

Primary articles in CHA's journal, *Health Progress*

Catholic Identity

Edelstein, Thomas. "Sustaining the Mission through Mergers, Alliances and Partnerships." *Health Progress*, September - October, 2015.

The imperatives of health care economics encourages Catholic health care ministry leaders to consider new collaborations. Such business arrangements are being made by lay leaders, many of whom do not come from the Catholic tradition. The issues associated with merging entities when one represents Catholic health care include due diligence regarding business, economic, legal, ecclesial, mission, personnel, tradition, heritage and community needs. The most successful integrations occur when the process flows from and is informed by the heritage, mission and charism of the Catholic entity. When this is done well, the ministry answers community need, responds to the signs of the time and is rooted in tradition.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2015/sustaining-the-mission-through-mergers-alliances-partnerships>

Panicola, Michael and Hamel, Ron. "Catholic Identity and the Reshaping of Health Care." *Health Progress*, September - October, 2015.

While rapid consolidation may be necessary because of size and scale to ensure the financial success of Catholic health institutions, we have never been in this for the money or merely to survive. It has always been about furthering the healing ministry of Jesus by living out our fundamental value commitments, which are the true measure of our identity and at stake in every merger, acquisition and partnership. Going forward, we must look at decisions not only from the business perspective, but from the impact it will have on our identity and advancing our core values. A series of checklists, definitions and flowcharts provide a starting point for discernment.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2015/catholic-identity-and-the-reshaping-of-health-care>

Carroll, Kelly. "Can For-profit Catholic Health Care Get the Mission Right?" *Health Progress*, May - June 2012.

In this article, Kelly Carroll questions the ability of a for-profit hospital to truly witness the ministry of Christ. Through the lens of Ascension Health Care Network, Kelly Carroll outlines possible obstacles that a for-profit status will have on the mission of a Catholic organization. She ends with an explication of the values she believes are required elements of Catholic identity.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2012/can-for-profit-catholic-health-care-get-the-mission-right->

Hehir, J. Bryan. "The Ministry's Future in a Turbulent World," *Health Progress*, September - October 2010.

Fr. J. Bryan Hehir addresses the Catholic Health Association assembly on the theme: "Forging the Future in Turbulent Times." In this article he outlines the main points of the health care debate that was consuming the day. He writes, "Understanding the significance of that debate—its process and its product—is a necessary task, but far more urgent is the need to answer the

question of how to move from where we are to where we need to go to provide health care for all that is morally grounded, legally guaranteed and delivered with competence and compassion.” This address moves through three stages that contribute to the overall design of the 2010 Assembly.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2010/the-ministry's-future-in-a-turbulent-world>

Bouchard, Charles. “Health Care as 'Ministry': Common Usage, Confused Theology,” *Health Progress*, May - June 2008.

The use of the term "ministry" to describe Catholic health care began only a short time ago, but it has now become common parlance. The familiarity of this description belies the complexity of the term itself and the enormous ecclesial change it signifies. This article describes some of the questions surrounding the use of "ministry" and the challenges we face if it is to be applied in any meaningful way to Catholic health care in the future.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2008/health-care-as-'ministry'-common-usage-confused-theology>

O'Toole, Brian. “The Hallmark of Catholic Identity,” *Health Progress*, May - June 2008.

Brian O'Toole ponders the ever present question of Catholic identity in health care. He recognizes the foundation of the ministry as compassionate care. Meanwhile, he understands the shortfalls when relying upon individual aptitude, professional training, and the inspiration of mission-related activities. In this worldview, Mr. O'Toole proposes the use of well-developed structures, effective methodologies and clear accountabilities as paths towards mission orientation. He reflects upon the experiences of the Sisters of Mercy Health System in St. Louis to highlight four key areas towards “hardwiring” compassionate care into the daily experience of the employees and patients.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2008/the-hallmark-of-catholic-identity>

Grogan, William, Melanie Morey and John Piderit. “Modelling Cultural Contours in a Catholic Hospital,” *Health Progress*, July - August 2007.

Leadership formation for Catholic health services will be a challenge in the coming decades. Significant Catholic cultural upheaval will serve only to heighten that challenge. Culture is the accustomed way in which a particular group of people interacts. Every culture involves three integral components: 1) people whose actions shape the culture; 2) content or beliefs that define the boundaries of the culture; and 3) rituals that enable people to recall and make present the things they consider important.

Today's Catholic health ministries have Catholic cultures that are in flux. This article articulates three dramatic changes that continue to modify the new Catholic culture emerging in Catholic health care institutions in our day: organization transformation, laicization of Catholic health care, and shifts in faith practice.

Available at: <https://www.chausa.org/publications/health-progress/article/july-august-2007/modeling-cultural-contours-in-a-catholic-hospital>

Brinkmann, Bill, T. Dean Maine, Michael Naughton, J. Michael Stebbins and Arnold Weimerskirck. “Bridging the Gap,” *Health Progress*, November - December 2006.

Establishing and maintaining institutional identity is a challenge for leaders in Catholic health care. A process known as "progressive articulation" can be used to help leaders assess how well their organizations reflect Catholic social tradition and help them apply this tradition toward specific organizational practices.

The particular approach described here is called the "Identity Inquiry and Improvement Process" (3IP) and it takes Catholic social principles and translates them into criteria and benchmarks for assessing an organization's interactions with internal and external stakeholders. In other words, 3IP seeks to make mission measurable and concrete.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2006/bridging-the-gap>

Mudd, John. "From CEO to Mission Leader," *Health Progress*, September - October 2005.

Jack Mudd explores the future of Catholic identity in health care through the lens of lay leadership. As a Senior Vice President and Board Member of Catholic health networks, Mr. Mudd has witnessed the changing face of Catholic health care in the United States. This article draws from this experience and the rich heritage of women religious leaders to address these modern challenges.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2005/from-ceo-to-mission-leader>

Leadership Formation

Gray, Kathleen. "Jesus, Formation, and Transitions in Leadership," *Health Progress*, July - August 2014.

Sr. Kathleen Gray, a member of the Sisters of Saint Joseph, walks us through the adaptation of the congregation's mission into the hospital environment. Sr. Gray lays out the history of the order's involvement in health care, revealing the values inherent in their mission. She then discusses a pivotal moment where the congregation realized they could influence a health organization not merely through personnel or personal presence, but through articulated values. This insight led to the creation of a document titled, "Vision of Value." In this article, Sr. Grey discusses the creation of this document and its implementation into the hospital structure.

Available at: <https://www.chausa.org/publications/health-progress/article/july-august-2014/jesus-formation-and-transitions-in-leadership>

O'Connell, Laurence, Michael Slubowski, and Terri Weinburger. "Measuring Ministry Formation: Moving Promise into Practice," *Health Progress*, July - August 2014.

Catholic health care organizations invest substantial financial and human resources in the formation of their current and future leaders. Therefore, one might reasonably ask about the return on investment. What should those who sponsor formation programs expect? How do the outcomes of formation enhance the institutional ministry and assure a healthy future? In short, how does the promise of ministry leadership formation translate into practice for both individuals and the ministries they serve?

The answer lies beyond anecdotal evidence. We have begun to collect empirical data about the impact of formation on leaders. Now we need to develop tools to measure the impact on organizations.

Available at: <https://www.chausa.org/publications/health-progress/article/july-august-2014/measuring-ministry-formation-moving-promise-into-practice>

Smith, Brian and Sr. Patricia Talone. "CHA Survey Gauges Formation Effectiveness," *Health Progress*, July – August, 2014.

