensure that the cultures of our facilities remain prophetic—that is, islands of hope and healing in the midst of the turmoil and chaos of the postmodern world.

Wanted: Prophetic People

Consider the challenges we face. At no previous time has health care faced a more chaotic and threatening environment. Health care in general struggles to move from a hospital focus to a community focus, from a biomedical model to a holistic model, from simple technologies to complex ones. Costs rise and populations age, confronting us with difficulties never before experienced with such force. In addition, we face increasingly complex medico-ethical challenges, changes in funding sources, and a rising number of poor people. And these pressures will only intensify in the future.

Given such turmoil, Christ's healing mission will not be reenacted merely by polishing up—superficially improving or renewing—old methods of ministry and traditional methods of leadership. More radical responses will be necessary. As religious congregations increasingly withdraw from direct involvement in health care ministries,

those ministries will require an ongoing refounding by laypeople.

Catholic health care will need the prophetic leadership qualities of its original founders. It will require people with similar imagination and creativity; people who, after first hearing and living the healing mission of Jesus Christ in their own lives, devise ways to reinterpret that mission for the turbulent, secularising world of contemporary health care. Such people will go to the heart of the story of the healing Jesus, wisely discarding all accidental and historical accretions.

They will be not individualists, but, rather, team-oriented people who recognize that the task cannot be grasped or solved by one person alone. The servant-leadership of the listening and healing Jesus will be their model. They will be carriers of Christ's mission, committed to rebuilding cultures of healing through:

- Setting strategic priorities based on the imperatives of the mission
- Developing community-based programs
- Forming advocacy groups that, being dedicated to respect for life, conduct political action campaigns for the rights of the marginalized, educational projects for wellness, and similar projects[1]

The tasks of future leaders will be so demanding that we must expect those leaders to be prophetic people—people who, first, are gifted enough to identify the gaps between the healing mission of Christ and the reality around them, and, second, have the imagination and courage to find ways to bridge those gaps. Because this is so, today's sponsors and boards have as their chief task inviting people with prophetic gifts to take on this challenging role and preparing them for it. Laypeople with these qualities already exist in our facilities. But, I believe, the demands of the future ministry require that we be far more active in forming cultures and people to be initiators and supporters of prophetic action.

Prophetic Qualities

For a deeper appreciation of what we mean by "prophetic people," we need to return to the Scriptures, especially the Hebrew Scriptures, for there we see eloquently described the qualities and roles expected of prophets in any age of history.

Memory

The biblical prophets served Israel as its creative, dynamic, and questioning memory.[2] They repeatedly returned to the creation story of the nation: Yahweh loves his people, and they must respond to him with sincerity of heart, worship, justice, and love. And the special focus of their concern must be the poor and defenseless. Through their repeated, and unpopular, reminders of the purpose for which Israel was created, the prophets provided unity and sharpness of thrust to their nation's creation, crises, and experiences of chaos.

Leaders of Catholic health care ministries must be carriers of the healing mission of Jesus Christ—with its emphasis on justice, mercy, and compassion, together with the church's traditions and the ethical standards—always insisting that this mission is to be the primary measure of all decision making. Leaders are to be living reminders of what Jesus and the church expect of health care facilities.

Creative Imagination

The biblical prophets rejected the distorted culture in which they lived, for they measured it against the vision that they knew could—and should—be realized. Although each prophet

SUMMARY

The Catholic health ministry was founded by "prophetic people," people who shared some of the qualities shown by biblical prophets. 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.

The Scriptures, particularly the Hebrew Scriptures, eloquently describe the characteristics these new leaders will require. The chief qualities that will be needed are memory (of the Hebrew and Christian tradition), creative imagination, orientation toward the community, steadfastness in commitment, patience in adversity, humility, a sense of humor, and an ability to express lamentation.

