

STEWARDSHIP AS BUSINESS PRACTICE

A Topeka Hospital Works to Continue the Catholic Health Ministry in Northeast Kansas

The current challenge for the Catholic health care ministry in the United States arises from its need to maintain a 275-year-old tradition of providing social justice and care for the poor while simultaneously addressing all the practical demands facing contemporary medicine.

We who constitute that ministry find ourselves in transition. As we develop new ways to think about our work and struggle to integrate the emerging medical science necessary to deliver care to the ill or the vulnerable, we must also somehow remain grounded in our church's spiritual traditions and the traditions of our congregational sponsors.

As we work toward that end, we can take heart from one writer's reminder that although "institutions shape us . . . we also shape institutions through our own conception of and belief in the common good."¹ With that thought in mind, St. Francis Health Center, Topeka, KS,* recently responded to the demand for innovative solutions in the evolving world of medicine by returning to the "tried and true"—that is, by striving to rediscover the scriptural ideal of *stewardship*. This ideal we found illustrated in Jesus' Parable of the Talents (Mt 25:14); stewardship we saw embodied in the "three t's": time, talent, and treasure. However, making this real in practice required much exploration. We who work at St. Francis had to rebalance our cultural beliefs as they related to these stewardship principles.

THE CALL

Our call to the struggle commenced in February 2000, when the facility's president and CEO, Sr.

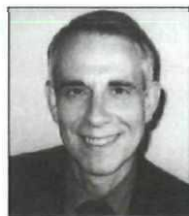
Loretto Marie Colwell, SCL, reminded its leaders—its vice presidents, department directors, and psychologist—that long-term survival requires less preoccupation with "treasure" (i.e., the bottom line) and more focus on the "talent" and "time" elements within our culture. Her challenge initially caused consternation among the leaders, some of whom thought she failed to understand business practices in the "real" world. Even those who agreed with her message found the idea of making the called-for "cultural realignment" clearly uncertain and thoroughly daunting. Did Sr. Colwell really know what she was asking?

The leaders took up her challenge hesitantly. In early conversations about stewardship, the concept was sometimes decried for its "squishiness." Some vice presidents worried that contemplative forays into what they saw as an *old* notion like stewardship would divert "expensive resources" from the leaders' labors to find practical ways to operationalize time, talent, and treasure. A few department directors argued that everyday business demands called for their full attention and required the implementation of "current business models." Others felt perplexed, wondering: "Wasn't it Sr. Colwell's role to handle the 'spiritual side' of things while others handled the 'business side'?" Or perhaps the vice president for mission integration should handle the "spiritual side"?

Sr. Colwell responded to such questions succinctly. "Welcome to the realities of lay leadership in Catholic health care ministry," she said. She underscored the priorities for St. Francis and its leaders. And she went on to add that it is "now, at this very juncture," that we—the lay members of the hospital's leadership—must find a way "to foster a culture *in which God may be found*."

We wondered how to address stewardship principles while, at the same time, running the

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business end of a health care facility. This was exactly the issue. In effect, we were the message. We would need to generate and demonstrate this nurturing culture in the way we—and the rest of St. Francis's staff—interacted with everyone coming into our facility.

Sr. Colwell stayed her course, tenaciously maintaining her conviction that we could rediscover new ways to express the scriptural concepts of stewardship and, in the process, find new ways to enhance our ability to navigate these "white-water" times in health care. Still, the process of integrating the spiritual elements embodied in the "three t's" began with considerable tension and great uncertainty. Often, during the past three years, we have wandered down blind alleys. The process demanded far greater investment of time than anyone initially imagined. In a world in which positive results are expected to be demonstrated on a spreadsheet each quarter, our initial progress would have been judged a failure and a waste of time and resources.

GOING FROM THERE TO HERE

We decided that our long-term goal was ensuring that the Catholic health care ministry in northeast Kansas continued well into the 21st century. To accomplish that, we began to realize, we must first make stewardship a "business practice." We divided this project into five phases.

Phase One Our initial steps toward understanding stewardship as a business practice started with

general leadership discussions in which we looked at ways of thinking and behaving that needed strengthening in our culture. We began this work by reminding ourselves that God holds dominion over all and that we act as caretakers for creation, including health care ministry, now and for the future. Above all else, stewardship obligates us to exercise the wisdom that maintains human dignity grounded in our understanding of God. These Phase One conversations led us to identify four stewardship principles, each of which represents at least one of the three scriptural elements (see **Box**).