In 2013, CHA conducted the first national survey according to the *Framework* model of senior leaders who have participated in a leadership formation program. The survey attempted to answer two questions: 1) Are the formation programs being offered to leaders useful to them and applicable to integrating what they learn in their areas of responsibility? 2) Are the dollars and time being spent on executive formation good stewardship? This article parses the responses based on demographics, program types, tenets of Catholic care and content effectiveness. Brian Smith and Sr. Patricia Talone, RSM, conclude with the insights they gained from the nearly 1,208 responses.

Available at: <https://www.chausa.org/publications/health-progress/article/july-august-2014/preliminary-results-cha-survey-gauges-formation-effectiveness>

Talone, Patricia. "Mission and Leadership - The Best May Come in Fallow Time," *Health Progress*, November - December 2013.

Sr. Patricia Talone explores one of the difficult aspects of faith formation – the need for patience. In this article she utilizes the imagery of farming as a lens to explain the cultivation required to integrate spirituality into our personal and professional lives. With the help of scripture, Sr. Talone brings together the words of Jesus and his Apostles to provide encouragement for our own harvest of faith.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2013/mission-and-leadership---the-best-may-come-in-fallow-time>

McCrea, Elizabeth. "The 'Sweet Spot' of Catholic Health Care Ministry Leadership," *Health Progress*, July - August 2013.

Elizabeth McCrea writes a report on the success of the in-house ministry leadership academy developed by Newton Square, Penn.-based Catholic Health East. The academy's emphasis was not simply to develop executive leadership skills, nor was it simply to install an advanced ministry formation program. Instead the goal was to develop the participants' capacity to function in both worlds at the same time. In partnership with faculty from Seton Hall University, South Orange, N.J., executives from CHE began to develop an integrated curriculum that would give key executives an opportunity to further develop the critical ministry leadership characteristics, skills, knowledge and attitudes they would need to lead the Catholic health care organization now and in the uncertain, rapidly changing future.

Available at: <https://www.chausa.org/publications/health-progress/article/july-august-2013/the-sweet-spot-of-catholic-health-care-ministry-leadership>

Yanofchick, Brian. "Mission and Leadership - Justice and the Mission: Are We All on the Same Page?" *Health Progress*, November - December 2011.

One of the most important elements defining the mission of Catholic health care is the body of theological reflection we know as Catholic social teaching. We presume that each leader who becomes a part of this ministry understands and is willing to apply that body of teaching in his or her work. It is foundational for the church's involvement in health care. However, Brian Yanofchick, through the research of CHA, has uncovered an incongruity between the views of CEOs, mission leaders, and sponsors. He outlines the different understandings of Catholic social teaching and the impact that this inconsistency has on the operation of the ministry.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2011/mission-and-leadership---justice-and-the-mission>

Special Section - Seeding Our Future, *Health Progress* (September - October, 2011)

Mueller, Celeste DeSchryver. "Formation: Connect the Practical to the Theological," *Health Progress*, March - April 2011.

"It needs to be practical!" is a universal cry from leaders to those responsible for providing formation in health care settings. Simultaneously, health care organizations frequently name "knowledge of the theological tradition that sustains Catholic health care" as a formation goal. Assuring that formation is practical may seem to preclude providing substantive theology, but the two aren't either/or, or even a two-track process. Implicit in both goals is a unifying desire for meaning: personal meaning, meaning in one's work, meaning in the tradition.

This article offers three strategies that can help formation programs engage both substantive theology and practical application in ways that are meaningful to participants. They invite personal transformation for the sake of advancing the mission of Catholic health care.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2011/formation-connect-the-practical-to-the-theological>

Yanofchick, Brian. "Mission and Leadership - Leadership Formation: What Difference Is It Making?" *Health Progress*, July - August 2010.

Today's challenging economic environment leaves little room for businesses in any industry to expend resources that promise little or no return. The health care industry, and Catholic health care in particular, share this challenge. In the midst of these pressures, something appears to be happening within the Catholic health care community, something that speaks to the unique understanding we bring to our work. Many systems across the ministry are making a strong investment in well-structured, intensive leadership formation efforts. Why are they doing this and what is the benefit, or return on investment, they can identify?

These questions and others prompted CHA's Ministry Leadership Development Committee to learn more about patterns and identify practices that seem to be bearing fruit among Catholic health care leaders. In this article, Brian Yanofchick outlines the results of a survey taken by system mission leaders from eight systems completed in early 2009 as well as the insights of two participants in Ascension Health's executive formation process.

Available at: <https://www.chausa.org/publications/health-progress/article/july-august-2010/mission-and-leadership---leadership-formation-what-difference-is-it-making->

Special Section - Leadership Formation, *Health Progress* (September - October, 2009)

Karam, Judith Ann. "Living the Mission in a Business Model of Health Care," *Health Progress*, May - June 2008.

Sr. Judith Ann Karam, CSA, reflects on her career as the CEO of a complex health system while remaining true to her religious calling. In her memories are a time when determination and true grit was all that was needed in order to provide a service to the least among us. Nowadays, too often the imperatives of business block the path towards radical service. Sr. Karam provides insights from her own experience of balancing the scorecard between mission and business. Sr. Karam's thoughts will be a valuable resource for any health care leader seeking to revitalize their calling.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2008/living-the-mission-in-a-business-model-of-health-care>

Special Section - Leadership Formation, *Health Progress* (March – April, 2008)

Gottemoeller, Doris. "The Privilege of Continuing His Work," *Health Progress*, November - December 2007.

Sr. Doris Gottemoeller, RSM, draws from an unusual source – the *Catechism of the Catholic Church* – related to the theme of delivering quality care. Using the "manual" of our faith, she suggests we can learn important aspects on the teaching of the virtues. Sr. Gottemoeller examines the parallels between the pursuit of virtue and the pursuit of quality through the practice of cultivating good habits. This article relies on Church tradition and teaching to provide valuable lessons for continuing the work of Jesus in our health ministries.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2007/the-privilege-of-continuing-his-work>

Weisenbeck, Marlene. "Formation in the Code of Canon Law," *Health Progress*, November – December 2006.

"Formation" for leading a Catholic health ministry is a topic of ongoing concern as more and more of the Christian faithful are preparing to become stewards of Christ's healing mission. The canons on formation for consecrated life may serve as a useful reference point. This article dives into the Code of Canon Law in search for practical resources regarding the formation of health care leaders.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2006/-formation-in-the-code-of-canon-law>

O'Rourke, Kevin. "Canon Law and Ethical and Religious Directives," *Health Progress*, May - June 2006.

Canon lawyer Rev. Kevin O'Rourke, addresses the similarities and differences between the Code of Canon Law and the *Ethical and Religious Directives for Catholic Health Care Services*. By framing the conversation through the lens of goals and norms, Fr. O'Rourke highlights necessary aspects of each category in a way that is useful to the non-expert. This article provides a much needed resource for those who work in Catholic health care to better understand the "rules" that govern the ministry.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2006/canon-law-and-ethical-and-religious-directives>

Naughton, Michael. "Catholic Social Tradition: Teaching, Thought, Practice," *Health Progress*, January - February 2006.

Catholic health care is embedded in a moral tradition that has been formed by a profound dynamic between word and deed, thought and action, theory and practice. The ministry's words, thoughts and theories have been informed by a larger faith tradition encompassing the Scriptures, the official teachings of the church, reflections and ideas of theologians, and the insights of philosophers, economists, scientists and others. Its deeds, actions, and practices have been lived out by the sacrifices and witnesses of religious communities and the laity.

To do this successfully, we leaders need to familiarize ourselves with three important dimensions of the Catholic social tradition: teaching, thought and practice. It is the dynamic of these three

dimensions that make the Catholic social tradition a rich and powerful reservoir for building strong communities of work and ministry in Catholic health care.