To foster prophetic cultures, sponsors and board members must perform certain actions. They must act hopefully, set high standards, and clarify four leadership functions: conserve the organization's mission, manage resources efficiently, empower associates, and encourage everyone involved to respond to problems creatively.

called for the same conversion, each directed his words to the particular needs of the time—for example, to this or that group of marginalized people. Each used different imaginative and innovative expressions that the people of their times could readily understand. They broke through the chaos of confusion, of numbness and denial, by pointing out the way the people must go in order to return their culture to Yahweh-centered foundations.

The prophets were optimistic people, full of hope, and this made them imaginatively creative in showing the people how they could return to their pilgrim road in the presence of Yahweh. The prophets' exercise of creative imagination was possible, however, only because they themselves were compulsive listeners. They listened to Yahweh's covenant requirements and at the same time to the sinfulness and cries of the people and their needs.

In short, the prophets of old (Jesus followed their example in his own ministry) imaginatively adapted their message to the lives and needs of people, without, at the same time, ever compromising the radical nature of that message. Similar imaginative creativity and listening skills will be required in leaders of our health care ministries.

Community Orientation

The biblical prophets were not loners, even if they were sometimes marginalized or even threatened by their listeners. They earnestly sought to summon the people into a deep communion with one another and with Yahweh. Yahweh's mind became *their* mind. That sense of oneness with Yahweh, on one hand, and the sight of the people's rejection of communion with him, on the other, caused the prophets to experience at times the disappointment and sorrow of Yahweh himself: "The wound of the daughter of my people wounds me too; all looks dark to me, terror grips me" (Jer 8:21).

The story of Moses—both in his relationship with Joshua, his successor, and in the circumstances of his own death—touchingly illustrates the fact that the prophets required the gift of detachment: that is, the ability to empower people to act without undue dependence on those who did the empowering. Having told the people that Joshua would lead them into the Promised Land, Moses did not criticize Joshua for lack of experience, as a less-detached person might have done. Instead, Moses went out of his way to support Joshua publicly (Dt 31:6). Then Yahweh called Moses to die alone on a mountain, after he had merely glimpsed the Promised Land from a distance. Moses accepted death, and the circumstances in which it was to take place, with a spirit of patience and detachment (Dt 34:1-7). A powerful symbol of detachment was the fact that the people could not cling to him in death: "To this day no one has ever found his grave" (Dt 34:6).

Leaders of contemporary and future health care ministries are called to build healing cultures of hope that are centered on Jesus Christ and his mission, not on themselves. For this, they will need a spirit of detachment, like that of the biblical prophets, that will encourage people around them to grow in responsibility in the service of the healing mission.

Steadfastness in Commitment

There were times when the prophets were tempted to run away from their burdensome tasks (Jer 20:9). To avoid having to tell the hard truth, the prophets were even tempted at times to fall victim to the people's desire for lying flattery. The people said, "Do not prophesy the truth to us, tell us flattering things; have illusory visions, turn aside from the way, leave the path, take the Holy One out of our sight"(Is 30:10-11.). But the prophets did not fail the Lord, because they themselves were radically converted to Yahweh and to his service in faith and love. They were "trapped" or "seduced" (Jer 20:7) by the friendship they shared with Yahweh: "The close secret of Yahweh belongs to them who fear him, his covenant also, to bring them knowledge" (Ps 25:14). The faith, love, and extraordinary courage of the prophets were sustained and constantly nourished through their listening and talking with God.

Future health care leaders will likewise be tempted at times to avoid calling fellow individuals and organizations to accept the difficult implications of following Christ's teachings and the church's ethical standards in health care. If they are not struggling to develop a personal friendship with Christ, they will be likely to give way to these temptations.

Patience in Adversity

The prophets worked hard, were often marginalized, were even verbally and physically abused, because their message—which described the conditions necessary for the renewal of the Israelite nation, a renewal based on justice, especially justice for the marginalized—was not acceptable to a people enthusiastically enjoying worldly values. It wasn't evil people alone who rejected the mes-

There were times when the prophets were tempted to run away from their burdensome tasks.

sage of justice, mercy, and love. The mediocre also felt affronted and annoyed that they should be accountable for their behavior. "Let us lie in wait for the virtuous man, since he annoys and opposes our way of life" (Wis 2:12). Of Hosea, the people cried, "The prophet is a fool. This man of the spirit is crazy" (Hos 9:7).

