

# NURTURING THE MINISTRY'S SOUL

In recent years, thoughtful critics have questioned whether the institutional Catholic health ministry can remain alive, vibrant, and formative, given the context in which health care is delivered today. These critics cite a number of factors threatening to overwhelm the distinctive identity and character of Catholic hospitals. According to one such critic, these factors include: "1) a depersonalized atmosphere, 2) where medicine is increasingly viewed as a business 3) [in] a time of powerful market and competitive pressures . . . 4) in a culture that tries to transcend mortality, invests big time in sick care and medicalizes more basic human problems, 5) at a time of the hospital's diminishing importance and religious influence."<sup>1</sup>

The critics' most worrisome concern, however, is that Catholic health care may be ill equipped to effectively address these largely external challenges because the culture of Catholic health care itself is becoming dysfunctional. That culture, which is anchored in the healing mission of Jesus, is Catholic health care's *raison d'être*—its meaning and purpose. Without it, Catholic hospitals cannot continue to be efficacious church ministries, much less sustain their identities in a rapidly changing external environment.

For nearly 200 years, the Catholic mission in U.S. health care was nurtured by thousands of religious sisters who founded and operated Catholic hospitals and brought to them "a spirit,

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BY WILLIAM J. COX

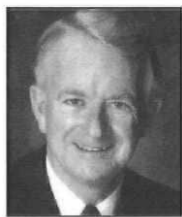
a soul, an atmosphere and ideal of service . . . which they create[d] and maintain[ed] and [gave] their lives' best efforts to foster."<sup>2</sup> Today, because of their declining numbers, those culture-bearers are largely absent from the administration of Catholic hospitals and are increasingly unavailable for its governance. Given this development, it is not clear how the culture will be sustained and transmitted to the next generation of Catholic hospital leaders.

Whether we are comfortable with the critics' observations or not, we cannot dismiss them, because they come primarily from careful observers of the church, people who value deeply the institutional healing ministry that has been one of its most important ministries.

## A HEALING RESPONSE

In October 2002, the sponsors and senior executives of California Catholic health care systems and hospitals and the state's Catholic bishops met in Palo Alto, CA, to examine the major challenges facing the institutional health ministry and to forge mutual commitments that would direct the church's energies toward those challenges' successful resolution. Participants overwhelmingly identified one particular opportunity for collective action: "Developing and implementing a leadership program for formation with common foundations."

Before the meeting adjourned, participants appointed a work group made up of volunteers from each of the health care systems and the California Catholic Conference and charged it with developing the concept of a multisystem collaborative ministry formation program. The work group was given a year to complete the project. The Alliance of Catholic Health Care—an organization that represents California's Catholic health care systems (comprising nearly 65 hospitals) in



*Mr. Cox is president and CEO, The Alliance of Catholic Health Care, Sacramento, CA.*

Sacramento and Washington, DC—was asked to facilitate it.

During that year, the work group:

- Inventoried and identified the “best practices” of ministry leadership-formation programs currently available from health systems, dioceses, educational institutions, and CHA

- Regularly engaged and maintained the support of the major system/hospital constituencies that would be required to make the effort a success

- Designed a format for, and identified the core elements and resources of, a basic program in ministry formation

- Proposed a budget that would support the development and implementation of a collaborative leadership-formation program

In October 2003, at a second gathering of

California church and health ministry leaders, the work group presented for review a draft business plan for developing and funding a multisystem “Ministry Leadership Center.” In February 2004, the CEOs of five systems located in the western United States—Catholic Healthcare West, San Francisco; Daughters of Charity Health System, Los Altos Hills, CA; Providence Health System, Seattle; Sisters of Charity of Leavenworth Health System, Lenexa, KS; and St. Joseph Health System, Orange, CA—adopted the business plan and agreed to fund the Ministry Leadership Center for three years. The CEOs appointed the center’s board of directors (see **Box**, p. x), which then adopted the center’s bylaws and initiated a national search for a director. The director will be responsible for developing the center’s program

## The Three-Year Formation Program

The Ministry Leadership Program will offer the following three-year formation program for lay leaders:

*Year One, Leadership Spirituality: “Who I am as ministry leader”*

*Content Areas for Year One:*

- Vocation: Call and response
- Spirituality
- Deepening self-awareness
- Foundations of Catholic ministry
- Heritage of participants’ systems
- Church’s social teachings
- Leadership competencies

*Components for Year One* are an initial three-day, off-site retreat; three two-day, off-site retreats; on-site mentor-guided exercises; collaboration with and support from each participating system in completing the exercises; journaling; and between-session assignments focused on application of lessons learned.