Available at: <https://www.chausa.org/publications/health-progress/article/january-february-2006/catholic-social-tradition-teaching-thought-practice>

Giammalvo, Peter. "A 'Second Generation' of Ministry Leadership," *Health Progress*, September - October 2005.

Catholic health care leaders differ from others in the field in that "they are expected to serve as Jesus served, teach as Jesus taught and lead as Jesus led, in order to heal as Jesus healed." The Catholic health ministry today is led largely by laypeople - what might be called the "first generation" of lay leaders. This first generation was privileged in that it was tutored by and worked alongside women and men religious. Those religious are now mostly gone from the ministry and that first generation of lay leaders will also be retiring in the not too distant future. Leadership will then pass to a "second generation," laypeople who have not worked alongside religious. How is this new generation to learn "to heal as Jesus healed"?

Catholic Health East (CHE), Newtown Square, PA, developed a program explicitly directed at the recruitment and development of second-generation leaders. In its efforts to fill a position, the system first assembles a preferred-candidate profile based on 15 competencies, including seven core competencies. CHE then employed a recruitment process based on behavioral event interviewing. All involved stakeholders participated in the interviews. This article details the program and provides advice for other systems regarding their recruitment endeavors.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2005/a-second-generation-of-ministry-leadership>

Mission

Gallagher, Maureen and John Reid. "New Mission Leaders in Catholic Health Care," *Health Progress*, March - April 2015.

Mission leaders play a unique and indispensable role in Catholic health care, and they need a distinctive set of skills, knowledge and abilities to be effective. Mission leaders ensure the continuation of the vocation of Catholic health care at the acute care level as well as throughout the continuum of care. They promote the mission and values of the founding members and ensure that they are integrated into all aspects of the health care organization. Given that most of the first generation of mission leaders was from the founding communities, and because of the diminishment in number of younger religious available to serve in this capacity, Maureen Gallagher and John Reid recognize the need for a concerted effort to form and mentor a new generation of mission leaders.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2015/new-mission-leaders-in-catholic-health-care>

Doyle, Michael. "Integrating Mission into Physician Practices," *Health Progress*, May – June 2014.

Michael Doyle describes the physician practice formation initiative developed by Mercy Health. Mercy Clinic is a new model of care delivery, one that recognizes the important role of the physician practice as the place most patients' first encounter Mercy care. There are more than 2,100 medical providers and 670 physician practices in Mercy Clinic's integrated multispecialty

physician group, delivering health services in Missouri, Arkansas, Kansas and Oklahoma. The organizational structure is physician-led and professionally managed. Through the Mercy Clinic Leadership Council, these physician and clinic leaders meet monthly to review strategic initiatives, quality performance measures, assessments of physician and co-worker engagement and patient satisfaction and standards of operational excellence.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2014/integrating-mission-into-physician-practices>

Talone, Patricia and Brian Smith. "New Survey: Mission Leaders Respond," *Health Progress*, November - December 2013.

The 2013 Mission Leader Survey was designed by members of CHA's Mission Services Department in collaboration with The Reid Group, a consulting firm headquartered in Seattle. The CHA Mission Advisory Committee gave feedback and piloted the survey tool. Many of the questions asked in the previous surveys were repeated, but the 2013 version added the following: new demographic questions (asking about age and ethnicity); questions about potential areas for professional growth and development; and open-ended questions on how the respondent's role has changed and on future challenges for mission leaders. The new survey also requested feedback on the mission leader's relationships with key departments and groups.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2013/new-survey-mission-leaders-respond>

Yanofchick, Brian. "Mission and Leadership - New Challenges Ahead Carry Big Implications," *Health Progress*, September - October 2012.

This was Brian Yanofchick's last article as a member of the CHA office. In it he discusses the challenges he sees in the field especially in light of mission leadership across the ministry. His insights provide a valuable example of the need for self-reflection in health care organizations and creative thinking to overcome the weaknesses. This article provides commentary on partnerships with secular entities, how an organization witnesses to its Catholic identity and the need to connect one's values to their work.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2012/mission-and-leadership---new-challenges-ahead-carry-big-implications>

Yanofchick, Brian. "Mission and Leadership - Meeting 'Mayhem' With Hope," *Health Progress*, July - August 2012.

Brian Yanofchick begins this issue by relating with the problems mission leaders currently face in the field. In the list provided, he names "mayhem" and through the article attempts to provide valuable resources that can overcome these obstacles. Ultimately, Mr. Yanofchick believes that a collegial community of mission leaders will provide support for each individual member in their continued effort to promote the ministry.

Available at: <https://www.chausa.org/publications/health-progress/article/july-august-2012/mission-and-leadership---meeting-'mayhem'-with-hope>

McPherson, Beth. "Mission Integration Leaders: A System Draws from Many Streams," *Health Progress*, May - June 2012.

As with many Catholic hospitals, the old standard of drawing from the sponsoring religious congregation for mission leaders has ended. Beth McPherson describes a more unique and creative resource for the recruitment and education of future leaders in the ministry. In this article,

we learn of the work of St. Joseph Health System, headquartered in Orange, Calif. St. Joseph realized they could identify recruits by their sense of calling rather than by their formal education in Catholic theology. Ms. McPherson provides the reader the opportunity to learn of the development and implementation of this original formation process so that one could take away valuable lessons to their own unique situations.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2012/mission-integration-leaders-a-system-draws-from-many-streams>

Coleman, Andrea. "Mission: Good Business Practice Enhances Mission," *Health Progress*, March - April 2011.

Health reform is now a reality — yet many of its key provisions will not be implemented for several years. This gives health systems an unprecedented time to think through and prepare strategies consistent with the way the wind is blowing. Where must Catholic health care focus its change efforts? Andrea Coleman answers some of these questions by examining five essential strategies which mission leaders can use in their personal organizations.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2011/mission-good-business-practice-enhances-mission>

Special Section - Integrating Mission, *Health Progress*
(March - April 2016)

Letourneau, Jim. "Mission Integration and Workplace Spirituality." *Health Progress*
March - April, 2016.

Within Catholic health care, our story is a compelling one. The legacies of the religious communities that established our ministries are captivating accounts of courage, fidelity, risk taking and commitment. But the story of Catholic health care does not seek to romanticize the religious communities into inaccessible models of faith. Instead, the narrative of Catholic health care must engage today's employees as co-creators of that legacy. Our charge in Catholic health care is to create work environments where our employees can view their own lives as a vocation and their jobs as a calling — in essence, to find their own meaningful place in the story.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2016/mission-integration-and-workplace-spirituality>

McGuire, Sr. Maureen, DC. "Ministry Identity and the Work of Mission Integration." *Health Progress*, March - April, 2016.

At Ascension, two very significant, fairly recent realities have invited fresh perspective. The establishment of the Ascension Sponsor, a ministerial juridic person, and a large-scale restructuring with the goal of being and functioning as one integrated healing ministry. This new model brings the opportunity to convey with even greater clarity the specific bodies of work and centers of expertise that constitute mission integration. This article contains some highlights, insights and opportunities Ascension experienced in its initiatives of mission integration leadership.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2016/ministry-identity-and-the-work-of-mission-integration>

Siritsky, Rabbi Dr. Nadia. "Reflections of a Rabbi Mission Leader." *Health Progress*, March - April, 2016.

