

MEASURING MISSION INTEGRATION

A New Tool Examines Mission Integration from a Historical Perspective

People often have different perspectives on an experience they share in common. Remember the story of the two men engaged in the same building project? When asked what they were doing each had his own response. One said, "I'm laying bricks"; the other said, "I'm building a cathedral." Both were correct, but each had a different view of the work they were doing. They had different perspectives on the same reality.

In my 11 years of experience in "mission integration," at both the institutional and health system levels, I've heard the term and role described many different ways. As I have reflected on this variety, I've come to the conclusion that the way one thinks and talks about mission integration depends a great deal on one's experience in the ministry, one's understanding of it, and the reality one is trying to influence. Again, it's a matter of perspective.

In this article, I want to suggest that mission integration can be usefully examined from a historical perspective, over a developmental continuum. By looking at it historically, we may pick up some clues as to what mission integration of the future will look like.

What I call the Mission Integration Developmental Continuum has seven phases. None of the phases is either "right" or "wrong." But by using the continuum to identify the current phase of mission integration in one's organization, one can see what the next phase is likely to be.

PHASE 1: SISTER PRESENCE

Many women religious used to be found in the Catholic health ministry. They served as administrators, vice presidents, directors of nursing, nurses in staff positions, head nurses, and supervisors. Sisters held positions in occupational ther-

apy, pharmacy, radiology, and the business office. It was an era when, in the opinion of lay employees, the sisters embodied the organization's mission, philosophy, and values.

The ministry was the sisters' life. Throughout their organizations, they demonstrated how things were to be done. Should anyone have a question, he or she would simply ask "Sister" and she would give the answer. For employees, it was an age of confidence because "Sister" would always know the "right thing to do."

For some lay people, the presence of the women religious was itself a formative influence because the sisters modeled a certain kind of behavior: dedication to, and respect and love, for others. Many lay people, learning this behavior from the sisters, practiced it themselves.

For others, however, the sisters' presence perhaps gave them an excuse for failing to assume responsibility for their own motives and actions. One simply did what "Sister" said to do, without having to think much about it. This is not to say that the sisters were perfect in all they did. Aspects of both their religious lifestyle and their approach to health care ministry were in time questioned and changed. Nevertheless, the presence of so many women religious was a constant reminder of the mission and the way it was to be conducted. For some people, the mission had little meaning without the sisters. For them, indeed, it became incomprehensible.

As the number of women religious in Catholic health care organizations began to dwindle, the ministry entered the second of the seven historical phases. One should note that organizations tend to proceed through these phases at different rates. Thus organization X may find itself in, for example, Phase 4 while, at the same time, organization Y remains in Phase 2. However, no phase is "better" than another.

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PHASE 2: PHILOSOPHY 101

In the second phase, women religious in the ministry come to realize that many of them are aging and vocations are no longer abundant as before. The day is coming, they see, when few of them will be found in health care. The sisters begin to engage employees in discussions about mission integration.

One approach involves conducting a "philosophy day" program in which, over time, all employees attend sessions in which they review the organization's philosophy, mission, and values. The organization seeks to help employees apply these values to their daily work lives.

These efforts are still only occasional and thus a bit superficial. Because, for some institutions, this is a first attempt to engage employees in such conversations, many participants may find it difficult sharing at that level. The initial emphasis is usually on how staff members should treat each other. Unfortunately, some discussions never get much past advice on being pleasant and courteous. Little or no follow-up occurs.

PHASE 3: PROJECT FOCUS

In this phase, some sponsors begin experimenting with a new position in their hospitals: vice president of mission effectiveness (or perhaps mission services or mission integration; the role has many different names). The position is intended to be a high-level leadership position; the person holding it oversees how well the organization's mission and values are actually lived out on a day-to-day basis. Because it is a new role, the manner in which it develops and is implemented is usually as varied as the people who occupy it.

Now, in fact, most Catholic health care organizations instituted the "vice president for mission effectiveness" role some years ago. But the role is understood in vastly different ways. Some organizations that find themselves in Phase 3 focus more on projects—community outreach, for example—than on the internalization of mission and values in everyday work. To many people, such projects—particularly for the medically indigent or underserved—*equal* mission. It may be the difficulty of getting one's hands around the concept of "mission integration" that causes people to think this way. Or it may be caused by the pressure, often self-imposed, to produce *something* indicating mission integration. Outreach projects are usually concrete, with measurable results that can demonstrate productivity.

On the positive side, Phase 3 makes us much more conscious of the Catholic health ministry's vital role in the community and of the importance of reaching out to the poor. On the less positive side, this way of thinking tends to reinforce the idea

that mission is "out there," rather than inside us. Some might say that, because mission integration in their organizations occurs through its clinic for the indigent, it has little to do with staff personally.

PHASE 4: PUBLIC PROCLAMATION

This phase is perhaps a turning point, although a slight and subtle one. The organization begins to make a more deliberate effort to incorporate both the language and the spirit of its mission and values in its documents. Brochures, newsletters, magazines, and other publications begin to regularly display the mission statement and core values. Literature of this kind is one way to make known to everyone who reads it that the organization stands for something special and has a special calling that makes it different from other organizations. It publicly proclaims what the organization claims it stands for.

