Faith-based Mission and Organizational Change

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We accept this thesis as conforming
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Dedication

To:

My husband Mark, and my family who supported me on my learning journey;

and

The Staff, Physicians and Volunteers of Providence Health Care who taught me so much

and

My EMALT colleagues who journeyed with me.

Thank You
CHAPTER ONE – STUDY BACKGROUND

The Problem/Opportunity

Providence Health Care (PHC) is the largest Catholic Health Care Organization in Canada. It was formed by the amalgamation of healthcare facilities which had been established in Vancouver by five different religious orders over more than one hundred years (PHC Website, Founding Congregations Section, p. 1). The organizations came together as one legal entity on March 31, 2000. This served the purpose of consolidating and strengthening the founding institutions and facilitated alignment with the government initiative of integrating health services under a regional governance structure.

Providence Health Care’s faith-based Mission, vision and values guide the work of the organization. The organization provides a structure for Mission integration with a Vice-President of Mission overseeing site-based Mission teams and the functional areas of Pastoral Care, Diversity, Volunteers and Ethics. In times of profound organizational change it is imperative that clear planning principles and supports for change initiatives are available and visible to facilitate and ensure alignment with the organizational Mission. The organization has
embarked on activities to deepen the Mission and this project seeks to contribute to that aim.

The British Columbia government has embarked on massive healthcare reform. Governance has been restructured to include 5 regional health authorities and a provincial health authority. Providence Health Care, operating under a separate denominational agreement, receives its funding largely from the Vancouver Coastal Health Authority (VCHA) and the Provincial Health Services Authority (PHSA).

The Healthcare system in British Columbia is facing major challenges as the Provincial Government, grappling with the economic downturn, has announced that funding levels for health care will not rise in the next few years. With many health regions and organizations currently running over budget and collective bargaining and physician negotiations concluding with large wage increases it is necessary to implement major changes in service delivery in the health sector. Announcements about system change have been made throughout the province. Providence Health Care has launched its response to the budget imperative in the form of the Providence Legacy Project. The Providence Legacy Project has as its aim the articulation of a positive future vision for the organization as it remains true to the legacy of the founding congregations.
In this climate of uncertainty it will be challenging for all health organizations to continue to meet the needs of patients and residents and provide a supportive organizational culture for staff – one which demonstrates fidelity to the organizational Mission, Vision and Values when undertaking major change initiatives. Does a faith-based organization have the tools to lead in this challenge? Is the staff able to draw strength and meaning from the rich historical heritage of the founding religious orders? Is staff supported during their transitions and in decision making by clear guidelines in support of the Mission?

Difficult decisions are going to be required in order to manage within the fiscal mandate of government. Change is inevitable and will affect many. Does a faith-based Mission provide an ethical framework for those decisions?

Faith-based institutions have a long, proud history and tradition in the provision of health and social services to the communities they serve. Originally established and funded by religious groups most now receive the bulk of their operating funding through government programs. However, most still rely on their founding congregations and communities for a continued presence on board, committees and as volunteers in the organization. Those congregations and communities both provide support for the organizational Mission and depend on the organization to remain true to its Mission as it supports community health needs.
It is during times of profound change that organizations can be strengthened by an inspiring Mission and vision that binds people together in a common cause and calling. “People need hope beyond the change. They need an anchor, a purpose that does not change and that provides meaning for their life and for their work” (Hesselbein & Johnston, 2002a, p. 53).

Faith-based health care organizations like Providence Health Care have a long legacy of focusing on Mission and have the opportunity to strengthen Mission focus through the decision making processes they use as they implement change in the organization. In addition, they have an opportunity to provide leadership to other health care organizations through their participation in shared initiatives. However, it is critical that the Mission focus of the organization be visible in the directions it takes and the decisions it makes.

The fiscal imperative has provided the sense of urgency needed to propel the healthcare system in British Columbia in the direction of profound change. This is but the first step. John Kotter, 1996, proposes these eight stages of creating major change:

1. Establishing a Sense of Urgency
2. Creating the Guiding Coalition
3. Developing a Vision and Strategy
4. Communicating the Change Vision
5. Empowering Broad-Based Action
6. Generating Short-Term Wins
7. Consolidating Gains and Producing more Change
8. Anchoring New Approaches in the Culture

(p. 21)

The sense of urgency is around us. Does the faith-based Mission of PHC provide the support structures to move purposely through the next stages?

The Organization

Providence Health Care currently operates out of nine separate sites in the city of Vancouver; four residential care sites, one which provides residential and rehabilitative care, two acute and residential care sites, one tertiary care center and one administrative site. Standardizing and streamlining care and service provision has resulted in a significant reduction in the number of leaders. The remaining leaders have wide spans of responsibility and a reduced presence on, particularly, the smaller sites. In addition, the visible presence of the religious Sisters has been reduced in recent years due to retirements. These factors make it much more difficult for staff to see tangible signs of a Mission focus in decision making and contribute to a reduction in staff morale as they struggle to deal with the stress and uncertainty of change.
Collective agreements imposed by the provincial government and legislative changes to collective agreement provisions have contributed to the stress and uncertainty felt in the organization, particularly by support staff. Bumping rights have been extremely curtailed, enhanced consultation provisions eliminated, and the Health Labour Adjustment Agency has been decommissioned. Announcements of lay off and service changes in other health authorities further contribute to the anxiety.

Planning for the budget imperatives in the spring of 2002 was mandated by government to be carried out by senior leadership in the organization and kept confidential until joint announcements were made in late April. Thus, the secrecy surrounding the Providence Legacy Project and budget reduction plans did not contribute positively to staff morale as the process was seen as a distinct departure from the established and espoused belief in transparent and collaborative decision making. Organizational leaders need to demonstrate that secrecy will not be an ongoing practice.

Given these challenges, it is imperative that a clear and transparent decision making process be used consistently and communicated widely. Contributing to that process is the focus of this project.
The Mission

Providence Health Care is a Catholic health care community that respects the sacredness of all aspects of life.

Inspired by the healing ministry of Jesus Christ, our staff, physicians and volunteers are dedicated to service and to the support of one another.

In this environment of service, support and respect, we meet the physical, emotional, social and spiritual needs of those served through compassionate care, teaching and research.

VISION

Together, we shall create a healthy community of inspiration and solace:

- by enriching the lives of those we serve and those who serve with us;
- by contributing to our community’s capacity for healing and wellness;
- by passionately pursuing and sharing learning;
- by seeking answers to questions not yet asked; and
- by consistently exceeding expectations.
VALUES

Spirituality

We nurture the God-given creativity, love and compassion that dwells within us all.

Integrity

We build our relationships on honesty, justice and fairness.

Stewardship

We share accountability for the well-being of our community.

Trust

We behave in ways that generate trust and build confidence.

Excellence

We achieve excellence through learning and continuous improvement.

Respect

We respect the diversity, dignity and interdependence of all persons.

(Providence Health Care website, Mission, Vision and Values Statement, p.1)
The Research Question

This project will focus on change in a faith-based organization. The goal is to articulate the way in which Mission factors in change processes and decision making in a faith-based organization. Specifically, the question to be explored is:

How does a faith-based organization’s Mission factor in the planning, implementation, integration and evaluation of change initiatives?

Related questions to be explored include:

1. How does a faith-based organization ensure decisions are made at all levels in the organization congruent with its Mission?

2. How does a faith-based organization ensure labour adjustment strategies are congruent with its Mission?

3. How does a faith-based organization support its staff and volunteers during times of profound change?

4. How does a faith-based organization ensure it provides quality care and service to patients and residents during times of profound change?

*for the purposes of this paper, “Mission” refers to Mission/Vision/Values.
CHAPTER TWO – LITERATURE REVIEW

Review of Organizational Documents

Providence Health Care Mission, Vision and Values Statement

This statement was developed after a broad consultative process and finalized in December 1998. The work was spearheaded by the VP Mission, Claudette Savard, and sought to bring together the five founding congregations as well as staff, physicians, volunteers and the community under one Mission Statement where there had been five previously.

The PHC Board Mission Committee was instrumental in bringing representatives from each founding congregation into a process for drafting the new Mission. This was the first significant work of the new board committee and resulted in the Sisters from the founding congregations working together officially for the first time. This was seen as a significant venture which honoured the past contributions of the founders and forged new bonds of shared understanding amongst the Sisters and all stakeholders.
Providence Legacy Project

This response to the budget imperatives facing the organization was unveiled in April 2002. The aims of the project are as follows:

- Consolidate acute and rehabilitative services onto fewer sites;
- Optimize clinical efficiencies and outcomes by creating a critical mass of similar work;
- Reinforce our commitment to teaching and research by providing expanded research space and needed infrastructure improvements;
- Improve physical working environments for our staff, physicians and volunteers;
- Consolidate Residential Care onto fewer sites;
- Leverage Providence land assets for strategic capital investment;
- Maximize public-private partnership opportunities for facility renewal and redevelopment;
- Ensure operational efficiencies and cost effectiveness while maximizing service levels and access to services;
- Contribute to the province’s successful realignment of health services through voluntary consolidation;
- Support strategic public reinvestment into innovative care models such as aging in place, independent living; assisted living and specialized
residential care services including complex care and chronic behaviour disorders; and

- Be a useful template for BC’s Health Authorities as they do their system redesign work.