Phase Two Once the leaders had formulated behaviors they wanted to enhance within the context of the scriptural elements of stewardship, a third of them spun off into a "working group" of 10 people, whose efforts revolved around finding ways to consciously integrate these values into the organization. Working group meetings, held weekly, involved 30 minutes of discussion (i.e., reflection) and 30 minutes of committee work concerning the assimilation of the four stewardship principles into the culture. The group discussed possible outcome measures for the initiative. Among other measures, we decided to identify at least two questions from the most recent employee survey as illustrating each of the stewardship principles; we planned to compare those responses to the answers on a new survey to see if progress toward the new culture was being made.

In time, the working group developed a meeting format involving expanded spiritual reflection and accompanying discussion. We group members began to trust each other, to experience each other in new, positive ways. Early feedback from leaders not yet directly participating in the process confirmed both the changes in our behavior as well as the effectiveness of the process itself. For example, a senior leader noted easier social interactions in meetings with at least two working group members.

Phase Three The working group's interpersonal experiences led its members to the next level. Building on the same successful process, we extended the opportunity to increase informal interaction among the hospital's leaders by dividing them among three small groups. In effect, the working group sought to have other leaders rediscover, as we had, the time-honored truth that when God's people come together for a common purpose, wonderful (and sometimes strange) changes occur. Working group members reported, for instance, that their increased encounters with each other led to quicker inter-departmental problem solving and fewer

Scriptural Elements of Stewardship

<i>Scriptural Elements</i>	<i>Stewardship Principles</i>
Time	1. Honoring reflection by encouraging a culture in which one takes time to set a spiritual context for business discussions and decisions
Talent	2. Valuing others by promoting a culture that recognizes the multiple talents of everyone working in our health care facility 3. Going beyond self-interest through advancing a culture in which everyone involved in patient care uses his or her abilities for the good of the organization rather than solely for his or her own self-interest
Treasure	4. Embracing responsibility through fostering a culture in which people steward resources by recognizing problems, "owning" them, implementing solutions to them, and solving them

instances of personalizing moments of tension with other members. We working group members found ourselves taking time for spiritual reflection, consciously discussing the ways stewardship principles related to our work, experiencing the joy of pursuing a common task (i.e., organizational cultural change), and choosing specific behaviors reflecting one of the four stewardship principles.

Meanwhile, our format underwent further development. The working group broke up, its members now becoming the facilitators of a series of small groups comprising *all* of St. Francis's leaders. Like the working group, these small groups began their sessions with a period of reflection and then moved on to discussion of a particular topic—usually a specific “problem area” of the organization identified in a recent employee survey. Problem areas were selected for discussion according to how they seemed to connect to at least one of the stewardship principles. Leaders of the small groups then took the problem to their work areas, seeking input from staff. This input each leader brought back to his or her small group and, with the help of group members, developed a simple plan for dealing with the problem. The group measured its success in solving the problem by the responses to the questions in a new employee survey.

Change in the organization seemed to reflect discussions in the small groups. For instance, some of those St. Francis leaders who had perceived the stewardship ideas as ambiguously “squishy” resigned from their jobs, thereby self-selecting out of both the organization and its emerging culture. At the same time, the remaining leaders' increased clarity about stewardship values helped attract new colleagues who held similar ideals. In turn, this collaborative synergy reinforced our efforts to find God in our work. Discussion of spiritual issues occurred more spontaneously than they had before as the initial awkwardness associated with the process diminished. Departmental and other daily facility meetings started less often with obligatory prayers and more often with spiritually focused questions that, in turn, engendered richer conversations among staff. New employees voiced appreciation for the chance to practice openly their values in the work setting. Other, perhaps less spiritually obvious, changes occurred as well, including a general sense that, as one staff member put it, “laughter had reentered the building.”

As their final task of this phase, the small groups crafted principle-based questions concerning each of the four principles of stewardship

for use in interviewing job applicants (see **Box**). The aim of these questions is to help recruit people who already hold values similar to St. Francis's and who, by joining our staff, enhance our changing culture. The principle-based interview questions served as another outcome measure for this phase of the process.

Phase Four The interview questions helped the facility's leaders clarify, solidify, and enhance new ways of thinking and acting based on the stewardship principles. We had broken the working group down into several small groups as a way of building relationships among St. Francis's leaders. Now, in Phase Four, the leaders gathered again in small groups, this time focusing on ways to enhance the meaning of one's work. Our aim was improving the recruitment and retention of health care workers.