Other documents refer to the organization's mission and values: policies, job descriptions, performance appraisals, and business plans, for example. The staff members who produce this literature try to use language consistent with the values of the organization. In doing so, the writers help raise the mission awareness of people both outside and inside the organization. However, we should admit that the effective weaving of mission and values into job descriptions, performance appraisals, business plans, and other documents remains a constant struggle. Success in such efforts is inconsistently achieved.

PHASE 5: MISSION REFLECTION

What we find in this phase is a movement inward, an effort to consider mission and values in a more personal way for the individual and the organization. In Phase 5, the organization applies mission and values more consciously and deliberately in discussions, behaviors, and decision making. More time is spent reflecting on the meaning of mission and values in daily work life. The organization is more reflective in its behavior, interactions, discussions, and decisions.

In its discussions and decision making, the organization challenges itself in light of the mission and values. It might, for example, question whether a particular course is really consistent with the mission and values. Some call this "ethical discernment," whereas others might name it "values-based decision making." This process may be formal or it may come naturally as part of leadership discussions. This challenging attitude does not blame or criticize; it is, rather, a self-questioning, self-challenging process that is a sign of maturity and health. Just as individuals challenge themselves to grow as they learn new skills or acquire new knowledge, organizations in this

phase challenge themselves to grow to a new level of insight, commitment, and behavior.

PHASE 6: SPIRITUAL FORMATION

This phase continues the inward journey. In it, the organization develops the notion of "spirituality of work." Many definitions of this concept exist. For our purpose here, spirituality of work is the realization that one's role and contribution to an effort are part of something larger than and beyond oneself. For most of us in Catholic health ministry, this awareness is related to our belief in God and our conviction that our work is, at its core, about helping to bring about the reign of God.

We represent God's presence in our world. We are part of each other and connected to all with whom we work and serve. The purpose of the organization, described in its mission and values, is manifested through us. We are not here for ourselves alone, but for a far greater good. For most of us, spirituality of work is somehow related to theological or religious beliefs. For others, spirituality may be related to a humanistic philosophy.

In either case, one must, to come to any realization of spirituality, engage in some kind of *inner* work such as reflection, meditation, or prayer. An organization in this phase will have engaged in, for example, spiritual retreats for leaders or staff (or both) or mission and mentoring programs, especially those that provide time for personal reflection on the greater realities. Developing an organizational spirituality of work is truly a formative activity for those who participate in it. Those who go through this formative process and take its challenge seriously begin to stand in the place of the women religious who once embodied the organization's mission and values.

PHASE 7: SPIRITUAL MATURITY

In this final phase, spirituality of work matures in the life of staff and the organization as a whole. A balance exists between the inner work of individuals and the organization, on one hand, and outreach to the community, on the other. Inner work continues to occur for both staff members and the organization.

The inner work is accompanied by a developing social consciousness and a genuine concern for and involvement in the broader community, especially for the poor and marginalized. The organization's outreach efforts may look similar to those in Phase 3, but the motivation behind them now comes from within rather than from external influences. The staff members involved now reach out to others because those in need are brothers and sisters—not because doing so is "a nice thing to do," or because it will look good on a social accountability report, or because one

is required to do his or her "fair share." As a result, life and work have a real sense of purpose and are energizing. In this phase, everyone involved begins to embody the mission and values. Mission integration is no longer activities to perform. It is an attitude of mind and heart.

BEYOND PHASE 7

What will the next phase be? Because this model describes a developmental continuum, there is no end to the phases that may follow. The next phases depend on one's imagination, wisdom, and insights. Human development—whether psychological, spiritual, or intellectual—is potentially never-ending. To find the next phase, one must simply pay attention to lived experience and the inward journey to deeper, fuller spiritual growth.

In any case, the Mission Integration Developmental Continuum can be a useful tool in a variety of ways. Employing the historical perspective it provides, Catholic health care organizations can convey to new employees the reasons why mission integration is so important to the ministry.

The continuum tool can be used in facilitating discussion. In several instances, leaders have located their organizations on the continuum and from that point plotted where their employees might be. It has proved to be a very interesting exercise. Leaders can use the process to begin to establish mission integration goals that, being different from outreach projects, inspire personal motivation and commitment. The continuum is a rich tool with which leaders can describe their organization's current status, discuss shared beliefs and differences with colleagues, set goals, and make a commitment to moving to the next step.

The continuum tool can be especially useful for the mission leader. With it, the mission leader can infer how the organization's staff currently understands mission integration, and, given that inference, plan mission integration efforts for the future.

Moreover, the continuum tool is a basically nonthreatening developmental concept. Those who use it realize that a great variety of perceptions surround mission integration. No development phase is either "right" or "wrong." The tool offers several ways of comprehending where an individual, group, or organization might be on the historical continuum. At the same time, it offers possibilities for growth and development. Acknowledging an organization's need and desire to expand its outreach in the community, the tool also invites the organization's staff members to go deeper into their own spiritual realities and growth potential. Using the tool, we can begin to realize that our ministry's integration of mission and values is not out of reach but, rather, deep within each of us. □

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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