So, the prophets suffered because they insisted that people had to conform to the standards set by Yahweh. In fact, suffering was a mark of their authenticity as messengers of Yahweh. Consider Jeremiah, who testified to his faithfulness to Yahweh not only in his private spiritual agony but also publicly, through a life of ostracism and persecution. Rejected by his family and friends, he knew the loneliness of marginalization from what was dear and familiar to him (Jer 20:7).

There will be times when health care ministry leaders must make difficult and unpopular decisions to conform to the requirements of their ministry. These decisions may alienate even their closest friends, causing the decision makers to feel marginalized, alone, and misunderstood. They will need the gift of patience and the ability to seek refuge in Christ's power to support and console.

Humility

Scripture is at pains to tell us that the prophets could never have been true to their leadership role if they had not, at the same time, struggled with their own inner journeys of faith and conversion. Moses, for example, experienced periods of intense loneliness and social marginalization. Yet he struggled to remain faithful, and we are told how he was able to do so. It was said that he "was extremely humble, the humblest man on earth" (Nm 12:3). Moses was humble because he was constantly conscious of his own inner chaos and ongoing need for Yahweh's mercy and help.

The experience of Jeremiah further helps us to understand the nature of this inner journey. He accepted his role as Yahweh's spokesman to the Israelites, but he became petrified with fear. Desperately aware of his own inner chaotic inadequacy, he cried out in agony: "A curse on the day when I was born. . . . Why ever did I come out of the womb to live in toil and sorrow and to end my days in shame?" (Jer 20:14, 18).

In his cry, Jeremiah did not deny his call to be a prophet, but he affirmed it from the very depth of his inner self. The more he was aware of his own inner poverty, of his inability ever to continue preaching the call to justice with his own strength alone, the more he fell on his knees to beg Yahweh for help. Yahweh, he believed, would fill the void of his own hollowness, and this gave him a deep abiding consolation, no matter what was to happen. "But Yahweh is at my side, a mighty hero. . . . Sing to Yahweh . . . for he has delivered the soul of the needy from the hands of evil men" (Jer 20:11, 13).

Nothing has changed. A health care ministry leader will need the ability to enter into his or her own inner self, in order to recognize his or her own ongoing need for God's love and help. Without an awareness of their inner poverty and need for God's abiding support, leaders cannot sustain their commitment to the healing mission of Christ. They will be tempted to evade their responsibility to challenge people to be true to the requirements of Christ's healing mission in the contemporary world. Or they may try to conceal their personal inadequacies under authoritarian decision making, refusing to consult other people and make use of other talents for the sake of the mission.

Humor

The prophets' journey into self-knowledge evoked in them the gift of supernatural humor. Humor is that sense within us that sets up a kindly contemplation of the incongruities of life. This contemplation reaches a high point when the incongruities being contemplated are one's own stupidities and failings, on one hand, and the love and mercy of God towards oneself, on the other. A person who is able to undertake this contemplation can be said to have a sense of humor.

The prophets had a sense of humor. Moses, like Jeremiah, tried to escape his prophetic role by pleading his lack of eloquence for the task. Knowing that Yahweh would take no excuses and recognizing the incongruity involved in attempting to argue with him, Moses submitted and trusted in Yahweh's power to help him in his weakness (Ex 4:10-12). To this day, one can hear Moses laughing at himself, at his own foolishness in trying to outwit Yahweh with lame excuses. In brief, it was this simultaneous awareness of their own personal weaknesses and their need for God's help in their ministry that sustained the prophets in their times of trial and uncertainties.

The ultimate test of leaders' willingness to truly acknowledge their own inner inadequacies and their need of God's help will be their ability to laugh at themselves. With this gift, leaders will avoid the arrogance of authoritarianism. Without it, they will become dangerous both to themselves and to those they claim to serve.