For Rabbi Dr. Nadia Siritsky, to be a mission leader for the Catholic Church as a non-Catholic, working in other-than-Catholic facilities, means to help others connect to faith in their own language and then work toward understanding that the faith they experience is not disconnected from the faith of others – and this in turn is not disconnected from the other Catholic teachings that inspired CHI to be formed.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2016/reflections-of-a-rabbi-mission-leader>

Talone, Sr. Patricia, RSM. "Maintaining a Careful Balance." *Health Progress*, March - April, 2016. The role of mission leader is to strengthen mission, vision and values, integrating them throughout the organization as colleagues work together to carry on the healing ministry of Jesus Christ. The best mission leader deftly maintains equilibrium while stepping ahead, gaze fixed on the goal. He or she moves between and among executive functions and a much broader ministry. If the mission leader focuses solely on being an administrative leader, she runs the risk of becoming yet another "suit". If she sees herself as an institutional outsider, she jeopardizes her ability to influence corporate decision-making, policy and strategic planning. Walking such a fine line can cause discomfort and sometimes self-doubt.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2016/maintaining-a-careful-balance>

Urbanski, Becky. "Mission Integration in Long-Term Care Settings." *Health Progress* March - April, 2016.

Delivering mission in long-term care settings has several unique advantages according to mission leaders in four Catholic health systems that provide a broad spectrum of senior services. Perhaps the most obvious is the opportunity to build close relationships with residents and their families over time. Mission leaders in long-term care settings can make deep and effective use of such key elements of mission integration as storytelling, prayer and rituals, traditions and celebrations. Four mission leaders discuss the advantages, differences and challenges of mission integration in long-term care settings.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2016/mission-integration-in-long-term-care-settings-four-mission-leaders-discuss-the-advantages-differences-and-challenges>

Yanofchick, Brian. "Translating the Language of Mission." *Health Progress*, March - April, 2016.

The mission leader role has been present in Catholic health systems for the last 30 years, in one form or another. Surveys conducted by the Catholic Health Association trace the role's development from one held mostly by members of sponsoring congregations to one held, in many cases, by lay leaders, more and more of whom have earned post-graduate degrees.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2016/translating-the-language-of-mission>

Special Section - The Ministry Communicates Its Mission, *Health Progress*
(November - December, 2010)

Yanofchick, Brian. "Mission and Leadership: When Mission Leads the Dance," *Health Progress*, November - December 2009.

Brian Yanofchick, recently back from the CHA sponsored program in Rome, offers the insight of one participant. The participant said the experience had shown him that the ministry of Catholic health care is a delicate dance between the demands of business and the demands of mission,

and that in the dance, mission should always take the lead. Unfortunately, too often health care systems rely upon the decisions of outside firms to help increase efficiency at the expense of the staff, the patients, and the community. Mr. Yanofchik attempts to provide the mission leader a rally cry to regain control of the organizational structures of their system. Hopefully, through better leadership formation the tide will turn towards doing the right thing rather than the affordable.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2009/mission-and-leadership---when-mission-leads-the-dance>

Yanofchick, Brian. "Mission Leadership: Kicking it up a Notch," *Health Progress*, September - October 2009.

Brian Yanofchick details the creation of the Competencies for Mission Leaders which involved the input of CHA mission members and CEOs. In this article, the history of its creation and the impact that CHA hopes it will have on the current environment are laid out in an informative manner. It is a great summary of this useful tool and a starting point for those who are searching for future leaders.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2009/mission-leadership-kicking-it-up-a-notch>

Yanofchick, Brian. "Mission and Leadership - Physicians and the Mission of Catholic Health Care: Catholic Imagination at Work," *Health Progress*, November - December 2008.

Commonly cited elements that separate Catholic health care from the larger industry are Catholic health care's focus on holistic care and its commitment to nurturing the "calling" of health care workers. Yet, when it comes to relationships with physicians and engaging them in mission, many in the field — CEOs, mission leaders and sponsors of Catholic institutions, along with physicians themselves — find Catholic institutions rate no better than non-Catholic and secular institutions. This article attempts to answer the question "why is this so?" In the end, Mr. Yanofchick calls mission leaders and CEOs to find creative solutions that will seek common ground with physicians in order to advance the values of Catholic health care.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2008/mission-and-leadership---physicians-and-the-mission-of-catholic-health-care-catholic-imagination-at-work>

Stanek, Robert. "Bridging the Mission-Business Gap in Health Care," *Health Progress*, May - June 2008.

As CEO of Catholic Health East, Robert Stanek understands the many challenges facing Catholic health care today. The financial demands required to keep the operation afloat often contests the calling of our mission. Drawing from his experience, Mr. Stanek suggests the use of FACES: Faith, Advocacy, Commitment, Education and Systemness. Diving into each of these components, Mr. Stanek reveals a possible bridge between mission and business that can reorient the practice of Catholic health care in the modern world.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2008/bridging-the-mission-business-gap-in-health-care>

Fox, Zeni. "Continuing the Mission," *Health Progress*, March – April 2008.

In the first century, Christians faced many challenges due to changes in the communities themselves and in their relationship with the wider culture. Some of the ways in which they met these changes offer points of reflection for Catholic health care today, as it too faces significant challenges.

The perspectives offered here are those of a theologian, who is an outsider to the health care community. However, various conversations about the challenges and efforts in health care influence this commentary, seeking to discover in the tradition of the community of disciples insights for those charged with the mission of leadership in health care in our time and place. Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2008/continuing-the-mission>

Yanofchick, Brian. "Mission and Leadership - The Mission Leader as the 'A Position,'" *Health Progress*, March - April 2008.

As technologies advance the health care environment will adapt. Brian Yanofchick believes the health services will be moved to outpatient settings requiring future joint-venture projects between hospitals, physicians, and other entities. These new circumstances will once again challenge the desire to continue the founding mission of the organization. In this article, Mr. Yanofchick uses an approach outlined in a *Harvard Business Review* piece titled, "'A Players' or 'A Positions?'" published in December 2005. A unique blending of business and mission, this strategy recognizes the need of top tier employees for only certain identifiable positions within the organization. This article provides a unique approach for health care leaders looking to hire new and talented individuals.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2008/mission-and-leadership---the-mission-leader-and-the-'a-position'>

Yanofchick, Brian. "Mission Leadership – Servant Leadership: Bring it Home," *Health Progress*, September - October 2007.

Attempting to answer a question posed by Sr. Doris Gottemoeller on the requirement for excellence in health care, Brian Yanofchick draws on Matthew 21:25-28. Using the theme of servant leadership, Mr. Yanofchick highlights the effort of some health systems in their attempt to integrate mission with quality service. What is surprising is that many of these are non-faith-based organizations. This article is a call to fellow Catholic systems to recognize the power of this call in their own practice and a need to "bring it home."

Available at:

<https://www.chausa.org/publications/health-progress/article/september-october-2007/mission-and-leadership---servant-leadership-bring-it-home>

Talone, Patricia. "2006 CHA Mission Leaders Survey: 1 and 2," *Health Progress*, July – August 2006, September - October 2006.

In this first of two articles on a recent survey of mission leaders in Catholic health care, Sr. Patricia Talone describes survey results concerning organizational information and the mission leader's role in senior management. In the second article, in the September-October issue, Sr. Patricia shares results relating to education, qualifications, experience and compensation.

Available at: <https://www.chausa.org/publications/health-progress/article/july-august-2006/2006-cha-mission-leaders-survey-1> <https://www.chausa.org/publications/health-progress/article/september-october-2006/2006-cha-mission-leaders-survey-2>

McGuire, Terrance and Teri Rocolo. "Succession Planning for Mission," *Health Progress*, May - June 2005.

As part of a succession-planning approach to provide new and expanding leadership for its Mission Services Department, Wheaton Franciscan Services, Inc. (WSFI), Wheaton, Ill., implemented a "learning contract" for new mission leaders in its member organizations. The contract includes expectations for the new leader, which, if met, provide the preparation thought

to be essential for the new leader to perform effectively in the role. The contract has two parts: first, internal training, including formal mentoring relationships among the new mission leader, WFSI's mission leaders and the CEOs of member organizations; and, second, external education, including participation in a master's degree program and attendance at various ministry educational programs that pertain to the role. This article focuses on training for the mission leader at one such organization, All Saints Healthcare, Racine, WI.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2005/succession-planning-for-mission>

Smink, Edward. "Mission in the Trenches," *Health Progress*, May - June 2005.

