

hp 9/20/15 htm

THE APPLICATION OF FAITH-BASED PRINCIPLES

Mission Leaders Can Facilitate An Organization's Cultural Transformation

BY ROBERT VOGLEWEDE



Mr. Voglewede is vice president, Mission Services, Presentation Health System, Sioux Falls, SD.

Those who have experienced restructuring in the healthcare organization for which they work report that the cultural dimension of these undertakings is more painful and critical than most leaders are prepared for. In fact, *cultural* factors account for a high percentage of the less-than-successful mergers, partnerships, and joint ventures that are taking place in today's healthcare marketplace.

CULTURE'S PRESENCE AND POWER

The concept of "culture" generally does not make an impression on people until an experience brings home its presence and power. Culture is found wherever people live and work together in relative stability, which is practically everywhere.

A helpful model of culture, adapted from the writing of anthropologist Edgar Schein, involves four dimensions:

- The *symbolic* dimension of symbols, myths, and rituals

Summary

Cultural factors account for a high percentage of the less-than-successful mergers, partnerships, and joint ventures that are taking place in today's healthcare marketplace. Culture is found wherever people live and work together in relative stability. Those in the Catholic healthcare ministry are in need of faith-based wisdom to deal with the challenges of cultural transformation. Five principles may be helpful:

- Take time as a team to return in a reflective way to the wellsprings of our ministry.
- Remember that this is a three-way undertaking—you, your co-workers, and God.
- Remember that to hear God speak to us, to recognize God's presence, we need to keep ourselves centered and deeply attentive.

- The dimension of *espoused* beliefs, purpose, and values
- The *mini-expressive* dimension of revealing, everyday comments and behaviors
- The *hidden* dimension of sentiments, convictions, and commitments

This last dimension, revealed via the other three, is a complex web of meanings and feelings, developed by a group of people over time to ward off social confusion and disorder. When people of dissimilar cultures suddenly must share limited, common space—as happens when healthcare organizations form partnerships—their reactions are strong and intense. Leaders must be aware of the stress and pain invoked by cultural upheaval and prepared to help employees cope with the change.

FAITH-BASED PRINCIPLES

Articles and books on the cultural effects of organizational change offer a lot of sound advice, including the critical role of communication, the importance of attending to seeming trivia, and the

- Help one another sort out motivations and maintain a clean heart.

- Appreciate the affective potential in the cultural elements of symbol, myth, and ritual.

Using these principles, leaders can begin to focus on how they can positively affect cultural change through the following conceptual model of culture:

- The *symbolic* dimension of symbols, myths, and rituals
- The dimension of *espoused* beliefs, purpose, and values
- The *mini-expressive* dimension of revealing, everyday comments and behaviors
- The *hidden* dimension of sentiments, convictions, and commitments

need for rituals to allow grieving and healing. (See *Health Progress* articles on cultural transformation, March 1995, pp. 20-46; and May 1995, pp. 22-38.) However, those in the Catholic healthcare ministry are also in need of faith-based wisdom to deal with the challenges of cultural transformation. Five principles may be helpful.

Return to Our Roots The Catholic healthcare ministry in the United States is in transition. The transfer of leadership from religious to laity is critical because most lay management teams—with certain exceptions—have not developed structures and processes to consistently and faithfully return to the roots of the ministry to draw inspiration and insight for current efforts and future plans.

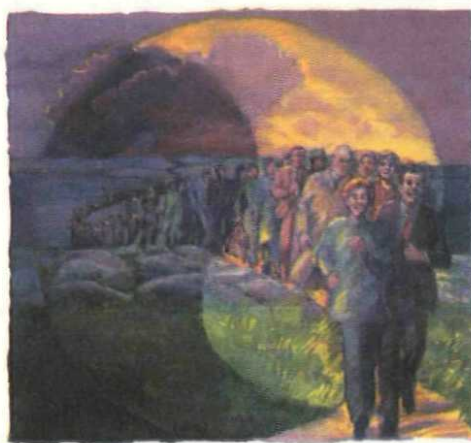
The women and men religious who are handing over the leadership baton, by the very structure of their communal lives and the explicit expectations of religious life, have always had practices that ensured a consistent, even daily, return to the roots of our ministry. Individually and together, they have participated in such experiences as daily meditation, communal prayer, Eucharist, monthly days of recollection, and annual retreats. Clearly some lay leaders in the Catholic healthcare ministry are committed to similar practices. But rarely are management teams so inclined.