Lamentation

Grief is experienced by communities and organizational cultures, as well as by individuals. Grief is the sorrow, anger, denial, guilt, and confusion that so often accompany the loss or anticipated loss of individuals or cultures—for example, the death of a friend or the closing of an institution.

Yet unless cultures and individuals admit that loss has occurred, by experiencing a period of mourning (and, with it, a formal letting go of that which is lost), they will remain haunted by or trapped in the past and unable to open themselves to new ways of thinking and acting. Rightly does the ancient poet Ovid claim that "suppressed grief suffocates" creativity. [3] Suppressed grief is healthy for neither society nor individuals. It stifles creativity, holding people back from reimagining and initiating the new.

Health care is today experiencing grief-overload because change is so rapid and multifaceted. The problem will intensify in the future because technology-led changes will then be even more pressing than they are now. In Catholic health care, there are additional sources of grief—for example, the aging of the memberships of religious congregations and their withdrawal from this ministry after generations of selfless service.

For these reasons, leaders of the future must be able to guide their communities in grieving on appropriate occasions. Failure to do so will spell disaster for health care facilities.

The art of leading ritual grieving was a special gift of the prophets, as it must be of future prophets in Catholic health care ministries. Jeremiah, for example, grieved over losses at three levels. He sorrowed over the sight of his own inadequacies before God; he grieved for and with his people because of their refusal to change in response to God's call; and, with Yahweh, he grieved over the calamities that had befallen the chosen people, or were yet to do so. Jeremiah hoped that, through the public sharing of grief, the people would acknowledge death and be open to the new life promised by Yahweh. Consequently, Jeremiah recounted with pathos the desperate need for mourning women to rally the nation to grieve: "Send those who are best at it! Let our eyes rain tears. . . . For we must leave the country; our homes have been knocked down!" (Jer 9:16-18).

Fostering Prophetic Cultures

In light of this list of the qualities that will be expected of future leaders in Catholic health care, what can *today's* sponsors and boards do? Their task now is to foster prophetic cultures in their facilities—cultures in which people feel encouraged to recognize existing gaps between Catholic health care vision and its reality, and feel empowered to take steps to bridge those gaps. This will require from sponsors and boards the following actions.

Acting in Hope A possible failure of nerve on the part of contemporary Catholic health care leaders would be the great obstacle to development of the prophetic culture I have described in this article. On the other hand, the development of such a culture is not an impossible task.

A fundamental belief in the church is that Christ in his Spirit is always with us; as St. Matthew puts it, "Yes, to the end of time" (Mt 28:20). For this reason, as St. Paul so strongly reminds us, the Spirit offers gifts to the church to ensure its vitality (Eph 4:8-12). The gifts are not all of the same importance: "In the Church, God has given the first place to apostles, the second to prophets, and the third to teachers" (1 Cor 12:28). Paul advises the people: "You must love more than anything else; but still hope for the spiritual gifts as well, especially prophecy" (1 Cor 14:1). And he tells them why prophecy is important in the community: "The man who prophesies does talk to other people, to their improvement, their encouragement and their consolation. . . . [The] man who prophesies does so for the benefit of the community" (1 Cor 14:3-4). The role of prophets in the church is, for Paul, the tradition established by their Hebrew ancestors—the identification and the bridging of gaps between Christ's healing mission and the contemporary world (Eph 3:5).

In short, God offers us gifts of prophecy, especially at times when the church is in desperate need. Such is the case in health care today; and it will be more so in the future. If we believe this, then we will act with boldness to do all that is necessary now to establish prophetic cultures to ensure that our health care ministries survive and flourish into the future. But, as St. John adds a cautionary note, "It is not every spirit . . . that you can trust; test them to see if they come from God; there are many false prophets now in the world" (1 Jn 4:1). Authentic hope demands that we proceed with prudence, never dropping our standards of assessment.