(Providence Health Care Website, What’s New Section, pp 27-28)

This major initiative of the organization will be undertaken over a period of up to eight years and according to Carl Roy, CEO:

This is not just about buildings; this is about continuing the missions of our founding congregations, the five Orders of Sisters who for more than a century have tended to the health care needs of British Columbians... We want to ensure that the mission these remarkable women began will not only continue, but be strengthened. The Providence Legacy Project positions us for growth, for improved working environments, and for improving care for the many patients and residents we will serve in the years to come. (PHC Website, What’s New Section, p.28)

The Providence Legacy Plan (PLP) work has begun with the planned closure of Arbutus site in March 2003 and the closure of the Heather site slated for March 2004. The teams which have been planning the closures have developed a comprehensive planning process which will aid the organization as it moves through all the stages of the PLP.
Understandably, there has been a much anxiety produced as the plans have been revealed and staff have become concerned for their futures. PHC has worked to reduce this anxiety through establishing a single certification which allows staff to pursue opportunities on all sites in PHC. However, that development has itself produced anxiety as staff on sites not closing become concerned about their jobs. Significant Human Resources challenges lie ahead.

A Call to Caring: Deepening the Mission

This document, written by the VP of Mission and colleagues in Mission Integration was produced in October 2002 and outlines plans and expectations for the organization in deepening the role and understanding of the Mission: “The integration of our Mission and values into all we do at Providence Health Care is critical to our integrity as a Catholic Healthcare Organization” (Savard, 2002, p. 1).

The central theme of this document is to demonstrate how Mission can be integrated into the daily work of the organization. For example, Mission becomes integrated into Human Resources practices when it is featured prominently in recruiting media; is a source for behaviour-based interviews; is a focus for new staff orientation and the basis for performance evaluation and leadership development. This document is central to the future success of Mission integration activities and this project seeks to augment its purposes.
Values Integration Assessment

This unique assessment was completed by the Catholic Health Association of Canada in 1998. This report has a wealth of information related to how staff, volunteers, families and the community feel the organization lives up to its Mission, Vision and Values and where there are areas for strengthening and improvement. This study coincided with the work on establishing a single Mission statement.

The report noted the “overwhelming commitment of staff to providing the best possible care to all patients and residents…” However, the report points out that: “….decision making is perceived to have a budgetary emphasis: Mission and values, human resources concerns, and even patient/resident concerns are not seen to be high priorities” (Ghesquiere, 1998, p. 2).

The following points summarize the recommendations of the report:

- Establish appropriate decision frameworks and processes
- Take steps to relieve anxiety about the future to improve morale. If layoffs are necessary ensure excellent communication with those involved.
- Address quality of work-life issues to reduce stress, address workload issues and to increase wellness and attendance.
- Establish a committee to review appropriate recognition mechanisms.
• Establish in-service educational opportunities on Ethics, cultural differences, spirituality and spiritual care.

• Consider expanding the office of the Ethicist and increase Ethics education and awareness.

• Emphasize Mission integration in all areas so that Mission is not seen in an isolated manner.

(Ghesquiere, pp. 4-5)

Providence Health Care Annual Reports

Each year Providence Health Care produces an Annual Report which is distributed to the community as an insert into local newspapers. The 2001/2002 Annual Report, while providing the statistical data of budget and volumes, focused on stories about Faith, Hope and Love from patients, resident and staff interspersed with verses and quotes from the Bible, the Talmud, Buddha, Mother Teresa and Tulsi Das. In this way the essence of PHC is communicated as well as its operational milestones.
D’Vine Providence

This publication of Providence Health Care for its staff, physicians and volunteers highlights activities where Mission has been demonstrated in the care provided to Residents and Patients as well as providing current events; upcoming educational opportunities and fun activities such as crosswords and riddles. It seeks to draw together the work community which is spread over the nine PHC sites.

Catholic Health Association of Canada Publications

Providence Health Care is a member of the Catholic Health Association of Canada and thus is able to draw on the collective wisdom of Catholic Health Care organizations across the country that have come together to produce the following documents which were reviewed and will be referenced throughout this report:

- Healing the Whole Person: A Rationale for Spiritual and Religious Care in the Health Care Setting
- Health Ethics Guide.
- Integrating Health & Values: Toward a Shared Vision.
- Justice in the Workplace: Principles and Guidelines for Health Care Organizations in Times of Restructuring.
• Spirituality and Health
• CHAC Statement on Social Policy
• The Mission to Care for the Sick

This impressive collection of literature provides a rich resource for the staff and leaders of PHC to access as they seek to discern the best ways to implement change in the organization.

Review of Supporting Literature

To prepare for a literature review a mind-mapping process was used to surface themes for review. Some themes stood alone and others were combined. In the end these were the predominant themes which were pertinent to the research question:

• Leadership and Mission
• Faith-based Care and Services
• Labour Adjustment and Downsizing
• Leading Change and Transition
• Ethics and Ethical Decision-making
Leadership and Mission

As this project will be focusing on the relationship between organizational change and faith-based Mission, a review of the literature with respect to the leader’s role in Mission is essential. Although some authors differentiate between Mission and Vision, many do not. Therefore, both Mission and Vision will be referenced in the review of the literature.

Gary Yuk, 2002, in Leadership in Organizations differentiates between Mission and Vision in this way: Mission describes the purpose and activities of the organization and Vision concerns itself with what this means to people (p. 284). The PHC Mission/Vision/Values statement is congruent with this notion; the Mission statement being primarily a statement of what the organization does and why, and the Vision statement detailing how this will be done by and for the people of the organization. The Values statement then lists the values base from which this work will be accomplished.

Bill George, Chairman and CEO of Medtronic Inc in an interview in 1998 explained the concept of the intrinsic link between leadership and Mission this way: “I personally think one can't be effective in operating any organization without a clear sense of purpose and Mission. Members of the organization cannot do their job effectively unless they are motivated by the organization’s Mission and purpose” (The Soul of a Corporation, 1998, pg 1).
Max Depree (1989), takes the relationship between leadership and Mission a step further in espousing not only that Mission needs to be the overriding concern of all in the organization but also that leaders have a responsibility to enter into covenantal relationships with employees, whereby they find meaning and personal fulfillment in the work they do to achieve the Mission (p. 38).

Mission, then, is the fundamental building block of community at work – drawing people together in a shared journey of purpose and meaning.

The search for a shared vision connects people; it binds them in a common cause and a journey, giving them the strength and determination to carry on in the midst of difficulties. There is power when everyone shares a common vision. (Hammond & Royal, 1998, p. 268)

Shared understanding of Mission and Vision throughout organizations is the goal of many leaders and one that is difficult to attain. Building that shared understanding needs to be a central element in the daily work of leaders (Senge, 1990, p. 214). It also means that leaders need to be open to engaging others in the development of shared vision, once a reserved right of leadership (Senge, 1999, p. 488). Leaders who are Mission focused understand the role that Mission plays in inspiring greater performance and creativity.
Leaders must communicate their organization’s Mission to all parts of the organization. The Mission provides a reference point, an anchor, and a source of hope in times of change. When it connects with people’s values, it brings purpose and meaning to those who are fulfilling the Mission and provides the impetus for creativity, productivity, and quality in the work and in personal development. (Hesselbein & Johnston, 2002a, p. 53)

Shared development and understanding of the organization’s Mission and vision is but a first step in living out and achieving that Mission and vision. “Vision is nothing unless it is sustained in action” (Bennis & Townsend, 1995, p. 48). Action taken by leaders to fulfill the Mission of the organization “brings about a confidence on the part of followers, a confidence that instils in them the belief that they’re capable of doing whatever it takes to make the vision real” (Bennis & Townsend, p. 45).

What constitutes a Mission or vision which can be shared and embraced by all in an organization? Increasingly people are looking for a “noble purpose” in their work, a reason to feel good about the work they do (Senge, 1999, p. 489), and a desire to make a difference (Bellman, 2001, p. 43). Therefore, a Mission really needs to speak more to “why” we are doing the work we do, than “how”, (Percy, 1997, p. 81), and needs to be demonstrated and modeled by direct supervisors. Knowledge of Mission and behaviour in support of the Mission by
line staff is related to the extent to which their direct supervisors emphasize Mission in their interactions (Butcher, 1994, p. 515).

What do leaders need to do when a noble, shared Mission/Vision which speaks to why we do the work we do, has been communicated and embraced? What is their continuing role? Leaders are watched. Are they living out the Mission, Vision and Values of the organization? Are their actions consistent with their words? Are they leading in a direction consistent with the Mission? When the answer to these questions is affirmative, then leaders are considered credible and trustworthy and people will choose to follow (Kouzes & Posner, 1995, p. 29). When leaders give of themselves, their spirit, in the quest of Mission, it is a powerful gift (Bolman & Deal, 2001, p. 106).