*Expected Outcomes for Year One* are an affirmation of one’s own spirituality and the ability to articulate the value of being spiritually grounded, an acknowledgement of the “fit” between one’s own spirituality and the traditions of the church and the founding religious community, and an understanding of one’s role as a ministry leader.

*Year Two, Institutional Identity: “How I am present within this healing ministry”*

*Content Areas for Year Two:*

- Attention to body, mind, spirit
- Theology of healing
- Theology of suffering
- Health care as sacrament
- Professional relationships (ministry commitments)
- Clinical ethics
- Workplace dignity and justice

*Components for Year Two* are four two-day, off-site sessions (quarterly); on-site mentor-guided exercises; collaboration with each participating system in completing the exercises; journaling; and between-session assignments focused on application of lessons learned.

*Expected Outcomes for Year Two* are an understanding of the role of spiritual care and ethics in operations, an ability to articulate one’s own call to holistic care, a demonstrated ability to foster a healing community, an appreciation of the value of end-of-life care in the Catholic tradition, and an ability to assume responsibility for the Catholic ethical integrity of the ministry.

*Year Three, Social Justice and Church Relationships: “Who we are in our world”*

*Content Areas for Year Three:*

- Organizational ethics
- Social teachings of the church
- Health care as a public ministry of the church
- The common good and preferential option for the poor
- Relationships with the institutional church

*Components for Year Three* are four two-day, off-site sessions (quarterly); mentor-guided exercises; collaboration with each participating system in completing the exercises; journaling; between-session assignments focused on the application of lessons learned; and an optional immersion experience organized by each participating system.

*Expected Outcomes for Year Three:* a personal commitment to fostering the common good, a reaffirmation of one’s personal vocational commitment to Catholic health care as a social ministry, recognition of one’s own transformation as reflected in the ability and willingness to mentor others in mission and ministry, and an understanding of and engagement in institutional church relationships.

and attracting competent staff and faculty. Actual ministry formation is expected to begin in mid-2005.

### MINISTRY LEADERSHIP FORMATION DEFINED

The center's business plan begins with a statement defining ministry leadership formation as an

### Work Group Participants

The work group developed the business plan for the Ministry Leadership Center; it was disbanded with the appointment of the center's board of directors. The work group's chair was Barbara Cox, RN, vice president, ministry leadership, St. Joseph Health System, Orange, CA. The other members are:

**Andrew Barna**, administrative fellow, Daughters of Charity Health System, Los Altos Hills, CA

**David C. Blake, PhD, JD**, vice president, mission and ethics/human resources, Saint John's Health Center, Santa Monica, CA

**Blair A. Contratto, CEO**, Little Company of Mary Service Area, Torrance, CA

**Johnny Cox, RN, PhD**, vice president, theology and ethics, St. Joseph Health System, Orange, CA

**William J. Cox**, president and CEO, Alliance of Catholic Health Care, Sacramento, CA

**Lori Cappello Dangberg**, vice president, Alliance of Catholic Health Care, Sacramento, CA

**Sr. Jane L. DeLisle, CSJ**, council member, Sisters of St. Joseph, Orange, CA

**Edward E. Dolejsi**, executive director, California Catholic Conference, Sacramento, CA

**Sr. Karin Dufault, SP, RN, PhD**, vice president, mission leadership, Providence Health System, Seattle

**Fr. George Hazler, IV Del**, vice president, leadership formation, Daughters of Charity Health System, Los Altos Hills, CA

**Sr. Judith Jackson, SCL**, vice president, mission and sponsorship, Sisters of Charity of Leavenworth Health System, Lenexa, KS