As responsibility for mission shifts from religious to lay leadership, sponsor-secular partnerships and new models of governance help to ensure that Catholic health care facilities continue the healing ministry of Jesus. By appointing lay mission directors and developing programs that support the work of health care professionals and associates "in the trenches," the sponsors of Catholic health care facilities are embedding particular values and behaviors in their organizations. Mr. Smink argues that mission "in the trenches" is no longer reserved solely for sponsors and religious congregations. Moreover, by establishing and recognizing the essential services provided by interdisciplinary spiritual care teams and empowering patient caregivers with the knowledge and tools necessary to fulfill their specific responsibilities, the healing presence of God is made known to those who seek our care and observe our actions.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2005/mission-in-the-trenches->

Organizational Ethics

Sanders, Alan. "Organizational Ethics: A Guide: Sustaining a Commitment to Mission and Core Values," *Health Progress*, May - June 2013.

Over time, any organization can begin to lose its "soul." Practices and policies can evolve that are no longer committed to its core values, while many of the individuals entrenched in the organizational culture fail to recognize — or they simply ignore — such changes. Alan Sanders sees a possible resource for response in the field of organizational ethics. In this article, Mr. Sanders explains the key points one can take away from the field and how to use them to realign the health system to its core values. An excellent resource for any organization that feels constrained by economic and market forces.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2013/organizational-ethics-a-guide-sustaining-a-commitment-to-mission-and-core-values>

McCrudden, Patrick, Philip Boyle, Carol Bayley, Dan O'Brian and Jan Heller. "Shedding Light on Organizational Ethics," *Health Progress*, November - December 2006.

What is organizational ethics? Why is it important for the Catholic health ministry? There is no single, universally accepted answer to either of these questions, but there are many ways to describe just how far reaching and pervasive organizational ethics is for Catholic health care. The following commentaries by Catholic health care ethicists are an effort to bring a little clarity to what we mean when we say "organizational ethics," as well as a way of demonstrating the impact this field has on our ministry.

Available at: <https://www.chausa.org/publications/health-progress/article/november-december-2006/shedding-light-on-organizational-ethics>

Pastoral Care

Lichter, David. "CHA Chaplaincy Surveys Offer Key Insights," *Health Progress*, September - October 2014.

Within the last few years, there has been additional focus on the chaplain's ministry within Catholic health care. Recently CHA and the National Association of Catholic Chaplains (NACC) paired up to create the Pastoral Care Advisory Committee to focus on specific issues and trends in chaplaincy.

To gain an understanding of how others understand the ministry, the group conducted national surveys in 2012. The surveys targeted executive and clinical staff to determine what Catholic health care executives think about chaplaincy and the spiritual care services being offered, and how clinicians and colleagues view chaplains and spiritual care services that are provided. Using CHA's database of executives and clinicians, the surveys were able to achieve a quality response rate. Those insights are analyzed by Mr. Lichter in this piece.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2014/cha-chaplaincy-surveys-offer-key-insights>

Smith, Brian. "Spiritual Care in the Midst of Health Care Reform," *Health Progress*, September – October, 2014.

With the passing of the Affordable Care Act, health care in the United States increasingly is pressured to meet not only mission-related goals, but operating margins as well. The spiritual care department must continue to define the value proposition they bring to the healing process. This article provides help to chaplains and spiritual care leaders through highlighting key practices seen in the current field. Brian Smith also outlines questions for various groups to consider as they review their departments. Fortunately, Catholic health care has experiences of adaptation from which to draw upon and the lessons of those veterans can lead us through these shifting times.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2014/spiritual-care-in-the-midst-of-health-care-reform>

Piderman, Katherine, Christine M. Spampinato, Sarah M. Jenkins, Dean V. Marek, James F. Buryska, Mary E. Johnson, John L. Evans, Joseph P. Chacko, David J. Plevak and Paul S. Mueller. "Identifying and Ministering to the Spiritual Needs of Hospitalized Catholics," *Health Progress*, March - April 2013.

In a constrained economic environment, every facet of the health care team must function with the highest efficiency, including those who provide pastoral care. To function efficiently and effectively, both the needs and the expectations of patients need to be considered. This paper highlights the specific spiritual needs and expectations of Catholic inpatients and proposes a model for chaplains to optimally assess and provide care for them.

Available at:
<https://www.chausa.org/publications/health-progress/article/march-april-2013/identifying-and-ministering-to-the-spiritual-needs-of-hospitalized-catholics>

Yanofchick, Brian. "Mission Leadership – Pastoral Care: Prepared to Make a Difference," *Health Progress*, May - June 2007.

Brian Yanofchick details a few core competencies, years of experience and degree/certification requirements for the best pastoral care employee. Mr. Yanofchick draws from the *Ethical and Religious Directives for Catholic Health Care Services*, CHA's annual System Mission Leaders'

Forum, and the *Common Standards* agreed to in 2004 by six accrediting organizations. This brief overview ought to provide a basic outline for narrowing a system's new employee search.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2007/mission-and-leadership---pastoral-care-prepared-to-make-a-difference>

Hover, Margot. "Rural Clergy and Holistic Care," *Health Progress*, September - October 2005.

Rural America finds itself caught in an ever-deepening health care crisis. The closing of light industry and family businesses causes young people to migrate to cities and suburbs. Because those who remain tend to be elderly and unemployed and/or uninsured, they further strain the resources of already-struggling rural hospitals and clinics. Meanwhile, the financial difficulties faced by these hospitals and clinics tend to make them unattractive to physicians, nurses, and other medical professionals. As a result, rural people receive less and less care.

One response to this crisis is a movement to recruit religious professionals to help provide services formerly given by medical professionals. One writer, Mary Lynn Dell, MD, has suggested that rural clergy are ideally placed to deliver certain health and social services, including health education. Rural clergy already serve as religious and spiritual "family practitioners," Dell writes. Because they live and work among their parishioners, rural clergy often understand them and their problems better than hospital personnel can. This article will further articulate this argument by examining the community-based Clinical Pastoral Education program sponsored by BJC HealthCare in St. Louis.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2005/rural-clergy-and-holistic-care>

Spirituality in the Workplace

Gallagher, Maureen and John Reid. "Leading Change: Know What to Expect in Times of Transition," *Health Progress*, March – April 2011.

One thing that's certain about the near future of Catholic health care: uncertainty, for the foreseeable future, will permeate the scene. Significant changes in health care — changes underway for at least a decade and expected to continue for at least another decade, including the implications of national health care reform — assure that transition will be an ongoing state. While leaders will have many important decisions on their agendas, effective management will require helping both staff and patients to negotiate the transitions they will surely face.

In this article, Maureen Gallagher and John Reid explicate one method for coping with transitions. Drawing from Scripture and the work of William Bridges and J. Gordon Myers, these authors provide clarification of the emerging situation and techniques for health care leaders.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2011/leading-change-know-what-to-expect-in-times-of-transition>

Special Section - A Workforce for Ministry, *Health Progress* (September - October, 2007)

Craigie Jr., Frederic. "Spiritual Caregiving by Health Care Professionals," *Health Progress*, March - April 2007.