When all in an organization are committed to the Mission there is a profound trust and faith that individuals will make decisions in alignment with the Mission. Therefore, direct oversight of decision making can be dispersed throughout the organization with faith that “alternate courses of action filtered through the deployed core values will result in the conscious choice to do what is right” (Edgeman, 1998, p. 192).

When the Mission becomes central to the work of the organization then leadership can be exercised by everyone in the organization as they strive to
fulfill their part in achieving it. Rick Edgeman (1998) calls this systemic leadership and asserts:

Systemic leadership is Vision that stimulates hope and Mission which transforms hope into reality; radical servanthood that saturates the organization; stewardship that shepherds its resources; courage that sacrifices personal or team goals for the greater community good; communication that coordinates its efforts and integration that drives its economy; consensus that drives unity of purpose; empowerment that grants permission to make mistakes, encourages the honesty to admit them, and the opportunity to learn from them; and conviction that provides the stamina to continually strive toward business excellence. Systemic leadership is abundant in foresight and retains its brilliance in hindsight. (p. 193)

Mission, then, is a critical element in an organization. It has the potential to engage, inspire and fulfill. Conversely, without due attention, it can demoralize and demotivate. Therefore, it is the task of the Leaders to pay close attention to the Mission and live it out in their leadership role.
Faith-Based Care and Services

For generations, people of good will and faith have undertaken the important apostolate of caring for the sick. The compassion, concern and care extended to those afflicted with sickness and suffering are considered by the Catholic Church to be works of charity and mercy, integral parts of its Mission. (McGowan, 1999, p. 1)

For the Catholic congregations which founded the organizations now comprising Providence Health Care, their Mission was clear: they were called to care for the poor, the sick and the marginalized (Rink, 2000, p. 251). That Mission guides PHC and other faith-based health and social services providers today. “The Gospel compels us to care for, and share with, one another, especially those who are poor and marginalized in our midst” (CHAC Website, Statement on Social Policy, Ethical Priorities Section, para. 1).

Faith-based care providers have a holistic view of health care, the belief that persons have biological, psychological and spiritual health needs. The recognition of the need for spiritual care and support is integrated into the health services provided (CHAC, 1994, p. 4). Where once spirituality was not identified with health in the popular culture, it is now gaining prominence in lay and management literature (CHAC, 1996b, p. 9), and is seen as part of the holistic
concept of health as defined by the World Health Organization (WHO Website, WHO Definition of Health Section, p. 1).

Faith-based organizations are able to provide leadership to the health care system in the incorporation of spirituality into the delivery of care (National Centre for Cultural Competence, Winter 2001).

We are all made of biological, psychological, and spiritual factors…We live in relation with our physical and social environments; we act upon them, they act upon us. If the result is a harmonious balance, then we are in “good health”. To reduce sickness to physical symptoms is not to know the true nature of the whole human being. The sickness will be treated while the human being who is sick will be neglected. (CHAC, 1994, p. 4)

The need for holistic care is extended to include the spiritual needs of staff, who need to connect the work they do with the person they are, and to deal with their own issues and concerns about illness, pain, suffering and death (CHAC, 2001, p. 35).

Faith-based organizations also see the provision of workplace opportunities for their staff as an important part of their call to service as meaningful work is seen as a spiritual need; important nourishment for the soul.
Work is a good thing for man – a good thing for his humanity – because through work man not only transforms nature, adapting it to his own needs, but he also achieves fulfillment as a human being and indeed in a sense becomes more a human being. (*Labourem Exercens*, John Paul II, 1981, in CHAC, 1996a, p. 9)

Faith-based care and service then, “is rooted in a commitment to promote and defend human dignity.....the excellence or nobility of the person,” (Hass, 1997, p.1), for all: patients, residents, staff and community.

**Labour Adjustment and Downsizing**

The fiscal imperative facing Providence Health Care and the legislative changes imposed by government on collective agreements (Bill 29) requires that PHC make significant service and labour adjustment decisions. Changes in Leadership structure were made in December 2001 and March 2002 in line with a redesign of the clinical program structure in the organization. Currently, PHC is investigating contracting out and increased shared services, both of which have the potential to have a profound effect on staff.

Faith-based health care organizations value and promote the creation of a “healing community” among all staff and volunteers based on mutual respect, shared values, equality, and sensitivity to the needs and concerns of others.
(CHAC, 1996a, p. 5-7). This results in covenantal relationships binding people together in a shared purpose (DePree, 1989, p. 15), and presupposes a high level of ethical decision making related to labour adjustment recognizing the potential to affect the spiritual well-being of the work community.

Today, health caregivers find themselves under increased stress due to restructuring and layoffs, and the insecurity this situation entails. If the work of these men and women is to express the kind of spirituality of compassion… healthcare organizations will need to give special attention to the spiritual well-being of their most valuable resource – its human resources. (CHAC, 1996b, p. 59)

Employers have a significant ethical obligation to their employees. The American Medical Association outlines this in the following assertion:

…the relationship between organization and employee must be understood in terms of shared effort and common goals and in terms of the ethical requirements that establishing and maintaining such a relationship imposes. Thus, employee relationships have an ethical priority among an organization’s stakeholders because of the ethics of reciprocity and shared effort makes more powerful ethical demands on an organization than many of its other relationships. (AMA, 2000, p. 13)
While the responsibility of leaders is to respond strategically to the challenges in the environment and make future-oriented decisions which may require labour adjustment and downsizing, they must do so in a way that searches among all available alternatives, keeping in mind organizational values and ethics, (Gebhart, 1997, p.3) and the sacredness of work: “the implications of the downsizing phenomenon… extend to the meaning of work and, in the context of the modern world, to the meaning of life itself.” (Anderson, 1998, p. 5)

Downsizing invariably has a profound effect on the organizational culture. Faith-based organizations need to consider the effects on the culture as they make decisions both to downsize and how to downsize. Organizational Culture can be reinforced or destabilized by the methods used in downsizing as depicted in the following chart:
<table>
<thead>
<tr>
<th>Culture Reinforcing</th>
<th>Culture Destabilizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary reductions (e.g. attrition, buyouts, job sharing).</td>
<td>Involuntary reductions (layoffs)</td>
</tr>
<tr>
<td>Advance Notice</td>
<td>Sudden Termination</td>
</tr>
<tr>
<td>Shared Pain (e.g. cuts across all levels)</td>
<td>Winners/losers (e.g. executives get big bonuses while cutting others’ positions)</td>
</tr>
<tr>
<td>Explicit criteria for “who stays, who goes”</td>
<td>Criteria are secret</td>
</tr>
<tr>
<td>Transition assistance for those who depart involuntarily</td>
<td>Little or no assistance</td>
</tr>
<tr>
<td>Transition assistance for survivors</td>
<td>Little or no assistance</td>
</tr>
<tr>
<td>New “rules of engagement” between organizations are made clear</td>
<td>Reductions treated as exception or something which does not require explanation</td>
</tr>
<tr>
<td>Participation in direction-setting from various levels in the organization</td>
<td>Goal setting done at top without input</td>
</tr>
</tbody>
</table>

(Hickok, 2002, p. 9)

These principles are echoed by Greenglass and Burke, 2002, who assert the following with respect to downsizing and restructuring:

To the extent that hospitals disseminate information, involve their employees in decision making affecting restructuring, share with employees a vision of where the hospital is headed during restructuring, and provide emotional support for their employees, the impact of the...
Restructuring should be lessened. Previous research has shown that different types of social support including emotional, informational and practical can alleviate the stress related effects in human-service professionals. (p. 2)

Given the enormous responsibility and ethical imperative of careful decision making when considering the staff related impacts of downsizing, the Catholic Health Association of Canada had put forward the following values to guide decision-making:

- **Respect** – the rights and needs of the staff are to be recognized in the structures, policies and procedures of the organization. Staff are to demonstrate respect for those who work in the organization and for the dignity of all work.

- **Concern** – for the overall well-being of each person; attentiveness and sensitivity to the personal circumstances of everyone in the organization.

- **Creativity** – the courage and willingness to try new management approaches, to develop a new attitude toward working with staff, and to search out new ways of resolving organizational problem.
• **The Common Good** – When restructuring, accountability is due not only to the organization but to the broader community, “the public good”, as well.

• **Stewardship** – The church’s social teaching about stewardship requires both individuals and institutions to recognize that public goods, services and assets exist for the good of society as a whole. Social resources such as health care are to be shared and respected by everyone. It is through the appropriate use of these resources that we are co-creators with God.

• **Shared Decision-Making** – Decision-making is a shared employer-staff responsibility. This includes openness, communication, and an empathetic stance when dealing with staff. On the part of the staff it means taking responsibility to initiate and to share from their experience and perspective. Efforts should be made to ensure meaningful participation by staff in the decision-making process.

