

THE SPIRIT OF THE PLACE

n his book, *The Congruent Life*, an exploration of the contemporary search for meaning in work, C. Michael Thompson pays a wonderful compliment to Saint Joseph's Health System in Atlanta. Describing an organization that partakes of spirituality and exhibits its effects, he writes:

Formed by the Catholic Sisters of Mercy more than one hundred years ago, St. Joseph's distinctive philosophy of service to mankind is more than just a mission statement; it lies at the root of practically all organizational decisions and activities, large and small. Interviewing a random sampling of people from all corners of the organization left me with the impression that many, if not most of them, viewed their work as some sort of response to their deepest inner values. . . . Many come from faith traditions very different from Catholicism, yet they valued the underlying philosophy as it expressed itself in the care of patients. . . . To be in that environment for several days was to come away with a palpable sense of "something different" about organizational life there. Yes, there were people who were frustrated, disgruntled, or overworked-all the usual stuff. But people treated each other with a rare degree of respect and concern. Beneath the usual pleasantries there

Atlanta
System
Combines the
"Southern
Tradition"
with the
"Mercy
Philosophy"

BY SR. JANE GERETY, RSM was almost a reverence in the interactions with patients, their families, and each other. . . . There was, as in many other organizations whose doors you might enter, a "spirit of the place." But this one clearly bespoke the spiritual lives of a significant number of the people who worked there. If I ever get sick in that part of the world, that's where I want to go.¹

Thompson refers to the "spirit of the place." Where does this spirit come from? What carries it? What will sustain it? These are questions that are almost impossible to answer; to try to answer them would be to attempt to contain the mystery. In this article, therefore, I will not try to explain, or even to analyze. I will describe what I see at Saint Joseph's, confident that readers who work in other Catholic health care organizations around the country will recognize a similar spirit in their facilities.

However, Thompson is right in what he says about the *source* of the spirit he found at Saint Joseph's. The source is not in leadership or in programs, important though both are, but rather is in the hearts of the people who work there. Such people have found a home for their personal values: a community that nurtures those values, allows them expression, and celebrates them. Because of this, Saint Joseph's employees have taken on the responsibility of keeping the spirit of the place alive. They know this ministry is theirs.

TWO FOUNDATIONAL MYTHS

Why do Saint Joseph's employees accept its ministry as their own? Clues might be located in what I think of as the system's two foundational myths. By "myths" I mean the stories that reveal a community's deepest truths, stories its members tell over and over again to remind themselves of who they are.



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SPECIAL

The Trek to Atlanta The first of Saint Joseph's foundational myths tells the tale of the four Sisters of Mercy who journeyed from Savannah to Atlanta in 1880 to open the latter city's first hospital. The story describes how the sisters made the trek through post-Civil War Georgia with no more than 50 cents in their pockets. Hearing it, we celebrate the courageous risk takers who could create something wonderful out of almost nothing. We also celebrate a community in service: It seems significant that the story mentions only one sister's name. Sr. Cecilia Carroll was clearly the leader; the other three sisters blended anonymously into the work that started this great institution. The four began the work, knowing from the very beginning that they had to sustain it.

A Mission to the Homeless The second foundational myth also concerns a bold, practical response to need. Saint Joseph's moved from downtown to the suburbs—a decision necessary for its survival—shortly before homelessness became a serious problem in the city of Atlanta. During the 1980s a group of the hospital's nurses and other employees began voluntarily going downtown in the evening, carrying tackle boxes filled with supplies with which they cared for the feet of the homeless.

The nurses' effort eventually grew into Saint Joseph's Mercy Care Services, a ministry of primary care, education, and social services, including both mobile and fixed-site clinics and residential support programs. Every time we tell this story, we celebrate the band of volunteer nurses and others going out at night with simple supplies to respond to people in need. They were brave and practical and joyous in their compassion.

SOUTHERN STYLE, MERCY STYLE

It is a simple concept—bonding together to respond to need, creating a community of service. How, though, is the community of service created? How is it sustained? I cannot adequately explain this mystery. However, as I reflect on Saint Joseph's spirit, two facts stand out: First, the hospital's tradition of service is passed down by the employees themselves. Second, what we do for others, we do for ourselves. The community that reaches out also reaches in. That magic is part of the source of "the spirit of the place."

What do we do for others? Obviously, we serve their needs—medical, spiritual, economic—as best we can. But more is involved. In a unique convergence of the Southern and Mercy traditions, we offer hospitality; we make our home theirs. There is something in the Southern tradition that loves eccentricity and celebrates individuality. Southern hospitality begins with the dignity of the person and ends in community. In welcoming strangers—whether in the hospital, the mobile clinic, the adult



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day care center, or a physician's office-we make patients and their family members feel at home. We try to remove the barriers and dispel the fear. Saint Joseph's customer service program reinforces what seems to be a natural impulse in the South: to smile, make eye contact, and greet strangers. We also offer ways to stay in touch—beepers for families waiting for news from the operating room, for example, and translation services 24 hours a day. We try to create living space: comfortable places to nap near the critical care units, or cots in patients' rooms for family members who want to remain close to ailing loved ones. When it is not possible for patients to come to us, we go to them, to their homes-even if those "homes" are in shelters, under bridges, or in parks.

The way we work reflects the same counterpoise of individuality and community. Saint Joseph's is essentially a horizontal organization in which unique, sometimes eccentric people come together, merging in and out of groups, to create better ways to serve. For example, the system employs a "shared governance" nursing model; under it, the entire nursing staff is organized in five "practice councils" (nursing practice, professional development, and others). In this model, nurses themselves have responsibility for these practices. In addition, task forces, specialty teams, and process-improvement groups draw on the special talents of many to address whatever problems need solving. Saint Joseph's community of service is much more complex than the founding sisters could ever have imagined, but they would recognize the way we work together and see it as a continuation of their spirit.