One principle related to cultural change and faith is: Take time *as a team* to return in a reflective way to the wellsprings of our ministry. The challenge is to find a way to do this consistently, committing time when time is more precious than ever.

Recognize the Divine-Human Ministry As management teams periodically return to the ministry's roots, they will grow increasingly convinced that Jesus meant it when he said, "I am with you always." We are not in this alone; we do our ministry together and with Jesus' spirit. It is a divine-human ministry. Jesus is continuing the work of his life on earth with and through us.

Yet not all management teams truly share such an understanding of ministry. Too often teams give the appearance that the work is not a mutual endeavor, that it is all "us," and that a sense of partnership with the Spirit is a foreign concept.

A second principle related to culture change and faith is: Remember that this is a three-way under-



Sim Gellman

CULTURAL TRANSFORMATION

taking—you, your co-workers, and God. The challenge is to find a way to express this truth in word and ritual.

Listen for the Breeze In his book *The Millennium Organization*, Harrison Owen focuses an entire chapter on listening and its importance for organizational leaders.¹ By listening, Owen means more than the scattered activity of one person with a phone to his ear and someone at the

other end, scanning a report for a meeting she has in 10 minutes. The listening Owen describes requires inner centeredness and deep attentiveness. It implies an openness to whatever might affect one's consciousness. It means a special sensitivity to spirit—to feelings, tones, passion—ultimately to inspiration.

In the Old Testament Elijah is told by Yahweh to *listen* for the presence of God (1 Kgs 19:9ff). Elijah, centered and deeply attentive, was able to perceive that God was not in a noisy, howling whirlwind nor in a beautiful, dancing ball of fire. He was also able to determine that Yahweh was not even in a powerful, thunderous earthquake. Rather, Elijah perceived that God, much to his surprise, was in a faint, gentle breeze that softly brushed him as it passed by. Had Elijah been uncentered and inattentive to the small, the quiet, the gentle, and the refreshing, he would never have recognized the Spirit in his midst.

A third principle related to cultural change and faith is: Remember that to hear God speak to us, to recognize God's presence, we need to keep ourselves centered and deeply attentive. The challenge is to have enough control over our lives that we take the time and space daily to center ourselves and listen for the small, quiet, gentle breezes that contain the divine Spirit.

Cleanse the Spirit People we admire in the healthcare ministry generally have one thing in common: They are *other-directed* in their motivation. We may envy the success of some people; we may be in awe of the power of others. But we *admire* people who genuinely give themselves for the well-being of others.

Motivation is not a simple matter. We should be cautious when judging our own motivation or when attributing motives to other people. We need to be careful when assessing our reasons for what we do and do not do.

Catholic healthcare leaders have a difficult challenge. We espouse lofty ideals. We take public stands for values like respect, life, and justice. We even describe ourselves as people who are working to continue Jesus' ministry of healing. Yet we recognize other drives and motivations in ourselves that, though "human," are not quite Jesus-like. We have inner conversations with ourselves: "Even though I feel angry today and I'd like to act out this feeling, it would be abusive of me to actually do so." Or, "I would like to be known as the biggest, baddest CEO in the land, and building a brick and glass empire might help that image, but that can't be my reason for wanting a new megabucks surgery center."

A fourth principle related to cultural change and faith is: Keeping our motivation other-directed is not always easy. Individually and as a team, Catholic healthcare leaders need help from one another to sort out their motivations and to maintain a clean heart. The challenge is to create an environment where people can be open about two things: their motivations (e.g., recognizing the conflicts we all experience between pettiness and kindness, being ego-centered and other-centered), and what light the Gospel might have to shed on the decisions at hand.

Appreciate Symbol, Myth, and Ritual When healthcare leaders disregard the human, affective, *meaning* dimension of life and work, they seem devoid of emotion. This can occur during times of serious restructuring when "objective" indicators dominate our attention. At such times it is helpful to think about the cultural elements of symbol, myth, and ritual.

Owen states, "The effective power of an organization is directly and fundamentally related to the quality of its mythology."²²

Healthcare leaders do well, especially in time of cultural upheaval, to recount stories that express

the spirit and lessons needed to face present challenges. They might ask, What are the most important stories—of our distant, mediate, or immediate past—that we have to tell in reference to our work? What hardships have people undergone? What accomplishments have they achieved? What personalities could speak to us today?