• **Justice** – Justice must be foremost in the minds of everyone within the organization when change occurs. Everyone should strive to have a sense of fairness when making decisions and to respect the uniqueness of each situation and individual.
• **Adaptability and Flexibility** – Accepting the change process means a willingness to adapt to unexpected needs and situations.

• **Empowerment** - As a value, empowerment calls the organization to provide opportunities for education and self-improvement. It also calls for the recognition of the importance of staff participation and of the need to foster responsibility among staff to seek ways to improve their work environment. (CHAC, 1996a, pp. 14-15)

The process for making decisions during change congruent with these values and the Mission, Vision and Values of Providence Health Care is a focus of this research.

### Leading Change and Transition

“…there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things” (Machiavelli, Chapter VI). These words, written centuries ago, ring true to the times we find ourselves in today.

Notwithstanding the current fiscal imperatives driven by government, the healthcare system in Canada has been undergoing and will continue to undergo major change as it struggles to meet the health needs of an aging population and
develop a sustainable system. Leadership in this constantly changing, complex, and highly interdependent health care system requires creativity, innovation and imagination – in other words, continuous learning of new ways of being and doing (Vaill, 1996, p. 5).

Leading Change means understanding the transitions are the most perilous part of the process of change (Bridges, 1991, p.3). Transitions begin with an ending, letting go of the old way of doing things; proceed through a neutral zone where change to the new has not yet taken hold; and end with a beginning, the new way of doing things (Bridges, pp. 4-6).

It’s not so much that we’re afraid of change or so in love with the old ways, but it’s that place in between that we fear…It’s like being between trapezes. It’s Linus when his blanket is in the dryer. There’s nothing to hold on to. (Marilyn Ferguson, Futurist, in Bridges, 1991, p. 34)

The “thing” that people can hold on to in times of transition is a clear Mission and a vision of the future. The leader’s work is to provide clarity about the Mission and pull people together to identify their goals with the organization’s Mission; (Bridges, p. 77), recognizing the fundamental interdependence of everyone in the work community and the interconnectedness of the efforts of each person (Klein & Izzo, 1999, p. 148).
Organizations grounded in a faith-based Mission need to plan change with optimism and hope:

Planning is grounded in hope ... It is based on a firm belief that God who sustained the organization in the past will always be present among his people: “I am with you always until the end of time” (The Holy Bible, Matthew 28:20). (Hammond & Royal, p. 269)

However, it is important that an organization be cognizant of the risk of chaos as it institutes and navigates change. Chaos refers to a level of intensity of change demand which is too massive for the organization to absorb and which results in lost productivity and quality and a feeling of purposelessness, confusion and disorientation amongst the staff (Conner, 1998, p. 79). It could be argued that this is the state of the health care system today.

Commitment that does not waver over time is one of the ways that organizations can demonstrate that a change effort is more than a passing fad to be survived but not embraced. Daryl Conner, 1998, suggests that commitment to change is evident when people:

- Invest resources (e.g. time, energy and money) to ensure the desired outcome
• Pursue the goal consistently, even when under stress and with the passage of time.

• Reject ideas or action plans that offer short-term benefits but are inconsistent with the overall strategy for goal achievement.

• Stand fast in the face of adversity, remaining determined and persistent in their quest for the desired goal.

• Apply creativity, ingenuity, and resourcefulness to resolving problems or issues that would otherwise block their goal.

(p. 116)

Successful change initiatives, then, require deep and relentless commitment on the part of everyone in the organization. Commitment implies a sense of service and sacrifice.

Finally, there is a need for commitment. It is the driving force behind implementation. Without it the most ambitious plans remain in paper. Commitment means doing whatever it takes to cause something to happen. It implies discipline and sacrifice…Sometimes it may entail unexpected sacrifice…Commitment means to keep one’s focus on the goal and not to turn back. (Hammond & Royal, p. 270)

To engage in a change initiative is to affect the working lives of people. It has been recognized that paying attention to the human aspects of change is a
positive indicator of success. “Human Due Diligence” is a commitment to a “serious, rigorous approach to the human side of change….an extensive and comprehensive investigation of the issues and implications surrounding vitally important decisions” (Connor, p. 99). In the constantly changing world in which we find ourselves, Human Due Diligence is a paradigm shift to a more “in-depth treatment of the issues surrounding how and why people respond as they do when faced with unfamiliar circumstances in the work setting” (Connor, 1998, p. 102).

Organizations which pay attention to the human aspects of their operation are more focused on people, principles and values than on policies, systems and structures (O’Toole, 1996, p. 17). Leaders operate less by command and control and more by inclusion and inspiring a shared vision (O’Toole, p. 138). Leaders are passionately committed to the Mission of the organization and generate courage and belief “that as long as persons are connected and unified in single-minded commitment to the Mission….the swirling and fuzzy vista ahead is filled with possibility and potential” (Markham, 1999, p. 13). Community at work is then achieved and:

A powerful community at work is essential to workplace happiness, to organizational loyalty, and to the high level of cooperation across boundaries that is essential in the information age. (Hesselbein, 1998, p. 128)
Ethics and Ethical Decision Making

“Change, whether or not for the advancement of good, is always a decision away” (Josephson Institute of Ethics Website, Making Ethical Decisions Section, p.1).

“Every decision first affects people….Therefore no decision affecting people should be made in isolation of their colleagues…it is a matter of integrity” (Secretan, 1997, p. 204).

The power to influence decisions is an intrinsic characteristic of leadership (Yukl, 2002, p. 401). It behooves the leader to use this power to influence wisely and well. This is the ethical obligation. In keeping with this obligation then, the leader must be cognizant of the principles and practices of ethical decision making. “The most basic ethical theory is the “Rule of Reciprocity” which lays the ethical baseline: a good person is concerned with and responsible for the well-being of others” (Josephson Institute of Ethics, Models of Ethical Decision Making Section, p. 1). Thus, being trusted isn’t enough in itself, one must also be caring, and demonstrate that caring through the application of ethics in decision making (Josephson Institute of Ethics, The Six Pillars of Character Section, p.1).
…leadership must formulate and model the shared ethical values required to build trust. Trust is one of the most important assets of a healthy organization. And the foundation of trust lies in ethical behaviour – values lived out by the organization’s leaders. (Institute for Global Ethics Website, Beyond Compliance: Values in the Workplace section, p.1)

To make sound ethical decisions and behave in an ethical manner requires strong moral character and virtue (Bass & Steidlmeier, 1998, p. 2) and the thorough review of pertinent sources of knowledge on the issue at hand (CHAC, 2000, p. 9). Leaders must also commit to a clearly articulated code of ethical conduct based on shared ethical values, and foster an organizational culture with high ethical standards (Bass & Steidlmeier, p. 5). A primary role of leaders is to increase awareness about ethical issues; the role of followers is to demand and expect ethical leadership. Therefore, “leaders and followers raise one another to higher levels of morality and motivation” (Burns, 1978 in Yukl, 2002, p. 403).

Integrity is seen as the basic attribute of ethical leadership, “honesty and consistency between a person’s values and behaviour…..behaviour…consistent with a set of justifiable moral principles” (Yukl, 2002, pp. 404-405). Some behaviours looked for in ethical leadership are consistent standards and rules for all, honesty and openness, keeping promises and commitments and acknowledging responsibility for mistakes while seeking to correct those
mistakes. However, it is also necessary that the leader display these behaviours with the right intention and not as a tool to manipulate (Yukl, p. 405).

Leaders who consistently demonstrate their commitment to the well-being of others are seen as authentic, establish their credibility, and deepen supporters’ faith in them. They accept accountability for the decisions they make; are willing to explain their decisions and actions, and welcome and allow scrutiny of their actions (Hesselbein & Johnston, 2002b, p. 93).

Making consistently ethical decisions is not easy and requires a consistent application of an ethical decision making process – one which evaluates and chooses among alternative solutions based on ethical principles. This requires the decision maker to have: ethical commitment, the strong desire to do the right thing; ethical consciousness, the ability to perceive ethical implications; and ethical competency, the ability to evaluate, create alternatives, and predict consequences (Josephson Institute of Ethics Website, The Making of an Ethical Decision Section, pp. 2-3).

Decision making is complex and requires significant critical thinking and decision making skills (Russo & Schoemaker, 2002, p. XVI). Decisions by themselves, do not determine outcome. The outcome of a situation is determined by a combination of the decision (the thinking and decision process), the doing (implementation and other factors under your control), and chance
(uncontrollable factors, luck). Therefore, the test of decision making should be on the quality of the decision making process and not the outcome (Russo & Schoemaker, p. 4).

