

MISSION

REIMAGINING OUR MINISTRY

We have all heard the saying, “The only thing certain in this world is change.” Whether that change occurs slowly over time or in sudden and abrupt spasms may vary, but it will happen. Over the past months, Catholic health care has experienced rapid change as a result of the pandemic and the resulting ripple effects in virtually every aspect of society. In the midst of this chaos, our ministry is undergoing a significant transformation. Fortunately, one of the key tenets of chaos theory is that when you stand back and look at the larger picture, there is inevitably a pattern that emerges from that apparent chaos, a common thread that is visible when one takes the longer view.



**DENNIS
GONZALES**

Catholic health care systems across the country are engaged in challenging and rigorous conversation regarding the future of the ministry “post-COVID” and how it will affect our ministries, values and Catholic identity. The challenge is how to adapt and transform in a manner that will increase the potential for meeting the needs of the day (short-term survival), foster future viability (long-term sustainability), and meet the expectations of sponsors, church hierarchy, boards, associates, patients and the community as a whole. It is a fine line that we must walk in order to keep a healthy balance where the ministry can maintain its mission-focused identity and be structurally and strategically prepared to thrive in a rapidly changing health care industry. A significant question for leadership, then, is how can we support and facilitate the attitudinal change that must occur if the health care paradigm is to evolve? I would suggest that there are two powerful forces we already possess as a ministry to help us accomplish this monumental task, a common thread if you will: ministry formation and the legacy we have been given by those who went before us and weathered similar or worse storms over the centuries.

I have tremendous respect for the vital work our formation leaders do across the ministry. Their goals are lofty, complicated and difficult to measure. Educators have traditionally separated instructional outcomes into three domains — cognitive, psychomotor and affective — with the

cognitive domain dealing with thinking, the psychomotor domain with the physical, and the affective domain with feelings.¹ The cognitive domain primarily concerns how people learn and how to build educational strategies that are compatible with a person’s preferred learning style. The psychomotor domain stresses the importance of repetition and procedural learning and is mainly concerned with behavior. Finally, the affective domain focuses on the feelings and attitudes of the learners.

It is with the affective domain that we are primarily concerned when addressing the challenge of transformational learning for individuals and organizations throughout the ministry. Fortunately, ministry and leadership formation programs are uniquely designed to tap into, challenge and “form” the intrinsic spiritual, philosophical and motivational characteristics of the participants. Clearly, this is no easy task, but suffice it to say that if we are successful in our formation programs, then true transformation can occur at the individual and organizational level. When attitudes are changed in their deepest sense, knowledge is enhanced and behaviors change. Our leaders, board members, physicians and staff will approach their work not as a job but as a vocation, a sacred calling to be a part of something bigger than themselves. They become people who can take the longer view of the ministry, beyond the crisis of the day.

After all, isn’t taking the “long view” precisely the heritage that our ministry is built upon? In a conversation recently with a sister from a sponsoring congregation, I asked her how their health system was weathering the current storm. Her rather matter-of-fact response was, “This may be

new to us, but it's not new for the ministry. We've been here before, we'll get through it, and we'll be stronger for it." As I reflected on that conversation, I increasingly felt a sense of hope and confidence about the future of Catholic health care. Most of our systems were founded in response to epidemics that devastated our communities over the past 150-plus years. Small, dedicated and determined groups of primarily women religious came to the United States in order to care for those most in need. From those humble beginnings, the Catholic health care ministry has thrived (through wars, depressions, recessions, racial and political strife, amazing advances in technology and medicine, Vatican I and II, etc.) and become the tremendous force that it is today: the largest group of nonprofit health care providers in the nation.

How did this happen? By the grace of God, dedicated people, servant leaders and a willingness to reinvent ourselves — to reimagine how we can live out our mission. We have undergone transformations many times over these past centuries, reading the signs of the times and adapting to meet the current needs. To be sure, we didn't ask for or invite the transformation. It is almost always the case that true transformation occurs because of some crisis or disorienting dilemma that is followed by critical reflection.² The circumstance is thrust upon us and is never easy or comfortable. In the midst of crisis, we are forced to reexamine, question and reimagine how we operate, provide services and are structured.

I can recall many instances when such a re-examination resulted in change or restructuring of the ministry, and someone would say that "we are not staying true to our mission." My response: the mission (why we exist) is forever; it doesn't change. It is to continue Jesus' mission of love and healing in the world. Ministries are a means to fulfill our mission, and they do change — they are formed, grow, adapt and sometimes fade. How many services do we still provide today that we provided 10, 20 or 50 years ago? Now, try to imagine what our ministries will look like in the next 10, 20 or 50 years! Our mission will be the same. How we live that mission will be transformed, yet again. It must. The alternative is stagnation at best and failure at worst. And that's not who we are.

It may seem somewhat of a paradox that we fall back on the most fundamental aspects of our ministry at a time when radical change and an openness to transformation are needed in order to ensure long-term relevance and sustainability. My suggestion is that it is precisely during chaotic times that we remember what it was that allowed us to reinvent ourselves and thrive historically. Only a well-formed and inspired work force combined with a willingness to do what is necessary in order to achieve our mission will create the space to reimagine what is possible. We have done it before, and we can do it again. This is but one chapter in our long history, and our time on this stage is but a fleeting moment. What will we do with the short time we have?

One of my personal heroes, St. Archbishop Oscar Romero, put it beautifully, "We cannot do everything, and there is a sense of liberation in realizing that. This enables us to do something,

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and to do it very well. It may be incomplete, but it is a beginning, a step along the way, an opportunity for the Lord's grace to enter and do the rest. We may never see the end results, but that is the difference between the master builder and the worker. We are workers, not master builders; ministers, not messiahs. We are prophets of a future not our own."

DENNIS GONZALES, PhD, is senior director, mission innovation and integration, Catholic Health Association, St. Louis.

NOTES

1. Malcolm L. Fleming and W. Howard Levie, *Instructional Message Design: Principles from the Behavioral and Cognitive Sciences* (Englewood Cliffs, NJ: Educational Technology Publications, 1993).

2. Jack Mezirow, *Learning as Transformation: Critical Perspectives on a Theory in Progress* (San Francisco, CA: Jossey-Bass, 2000).

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