Symbols trigger remembrances, associations, and spirit. They can include insignia, monuments, heroes, sayings, and special documents. Catholic healthcare organizations have a rich heritage, both communal and specific, from which to draw inspiration for pictures, murals, sculptures, and pins.

Rituals are a symbolic expression in movement of feelings, convictions, and commitments—elements of the heart that we also reveal in myth and symbol. What repetitive actions or practices exist in our organization that, if changed or challenged, would evoke strong responses? Do they express who we are and what we stand for? Are there practices, somehow expressive of our heritage, that would foster unity and commitment to our future?

A fifth principle related to cultural change and faith is: Appreciate the affective potential in the cultural elements of symbol, myth, and ritual. The challenge is to give appropriate attention to these expressions of meaning and to know how to make use of them to unify and support people in the midst of change and confusion.

THE ROLE OF MISSION LEADERSHIP

Leaders of the Catholic healthcare ministry, wanting to mitigate the fear and anger that people are experiencing, as well as preserve the core of our heritage while seeking new ways to give that heritage expression, may be helped by discussing these five interrelated principles. In so doing, they may find it easier to keep the balance we all need between the rational and affective, the human and the divine.

Nevertheless, a leader—especially of mission—might ask, What if the leadership group I'm part of agrees with these principles, genuinely believes in them, yet is faced with the demands and stresses of cultural change? How do we more concretely address our situation from a mission perspective? How do we facilitate cultural change in the spirit of those faith-based principles?

Using the conceptual model of culture outlined earlier, leaders can begin to focus on how they can positively affect cultural change—starting with the *espoused* dimension of culture.

ESPOUSED LEVEL OF CULTURE

Vision, Mission, and Beliefs In her book *Food for the Journey*, Sr. Juliana Casey, IHM, stresses the importance of vision for any community of people.³ Once people can see their destination,

FAITH-BASED PRINCIPLES AT A GLANCE

Those in the Catholic healthcare ministry are in need of faith-based wisdom to deal with the challenges of cultural transformation. The following five principles may be helpful:

- Take time as a team to return in a reflective way to the wellsprings of our ministry.
- Remember that this is a three-way undertaking—you, your co-workers, and God.
- Remember that to hear God speak to us, to recognize God's presence, we need to keep ourselves centered and deeply attentive.
- Help one another sort out motivations and maintain a clean heart.
- Appreciate the affective potential in the cultural elements of symbol, myth, and ritual.

they are positioned to choose those behaviors which will help them reach their goal and those which will lead them astray. For this reason, vision is a sagacious starting point for affecting organizational culture.

A mission leader can play an important role in articulating and disseminating an organization's vision. As a member of the organization's senior leadership team, he or she can ask:

What is our organizational vision? What are we striving to be? What are we striving to attain during the next three to seven years? How the leadership team answers these questions needs to be put in writing. Eventually, everyone in the organization needs to hear the team's collective response.

In addition, the mission leader can invite his or her colleagues to articulate the connection between the vision they have expressed and the organization's mission and beliefs by asking, How is our vision in keeping with our core mission and fundamental beliefs? This response also needs to be recorded for others to help explain what will be different and what will remain the same as their culture shifts.

Finally, the mission leader needs to facilitate reflection on the extent to which people in the organization are hearing the vision. He or she might ask, Do our managers and staff know our organizational vision? If each of us walked down separate corridors interviewing those we meet, would we get similar responses? Would we get *any* response? If staff and managers are not hearing these basic messages, they will be missing the core reasons for supporting the painful process of cultural change.

Values Once the vision is clarified and disseminated throughout the organization, a mission leader can raise with his or her colleagues the question of values. As Sr. Casey states, once people have a vision, they can attend to general virtues or values that will support its attainment.

In most Catholic healthcare organizations, key global values have been articulated (e.g., justice and compassion). If educational efforts have been successful, board members, managers, physicians, and staff all know these values and try to live them out in their daily ministry. At the same time, during cultural upheaval, an organization may need to

Leaders must keep a firm grip on the faith dimension of their enterprise.

highlight a second level of values (e.g., creativity, adaptability, and determination) to support the necessary cultural transition. A mission leader can help his or her leadership team recognize the need for additional espoused values, determine what they are, and express how they are in keeping with the organization's heritage and mission.