The person who uses a good decision process and is rewarded with a good result deserves the ensuing accolades. But someone who uses a good process and is met by failure deserves praise as well, for this person may simply have fallen prey to a bad break. Likewise someone who employs a poor decision process but is met with world-class success deserves neither praise nor promotion... (Russo & Schoemaker, p. 5)

In the climate of profound change in which this project will be conducted, it is as important as ever that ethical, transparent decisions are made in order to demonstrate fidelity and congruence with the Mission of the organization. This mirrors the goals of organizational ethics:

The goal of organizational ethics is to produce a positive ethical climate where the organizational policies, activities and self-evaluation mechanisms integrate patient, business and professional perspectives in consistent and positive value-creating activities that articulate, apply and reinforce (the organization’s) Mission. (Ells & MacDonald, 2002, p. 33)

Ethical and ethical decision making, then, provides a framework for decision making while navigating through turbulent organizational change.
CHAPTER THREE – CONDUCT OF RESEARCH STUDY

Research Methods

The study of this topic of faith-based Mission and organizational change was done as a qualitative study using an action research model. However, rather than framing the research around “a problem shared and experienced” (Morton-Cooper, 2000 p. 19), an Appreciative Inquiry approach was taken which focused on “what works in the organization” (Hammond, 1998, p. 7). The research question, “How does a faith-based organization’s Mission factor in the planning, implementation, integration and evaluation of changes initiatives?” contained an inherent belief that it is, indeed, a factor. Therefore, it made sense to create opportunities for dialogue with key participants around what worked well as they participated in change initiatives in the organization.

It was important to differentiate for participants the difference between Appreciative Inquiry and traditional problem solving techniques so they were clear about how their input fit into the research methodology. The aim of the research was to hear the stories of successful change processes in the organization; celebrate those successes; and build on them for the future.

The four stages of appreciative inquiry were explained to the participants, namely:
Appreciating and Valuing the best of “What is”

Envisioning “What Might Be”

Dialoguing “What Should Be”

Innovating “What Will Be”

(Hammond, 1998, p. 24)

The data collection approaches used sought to provide methodological triangulation of data; the use of multiple and different sources to provide corroborating evidence (Creswell, 1998 p. 202). Therefore, the study design incorporated the use of different data gathering methods (interviews and focus groups) as well as organizational documents analysis; and ensured that there was participation from a wide range of organizational stakeholders from board members to front-line staff and volunteers.

The primary rationale for using an Action Research Model was to allow for a more informal, participatory approach to research than can be done using a quantitative method. Participants were not to be “subjects upon whom research is conducted” but rather “active participants in discovering” (Morton-Cooper, 2000, p. 77). The process, then, was educative for participants and provided a rich environment for the researcher.
Appreciative inquiry allowed the framework for the research to be built around a positive and constructive approach that recognized the strength of the organization and sought to build on it. This dovetailed nicely with Sue Hammond’s assertion about Appreciative Inquiry:

I find that people are generally proud to belong to their organization…. People want the organization to do purposeful work and they want to be recognized part of it. Finding out why people are proud and excited to be there is an enormously wonderful process...... This process engages all members in the organization in a positive and productive manner and manages the continuity of the organization. (Hammond, 1998, p. 50)

While the focus for the researcher was answering the research question, the organization benefited both from the answer to the research and the spin-off benefit of organizational growth. Gervase Bushe explains it this way: “Through the process of the inquiry itself, the elements that contribute to superior performance are reinforced and amplified” (Bushe, 1995, p. 3).

The connection between a faith-based organization and the use of an appreciative inquiry approach to research has been summed up in this statement by Gregg Banaga Jr.:
Appreciative inquiry is much more than a technical and methodological tool for organizational analysis and effectiveness. Undertaken in a spirit of faith and informed by Christian scriptures, it can become a powerful means for corporate spiritual renewal." (Hammond & Royal, 1998, p. 270)

Another reason for employing an Appreciative Inquiry approach was to introduce a positive discussion of the workplace at a time of high stress and increased workloads. By providing a venue for participants to focus on what works well in change initiatives in the organization and how change processes can be strengthened, the research process provided a respite from the day to day difficulties that make focusing on the positive difficult.

I have found that an appreciative inquiry, where people listen to each other’s stories about micro moments in organizational life where the best in us is touched, can create a unique climate for collective dreaming…

(Bushe, 1998, p.2)

The study was conducted in way that was mindful that qualitative research is often an iterative process that builds on early results to strengthen and focus the research objectives (Palys, 1997 p. 298). Interviews were held early in the research cycle and ideas and feedbacks gleaned from those interviews used in designing and conducting focus groups, further interviews, and the review of data sources. The research pathway crystallized as each step was taken.
Study Conduct

The following persons agreed to participate in an interview:

- PHC Board Mission Committee Chairperson
- Senior Leadership Team Member
- Program Director
- Medical Affairs Leader
- Support Services Leader
- Physician Leader
- Professional Staff Member
- Support Staff Member
- Human Resources Staff Member
- Volunteer
- Retired PHC Leader

Interviews were scheduled at the convenience of the participant. Ninety minutes was scheduled for the interview to allow sufficient time for full exploration of the questions. Participants were also briefed prior to the interview regarding its focus and asked to reflect on the topic prior to their scheduled interview.
The study also incorporated the use of focus groups. The request for focus group participation was done primarily by email. There were two types of focus groups – some were with established teams and other groups were brought together for the sole purpose of participation in a focus group. When an established team was asked to participate in a focus group the researcher contacted the Chair by email and requested that the group be asked if they would be willing to participate. If they were prepared to do so, a focus group was scheduled at the convenience of the team. Other focus groups were established by individual invitation via email. Once it was determined that a sufficient number of participants could be recruited for the focus group, the researcher proposed times and dates for consideration by the participants and then scheduled a time which was most convenient for the group. The researcher sought a mix of stakeholders from all levels in the organization and those with and without Mission integration experience. Participants were briefed on the purpose and format of the focus group and asked to: “be willing to arrive, to pay attention, to speak as clearly as we know how, and to help action and accomplishment rise out of the group” (Baldwin, 1998, p. 63). In all, five focus groups were held encompassing the spectrum of organizational experience from Professional Practice, Change Initiatives, Program Leadership, Nursing Leadership and Mission Integration.
This project was carried out in a way that met the requirements of a MALT (Master’s of Arts in Leadership and Training) major project:

1. It meaningfully engaged the sponsoring organization, Providence Health Care, in an examination of, and dialogue about, change in the organization and how change can best be carried out with fidelity to its Mission.

2. The project provided a mechanism for positive change in Providence Health Care and an increased understanding of how the organization can undertake change initiatives congruent with its Mission.

3. The project provided a genuine leadership stretch for the researcher who conducted research of this kind for the first time and engaged leaders and staff in the organization outside her current work areas.

**Humanistic Ethical Principles**

This study was carried out in accordance with the standards outlined in the *Royal Roads University Research Ethics Policy*. Each of the following principles in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* was upheld:
• Respect for Human Dignity
• Respect for Free and Informed Consent
• Respect for Vulnerable Persons
• Respect for Privacy and Confidentiality
• Respect for Justice and Inclusiveness
• Balancing Harm and Benefits
• Minimizing Harm
• Maximizing Benefit

All participants were informed about the full scope of the project and how the results of the project will be used and communicated. Each was asked to complete an informed consent. In addition, all participants were briefed on the processes which were to be used to ensure confidentiality and were asked to sign confidentiality agreements with respect to any process in which they participate. The participants were informed and they had the option to withdraw their participation at any time (Kirby & McKenna, 1989, p. 101). In addition, the study design and communication plan ensured that all participants were volunteers and not mandated to participate by formal or informal pressure. In order to promote inclusiveness care was taken to ensure that participants were comfortable with their ability to express their opinion and had options to provide their input using alternate means; i.e. written versus verbal.
In addition to the above, the research was carried out in accordance with the *Royal Roads University Policy on Integrity and Misconduct in Research and Scholarship*. This policy ensures that the research is conducted with integrity and lays out the requirements for citing sources, obtaining permission to use information, reporting results, and revealing conflicts of interest.

All those involved in the conduct of study were made aware of the ethical framework in which it was designed as there is shared responsibility for adherence to ethical practice (Palys, 1997, p. 92).

**Data Gathering Tools**

The eleven interviews and five focus groups were taped with the exception of one interview where notes were taken. There were two instances of tape failure and back up notes were used in these cases. Tapes and notes were transcribed by the researcher and kept in separate secure files on the researcher's home computer and the personal drive on the RRU computer, Socrates. Tapes and transcripts will be destroyed at the conclusion of the project.

Once all data gathering was complete, the transcriptions were examined for theme development. This resulted in consolidated theme documents to aid the researcher in the accurate reporting of results.
After reviewing the resulting theme areas, the researcher then sought to match the emerging themes with the Mission/Vision/Values statement of PHC. It was considered that this method of recording results would best provide useful data to the organization as there would be clear alignment of the results with the Mission/Vision/Values statement.
CHAPTER FOUR – RESEARCH STUDY RESULTS

Study Findings

One of the most significant findings for the researcher was the enthusiasm with which the study participants engaged in the research process. At a time when workloads were heavy and people were juggling multiple accountabilities, participants were enthusiastic about the study topic and gave their time freely. It was clear to the researcher that they were proud of the organization and the part they have played in enabling and supporting change and achieving the Mission. The participants expressed their appreciation for the opportunity for dialogue about the issue and in one case, the group determined to meet regularly to continue the discussion.

