



MISSION AND DIVERSITY

AN EXPERIENCE IN INTEGRATION

"Variety is the spice of life!" But what happens when the variety is so diversified that it is hard to find the center? As healthcare organizations enter into new affiliations, and the North American population becomes more diversified, how we articulate and live our mission as Catholic healthcare providers becomes an overriding concern. It does no good to articulate our mission if we are unable to live it in a day-by-day manner with integrity.

The cover of the August 1998 issue of *The Atlantic Monthly* proclaims, "And up and down the Pacific coast the first multicultural civilization is taking form." Writer Robert D. Kaplan captures the rapid transformation happening in our cities. Kaplan writes that in Vancouver, British Columbia, where Providence Health Care has taken root, "I saw many signs in Punjabi, Hindi, Farsi, Arabic, and Khmer . . . [and] schools where Mandarin is spoken more commonly than French . . ." (p. 52). What does it mean to us as Catholic healthcare providers when the majority of our employees do not share or understand the Judeo-Christian tradition? How do we invite healthcare workers to participate in the mission of Jesus? Is it possible without "preaching" and seeking to force a "Catholic" worldview not only on

*Stories of
Our
Founders
and
Discussing
Shared
Values Help
Workers
Participate
in the
Mission of
Jesus*

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other Christians but also on Jews, Muslims, Hindus, Sikhs, Jains, and unbelievers?

At Providence Health Care, whose origins stretch back to five founding religious congregations of sisters* at eight different sites, a retelling of the story of our development, grounded in shared values, has become a major component of bringing people together. The stories and their inherent values bind people together for mission and keep the fire of Catholic healthcare alive.

A good story speaks to all. It also provides a means to interpret one's lived experience, shape a moral vision, and provide a focus for our energy in both good and bad times. For people at Providence Health Care and groups like it, the story invites understanding, appreciation, and comprehension.

In seeking to create a program of ongoing mission integration for diverse backgrounds, it has been our experience in various healthcare settings that living the mission transcends differences and provides a unifying framework in which to participate in the healing mission of Jesus.

The following overview reveals the various necessary components for working in an environment characterized by a diversity of cultural, religious, linguistic, and social experiences. It is an ongoing process that demands attention to detail and sensitivity to the various cultures, as well as to the defining culture of the organization. It is also a process that demands a high degree of self-knowledge and commitment on the part of lead-



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ers to engage people in the various elements of mission and values integration.

OUR ROOTS

The Message of Jesus Throughout the Gospels we encounter Jesus reaching out with a healing smile, touch, or gesture to all who approach him. As we embark on the process of mission integration, we need to ask ourselves, Who is the Jesus that calls us to continue his healing mission? Also, we need to ask what elements from the life of Jesus need to be highlighted at this particular time in history. These are not easy questions, but they are key to our viability.

From Jesus, we learn many lessons not only about healing but also about communicating his message to others. When we reflect on the life of Jesus, we learn first of all an individualized and practical care and concern for all people, especially for the poor, faceless, voiceless, and marginalized. The question that arises is, How can we be both advocates and providers for this population? Second, Jesus showed a willingness to touch outcasts and break taboos of his religious and cultural tradition. He revealed the importance of touch, compassion, and listening in the healing process.

Third, Jesus cared for the whole person—body, mind, and soul—and so must we. We need to keep reminding ourselves and others that it is not an ailment or disease that we treat, but a person. And fourth, Jesus showed us that at the core of our lives, we live in a relationship grounded in hope with a God deeply engaged with humanity and who seeks only our best.

Those of us engaged in Catholic faith-based healthcare seek to foster and live the behaviors of Jesus in our organizations. And it is those behaviors which attract, inspire, sustain, and empower people to live the mission. We believe it is these elements from the life of Jesus that are most needed today, at the end of the 20th century, in our mission as Catholic health providers. And when the actions and attitudes of Jesus are presented, people of all backgrounds understand.

The Story of the Founders For many, the actions, atti-

tudes, and values of Jesus become concrete through the founding stories of the various religious congregations that pioneered Catholic healthcare in North America. We all need role models to help us keep our vision straight, challenge us when we go off the track, and remind us of our calling. The defining mission and values of the founders provide the human face of Catholic healthcare. The originating dramas provide the practical struggles everyone faces in trying to make a project work. Through these stories, we find immediate and lasting connection as people.