Frederic Craigie Jr. compares and contrasts two models of spiritual care popularized in journals during 2006. Using a combination of these two approaches, Dr. Craigie gives the reader a broader resource for incorporating spiritual care into the everyday workings of their system. This

article is a brief conversation starter that ought to give the reader further resources from which to build or renew their pastoral care department.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2007/spiritual-caregiving-by-health-care-professionals>

Coleman, Andrea. "Vocation Lost?," *Health Progress*, March - April 2006.

Andrea Coleman reflects on the current lack of physician "presence" in the U.S. hospital. Using her experience as a Chief Operating Officer, Ms. Coleman critically examines the failures of hospital structures that allow a loss in passion, professionalism and partnership. This article ends by attempting to address the problems of losing one's vocation through five major routes.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2006/vocation-lost->

Marceau, Paul. "Spirituality in Catholic Workplace," *Health Progress*, May - June 2005.

"Spirituality in the workplace" has become something of a fad in corporate America as companies seek to find a balance between their employees' personal beliefs and the bottom line. However, does this newfound spirituality-meets-margin differ from the spirituality traditionally observed in faith-based organizations? Often secular organizations, in an attempt to be as non-offensive and inclusive as possible, adopt an all-or-nothing approach to workplace spirituality. This can translate into a celebration of every religious belief system or a "New Age" appeal to universal human values.

Although nurturing spirituality in the Catholic health care workplace can be seen as the job of each person involved, from sponsor to caregiver, chaplains serve an integral role. Their unique perspective and training can be crucial to successfully fostering an organizational culture based on the values that Jesus portrayed in the Gospels. In this article, Paul Marceau argues for the importance of well-trained and well-funded chaplains for the proper advancement of spirituality in the health system.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2005/spirituality-in-the-catholic-workplace>

Sponsorship

Morrissey, Francis. "Canon Law – New PJP Model a 'Leap of Faith,'" *Health Progress*, March – April 2011.

While creative steps have been taken in regard to the continuity of the apostolic works, little has been done to assure the life and continuity of the institutes themselves, as well as the appropriate care of their members. In a certain number of instances, we have seen fusions and unions of various institutes, but this method has not always worked out as expected. In light of these circumstances, Francis Morrissey describes the change in the Canon regarding the establishment of a pontifical PJP to assume some responsibilities and to assure proper stewardship of church assets. This article is an excellent primer on this important develop in Church congregational structures and the impact that this change can have on sponsorships in Catholic health care.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2011/canon-law---new-pjp-model-'a-leap-of-faith'>

Special Section - Sponsorship: Our Enduring Link, *Health Progress* (January - February, 2007)

Arbuckle, Gerald. "Sponsorship's Biblical Roots and Tensions," *Health Progress*, September - October 2006.

Gerald Arbuckle examines the tensions between the pastoral and legal definitions of "sponsorship" utilized in Church ministries. In the articles, these two, often opposing, themes have a great impact on the relationship between Catholic health care and the sponsoring religious community. Mr. Arbuckle has highlighted a very important tension which often forgets the biblical roots of the practice. Through this piece, one can read of a richer, fuller understanding regarding sponsorship that is shaped by biblical passages and Church tradition.

Available at: <https://www.chausa.org/publications/health-progress/article/september-october-2006/sponsorship's-biblical-roots-and-tensions>

Weisenbeck, Marlene. "What Is an Institute of Consecrated Life?," *Health Progress*, January – February 2006.

Institutes of consecrated life have exercised a predominant role in the ministry of Catholic health care in the United States. They founded vast networks for health care, served as administrators and caregivers and provided financial resources for the sake of the healing mission of Christ. In the broad sense of the term, there are three categories of institutes of consecrated life identified in the Code of Canon Law: religious institutes, secular institutes and societies of apostolic life. This articles articulates the distinct legal reality and clearly identifiable characteristics of these three forms.

Available at: <https://www.chausa.org/publications/health-progress/article/january-february-2006/what-is-an-institute-of-consecrated-life->

Eck, Patricia and Thomas Morris. "Sponsorship: Developing Sponsorship Competencies," *Health Progress*, May - June 2005.

Support for the development of leaders and staff members in Catholic health care is vital for the ministry's future. Bon Secours Health System, Inc. (BSHSI), Marriottsville, MD, places a high priority on such development. This article explores the creation and application of an educational framework by BSHSI named "Continual Development System." This program attempts to coordinate the development of both leaders and "co-workers" in the ministry of the sponsoring organization.

Available at: <https://www.chausa.org/publications/health-progress/article/may-june-2005/sponsorship-developing-sponsorship-competencies>

Mollison CSA, Sr. Mary and Sr. Mary Kelly, RSM. "Journey into Sponsorship's Future," *Health Progress*, March - April 2005.

The U.S. Catholic health ministry contains a growing number of lay-religious partnerships. One of the newest is Catholic Health Ministries (CHM), the public juridic person (PJP) sponsoring Trinity Health, Novi, MI. A news release of January 7, 2004, announcing the appointment of two laypersons to CHM marked the end of a kind of "journey." This article is their story. The authors believe their experience may benefit others contemplating similar journeys of their own.

Available at: <https://www.chausa.org/publications/health-progress/article/march-april-2005/journey-into-sponsorship's-future>

Other Journals

Catholic Identity

Trancik, Emily and Rachele Barnia. "What makes a Catholic hospital Catholic?" *U.S. Catholic*,

(March 2015)

This article address the question: with the rise of lay leadership in Catholic hospitals, what does it mean for a health care organization to hold a “Catholic identity”? In examining the question, the authors discuss how faith requires a commitment to ideals that call for action but organizations may be unable to fully realize all of the ideals. The challenge for contemporary health care organizations is to cultivate cultures and make decisions that embody Catholic identity. Public Juridic Persons and *Ethical and Religious Directives for Catholic Health Care Services* are also addressed in the context of Catholic identity.

Available at:

White, Kenneth R. “When Institutions Collide: The Competing Forces of Hospitals Sponsored by the Roman Catholic Church,” *Religions* 4(1), 2013

This article conceptualizes United States Catholic hospitals as having competing institutional forces that are not always compatible. To keep pace with the changing demands of religion and the social role of the hospital, Catholic hospitals continue to redefine themselves. An adaptive framework is used to explain choices Catholic hospitals may need to make to justify their existence.

Available at:

“PROCEEDINGS OF THE SYMPOSIUM: Is a For-Profit Structure a Viable Alternative for Catholic Health Care Ministry?”, *Seton Hall: Center for Religiously Affiliated Nonprofit Corporations and Center for Health and Pharmaceutical Law and Policy* (March 2012)

This document is a collection of papers resulting from the Symposium at Seton Hall: *Is a For-Profit Structure a Viable Alternative for Catholic Health Care Ministry?* In the resultant papers, Catholic health care boards and their Members will find the questions not helpful merely to those considering a for-profit conversion, but also as a means for introspection about their current ministry. Dr. Robert Kennedy, Co-Director, Catholic Studies, University of St. Thomas, asks why we are engaged in health care ministry and are we doing it well. Professor T.D. Maines, Veritas Institute of the Opus College of Business, University of St. Thomas, and Dr. Michael J. Naughton, Director, John A. Ryan Institute for Catholic Social Thought, ask what it is that we do that is uniquely Catholic; they identify “Essential Principles for Catholic Health Care.”

Sister Doris Gottemoeller engages in a rigorous analysis of the distinctions and content of mission and identity. Sister Sharon Holland continued the conversation that began with the realization that congregations are shrinking, and the acknowledgement that their historic work must necessarily be continued by the laity. Sister Sharon and Sister Melanie DiPietro raised innumerable canon law questions, including what the relationship of the public juridic person would be, if any, to the for-profit civil corporation.