The predominate themes which emerged were:

Teams and Team Relationships

When participants spoke of their best experiences of change in PHC invariably the focus was on teamwork and the building of relationships. Team process and relationship building featured more prominently in the discussion than did the outcomes to be achieved by the change. Said one participant:
The foundation for me in being part of change, some of my own and
some of the organizational changes that it has been up to me to
communicate or implement, is the relationships with the people I work
with. If I am mindful of that, and have created respectful relationships
with people, then there are a lot of ways that it becomes relatively easy.
Not that it is not work, often there is a lot, but the foundation is there.
People can talk to me; they have history with me; they know what to
expect. When change works that is the foundational reason why.

The nature of these team relationships was expanded upon by many of
the participants. They stressed the need for respect, openness and honesty
between members of a team and, in particular, the need for openness and
honesty from the leader(s). Then, within this framework of positive relationships,
people described the need to struggle together and openly debate the issues in
order that the best possible solution is found.

Leaders who spoke to the researcher emphasized the need to trust the
team to have the knowledge and skills required. They were quite clear that what
worked best in change initiatives was for the Leader to lay out clearly for the
group the parameters in which they were working and then allow the group with
the most direct experience to the issues create the solutions; as indicated in the
following statement from a participant: “There are a lot of people out there doing
the work, and they have the information and knowledge, and you have to respect it and honour it.”

Many participants brought forth the issue of diversity. They spoke of how, within a team dynamic, there are multiple strengths and perspectives which help to create the solutions in change processes. In the words of one participant:

You can get a lot of involvement from people by just focusing on their strengths. You get to know what people’s strengths are and if you use those strengths to move the group it is amazing what they can do, and what they will do.

The issue of recognizing and honouring the strengths of team members was also articulated by participant leaders as a need to rely on these members to take a leadership role in the work to be done. This issue was generally brought up in relation to the scarcity of leaders and their inability to provide direct leadership when their span of responsibility encompasses multiple services and sites.

Involvement of many people in a team initiative is also seen from the perspective of effectiveness; the ability to get the job done because you have all the players needed to contribute to the solution. This was articulated in this way by one participant:
When you have a team that has all the resources you need to make things happen it is so positive. When you’ve got someone around the table who is strong in terms of knowledge, theory; someone who has all the tools you need for communication; someone with the budgetary authority to make it happen; when all these are in place; and someone who works where the change is going to be applied; and someone who teaches about it; you’ve got all the players and all the resources; then the change can happen. It is so powerful working in a situation like that. I’ve had quite a few experiences like that.

The concept of teams was often expanded to include all stakeholders; patients, residents, families and the community in the change process. The need for great communication and relationship building with these stakeholders was also a theme. When they understand what the organization is grappling with and have an established trusting relationship, they are able to support organizational decision making. One participant referring to community partners said:

The community sees the partnership projects as part of our Mission. They also see our intent in it, the relationship building, and the trust. They have misgivings but they appreciate the difficult decisions PHC is going through.

Teams, then, are the work-horses of organizational change. They provide the energy and ideas to make change work.
Facilitative Leadership

“Good decision processes are the best hope for good decision outcomes” (Russo & Schoemaker, 2002, p. 161).

Participants were very clear in expressing that successful change initiative experiences hinged on good processes. They emphasized the need for upfront thinking and planning about the process and having a holistic, systems perspective when mapping out the pathway to be taken.

Many expressed appreciation for the support of Change Initiatives consultants in developing and implementing change processes. Involvement of the consultants was seen as positive, knowledgeable support as well as providing the benefit of having a neutral third party with no vested interests shepherding the process. However, while this appreciation was commonly expressed for department or service level change initiatives, there was less enthusiasm expressed for involvement of change initiatives consultants in the communication of PHC wide change initiatives. In these instances, it was considered preferable to have local leaders deliver the message of change.

It was acknowledged in several examples of change initiatives in the organization that additional time was required when undertaking an inclusive change process; articulated by one participant as follows: “It has been slower
because care has been taken – our faith-based Mission has shown in our process.”, and another said: “The process takes time – you can’t rush it. It takes time but it is worth it in the end and is very respectful of all the different people”. Geoffrey Bellman would wholeheartedly agree as evidenced by these words:

Most system renewal efforts are moving too fast…. If it is worth doing, it is worth doing slowly…. If it is worth doing, it is worth doing thoughtfully. The timing, speed and pace of change are part of a larger context. Much that surrounds our work distracts from thoughtfulness.

(Bellman, 20001, pp. 111-112)

It was also made clear by the research participants that the upfront planning for change initiatives requires that clear assumptions and principles are laid out and followed. This allows a clear base for the initiative, a standard to measure against and a rallying point for decision making when the going gets tough. This concept was explained by one participant as follows:

….change, no matter how small, is easier to manage and do in a sort of intellectual, guided, logical way if you start with guiding principles. They can be small, as little as a few words or a longer statement. It is amazing to me how often we have had to go back to those principles to make a decision.
The principles outlined in the planning process of change need to also detail how decisions will be made, as, according to Schoemaker and Russo: “…there is rarely a good excuse for not taking some time – even if it is just a few minutes - to think about how you will decide” (Russo & Schoemaker, 2002, p. 15).

Leaders who participated in the study emphasized their role as facilitators of change processes. They expressed great trust and confidence in their staff to resolve the issues at hand and saw their role as leaders as one of “leading from behind” as expressed by this excerpt from Tao Te Ching:

When the Master governs, the people are hardly aware that he exists.
Next best is a leader who is loved.
Next, one who is feared
The worst is one who is despised.

If you don’t trust the people,
you make them untrustworthy.

The Master doesn’t talk, he acts.
When his work is done,
The people say, “Amazing:
we did it, all by ourselves!”

(Mitchell, 1988, p. 17.)
In addition, Leaders expressed that change that is initiated and supported by front line staff has a great chance at success; as indicated by this statement: “I think it went well because right from the beginning it was supported and driven by staff.” and additionally, this one: “There is nothing more satisfying than the staff coming up with their own solutions. It is much more positive and effective.”

Ethics

The crux of change is in the decisions which are made. Participants’ spoke of the need to struggle through an honest ethical reflection and dialogue with regard to some of their decisions, particularly those which had the potential to negatively impact staff or patients and residents. This struggle is healthy and is contemplated by the Catholic Health Association of Canada in their Health Ethics Guide which lays out a process for ethical discernment as follows:

A. Observe
   1. Identify the problem
   2. Acknowledge Feelings
   3. Gather the facts.
B. Deliberate
   4. Consider Alternatives
   5. Examine Values
   6. Evaluate Alternatives
C. Act

7. Articulate the Decision

8. Implement the Plan

(CHAC, 2002, pp. 84-87).

One participant relayed the ethical struggle in this way:

We weren’t going to do it at first but we had a lot of conversations around whether it was an ethical thing to do….so we had to work it out. We used the value system of the organization to do it that way…the Ethics.

Participants also expressed appreciation for Leaders that they felt epitomized an ethical approach to decision making. They felt comfortable accepting the decision the Leader made because they knew the leader used a “moral compass” as indicated by this statement: “My Leader has a moral compass that I know she pulls out all the time ad infuses into the discussion. I just appreciate that with the people I work with.”

Ethics has been a focus for the organization and ethics resources have been infused throughout the organization by the establishment of an Ethics Network; staff and physicians who are available to their colleagues to aid ethical decision making.
Learning

Learning was a thread that wove among many of the stories shared by participants. Learning about process; technical learning; learning about self; and learning about others. Many spoke of the opportunity to take the learning from one experience, strengthen the process and the team, and apply it to the ongoing work. One participant explained it this way:

I think that we’re really working now…. I think there is a great deal of strength in that whole process right now. There have been times when we have floundered and the process hasn’t been so great but then I think there has been a lot of learning and there are a lot of things happening that I really think we are on the right track.

Learning was also discussed in the context of turning a potentially negative situation into a positive by a change of mindset toward learning. What can be taken from this experience which will help us in the future? Is there an opportunity for learning here that we haven’t identified or acknowledged? The orientation toward learning was seen as a way to see past the current circumstances to the opportunities ahead.

A couple of participants spoke about learning initiatives that staff were taking in the wake of news about impending closures of their units; another
example of turning a troubling circumstance into a positive action. One Leader spoke with pride about her staff in this statement:

We haven’t lost staff. They are loyal and committed. They stay for the work they feel called to. I don’t want the staff disadvantaged, but it speaks to Mission; seeing things through, honouring commitments, being true to yourself. So as much as it is difficult, it is a learning journey for me and many of the staff – to change a negative into a positive, which is my way. There are many people doing things they wouldn’t have. They’ve been triggered to take courses, take their baccalaureate, and do a Masters. It has been an impetus to them even though it is a sad thing.