From the founding groups, we learn about risk taking, a practical spirituality, the ability to dedicate ourselves to a project even when things look bleak, and a willingness to go where others fear to go. We also learn about stubbornness and a commitment to a vision of life rooted in justice, compassion, and human dignity—even when others around us do not share our particular vision, or want to see healthcare only as a commodity and people as parts of a machine. The living experience of our founders urges us to continually move beyond “dollars and cents” and a mechanical vision of humanity.

The Moral Fabric of the Church

Perhaps one of the most difficult aspects of mission integration is how to inte-

grate the teaching and traditions of the Catholic Church. For many people the Church can be a stumbling block. Often it is more difficult for Catholics to embrace the Church's traditions than for those of other faiths to do so.

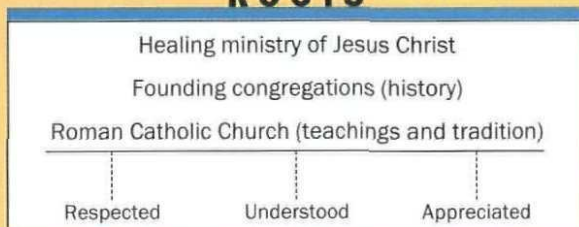
Many people believe in the sacredness of life from conception until natural death, but these values are not universally shared. Unfortunately, too often people focus on what we do not do as Catholic health providers rather than consider our long history of compassionate caring, risk taking, and service. The Church also offers to the healthcare community a long tradition of ethical reflection, which seeks to bring understanding, clarity, models, and wisdom to often-complex organizational, political, and clinical issues from a faith-based experience.



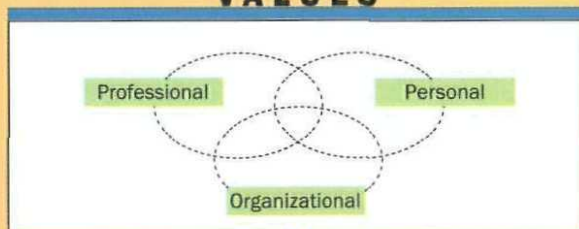


A FRAMEWORK FOR ORGANIZING VALUES

ROOTS

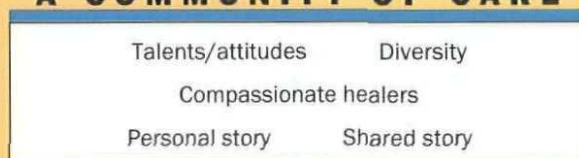


Come Together In VALUES



To Form

A COMMUNITY OF CARE



Results In Behaviors Of HOW WE CARE

HEALING ("making whole")

LIVED MISSION

REFLECT OUR ROOTS

How the teachings of the Church are introduced to people—Catholic as well as people of all faith traditions and unbelievers—is key. At the core of the discussion is the question of how to find a way to ensure that people who join us respect the Church's teachings, because it is crucial that people working for Catholic organizations follow the ethical guidelines.

These teachings constitute the moral fabric of our ministry. Staff members and physicians need to understand that they are not asked to "believe" in these teachings. But, we do ask that they respect, understand, and appreciate them as foundational to our ministry. The guiding principle here is not to make "believers" but to invite staff and physicians to contribute to the healing ministry of Jesus once they understand our roots.

In our experience this has been the most difficult challenge for mission integration. The difficulty often flows not so much from a disagreement with the Church as it does from a troubled emotional history or memory of organized religion that interferes with efforts to understand and appreciate the Church's teaching. In addition, people's moral vision is often framed by business practices, the media, and utility, not faith-based priorities.

We have also noticed that people lack the vocabulary to talk about their faith experience, and a fear of not knowing what to say also acts as an invisible barrier in the mission integration process. People fear that they will have to talk about the Church and its mission, traditions, and ethical guidelines, but will lack the words and understanding to communicate what they often intuitively believe.

An amazing thing happens when people can tell their own stories of why they choose to work in our facilities. With some facilitation, they can often connect their own stories to Jesus' healing stories. Once this connection is made, they will frequently find the necessary vocabulary.