**Bernita McTernan**, senior vice president, sponsorship/mission integration, Catholic Healthcare West, San Francisco

**Sr. Jeannine M. Percy, OSM**, vice president, governance, Catholic Healthcare West, Pasadena, CA

**Sr. Suzanne Sassus, CSJ**, senior vice president, sponsorship, St. Joseph Health System, Orange, CA

**Sr. Colleen Settles, OP**, regional director, mission leadership, Providence Health System, Southern California Region, Burbank, CA

**Bishop John C. Wester, DD**, auxiliary bishop, Archdiocese of San Francisco

extended, multifaceted process that enables leaders in Catholic health care to understand and be empowered by Catholic health care's essential mission—the continuation of the healing mission of Jesus; and to integrate that understanding into the governance and operations of the healing ministries for which they are responsible. Ministry Leadership Formation is a life-long commitment that begins with:

1. An understanding of the dynamic and transformative tradition of the Church that forms the foundation of the healing ministry;

2. A personal exploration of one's own "connectedness" to the values and culture of the Catholic tradition in health care;

3. An understanding of the distinctive integrated leadership competencies—intellectual, affective and spiritual—required to lead a health care ministry in its operations and governance.

The Catholic mission in health care is fundamental to the life of the church, to its continued vitality, and to its mission in the world. The church's presence in health care is especially important in a culture that is prone to diminish human dignity by reducing human life and human relationships to the status of a commodity. In such an environment, Catholic health care's transformative presence is necessary to keep the human person at the center of medicine and healing.

To date, Catholic health care has depended largely on the presence of women religious to ensure that Catholic identity is perceptibly present and effectively operative in the ministry. As the number of religious who are knowledgeable about and available to work in health care operations and governance continues to decline, it will not be possible to sustain the core identity of Catholic health care unless the lay leaders who are primarily responsible for its operations—and increasingly for its governance as well—participate in a robust formation program in mission and ministry.

In the Catholic tradition, all baptized people—religious and lay—are called, by virtue of baptism, to responsibility for ministry. This understanding of who is responsible for ministry includes the broader notion of vocation that has emerged in the Catholic tradition since Vatican Council II. All people, whether they are Catholic or not, are invited to share in responsibility and leadership

for ministry. As Vatican Council II emphasized, all "are called to be part of [the] catholic unity of the people of God, which is harbinger of the universal peace it promotes. And there belong to it or are related to it in various ways, the Catholic faithful as well as all who believe in Christ, and indeed all women and men. For all are called to salvation by the grace of God."<sup>3</sup> All people of good faith, especially after formal instruction in the fundamental values and moral priorities of the Catholic tradition, may thus identify with and personally embrace an intentional commitment to the healing mission of the church.

Catholic health care is authentic when its members provide care, develop healthier communities, and act as advocates for others out of an intentional commitment to the healing mission of the church. The central reality of that commitment is a ministry that others, when they encounter it as community, experience as a revelation of life's deepest truths—about human dignity, community, success, power, growth, sacrifice, love, suffering, debility, and death. People go forth from this experience more healed, more whole, more able to love and hope.\*

Understanding the deepest truths about the reality of human experience from the perspective of the church, being empowered by that knowledge, and knowing how to align the governance and operations of a complex health care organization with its requirements—all this requires formal training and personal formation in mission and ministry.

Such training is currently not available in a form compatible with the professional and personal lives of most senior leaders in Catholic health care. And although many of the existing mission programs for middle and upper-level managers convey basic information about the church and the history of the sponsoring congregation and also provide personal enrichment, they generally lack the intellectual and spiritual rigor of ministry formation as outlined in the center's definition cited above.