Learning then, is an ongoing feature of successful change. However, one must have a mindset for learning and take the time to reflect on experience. Russo and Schoemaker, 2002, affirm this as follows:” Experience is knowing what happened. Learning is knowing why it happened…. Learning is not automatic. It requires a systematic examination of our experience” (p. 199).
Character

“Mission, which drives how we listen and how we treat each other, helps with difficult change processes” (PHC Participant).

Honesty. Integrity. Respect. Openness. These and other similar words were used frequently by participants as they spoke about their change experiences and the characteristics needed by Leaders to foster trust and build support. These character traits were described as being called for in the PHC Mission and necessary for successful change initiatives.

Honesty was described as not just telling the truth but telling all the truth and doing it consistently. Frequently the comment was made that bad or potentially bad news should not be sugar-coated but delivered in a timely, respectful and comprehensive way by leaders known to the group. In the words of one participant:

That ties in with being honest. Sometimes we tend to say: “We can do it, we can continue on despite this.” In my experience there are decisions that need to be made that are not just tighten your belt or work harder. We can no longer do that. There is going to be a bad outcome for someone or something. Don’t try to sweep it under the carpet but say it is a possibility….
Honesty also extends to being clear about what we do not know; what we can do and what we can’t do. It means being clear about expectations and probable outcomes. It means being honest about the amount of influence or input you have. One participant said it this way:

Be honest about the amount of influence you will have and honest about what the outcome will or will not be; like, there will be job loss at the end or there is going to be a change in how we do things and it is going to impact how you do your work…so put it out there and let them (the staff) deal with the reality.

Honest listening was also mentioned as well as the need to take the time to listen well and to listen often in order to aid staff in working through change. Listening for understanding is an indicator of respect as described by Rick Edgemont:

Failure to listen – which can result from a lack of a core value for listening, lack of competencies which enable listening or lack of habits which support the practice of listening – is an indicator of a culture lacking in mutual respect. (Edgeman, 1998, p. 193)

It was clear from Leaders that honest relationships with staff were integral to successful change initiatives. If the staff have experienced honest intentions
and know that the Leader will tell them what they know when they know it, they will trust them when the unsuspected arises. In the words of one Leader:

I would rather say what I know confidently and honestly; and then maybe have to go back and say: “Hey, we changed tracks.” I have no problem with that and as long as you are consistent the staff will trust you.

Many described the honest relationships with staff as one element of a supportive community at work. They also expressed appreciation for the work that PHC does in supporting the community be it through opening and closing ceremonies; social activities; or supporting staff through bereavement. The Mission teams and Pastoral Care staff were seen as the primary contributors to the community but some spoke of increased participation by all staff in supporting the work community.
Mission Alignment

Providence Health Care Mission

Providence Health Care is a Catholic health care community that respects the sacredness of all aspects of life.

Inspired by the healing ministry of Jesus Christ, our staff, physicians and volunteers are dedicated to service and to the support of one another.

In this environment of service, support and respect, we meet the physical, emotional, social and spiritual needs of those served through compassionate care, teaching and research.

When participants spoke of successful change experiences at PHC, they described an environment envisioned in the PHC Mission Statement. They valued the respectful, supportive relationships in their teams and throughout the organization. They spoke of service to patients and residents and to each other. They spoke of putting the needs of patients and residents at the centre when planning and implementing change – and at the centre in a way that was respectful of their holistic needs.

Supporting a staff member and her family through personal grief and loss was described in one story provided by a participant and spoke to the need to attend
to the emotional and spiritual needs of staff and the deep appreciation and sense of belonging that such supported engenders.

Providence Health Care Vision

Together, we shall create a healthy community of inspiration and solace:

- by enriching the lives of those we serve and those who serve with us;
- by contributing to our community’s capacity for healing and wellness;
- by passionately pursuing and sharing learning;
- by seeking answers to questions not yet asked; and
- by consistently exceeding expectations.

Participants described a healthy work community where people are able to speak freely and honestly and where each person was treated with dignity and respect. People spoke of being inspired by the indomitable spirit of residents or the example of leaders. In the words of one participant:
I take a lot of inspiration from my residents because I know how much they go through, the discomforts they are living with, and they manage….. I also take inspiration from Leaders who are inclusionary….

Once again, the orientation towards a learning environment was a key to successful change and adaptation to change. The need to respect and honour the knowledge and skills of each staff member and to celebrate excellence was also outlined.

Providence Health Care Values

Spirituality

We nurture the God-given creativity, love and compassion that dwells within us all.

As outlined in previous sections, participants spoke very strongly about the talents and strengths of the staff at PHC and the importance of recognizing and nurturing those strengths and talents and providing opportunities for further growth.
Integrity

We build our relationships on honesty, justice and fairness.

Integrity was a key element of the relationships that participants spoke about when talking about their teams, sections, departments or cross-PHC relationships. Justice and fairness were spoken of in relation to the need to include all stakeholders in change initiatives.

Stewardship

We share accountability for the well-being of our community.

Stewardship was discussed by participants in a variety of contexts. Some spoke of using our resources wisely to meet the needs of patients and residents; others spoke about the need to commit our time and talents to the organization with full measure – to be fully present and contribute during all our hours at work. They spoke about the need to balance the resource limitations of the organization with the needs and desires of staff. In all, it was clear that participants thought of stewardship as more than watching the budget bottom line. Rather, stewardship was seen a making effective use of our resources, time and talents.
Trust

We behave in ways that generate trust and build confidence.

Participants spoke of the open honest relationships that were central to their successful change initiative experiences. They outlined the need for regular, honest communication that builds trust with staff and colleagues and allows all to proceed confidently through change processes.

Excellence

We achieve excellence through learning and continuous improvement.

Participants’ spoke highly of the knowledge and skills demonstrated by PHC staff and the supports for learning that are present in the organization. Setbacks or struggles in change are seen as opportunities for learning and improvement.

Respect

We respect the diversity, dignity and interdependence of all persons.

Participants spoke of a very holistic view of diversity – that each person has unique strengths, talents, perspectives and contributions to make to the work community and that the success of the community hinges on the comfort and sense of belonging felt by each individual.
Study Conclusions

The participants in this study collectively described a Mission-based approach to change initiatives. In their view, a change initiative is successful when it:

- is inclusive of all stakeholders;
- is based on clearly stated principles and assumptions aligned with Mission;
- respects all perspectives;
- recognizes and nurtures the diverse strengths of the team members;
- allows time for the team members to build relationships;
- has a mind-set for learning from the process and the outcomes;
- clearly places the patient and resident at the centre of decision making;
- encourages and expects ethical debate;
- strengthens and encourages team members to take their learning into the next change initiative;
- evaluates the outcomes based on the guiding principles and makes adjustments as necessary;

It was clear to the researcher that the answer to the question: How does a faith-based organization’s Mission factor in the planning, implementation, integration and evaluation of change is contained in the collective wisdom of the board, staff, physicians, and volunteers of Providence Health Care. There is a clear message from them in these findings. Great experiences of change align
with Mission because of the emphasis on values, relationships and patients and residents. The challenge for Providence Health Care is to make all change experiences align with these great experiences.

The participants in the study generally were more comfortable with answering the question from the perspective of “positive experience of change” rather than a “positive experience of change that was in alignment with the organizational Mission”. While the Mission alignment came through clearly to the researcher in the telling of the change story, it was more often implied than clearly articulated. This would suggest that the culture of the organization; the unspoken rules which dictate “the way we do things around here”, (Schein, 1992, p. 9) supports behaviour congruent with Mission. Thus, the organization has a strong cultural base on which to build deepening awareness of Mission and the actions and activities that support the Mission.

However, a challenge for the organization is to bring this into conscious awareness. This consciousness of Mission should then alleviate some of the stress that people are experiencing as they struggle with change as they will see the Mission congruity. Additionally, Mission integration will be strengthened as people begin to see and articulate how Mission can be integrated into the daily working lives of the people of Providence Health Care and into the care and service they provide.
Breaking down the question

The elements of change process contained in the research question can be answered from the participant data in this way:

How does a faith-based organization’s Mission factor in the planning of change?

For planning of change to be congruent with the Mission it must be: inclusive, just, and based on clear principles and assumptions which guide decision making and are in alignment with the Mission. Comprehensive, thoughtful planning is crucial to successful outcomes; and planning is based in hope:

Planning is a series of choices that are logically sequenced and aimed at reaching a goal. There should be nothing haphazard in it because the future of an organization is at stake. It requires anticipation and discipline…. Planning is grounded in hope – hope in the strengths of an organization; the achievements of the past, the successes of the present and the possibilities of the future (Hammond & Royal, p. 269).
How does a faith-based organization’s Mission factor in the implementation of change?