Setting Standards The fundamental tension in health care is that between the exigencies of "the mission" and those of "the business." [4] Given health care's constant demand for financial efficiency, it is inevitable that the requirements of the business pole of the tension will become so pressing that

Grief is experienced by communities and organizational cultures, as well as by individuals.

people are tempted to downgrade the importance of the mission pole. This is faulty thinking. No decision in health care cultures should be made unless it is viewed in the light of the demands of mission. If decisions are based on mission, there will be truly prophetic cultures in health care.

Prophetic cultures require prophetic leaders. Therefore, the job description for leaders in Catholic health care will give priority to such questions as:

- "Is the applicant imbued with the healing mission of Jesus Christ?"
- "Has he or she the proven ability of inspiring others and calling them to be accountable to the requirements of the mission for compassion, mercy, and justice?"
- "Has he or she the personal integrity to lead by example?"

Asking such questions does not mean that we neglect in any way the need for other human gifts required of a person in health care leadership—including appropriate professional skills—but it indicates where the priority emphasis lies.

Clarifying Leadership Functions In the current literature, there are many confusing definitions of a leader. Which one conforms to the theme of this article? A leader is one who can collaboratively formulate a vision and develop practical ways to realize that vision.

In exercising leadership, a person will ensure that four functions are respected:

- The *conserving* function: an ability to identify the organization's mission and a willingness to call people to be accountable to it
- The *management* function: an ability to establish a framework of order that allows people to get on with their daily work
- The *empowering* function: an ability to encourage people to use their talents for the sake of the common good
- The *proactive* function: an ability to encourage people to respond in creative ways to the causes of contemporary problems

It is difficult for one leader, particularly in a complex environment like health care, to achieve a correct balance in exercising these four functions. This is where teamwork is so crucial in developing and maintaining a prophetic culture. Some people will excel in management, others at empowering. But the two most difficult functions for leadership in Catholic health care are, as this article explains, those involving conservation and creativity. Gifts in these two areas will ensure that a culture remains prophetic.

Hence, sponsors and others in authority will, while not denying the importance of having people skilled in managing and empowering, appoint leaders (CEOs) with proven qualities in the other two functions. They would be wise to heed the warning of the sociologist Peter Berger: "[Those in authority in the church must] not be intimidated by the confusions of our culture and [they must] not fall back too readily on our central cultural stereotypes of leadership– the manager or the therapist."[5]

Developing Theological Formation It will not be possible to develop and maintain a prophetic culture unless there are well-grounded and -resourced theological formation programs in our health care facilities or systems.

Courage Will Be Needed

The lesson for today's leaders of Catholic health care is this: They need to be proactive in fostering prophetic cultures now. At stake is the very survival and growth of Catholic health care ministries. Ensuring survival and growth requires that people with prophetic gifts be identified and invited to lead our ministries.

Doing so will never be an easy task. It will demand courageous, prophetic leadership in sponsors and board members themselves; it will demand a willingness to let cherished structures and formation processes die when they no longer serve the healing mission of Jesus. To let go is to be poor in spirit; to be open in faith and hope; to be open to risk and to the unknown in the midst of the chaos of health care. When sponsors and board members do this, they will be modeling for future leaders the skills those new leaders will be expected to develop. ■

I am grateful to my colleague Kerry Brettell for helpful comments she made while I was preparing this article.

NOTES

1. See Gerald A. Arbuckle, *Health Care Ministry: Refounding the Mission in Tumultuous Times*, Liturgical Press, Collegeville, MN, 2000, pp. xxi-xii.
2. See Abraham Heschel, *The Prophets*, Harper & Row, New York City, 1962, pp. 3-26; Walter Brueggemann, *The Prophetic Imagination*, Fortress Press, Philadelphia, 1978.
3. Ovid, *Tristia*, book V, elegy 1, line 63. For a fuller explanation of the need for cultural grieving, see Arbuckle, pp. 305-341.
4. See Gerald A. Arbuckle, "Mission and Business: Resolving the Tension," *Health Progress*, September-October, 1999, pp. 22-24, 28.
5. Peter Berger, "Leadership Viewed from the Vantage Point of American Culture," *Origins*, vol. 20, no.14, 1990, p. 49.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, September-October 2005