

The Power of Purpose: **Catholic Health Leaders Cultivate Inner Lives, Supportive Relationships**

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As an emergency room physician, Dr. Nicholas Testa saw plenty of pain, suffering and cosmic injustice. “You have moments where you question where is the spirit in this, how is this fair?” he said.

But even in the hardest moments, he is apt to think about the many orders of sisters who made grueling treks far from their homes to create hospitals from the ground up. “When I think about what they did with zero money and little support, it reminds me that this hard work is worth it.”

Along with all the other responsibilities of leading a health care system, executives in Catholic health care also have an explicit mandate to tend to their inner lives. It can take many forms,

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but in the best cases, the sense of mission is implicit in every action they take.

“The easiest way to become a better leader is to become a better person,” said Liz Foshage, executive vice president and chief financial officer of Ascension. She has spent her entire professional

life working with numbers in Catholic health care, but a midcareer formation course gave her an appetite to go deeper. Earlier in her career, she remembered, “If the balance sheet balanced, I knew the answer was right.” But in her theology studies, “I learned that the world is not black and white.”

“I don’t think you can work in health care without the understanding that there’s something bigger out there that connects all of us,” said Testa,

who today serves as regional chief medical officer for California for CommonSpirit Health. At his first interview for a Catholic health system nearly 10 years ago, he thought he was just applying for a job, but he found that the sense of mission appealed to him. “I enjoyed the stories,

the spirit, the connectivity of being in a faith-based organization,” he said. Although he is no longer a practicing Catholic, “having a spiritual compass really mattered to me.”

Cris Daskevich had a similar experience when she interviewed for the job of CEO of CHRISTUS



Children's in San Antonio. "It was a centering moment" to see the wall display about the history of the Sisters of Charity of the Incarnate Word [Houston and San Antonio] and the Sisters of the Holy Family of Nazareth, she said. "I called my husband, and I said, 'I think God has a different plan for us.'"

Daskevich, a practicing Baptist, found her formation experience with CHRISTUS Health to be "profoundly touching, to bring the big picture together. It makes the mission we serve even more important."

Every Catholic health care executive has been through formation programs, but developing a sense of self and connection to others and the mission is work that never ends. "You encounter formation experiences all through your life, and you will continue to encounter them," said Kyle Klosterman, the system vice president of mission and formation for CommonSpirit Health. "It's not like, 'All right, I've been formed, I'm done.'"

'WE HAVE HEART, AND WE'RE HUMAN'

Part of Klosterman's work is to equip leaders to model and reinforce formative behaviors in daily interactions. "We use the word 'calling,' for sure," he said. "And we use the example of the sisters, helping people to identify that there's more to this work than the job itself."

"Once I went through the coursework and experiences, I realized there was a much bigger connection to be made with your whole self," said Andy Davis, the president and CEO of Ascension Texas. "In the eclectic nature of Catholic health care, there's an openness to different faiths and walks of life as we find our own purpose and vocation."

Even when decisions are difficult or unpopular, compassionate leaders have learned to find the spiritual dimension in them. "Change is inevitable, but how you do change is important," Foshage said. For example, if a department is being eliminated, she makes sure to give plenty of

notice, a good explanation and a transition package. "I make decisions to steward the resources Ascension has," she said. The sisters "have been around for 400 years. I've been with Ascension for just over 30 years. I don't want the ministry to end on my watch."

The beginning of the COVID-19 pandemic was one of the toughest times, Daskevich said, when she and other executives worked in the building instead of isolating and had to call other leaders in to work alongside clinical teams. "These were unprecedented situations, filled with many unknowns," she said. "But we have heart, and we're human, and we have to show our human side and loving care for each other."

Davis, however, said that the most difficult times at work are usually the easiest times for him to see the connection to mission. When big, existential questions are on the front burner, "you realize the issues are bigger than yourself, and you need help," he said. "When things are fantastic, you get a little more relaxed. [But] who or what is causing the prosperous time? That good outcome is not necessarily earned."