VALUES: PERSONAL, PROFESSIONAL, ORGANIZATIONAL

Life within any organization is a mixture of personal, professional, and organizational values. Catholic healthcare is no different. We bring our individual, professional, and worldviews in both conscious and unconscious ways. As people move and grow into life in a Catholic healthcare organization, it is the "fit" between the individual and the group's values that is most important.

An employee may have the technical competencies for a position, but if there is not a value fit with the organization as well, we are on thin ice. While at times it is difficult to find both technical competency and value compatibility, it is important that we keep the focus on the twin components. It is easier



to develop new skills than it is to change people's attitudes, and if we are not attentive to the inner attitudes and behaviors of those with whom we work, we risk eroding the essence of who we are.

In an interview in the Alberta magazine *Health and Healing*, Ellen Pেকেles, COO for Misericordia Hospital in the Caritas Health Group, was asked, "You hold a very unique role in Christian healthcare as a Jewish woman leading a Catholic hospital. From my point of view, the 'fit' seems to be good. Am I correct, and if so, why?" Pেকেles responded, "Absolutely! . . . [W]hen I reflect upon various options and opportunities that come my way, I always come back to the values here at Caritas . . . they are consistent with my own values . . . the Caritas values—not the faith tradition—motivate me" (Winter 1998, p. 18). The experience of Pেকেles reveals how important it is for inner and outer values to come together for the sake of mission and organizational integrity.

As the diversity of the workforce increases, we need to keep asking what level of commitment we can expect from everyone and how we find the connections that bring people together. In the interview process, it is important to ask questions that probe not only the life experiences of people but also seek to discover if a "fit" exists. This is especially important in the hiring and promotion of leaders. If the leaders are not firmly committed to the organization's core values and mission, accountability falters and words highlighting the group's mission and core values become hollow.

The experiences of Pেকেles and many others like her attest to the strength and vitality of our mission when the values live in our leaders. It is not the faith tradition that counts so much as it is the congruence between values and an appreciation of and respect for the mission of Jesus and the vision of the founders of Catholic healthcare. And, of course, the challenge is to continually design processes that allow the discussion of values, motives, and story to continue.

A COMMUNITY OF CARE

At the heart of an organization are its employees, physicians, and volunteers—the people called to live the mission and values in a practical, compassionate, and authentic manner. Finding ways to enable people to share their stories about their talents, inner motivation, and what they do is important.

Some of the most powerful interaction at Providence Health Care occurs when discussion takes place in the care unit or department. During regular half-hour staff meetings, using the figure that

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appears on p. 46, as a framework, participants are asked to write down two personal values and then share them with the person next to them. Once everyone has had a chance to speak, a facilitator or the leader writes 10 to 12 of the values on a flip chart. Then connections are made with the professional or departmental values of the group.

The three circles are a means to organize these values, and then participants consider the organization's values. What frequently becomes evident is the congruency of the circles. If time permits, there is a general discussion of behaviors that reflect the stated values. People start seeing where they fit into the organization, their comfort level increases, and their commitment to a community of care deepens.

This framework can be used in orientation and formal presentations about our values and ministry. There are also many other opportunities in an organization's daily life for people to experience the depth of who we are—using reflections at the beginning of meetings, for example, or incorporating our commitment to the mission, values, and vision statement in everything we do. The trick is to be attentive and to let the spirit lead. Face-to-face encounters with leaders who "walk the talk" are a powerful way for people to grasp what the healing ministry really means.

To respect the diversity of people, we must see it as a gift to the well-being of our organizations. The dignity of the person created in the image of God and the search for the common good live at the heart of Catholic teaching. How we live these values, nurture them in those who work with us, and find opportunities for people to see the image of God in others is critical. It is often easier to see the image of God in the sick and frail than in the worker whose cultural background, first language, and vision of a meaningful life and workplace differ greatly from ours. Workshops, retreats, and small gatherings that provide opportunities for us to appreciate and understand our diversity offer occasions for people to grasp our shared story.

When we know one another better and value our diversity, we benefit and the people we serve benefit. We are less likely to project our discomforts, dis-ease, and unconscious fears on residents, patients, families, and other coworkers.

Knowing one's self and knowing others becomes, then, the framework for creating our shared story within the workplace. The mission of Jesus, the vision of the founders, and the values of the organization live in people. Mission integration takes time, patience, and commitment. It is not something that happens at orientation; it is an ongoing process of integration and maturation. □

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