Two developments lend a sense of urgency to this matter. First, a new generation of leaders is rapidly entering Catholic health care—a generation of leaders well-trained in the business of health care but without formal training in mis-

\* John W. (Jack) Glaser, STD, vice president, theology and ethics, St. Joseph Health System, Orange, CA, developed this insight into the nature of ministry.

sion. Second, the sisters who have mentored earlier generations of lay leaders in mission are increasingly unavailable for this task. When the sisters are gone, who will be invested with the responsibility of both fostering the healing mission of the church and mentoring future generations of leaders in that mission? How will they be invested?<sup>4</sup>

Future Catholic health care organizations will not be able to claim the name "Catholic" if an understanding of mission does not exist at nearly every level of the organization; and mission cannot survive if Catholic health care organizations do not find a way to renew it, maintain it, nourish it, support it, and pass it on.<sup>5</sup>

#### THE CENTRALITY OF MISSION AND MINISTRY

The central importance of mission and ministry is exemplified in the origins of Catholic health care. The women religious who founded it were animated by a commitment, rooted in a deep spirituality, to further the healing ministry of Jesus. That conviction was the source of the creativity, ingenuity, persistence, courage, and sacrifice that

### The Ministry Leadership Center's Board of Directors

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#### **Alliance of Catholic Health Care**

William J. Cox, RN, PhD, president and CEO, Sacramento, CA

## Praise from Ministry Leaders



The Ministry Leadership Center has my full support. I am personally looking forward to the opportunity of attending the sessions. I think one of the essential competencies for any leader in Catholic health care is a clear understanding of who we are as a ministry, what our roots are, and how that translates into the decisions we make, our advocacy priorities, and our response to the call to serve.

**Lloyd Dean, President/CEO**  
Catholic Healthcare West



The Ministry Leadership Center presents an exciting opportunity to work with our West Coast colleagues in Catholic health care and create experiences that build on the best of what each of our systems has been doing and plans to do. It will help us reach a level of excellence that none of us could attain on our own. We see it as providential that it is coming together at a time when ministry leadership formation has gained such strategic importance in our system for management, governance, and sponsors.

**John Koster, MD, President/CEO**  
Providence Health System



We celebrate the development of this collaborative ministry formation program. It definitely will meet an identified need within our own health system. I have every confidence that our leaders will welcome the launching of this program. This initiative is essential for the integrated development of those who will lead the Catholic health care ministry into the future.

**William M. Murray, President**  
Sisters of Charity of Leavenworth Health System



The future of Catholic health care is directly dependent on the quality of the women and men who will take on important leadership roles. My generation was blessed to have members of our sponsoring communities as strong role models. We need to invest now in leadership formation to make sure we have people who are ready for tomorrow's challenges.

**Bain Farris, President/CEO**  
Daughters of Charity Health System



This center is a great opportunity to collaborate on an essential aspect of the health care ministry: leadership formation. Bringing our best thinking together and producing an excellent program for ministry leaders will strengthen Catholic health care far into the future.

**Rich Statuto, President/CEO**  
St. Joseph Health System

enabled them to serve the poor and the sick in the face of what often appeared to be insurmountable obstacles, and to leave behind them a rich legacy of institutions that today serve patients and communities all across the United States. But their goal was not to build great institutions, nor to earn a profit, nor to become shrewd businesswomen. They did these things because they were vehicles for advancing the mission.

For the sisters, mission is not something extra, not an add-on, not an option. Nor is it a matter of balance, spending half of one's time on mission, the other half successfully providing health care. Mission is the source and the motivation for how the sisters carry out their ministry—it is the reason for their commitment and their success. In this regard, the sisters' most important legacy is not the ministries they founded, for these have changed innumerable times down through the years. Their most important legacy is something that never changes, never becomes obsolete, and is always constant: an abiding commitment to furthering the healing ministry of Jesus.

This experience from the world of faith-based health care has an ironic, but powerful and instructive, parallel in the secular world of business. A six-year research project at the Stanford University Graduate School of Business provides compelling evidence that the most successful companies in the history of the United States have had at their core and have consistently nourished a set of fundamental beliefs and values beyond just making money.<sup>6</sup> General Electric, Hewlett-Packard, Sony, Ford, Procter & Gamble, and IBM are such companies.