These discussions involved using a “career timeline” in which each of the groups' members plotted the points in his or her life at which the importance of each of the four stewardship principles became obvious to him or her. The group members also explored three words with different but subtly related meanings: *job*, *career*, and *calling*. Next, we talked about a recent book whose authors discuss the key aspects of work.² We asked the groups' members to examine again the reasons why they entered health care. We asked them to think about how—if they had known, at the start of their careers, what they knew now—they would model the stewardship principles and how they might develop an immediate feedback model to demonstrate enhanced ways of thinking and feeling about the stewardship principles. In this last exercise, we used “appreciative inquiry,” a process that makes use of staff members' own imaginations to produce organizational change.³

Phase Five The last step in integrating the steward-

Applying a Stewardship Principle

Applicants for positions at St. Francis Health Center are routinely asked: What distinguishes a *good* employee from a *great* one? The question is intended to elicit an applicant's grasp of the third stewardship principle (going beyond self-interest). Answers are scored as follows:

- 2** (for a response such as: “When I see someone having a tough time at work, I try to find out what I can do to help”)
- 1** (for a response such as: “One time I stayed late at work because my friend asked me to”)
- 0** (for a response such as: “Someone who shows up and does a good job”)

ship principles into our culture involved all of St. Francis's 1,700 employees. As it happened, a group of St. Francis nurses had, at the same time the stewardship initiative was getting under way, begun reviewing clinical practice. Their discussion led them to seek ways they might reignite a spirit of caring among both nursing and non-nursing staff throughout the facility. Outside consultants helped the nurses incorporate the stewardship principles into their practice with a simple, research-proven behavioral model that made the principles operational. In time, this discussion—concerning the links between stewardship principles and staff behavior—was transformed last spring into an organization-wide initiative called "Kindness Connects" (see **Box**).

Participants in the small groups also talked about ways we might make the presence of God concretely operational at St. Francis. It occurred to us that one thing we could do was encourage spiritual reflection. Today, we do this in several ways. For example, we urge departments to open their meetings with a spiritual moment, led preferably by a line staff member rather than the department's director. We also emphasize the importance of reflection through modeling leadership behavior in a less reactive and more thoughtful way, especially when dealing with the crises that inevitably occur in a health care setting.

In addition, facility leaders, by making a conscious effort to greet staff members and visitors whom they chance to meet in the hallways, demonstrate the way that people associated with St. Francis should value each other. Leaders also report paying attention to their nonverbal behaviors, thereby demonstrating their realization that subtle reactions can make a situation either better or worse—and taking responsibility for those reactions. Indeed, one leader reported that his effort to greet those he meets in the hallway has

improved his interactions with people whom he perceived previously as distant. Finally, St. Francis has established new ways to honor those staff members who "go beyond self" (as we put it) in being of service to another; and these new honors have taken root. Our rehabilitation department, for instance, created a quarterly "Stretch Your Neck" award. The most recent recipient of the award picks the next recipient, a process that enables one person to extend himself or herself toward another while positively acknowledging altruistic actions in service to the facility. People report taking much pleasure in this award process because it adds a bit of warmth to the department and validates its members' efforts to share that warmth with each other.

CARRYING THE MISSION FORWARD

When all this started three years ago, we who were involved in it thought we were going to create a new business model for carrying on St. Francis's necessary tasks. In effect, we allowed our perception of the institutional realities of the modern world to shape us. By contrast, our CEO (who also happens to be a woman religious) suggested we find a way to foster a culture in which God may be found. She encouraged us to shape the institution through our own belief in the common good. This process revealed something remarkable. Without at first fully appreciating its implications, we initiated a process of listening to ourselves and to each other in a context grounded in the scriptural concept of stewardship. From that concept we made operational four principles:

- Honoring reflection
- Valuing others
- Extending ourselves beyond self-interest
- Embracing ownership of and responsibility for addressing the problems each of us could see

In doing that, we have created a work culture devoted to carrying forward the spiritual values that informed our founders' mission.

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Stewardship Principles and the "Kindness Connects" Initiative

Stewardship Principles

- Going beyond self-interest
- Honoring reflection
- Embracing responsibility for our decisions
- Valuing others

"Kindness Connects"

- Building on the excellence we already have
- Becoming the area's employer of choice
- Becoming the area's health care center of choice

NOTES

1. J. P. Dolan, "The Church and America," *Health Progress*, July-August 2002, p. 41.
2. H. Gardner, M. Csikszentmihalyi, and W. Damon, *Good Work: When Excellence and Ethics Meet*, Basic Books, New York City, 2001.
3. J. M. Watkins and B. J. Mohr, *Appreciative Inquiry: Change at the Speed of Imagination*, Jossey-Bass/Pfeiffer, San Francisco, 2001.

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