Principles of Behavior Once the vision and second level of values are elucidated, leaders might

appoint a representative group of managers and staff to work out principles of behavior. This effort helps people move from general values to more focused actions through a middle step of specificity. For example, employees at Mercy Hospital in Muskegon, MI, decided their value of *justice* called for certain principles of behavior:

- Practice responsible stewardship of human, natural, and fiscal resources.
- Balance the rights and responsibilities of persons in seeking just solutions.
- Ensure the just distribution of resources, mindful of our special concern for the disempowered.
- Treat persons fairly regardless of who they are or their conditions and circumstances.
- Act with integrity and work for the common good.

With principles such as these, managers and employees alike are better prepared to make good choices.

FAITH DIMENSION AND CULTURE

Leaders, especially mission leaders, must keep a firm grip on the faith dimension of their enterprise

FOUR DIMENSIONS OF CULTURE

A helpful model of culture, adapted from the writing of anthropologist Edgar Schein, involves four dimensions:

- The *symbolic* dimension of symbols, myths, and rituals
- The dimension of *espoused* beliefs, purpose, and values
- The *mini-expressive* dimension of revealing, everyday comments and behaviors
- The *hidden* dimension of sentiments, convictions, and commitments

as they ride the white waters of cultural upheaval. Two strategies for doing so are attending to the divine-human partnership and promoting leadership development.

Divine-Human Partnership

If we, as healthcare leaders, are trying to work *with* God, we should, at certain moments, pause and call God to mind. Sometimes a moment of silence fits the occasion; other times call for an

expression of praise, petition, or thanksgiving. The occasions include weekly and monthly meetings among leaders and other staff. In addition, it is time we moved beyond thinking that only sisters, priests, ministers, pastoral care personnel, and mission directors can offer prayer on behalf of others. Leadership in the healthcare ministry needs to include leading people spiritually, as well as organizationally. Every leader needs to have the self-confidence to speak to God in a public setting on behalf of his or her co-workers. If this task initially troubles people, the leadership team should discuss its feelings, concerns, and how to develop such skills.

Healthcare organizations might also consider another way of expressing partnership with God: through a special, yearly liturgy of rededication. For years, Catholic colleges and universities have invited students and faculty to participate in a liturgy to ask God to bless the efforts of the coming year, as well as protect the entire enterprise and each person involved. Those in ministry of healthcare could do likewise.

Leadership Development One of the mission leader's responsibilities is to support other leaders' spiritual and theological development. Mission leaders often provide such support through monthly leadership meetings. In this approach, leaders spend an hour together reflecting on an article or book chapter and talking about it in personal, as well as organizational, terms. To foster understanding of purpose, shared responsibility for success, and the avoidance of "group think," leaders must take care in determining the objectives, ground rules, and manner in which this is undertaken. *Food for the Journey* has served as a helpful text with which to begin such a process. Other sources for discussion material include journals such as *America*, *Commonweal*, and *Health Progress*.

Each creation
 story has its own
 power and ability
 to inspire.

Another avenue to spiritual and theological development is retreats. One healthcare system—Evangelical Lutheran Good Samaritan Society, Sioux Falls, SD—requires that every leader spend some time each year in a spiritual development activity (e.g., day of recollection, community outreach). Every third year the system itself provides a leadership retreat, which focuses not

on system strategy or management competencies but on personal, spiritual growth.

SYMBOLIC DIMENSION OF CULTURE

In addition to the espoused and faith dimensions of culture, leaders do well to attend to the *symbolic* dimension—symbols, stories, and rituals. Their importance is twofold. Such elements give expression to the intentions and spirit of a culture; they allow *outward* communication of what is hidden in the hearts of people. And they are an avenue *into* people's hearts; they can touch our humanness in ways more rational approaches cannot. By attending to this dimension, mission leaders can provide greater stability, meaning, and guidance to the people of the organization.

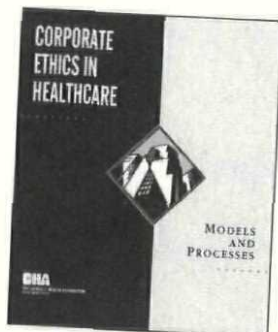
Symbols Symbols are carriers of meaning and spirit. They come in different forms. Some examples follow:

- **Artifacts:** Jesus' cross, St. Francis of Assisi's sandals. Artifacts also include the organization's logo, a chapel or meditation room, statues or sculptures.
- **Monuments:** A wall of photographs of historical persons and events, board members, medical staff. Brief written accounts should accompany photos, since they will have little meaning otherwise.
- **Sayings:** Organizational mottoes such as "caring for life," "a hundred years of service," "compassion and excellence." Some organizations frame brief inspirational sayings and place them about the facility.
- **Heroes:** Men and women who have embodied the organization's spirit and values. They can be written about in the organization's publications, referred to on special occasions, or publicly remembered by means of photographs.