Research shows that these companies don't merely declare their core beliefs; they also take steps to make their beliefs pervasive throughout the organization and transcend any individual leader. The researchers found that, compared to a control set of comparable businesses, the companies they describe as "most successful":

- More thoroughly inculcate in employees their core beliefs, creating a very strong culture
- More carefully select and nurture senior management based on fit with the core beliefs
- Attain more consistent alignment with the core beliefs in such aspects as goals, strategy, tactics, and organizational design

The study emphasizes that the crucial variable distinguishing the "most successful" companies from the control set is "how deeply the successful organizations believe" in their core missions and "how consistently they live, breathe, and express

them in all that they do. Leaders and employees of successful companies do not ask, 'What do we value?' They ask, 'What do we actually value to the core of our being.'"<sup>7</sup>

Leaders of the "most successful" companies are convinced—and the data confirm their conviction—that consistently nurturing their core beliefs, bringing them to life throughout their organizations, and aligning them with key operational processes actually make a difference in their ability to continuously adapt to and master changing markets.<sup>8</sup>

Like the sisters who founded Catholic health care, leaders of the "most successful" companies do not consider mission an add-on or a question of balance; they are convinced that it is their reason for being and the source of their success.

Making ministry leadership formation available to Catholic health care executives will produce such organizational benefits as a stronger culture, enhanced creativity and innovation, and a greater ability to successfully negotiate rapidly evolving markets and achieve positive market differentiation. But more importantly for the church, the nation, and the people the ministry serves, it will enable Catholic health care to sustain, well into the 21<sup>st</sup> century, a living experience of the healing ministry of Jesus deep within its core.

#### MINISTRY FORMATION: THE GOAL

The Ministry Leadership Center's goal is to develop in each participating health care system a critical mass of committed leaders who sense a personal calling and are, in fact, called to a vocation in Catholic health care; who are confident and competent, able to integrate an understanding of mission into the operations and governance of the ministries for which they are responsible; and who are able and willing to mentor the next generation of health ministry leaders.

To achieve this goal, all current and aspiring leaders in the participating Catholic health care systems will be expected to complete a rigorous three-year program in spiritual, intellectual, and affective formation (see **Box**, p. 39). Each of the three years will have a set of common elements, such as the use of adult learning principles, readings, guided reflection and ritual, didactic input (theology/scripture, the *Ethical and Religious Directives for Catholic Health Care Services*, and other church documents), online learning/interaction, skills and tools needed for integrating content into operations and governance, on-site men-

toring in each system, and continuous evaluation with clear outcome measures.

The Ministry Leadership Center estimates that some 500 executives in the five participating systems will be eligible to participate in the program.

The formation program outlined above is demanding. Some people—perhaps many people—will conclude that a three-year program in ministry formation is just too much to ask of busy executives who are responsible for managing large hospitals and health care systems. But the doubters need to ask themselves a series of questions: "What is at stake if we don't do this? Are the stakes worth the time, energy, and other resources required by this initiative? Can effective formation in mission and ministry be achieved with less rigor? Will Catholic health care be able to overcome the disorienting challenges described at the beginning of this article if it does *not* have at its core a strong culture that is imbued with a 'sense of sacramentality—God's presence in all things—or of gratitude, of celebration, of shared joys and burdens, of sensitivity to suffering and oppression, of concern for justice?'"<sup>9</sup>

The most successful companies in the United States prize their missions and cultures; they believe those missions and cultures are the reason for their success. Thus they require their busy executives to have a thorough understanding of the missions and the necessity of aligning them with the companies' operations. Some companies have even created internal "universities" for the sole purpose of "mission formation." All of this is done to advance important, but fundamentally secular, ends.

When Catholic health care leaders understand and have aligned their organizations with the healing mission of Jesus, those organizations reflect in their policies, culture, and behavior a deep belief that, in the words of Vatican Council II, the "joy and hope, the grief and anguish of the women and men of our time, especially those who are poor or afflicted in any way, are the joy and hope, grief and anguish of the [ministers of Catholic health care] as well. Nothing that is truly human fails to find an echo in their hearts."<sup>10</sup> □

The center estimates that some 500 executives will be eligible to participate in the program.

#### NOTES

1. Richard A. McCormick, "The Catholic Hospital Today: Mission Impossible?" *Origins*, March 16, 1995, pp. 648-653. See also Clarke E. Cochran, "Catholic Health Care and the Challenge of Civil Society," pre-

*Continued on page 62*