Available at:

Organizational Ethics

Blodgett, Mark S. “Substantive Ethics: Integrating Law and Ethics in Corporate Ethics Programs,” *Journal of Business Ethics* 99(1), (March 2011)

This article describes the integration of law and ethics as a mid-point between two polar views that define law and ethics either as having no relation or as being one and the same. Since corporations expressly state which laws they follow, a sample of corporate compliance statements is used to demonstrate this integrative mid-point. The sample also reveals that

corporate ethics codes rarely express ethics and law as being integrated per se. Therefore, the author creates an example of a securities law compliance statement that is introduced with an integrative perspective of law and ethics. Perhaps such revised corporate codes will encourage corporate respect for both law and ethics and enhance ethical sustainability.

Nairn, Thomas A., O.F.M. "Institutional Conscience Revisited Catholic Institutions and Christian Ethics," *New Theology Review* (May 2001)

Drawing upon the suggestion that institutions have an analogous capacity to what we call conscience in personal life, the author explores the moral dimensions of a Catholic institution. He draws lessons for mission formulation and goal setting as well as professional ethics in the life of an institution. The essay concludes with three guidelines for leaders of Catholic institutions.

Books/Pamphlets

Catholic Identity

Arbuckle, Gerald A. *Catholic Identity or Identities?: Refounding Ministries in Chaotic Times*. Collegeville, Minn.: Liturgical Press. October 2013. Print.

In *Catholic Identity or Identities?* Gerald Arbuckle draws on several disciplines, including Scripture, theology, and history, but in particular cultural anthropology, to explain the importance of refounding adult formation for Catholic ministries and the practical ways to achieve it.

Wall, Barbra Mann. *American Catholic Hospitals: A Century of Changing Markets and Missions*. New Brunswick, N.J.: Rutgers University Press. February 2011. Print.

In *American Catholic Hospitals*, Barbra Mann Wall chronicles changes in Catholic hospitals during the twentieth century, many of which are emblematic of trends in the American healthcare system. Ms. Wall explores the Church's struggle to safeguard its religious values. The book also examines the power of women as well as the gender disparity in these institutions. Ms. Wall also situates these critical transformations within the context of the changing Church policy during the 1960s.

Clinical Ethics

Kelly, David F, Gerald Magill and Henk ten Have. *Contemporary Catholic Health Care Ethics, Second Edition*. Washington D.C.: Georgetown University Press. April 2013. Print.

Contemporary Catholic Health Care Ethics, Second Edition, integrates theology, methodology, and practical application into a detailed and practical examination of the bioethical issues that confront students, scholars and practitioners. The book is organized into three sections: theology, methodology and applications to current issues. New chapters discuss controversial end-of-life issues such as forgoing treatment, killing versus allowing patients to die, ways to handle decisions for incompetent patients, and advance directives.

Lysaught, M. Therese and Joseph J. Kotva Jr. *On Moral Medicine: Theological Perspectives on Medical Ethics, Third Edition*. Grand Rapids, Mich.: Wm. B. Eerdmans Publishing Company. July 2012. Print.

In print for more than two decades, *On Moral Medicine* remains the definitive anthology for Christian theological reflection on medical ethics. This third edition updates and expands the

earlier volumes, providing classrooms and individuals alike with one of the finest available resources for ethics-engaged modern medicine.

O'Rourke, Kevin D. and Philip J. Boyle. *Medical Ethics: Sources of Catholic Teachings*. Washington D.C.: Georgetown University Press. January 1999. Print.

In a single convenient resource, this book organizes and presents the documents of the Catholic Church pertaining to medical ethics. Introductory chapters provide the context for interpreting the Church's teachings and guide the reader in applying the teachings to particular ethical quandaries. This third edition has been updated to incorporate the statements issued since the preparation of the second edition.

Leadership Formation

Catholic Health Association of the United States. *Framework for Senior Leadership Formation: Building on Experience, Preparing for the Future*. Saint Louis, Mo.: CHA. 2011. Print.

Recognizing that many Catholic health systems across the ministry are investing in well-structured, intensive, leadership formation efforts, the Catholic Health Association has undertaken a project to identify leading practices of these programs. This guide is a framework that provides insight, practices, and potential next steps. It is aimed at helping all Catholic health ministries in their formation and development activities.

Available at: <https://www.chausa.org/docs/default-source/leadership-formation/framework-for-senior-leadership-formation-pdf.pdf?sfvrsn=2>

Casey, Juliana, IHM. *Food for the Journey*. Saint Louis, Mo.: Catholic Health Association of the United States. June 2013. Print.

This essential formation resource is a newly updated edition (2103) of the original authored in 1991 by Sister Juliana Casey, a member of the Sisters, Servants of the Immaculate Heart of Mary of Monroe, Mich. *Food for the Journey* offers the story of Catholic health care as a sacrament of Christ's healing mercy in our day. It provides leaders with insights into the relationship of the health care ministry of the Catholic Church, the mission and ministry of Jesus Christ, the social teaching of the Church and health care for those persons who are poor and vulnerable by way of tangible examples and easy to understand theological concepts.

Available for order at: <https://www.chausa.org/mission/food-for-the-journey>

Himes, Kenneth R., OFM. *101 Questions and Answers on Catholic Social Teaching: Second Edition*. Mahwah, N.J.: Paulist Press. November 2013. Print.

Now revised to reflect the many changes in our society, around the world, and in the church, this volume provides basic introductory information about the edition of Catholic social teaching, giving a concise overview of what the major documents of the tradition say about political, economic, and social life. Laced throughout with references to the actual documents, the volume puts into accessible language the key ideas that the church has proclaimed as social teaching. Grouped by topics, the questions represent the most common inquiries that the typical Catholic asks about the church's teaching. The answers are brief, accurate responses based on the important official documents of the church.

Pontifical Council for Justice and Peace. *Vocation of the Business Leader: A Reflection*. Vatican City. March 2012. St. Paul, Minn.: John A. Ryan Institute for Catholic Social Thought, University of St. Thomas. November 2014. Digital (PDF).

Catholic health care is a ministry and it is also a business that faces many of the same challenges of secular, not-for-profit and for-profit health care. The challenge for leaders of Catholic health ministry is to model ways of doing the business of health care that influence the culture of health care in the United States in a positive way. This requires intentional thinking and choices. This document offers business leaders a set of practical principle to guide them in their service of human dignity and the common good. This resource, released in 2012 by the Pontifical Council for Justice and Peace, is available free in a PDF format through the University of St. Thomas website:

http://www.stthomas.edu/media/catholicstudies/center/johnaryaninstitute/publications/publicationpdfs/vocationofthebusinessleaderpdf/PontificalCouncil_4.pdf

Sofield, Loughlan, ST. and Carroll Juliano, SHCJ. *Principled Ministry*. Notre Dame, Ind.: Ave Maria Press. March 2011. Print.

More than a “how-to” leadership guide, *Principled Ministry: A Guidebook for Catholic Church Leaders* offers real-life examples of principled ministers who are serving the Catholic Church and invites readers to incorporate these disciplines into their own leadership style. Expanding on *The Collaborative Leader*, Sofield and Juliano’s foundational work on collaborative ministry, these bestselling authors offer thirty principles for effective, spiritually healthy, mission-focused ministry.

Mission

Ferngren, Gary B. *Medicine and Health Care in Early Christianity*. Baltimore, MD: Johns Hopkins University Press. April 2009. Print.

Drawing on New Testament studies and recent scholarship on the expansion of the Christian church, Gary B. Ferngren presents a comprehensive historical account of medicine and medical philanthropy in the first five centuries of the Christian era. Mr. Ferngren first describes how early Christians understood disease. He next explores the origins of medical philanthropy in the early Christian church. Even as they were being persecuted, Christians cared for the sick both within and outside of their community. Their long experience in medical charity led to the creation of the first hospitals, a singular Christian contribution to health care.

