

# Note for Tough Times: Don't Rob St. Paul to Pay St. Peter



**BY BRIAN YANOFCHICK**

*Mr. Yanofchick is senior director, mission and leadership development, Catholic Health Association, St. Louis.*

**A**s a result of the credit crisis gripping our country, many building projects with “steel in the ground” are now idle, and plans for construction upgrades and renovations are on hold. It is obvious that the health care industry is not immune. Meanwhile, vigilant leaders in health care are required to stay on top of reimbursements, patient safety, pay-for-performance goals and other issues that require nimble responses to keep institutions stable.

In this context, health care executives are still expected to maintain a mission focus. This challenge includes paying attention to community health status close to home and health care reform efforts at state and federal levels.

It is normal for organizations under stress to turn inward to strengthen their chances for survival. It's tempting to put the external mission elements on hold until the financial pressures relent. Is this the best approach? Who has time and energy for more?

Along with the wisdom of our organizational development gurus, the treasure of our Christian heritage, especially the work of St. Peter and St. Paul, leaders can offer guidance for dealing with conflicting expectations. Each of these early Christian leaders fundamentally shaped the nature of the Christian church at its birth, and their response to the inner tensions and external challenges faced by their fledgling communities offer a framework for addressing modern dilemmas.

Chapters 10 to 15 of the *Acts of the Apostles* chronicles one of the first important controversies faced by the early Christian community. The question at the time: Should pagan converts to Christianity be expected to abide by Jewish dietary and other laws that were commonly followed by Jewish converts to Christianity, who comprised the majority of the church community at the time?

The controversy provoked an uncomfortable encounter between St. Peter, who was trying to keep the peace with Christians of Jewish background, and St. Paul, who was successfully recruiting pagan converts to Christianity, people

who had no knowledge of Jewish traditions.

St. Paul clearly believed a new set of expectations was needed, one that respected traditions of the existing community and made accommodations to welcome new, non-Jewish converts. The central question: What is essential to the common practice of the faith community? The reader can seek the resolution to that controversy in chapter 15 of the *Acts of the Apostles*.

It could be argued that had it not been for the missionary work of St. Paul and the wise common ground defined by the leaders of the Christian community at the time, Christianity might have grown much more slowly, perhaps even remained a sect within Judaism with limited influence outside itself. As history testifies, St. Paul's courageous outward push, even at the risk of creating tensions within the existing Christian community, brought the Gospel to a vast range of people beyond Palestine. Eventually, St. Paul created a community of faith that changed an empire.

What does this have to do with health care? The answer is pretty much everything. Leaders in the ministry feeling the stress of balancing internal maintenance with external outreach may look to the dynamic of St. Peter and St. Paul for clues.

The first question St. Peter and St. Paul addressed was whether maintenance versus outreach was an “either/or” or “both/and” mandate. Their answer was clearly “both/and.” The Christian community was challenged to develop and strengthen itself internally and, at the same time, engage the outside community. This ancient insight sets the tone for all of the church's ministries, including today's health care ministry. Indeed, the foundational stories of the many Catholic hospitals, health systems and long-term care facilities in the United States demonstrate that the existence of this ministry in its current form was driven by the firm conviction that internal strength and outreach were two sides of the same coin.

St. Peter, St. Paul and other leaders of the faith community at that time also realized that external growth could threaten internal stability. So, they engaged in a collaborative effort to find the right balance. Though it wasn't an easy task for them, the need to address them together was never in question.

Lest we be tempted to set aside this scriptural reflection as a little too distant from, perhaps a little too pious for, current realities, we may turn to some current research. In 2005, the National Center for Healthcare Leadership published a research-based model that sought to identify key competencies and qualities of the successful

**Within the Catholic health care ministry today, model leaders at the system and local levels see the success of their ministry rooted in internal nurturing and external engagement. They have concluded, like St. Peter and St. Paul, that the nature of their work is a "both/and" proposition.**

health care leader of the future. The research led to the identification of three domains of leadership: people, execution and transformation. The competencies within these domains show a St. Peter/St. Paul dynamic — a rich mix of internal strengths and skills shaped by a vision that brings a variety of stakeholders into relationship. Within the transformational domain we find a competency called "community orientation," supported by such behaviors as:

- Responding appropriately to community needs.

- Taking personal responsibility for collaborative planning.
- Participating with and understanding the community.
- Advocating for the broader health environment.

It is not difficult to map these behaviors to the actions and motivations of St. Peter and St. Paul in resolution of the challenge they faced. But, for leaders today, success is defined similarly by the ability to approach the challenge of internal stability and outreach as a "both/and" mandate. Allowing St. Peter to represent the need for internal stability and St. Paul the need for outreach, we could draw an important insight from the center's research by doing a twist of an old maxim: successful health care leadership will not happen if we attempt to rob St. Paul to pay St. Peter, or vice versa.

Within the Catholic health care ministry today, model leaders at the system and local levels see the success of their ministry rooted in internal nurturing and external engagement. They have concluded, like St. Peter and St. Paul, that the nature of their work is a "both/and" proposition. These are leaders who communicate and demonstrate a clear message within their organizations that they exist to serve and not be served.

Model leaders position themselves as a resource for city, state and federal policymakers and others in the community, who struggle for a health care system that is just. These leaders embrace the tension of allocating adequate resources that serve the community while maintaining internal strength. Their vision, like that of St. Peter and St. Paul, is not only to nurture their institutions, but to also transform their larger environments for the better. This is no easy task. ■



**Comment on this column  
at [www.chausa.org/hp](http://www.chausa.org/hp).**

For more information about the National Center for Healthcare Leadership's Health Leadership Competency Model, visit [www.nchl.org](http://www.nchl.org).