Stories Gerald A. Arbuckle has spoken of the importance of stories, especially a culture's *cre-*

Continued on page 56

BOOKS



Corporate Ethics in Healthcare:

Models and Processes

66 pages/8 1/2 x 11/1991

Catalog No. 210/\$7

Corporate Ethics in Healthcare: Models and Processes

Corporate Ethics in Healthcare offers models of analysis that facilitate analyses of corporate ethics issues. It also provides models of several values implementation processes.

The models can be used to help:

- Executive teams review the value dimensions of a major strategic decision
- Boards assess management proposals
- Planners structure a process to build consensus among board members and executive staff
- Leaders ensure that strategic planning initiatives are consistent with the organization's mission and values
- Planning and marketing staff integrate values and ethics into their business plans
- Mission leadership staff develop a framework for assessing how well the organization's mission and values are integrated



THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

PRINCIPLES

Continued from page 50

ation story.⁴ A creation story relates a people's beginnings, an account that a community keeps revisiting to remain grounded in identity and purpose and to find inspiration. All healthcare organizations have one or more creation stories.

The most important creation story for any Catholic healthcare organization is the story of Jesus. Jesus' life, death, and resurrection is the story we keep returning to as Christians to remember who we are and what we are meant to accomplish with our lives.

At the same time in some contexts, the story of Jesus can be difficult to refer to and draw upon. The reasons for this are complex but may relate to feelings of having heard it all before, to fear of demands, or to a larger culture where business and religion do not mix. In any event, the challenge for healthcare leaders is to help their people discover that touching back into the creation myth of Jesus can be refreshing, not burdensome. Without this story, the salt of our ministry loses its savor.

Other creation stories include the story of the sponsoring community's founder, the story of the sponsoring community's journey from Europe to the United States, or the story of how the local healthcare organization began. Each of these stories has its own power and ability to inspire. Each helps people understand the organization's culture.

Finally, the stories of the organization and its people over time are important to preserve. In recent years many organizations have taken to combing their archives and publicly presenting their key stories as ministerial people. As these are told and retold, they reinforce certain feelings and commitments that will strengthen the culture.

Rituals Arbuckle has described rituals as practices that express in motion the sentiments contained in myths and symbols. Sometimes they can be difficult to spot—or at least assess—in a functioning organization. Faith-based rituals include moments of prayer, petition, and rededication, as well as yearly retreats.

One helpful ritual can be used occasionally at the conclusion of leadership

meetings: The last five minutes can be used to hear how participants experienced the meeting. Attending to the breath of the Spirit requires a certain quality of listening and interchange. A leader might direct a brief examination of conscience, inquiring, for instance, Do each of you feel you are being heard? Is there enough freedom among us to acknowledge negative responses or conflicting reactions brought on by our tasks? Are concerns getting expressed and properly resolved? Would you like to underscore something you heard or experienced?

MINI-EXPRESSIVE DIMENSION OF CULTURE

The level of the mini-expressive directs the mission leader's focus to all the other words and behaviors of the organization and its people. Through committee work, in-services, hallway conversations, and columns in the house newsletter, the mission leader challenges people to respond out of their best selves to various situations. As a symbol of faith and heritage, the mission leader encourages people to bear pain nobly, to remain true to the values of their past, and to keep working together to continue the healing spirit in changing circumstances. Appreciating the importance of their words and actions in the small moments of the everyday is crucial for every person in the organization, for "those who serve in the ministry of Catholic healthcare are called to continue to reveal God's merciful presence in our world. For how will people know that God is near? How will the suffering know that God goes with them into suffering and even into death unless God's people show them?"⁵ □

NOTES

1. Harrison Owen, *The Millennium Organization*, Abbott Publishing, Potomac, MD, 1994, p. 145ff.
2. Owen, p. 95.
3. Juliana Casey, *Food for the Journey*, Catholic Health Association, St. Louis, 1991.
4. Gerald A. Arbuckle, "Culture, Chaos, and Refounding," *Health Progress*, March 1995, pp. 25-29, 48.
5. Casey.