To help keep him grounded and on track, Davis credits the importance of mentors, particularly Neeysa Biddle, the former ministry market leader for Ascension Birmingham. She was Davis' boss at one point and his mentor for even longer, and he still calls her semiregularly as a thoughtful ear for what is going on in his career and personal life.

Almost every leader interviewed had one or more informal relationships of this kind, and Biddle said, "Nothing can replace that. It's harder for guys, in particular, to say, 'I'm struggling.' Having someone they can feel vulnerable with is critical."

Biddle is now retired, but she has kept up that bond with about 10 other health care executives who have crossed her path over the years and who trust her now to be a friendly, but honest, resource. How does she tell someone that they made a mistake? "Carefully," she answered. "It depends on the person and the relationship. I might say, 'Tell

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me what you were thinking or what you would do differently next time.”

Many large systems have formal programs to pair a senior executive with someone aspiring to management, but in the best scenarios, the connection lasts longer and goes deeper. It doesn't have to have a spiritual component, but sometimes it does. “I have mentors who taught me to lecture and to practice emergency medicine,” Testa said, “but then some other mentors connect with you in a deeper way, to teach you how to live your life as a professional.”

LOOKING FOR THE RIGHT FIT

An important aspect of spiritual leadership is lifting up others to become leaders, whether through formal mentorship or passing words of encouragement. But moving up from performing a job to supervising others to do the job can be a difficult transition. Spencer Clancy is the system director for talent development and culture at CHRISTUS Health, and part of his job is helping workers explore new roles to see if something is the right fit.

“I have a soft spot for frontline nurses,” Clancy said, “and I want to help them not feel anxiety about leadership. Nurses are trained to heal people, not be supervisors, and it can be anxious for them. They ask for feedback on how to do it effectively, and we give it.”

“Everyone is a leader,” said Anthony Houston, the market CEO for CHI Saint Joseph Health in Lexington, Kentucky. He vividly remembers an exchange at SSM Health years ago when he commented to his then-CEO, Sr. Mary Jean Ryan, FSM, about something “the leaders” had done. “She said to me, ‘We are all leaders. It doesn't matter what it says on your badge.’ I believe in that, and I see it. We all have gifts, and there's dignity in that. Everyone is bringing something, even on the hardest days.”

Houston engaged in discernment about the priesthood as a teenager before opting for a career in health care management. “It's so fulfilling to

work and practice your faith together,” he said.

DAILY PRACTICE

Most executives practice some daily spiritual or reflective routine, often first thing in the morning. Foshage begins her day with 30 minutes of silence and reading, provided by Catholic services that send a new reflection to her inbox every morning. She prays the rosary (there's an app for that) and adds intentional prayers for people or events on her mind. At the end of the day, she takes 15 or 20 minutes to “bring me back to a place of peace before falling asleep.”

Testa's recent 50th birthday prompted him to begin practicing meditation. “I feel very fortunate that my work has meaning and purpose,” he said, “but health care doesn't stop. If you're going to be successful, you have to find what gives you purpose outside of work,” or else burnout will be the result.

Daskevich starts her day with prayer, a reflection or Scripture. “God always reaches out with a verse, or a meditation or a reflection that is spot on,” she said.

At work, meetings are an important time to take a moment to acknowledge the shared sense of mission. Clancy's meetings always begin with a reflection, and the responsibility rotates. “Even if you're not a practicing Christian, you can offer a reflection that grounds us,” he said, and CHRISTUS Health has a formation curriculum to help executives give better reflections.

“Every meeting I'm in, I'm trying to make a positive difference,” Foshage said. This includes taking time at the end to recognize service commitments in action, which could be as simple as, “I saw listening to understand.” These commitments, she said, “are not something extra to work on. They are how we accomplish our work. If you're constantly reflecting on right relations with others, you become the way you behave.”

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