A JOYFUL SENSE OF SERVICE

What we do for patients and their family members, we also do for each other. In a cultural audit conducted in 1997, the interviewer, having discussed our sponsor's philosophy, commented:

While the treatment of patients within [Saint Joseph's Health System] is certainly the most direct expression of the Mercy Philosophy root, it is significant to note that SJHS seeks to extend the same compassion, love, caring, and support to employees as it does to patients. Behaviors that show support to its employees that are congruent with this root are recognition programs, achievement awards, creating a peaceful environment, and sponsoring programs that promote employees' professional growth.²

Over the years Saint Joseph's staff members have created a variety of ways to honor and serve one another:

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THE MAKING OF ASCENSION HEALTH

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again, Ascension's leaders would do two things differently:

- Involve sponsor communities in the effort as deeply and thoroughly as executive leaders. Ascension's leaders now think they should have spent more time helping members of the sponsoring congregations understand the issues identified by the culture study.
- Conduct cultural integration efforts at the facility level, as well as at the system level, especially in geographic areas where local ministries are to be merged because of overlapping services. Ascension's leaders now think they focused too heavily on system-level efforts.

On the whole, however, Ascension's leaders believe they have been successful. Although they still see traces of the two different organizational cultures brought together to form the new system, they believe that their systematic focus on cultural issues as a significant part of the cosponsorship approach helped all involved to minimize the negative impact of the differences between them. After a little over a year and a half, they see visible signs that an Ascension culture-something clearly new and different-is beginning to take hold.

NOTES

- P. L. Zweig, "The Case against Mergers, Business Week, October 30, 1995, pp. 122-130.
- Sue Cartwright and Gary Cooper, Managing Mergers, Acquisitions, and Strategic Alliances, 2nd ed., Butterworth-Heinman, Oxford, England, 1996, p. 5.
- Edgar, H. Schein, Organizational Culture and Leadership, 2nd ed., Jossey-Bass, San Francisco, 1997, pp. 16-20.
- Ira M. Levin, "Five Windows into Organization Culture: An Assessment Framework and Approach," Organization Development Journal, Spring 2000, p. 86.
- 5. Levin, pp. 84-94.
- 6. Levin, pp. 87-90.

CREATING A MISSION-BASED CULTURE

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change management. One popular approach to change management has four distinct roles: sponsor, advocate, target, and agent.² The single most critical imperative for successful change management is "executive sponsorship," without which change efforts are doomed. The leaders of the organization must "sponsor" the change effort, through involvement, support, and commitment.

Governance must play the role of change advocate and hold executive leaders accountable for the effort. The change target in our illustration is the entire Newco culture created or transformed within the mission. Finally, the agents of change are those who execute or implement the new culture. They include senior managers, mission personnel, and human resources personnel.

A third lesson is that, unless consciously erased, the culture of the previous organizations will persist as a shadow culture. This need not be a negative phenomenon; it may be a positive force in Newco's culture as long as it is not divisive. In the instance of A + B = A, when the intent is to eliminate the culture of B, the residual culture needs to be consciously eliminated.

Mission can and should be the basis for the culture of a consolidated or merged organization. Reflecting on the mission and core values, setting aside time and designing processes to define the desired culture, and rooting benchmarks and personal performance measures in the mission are activities as important as, if not more important than, rigorously articulating the venture's business.

NOTES

- See J. Duncan Moore, Jr., "Systems Divorces on the Rise," Modern Healthcare, May 29, 2000, pp. 24-26, and Deanna Bellandi, "Catholic Mergers Take Hold," Modern Healthcare, January 3, 2000, p. 26.
- Daryl R. Conner, "Fundamentals of the MOC Methodology," ODR, Atlanta, 1994. See also Conner, Managing at the Speed of Change, Villard Press, New York City, 1992.

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- The Caught by an Angel program provides forms with which patients, fellow employees, or others can identify a staff member who has gone out of his or her way to be of service.
- The Employee Loan Fund collects donations from employees to help colleagues in need of an emergency loan.
- The McAuley Award celebrates employees who exemplify the Mercy philosophy. Those honored receive a small cash award and have their names added to a permanent plaque.
- Project Opportunity provides training and mentoring for those who want to progress in their careers.

Most of Saint Joseph's employees come from other-than-Catholic traditions, yet few seem to feel they are being treated as outsiders. The system's ceremonies, prayers, and celebrations reflect employees' own language, belief systems, and songs (from gospel to Gregorian chant). The expressions may be different, but the values are familiar. Employees seem to comprehend the "Mercy philosophy" almost instinctively. They are proud of these values and rejoice when they have an opportunity to honor those who exemplify them.

What about the future? What hope can we have that "the spirit of the place" will endure? There are no guarantees, of course. But the spirit will remain alive, I believe, if Saint Joseph's leaders remain true to the system's mission statement. That statement pledges "to recognize the intrinsic dignity and infinite value of all persons, both those we serve and those who serve."

NOTES

- C. Michael Thompson. The Congruent Life: Following the Inward Path to Fulfilling Work and Inspired Leadership, Jossey-Bass, San Francisco, 2000, pp. 68-69.
- R. Thomas Consulting and Training, Atlanta, "Cultural Audit Report: Saint Joseph's Health System," September 16, 1997, p. 45.

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