

Editor's Note: "Perspective" is an occasional column that features updates, points of view and brief discussions of issues by guest authors and CHA staff.

THIS ISSUE IS NOT FEMINIST, IT'S CULTURE

I am concerned about the role of women in Catholic health care. This isn't new. My first uneasy inkling came about 20 years ago, when CHA commissioned a national study on the qualities of excellent leaders in Catholic health care. CHA membership nominated about 60 executives to be interviewed for the study, and it concerned me when I realized what a small number of women were available to be nominated.



REGINA M. CLIFTON

Over the years, I have noted how the attendees at CHA's annual health assembly were changing — notably there were more and more men.

Recently, as I was preparing for a presentation on succession planning for mission leaders, I reviewed data from CHA's 2013 mission leader survey. Again, more and more men.

In recent history, women religious have developed new models of sponsorship to assure the future of Catholic health care. Many of these powerful women leaders have retired or passed on, leaving yet another gap in the role of women in health care ministry leadership.

So, here's the question in my heart and mind: What is happening to the role of women in Catholic health care? I don't mean salaries or glass ceilings, rather, what has happened and what is happening to Catholic health care, the healing ministry of Jesus, because of the marked decrease of women in positions of influence.

CHA and others have published histories of congregations of Catholic women and their brave, adventurous, even dangerous work in providing health care, especially in the frontier days of the United States. They served, surely as directed by Providence, in areas lacking care for the health of the population. Over the years, that care, often begun in primitive buildings and locations, has become a gem. We know the stories of bravery not only in the face of danger, but also in the face

of debt and doubt, to caring for the sick, the poor, or those in need.

This is not to shortchange the congregations of brothers who were also early providers of health care, but most of these pioneers were women. We have read and viewed and listened to the histories and, inspired by the generosity of these women, we strive to continue the ministries they lovingly, and in some cases painfully, began.

Old books describing religious life say it took 30 years to establish a custom. So time, imitation and repetition are aspects that lead to "here's the way we do things around here" — in other words, a culture's customs.

The healing ministry of Jesus carried out by dedicated disciples, particularly women disciples, established the way things are done in Catholic health care. Over the years, their efforts grew to become what our Catholic health systems are to meet the needs of the times. They modernized, using current developments to provide care. At one time, there were 770 women health care executives. In 2015, there are 3. There also are thousands

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of other women managers of nursing and other departments.

Health care culture is healing, compassionate, and relational. These qualities usually are associated with women, though not, of course, exclusively. Still, health care is feminine in its qualities and culture, striving to balance dedicated ministries, model compassionate care and business.

In the mid-1960s, when Medicare and Medicaid legislation was passed, the need emerged for the ministry to display a strong business model in order to continue. Catholic sisters saw the need to hire executives with established business backgrounds, so in a short period of time, the number of women executives dropped dramatically while the number of men increased rapidly — often with little ministry formation. At the same, other church and social developments — such as the changes from Vatican II that caused disenchantment with the business model and an overall decrease in interest in institutional ministry — led to a decrease in the role of women religious in Catholic health care.

However, women were finding new, creative models in the role of mission leaders, sponsor leaders, and the development of public juridic persons. These models seem to be headed toward merging the business model and the mission model, and again we see a decrease in women religious and laywomen in the roles as more men fill these positions. The governing boards of Catholic health care before 1960 most often were largely composed of women religious. Gradually, these boards also have become male-dominated.

The men I refer to are dedicated leaders, often businessmen intent on doing the best for the facilities and systems they govern. It is difficult to be critical of people who really love and support Catholic health care with their time, energy and money.

In fact, I do not intend to be negative and critical. Instead, I ask that we pause and reflect. Where have all the women gone? And how do we con-

tinue a culture of Catholic health care that glows with the spirit embodied at the beginning by the pioneer women?

We have taken on the task of educating everyone on the values of Catholic health care. Vatican II calls all to a role of evangelization, and we are facing this challenge by developing the role of

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laity in management and clinical areas of health care.

Can we also find and foster the role of women in Catholic health care, to build and support a culture embedded with feminine values?

Pope Francis calls all of us to a culture of encounter, to touch the flesh of Christ in all we serve. Let's pause and reflect on the huge challenge represented by what has happened to the role of women in Catholic health care. Let's seek out some powerful women leaders to balance the gender dominance of men.

I am suggesting a kind of affirmative action. When we are searching for applicants to fill a leadership position, let's pause and reflect: Is there a competent woman who can fill the spot?

Let's pause to reflect on the feminine side of Catholic health care and the culture of encounter. Could this help us see the softer, feminine side of Catholic health care? Can we see our way to being faithful to our feminine pioneer roots and the Gospel message of compassionate healing?

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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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HEALTH PROGRESS®

Reprinted from *Health Progress*, July-August 2015
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