Galligan-Stierle, Michael. *A Mission Officer Handbook: Collaborating with Partners, Volume 2*. Washington D.C.: Association of Catholic Colleges and Universities. April 2015. Print.

The follow-up to volume one, this invaluable guide builds on the numerous and varied roles of the mission officer, specifically as they relate to collaboration with those inside and outside the campus. The author focuses on ways for the mission officer to collaborate and animate mission within academics, student and alumni affairs divisions, campus ministry, the greater community and more. In addition, a section is dedicated to mission accountability, a contemporary issue for every higher education institution looking to renew its accreditation.

Pastoral Care

Carson, Marion. *The Pastoral Care of People with Mental Health Problems*. London: SPCK Publishing. May 2008. Print.

The Pastoral Care of People with Mental Health Problems provides a resource to help readers provide the best care for those suffering from the most common problems such as depression, Alzheimer's disease, anorexia, addiction to drugs or alcohol, post-traumatic stress disorder,

bipolar disorder, schizophrenia and anti-social personality disorder. The particular issues facing pastoral workers are examined and some of the ethical issues involved are discussed. The book offers practical advice and guidance for the care of individuals and families who find their lives turned upside down by psychiatric illness.

Clinebell, Howard John and Bridget Clare McKeever. *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth, Third Edition*. Nashville, Tenn.: Abingdon Press. August 2011. Print.

Basic Types of Pastoral Care and Counseling remains the standard in pastoral and counseling. This third edition is enlarged and revised with updated resources, methods, exercises, and illustrations from actual counseling sessions. This book will help readers be sensitive to cultural diversity, ethical issues, and power dynamics as they practice holistic, growth-oriented pastoral care and counseling in the parish.

Dayringer, Richard L. and H. Newton Malony. *Pastoral Care and Counseling in Sexual Diversity*. Florence, Kentucky: Routledge Press. January 2002. Print.

Offering a wide variety of points of view, *Pastoral Care and Counseling in Sexual Diversity* addresses one of the crucial issues facing the church. Pastors of all Christian churches, whatever their denomination or theology, are likely to be faced with pastoral care or counseling of someone who is lesbian, gay, bisexual, or transgendered. This compendium examines various ways you can meet the spiritual and psychological needs of these members. *Pastoral Care and Counseling in Sexual Diversity* addresses the basic problems of sexual diversity, including definitions of sexual orientations and issues of human development. It offers wise guidance for offering pastoral care and counseling, and it provides tested solutions for the problems counselors face in dealing with these individuals.

Ellor, James W., Elizabeth Mackinlay and Stephen Pickard. *Aging, Spirituality, and Pastoral Care: A Multi-National Perspective*. Florence, Kentucky: Routledge Press. April 2002. Print.

This multidisciplinary work re-examines issues of aging with dignity and spiritual meaning. *Aging, Spirituality, and Pastoral Care: A Multi-National Perspective* brings together chaplains, pastors, counselors and health care practitioners in all walks of gerontology from around the world to present a fully rounded picture of the spiritual needs and potentialities of this fast-growing population. It also includes a study of the spiritual awareness of nurses working in six different nursing homes, as well as a model for a parish nursing practice that focuses on the aged.

McClure, Barbara J. *Moving Beyond Individualism in Pastoral Care and Counseling: Reflections on Theory, Theology, and Practice*. Eugene, Ore.: Wipf and Stock Publishing. January 2010. Print.

Moving Beyond Individualism in Pastoral Care and Counseling makes a strong case for the failure of pastoral counseling to shake off its individualistic presuppositions, but goes beyond mere critique to offer a vision of a way forwards. Barbara McClure proposes several critical transformations of thought and practice such as broadening and deepening the operative theologies used to guide the healing practice and expanding the role of the pastoral counsellor.

Puchalski, Christina and Betty Ferrell. *Making Health Care Whole: Integrating Spirituality into Patient Care*. West Conshohocken, Penn.: Templeton Press. May 2010. Print.

Making Health Care Whole is a culmination of a meeting of more than 40 spiritual and palliative care experts to discuss guidelines for incorporating spirituality into palliative care. This new resource provides definitions and charts a common language for addressing spiritual care across the disciplines of medicine, nursing, social work, chaplaincy, psychology and other groups. It

presents models of spiritual care that are broad and inclusive, and provides tools for screening, assessment, care planning and interventions. This book also advocates a team approach to spiritual care, and specifies the roles of each professional on the team.

Roberts, Stephen B. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*. Springfield, Ill.: Gemstone Press. November 2011. Print.

This resource integrates the classic foundations of pastoral care with the latest approaches to spiritual care. It is specifically intended for professionals who work or spend time with congregants in acute care hospitals, behavioral health facilities, rehabilitation centers and long-term care facilities.

Sullivan, Jacqueline. *Pastoral Care with Young and Midlife Adults in Long-Term Care*. Florence, Kentucky: Routledge Press. September 2007. Print.

Pastoral Care with Young and Midlife Adults in Long-Term Care puts a needed spotlight on various disabling conditions needing long-term care and the issues facing people who are disabled individually and collectively. It also addresses theology available to address concerns, insights into individual spirituality, and practical recommendations for pastoral care staff. Focusing specifically on adults between the ages of 18 to 64, this source examines ways to effectively work with those who have disabling conditions achieve a higher quality of life.

Organizational Ethics

Carroll, Archie and Ann Bucholtz. *Business and Society: Ethics, Sustainability, and Stakeholder Management*. Cincinnati, Ohio: South-Western College Publishing. January 2011. Print.

Business and Society: Ethics, Sustainability, And Stakeholder Management demonstrates how the most successful business decision makers balance and protect the interests of various stakeholders, including investors, employees, the community and the environment. The authors address ethics and the stakeholder model with a focus on sustainability. Coverage highlights the connection between business and the natural, social and financial environments, illustrating how all three must be maintained in balance to sustain current and future generations.

Ferrell, O.C. and John Fraedrich. *Business Ethics: Ethical Decision Making and Cases, Tenth Edition*. Cincinnati, Ohio: South-Western College Publishing. January 2014. Print.

Business Ethics: Ethical Decision Making and Cases, Tenth Edition, discusses the complex environment in which managers confront ethical decision making. Using a proven managerial framework, the authors address the overall concepts, processes, and best practices associated with successful business ethics programs. The new edition has been completely revised and updated to include coverage of new legislation affecting business ethics, the most up-to-date examples, the best practices of high-profile organizations, and 20 original cases that are either new or updated.

McDonough, Mary J. *Can a Health Care Market Be Moral?: A Catholic Vision*. Washington D.C.: Georgetown University Press. June 2007.

Drawing on Catholic social teachings from St. Augustine to Pope John Paul II, Mary McDonough reviews health system successes and failures from around the world and assesses market approaches to health care as proposed by leading economists such as Milton Friedman, Regina Herzlinger, Mark Pauly and Alain Enthoven. Balancing aspects of these proposals with Daniel Callahan's value-dimension approach, Ms. McDonough offers a Catholic vision of health care in

the United States that allows for some market mechanisms while promoting justice and concern for the least advantaged.

Spirituality in the Workplace

Casey, Juliana IHM. *Voices from the Journey*. Saint Louis, Mo.: Catholic Health Association of the United States. June 2015. Print.

Published in 2015, *Voices from the Journey* celebrates the people of Catholic health care. Readers can reflect on their own personal experiences through the perspective of a housekeeper, a sponsor, a physician, a family member, a patient and others through the vivid personal narratives set in clinics, hospitals and continuum of care facilities.

Available for order at: <https://www.chausa.org/mission/voices-from-the-journey>