Implementation must be carried out with deep respect for the impact on physicians, staff, residents, patients and volunteers and with excellent communication and support for them. Implementation schedules should not be rushed in order that real, careful listening and reflective dialogue can occur and possible changes to the plan can be made.

How does a faith-based organization’s Mission factor in the integration of change?

For change to be integrated into the everyday operations of Providence Health Care, the change must be embraced, not just accepted, endured or waited out, by the stakeholders it affects. Integration also takes time – as indicated in these words spoken by a study participant:

…. The people who are creating the change are on board, but the rest of it is going to take a very long time to get to where the leaders are. Sometimes the staff catch up to the leader and the leader has gone on to something else … especially at the bedside, so they are always feeling that things really don’t change as they didn’t feel part of the change anyway, they just waited it out; or, they feel cheated because they just
caught up to the change and it was changing. So for positive change to be worthwhile, you can’t even consider it to have happened for a long time. We should have a barometer to measure change. For example, when we introduce new protocols and review them a year later, invariably we find that we need to do more teaching; something to do with supporting the system to make the protocol really happen; because it really hasn’t happened yet. It takes a lot longer than that.

**How does a faith-based organization’s Mission factor in the evaluation of change?**

The positive stories of change at PHC were focused on people, process and relationships. Therefore, it stands to reason that evaluation mechanisms should align with these priorities while not losing sight of the intended outcomes and whether or not they were achieved. Teams should build into their change processes a chance to reflect on and improve their team dynamics and effectiveness. Russo and Shoemaker would agree and they assert: “Evaluate decisions not just on the results, but on how they are made” (Russo & Schoemaker, 2002, p. 5).
Related Questions

How does a faith-based organization ensure decisions are made at all levels in the organization congruent with its Mission?

Decision-making is highlighted in this question because change involves making decisions. The participants in the study emphasized the need for ethical debate, ethical reflection and ultimately, ethical decision making. To ensure this happens, teams need to have the strong relationships that enable ethical debate, and ethical competency needs to be an expectation of leaders. The CHAC, Health Ethics Guide provides a framework for ethical decision making and should be made available to all teams.

How should a faith-based organization ensure labour adjustment strategies are congruent with its Mission?

The Catholic Health Association of Canada’s publication, Justice in the Workplace, outlines values which they recommend should guide decision-making in times of restructuring (pp. 14-15). Those values were listed earlier and were also articulated in part by study participants. One participant leader spoke of his work in preparing his staff for downsizing and considering the needs and circumstances of each individual. This describes the value of Concern. Others spoke of ethical decision-making to ensure fairness. This reflects the Justice and
The Common Good values. It was clear from participant input that deep reflection and thoughtful planning and genuine concern for staff were the hallmarks of restructuring or downsizing decisions. One participant spoke these words:

Our policy is not just dominated by Labour Relations law but by people who are looking at the intent. If we want to keep our people now – this is the way we can show we are faith-based or we are not. They are trying to do all they can to solve problems for staff; to find another job; to place them in another part of the hospital. It is really good employee relations that I am seeing happening – and I think this is linked to our Mission.

**How does a faith-based organization support its staff and volunteers during times of profound change?**

Participants were clear that staff and volunteers require accurate, timely and comprehensive information about changes that will affect them. They also said that staff preferred to have information delivered by leaders known to them. Information should not be “sugar-coated” and must be delivered with respect and sincerity.
How does a faith-based organization ensure it provides quality care and service to patients and residents during times of profound change?

Again, this question was clearly answered by participants: Residents and patients needs must be central to any decisions affecting service to them. This ensures that quality care continues to be provided and patient and resident needs are not lost in the complexity of change initiatives. However, there will be times when difficult decisions need to be made that will have a negative impact on service capacity. In these instances it is imperative that decision makers engage in ethical reflection and debate in order that the best decision is made. The ethical framework for decision making outlined earlier will aid that reflection and debate.

Study Recommendations

The faith-based Mission of Providence Health Care is clearly alive and well and lived out by the people of Providence Health Care. This project provides a clear articulation of the lived experiences of Mission and offers an approach to deepening the Mission. The researcher recommends:
Appreciate and Value the best of what is:

- Continue the appreciative conversation begun with this project. Engage Leaders and staff in dialogue about their best experiences of change in the organization.
- Share the learning from this project with those who lead/support major change initiatives within the organization.
- Encourage presentations at the Leadership Forum and the expanded Leadership Forum about successful change processes; highlighting links between the process and the Mission.
- Encourage leaders to continue these discussions with their staff;
- Continue to highlight Mission/Vision/Values link in the stories of care published in D’vine.
- Continue to provide the support of the Change Initiatives Leaders to programs, services and departments planning change initiatives.
Envisioning “What might be”

The result of this study is a story of appreciation. This is but the first step of the Appreciative Inquiry journey. For the organization to benefit from the Appreciative Inquiry process it needs to proceed through the next phases and begin by seeking out the dream – envisioning what it would be like if the positive stories of change in the organization were standard fare; that every change initiative matched the experiences of the study participants. This can be accomplished by envisioning: “New possibilities based on the best of what exists” (Hammond & Royal, 1998, p. 42).

The organization conducted over thirty focus groups in the spring of 2002 to gather input for a renewed vision of the future. Therefore, the researcher suggests that the new vision, to be unveiled soon, be coupled with the results of this study to allow the organization to develop “provocative propositions”, the next step in the Appreciative Inquiry process.

Provocative propositions are the link between the best of what is and the dreams of how things could be. Extrapolating from the study data, some provocative propositions for PHC might be:
Decisions made at Providence Health Care when change initiatives are undertaken are:

- Always a result of ethical reflection and debate;
- Always made at the appropriate operational level;
- Always arrived at by inclusive process and honest dialogue;
- Always based on principles and assumptions which are in alignment with the Mission

The provocation in these statements is the word always. Participants have spoken of their best experiences of change. These things are happening at Providence Health Care. They need to be happening. Always.

**Dialoguing “What should be”**

Once the appreciative dialogue and creation of provocative propositions is complete, it is time to look at possibilities envisioned by the propositions and decide which should be focused on. The collective dreaming of the last step makes way for some concrete thinking about what is possible and should be put in place in the organization.

For instance, if the researcher’s proposition of ethical reflection and dialogue accompanying change decisions is to come to fruition, what should the
organization do to get to that place? Do we develop education programs, expand the professional resources available, and develop an ethical screen to assist groups? This dialogue is an important step as stated by G. Banaga Jr in Lessons from the Field: Applying Appreciative Inquiry:

The transition from “where we are” to “where we want to be” is very critical. One has to search for innovative ways or strategies to move the organization closer to the ideal…. There are often several routes to reach a particular objective or goal…. One has to discern the most appropriate path to take. (Hammond & Royal, 1998, p. 269)

Once the path has been chosen the organization will be ready for the next step.

**Innovating “What will be”**

Now is the time for action. Plans are made based on the goals that have been determined. The organization will be ready to plan the steps in needs to take to realize the propositions. To some extent, we will have gone full circle. We will be planning change to help in planning change! We will be putting into place the elements of successful change experiences spoken of by study participants. A new appreciative story will begin to be written.
CHAPTER FIVE – RESEARCH IMPLICATIONS

Organization Implementation

This study comes at a time of paradox. There is deep anxiety about the future, and great optimism about the Providence Legacy Project. People are worried about their jobs but proud to be part of PHC. The challenges are great but opportunities shine brightly. It is a time to talk. It is a time to explore and deepen our Mission. Appreciative inquiry could well be the vehicle for the exploration.

There will be those who may not believe we should take the time to talk about Mission; about how to undergo change initiatives. Things need to be done now, they will say. There needs to be permission given for having soulful appreciative discussions. These dialogues are “real work” and will draw us closer together in joint understanding about why we are here and how we should work together.

The physicians, staff and volunteers at Providence Health Care do not need another task to complete; another form to fill out; more meetings. They need to be refreshed, equipped. An Appreciative Inquiry experience could provide the rejuvenation needed.
PHC has made it an organizational priority to deepen the Mission. This is seen as a way to strengthen the staff of PHC to enable them to weather the rocky road ahead with its many changes and losses and great opportunities. Sites will be closed, services closed or transferred and colleagues lost due to downsizing and restructuring. New partnerships will be developed and new sites built. It will be a tumultuous time. The Mission is the anchor that will keep us grounded in our roots of service to our patients and residents and to each other.

If the physicians, staff and volunteers of Providence Health Care are to take the time to focus on deepening the Mission and engaging in change initiatives which are congruent with Mission, organizational leaders will need to practice human due diligence to avoid chaos. They must focus exclusively on those changes which support Mission and move us towards the goals of the Providence Legacy Plan. They must avoid changes and activities which, while they may be good ideas, are not congruent with these core activities. As Daryl Connor, suggests: “Today, executives have to be extremely protective of their organization’s capacity to change” (Connor, 1998, p. 129).

Future Research

There are many ways to extend the learning from this study into further areas of research. The Catholic Health Association of Canada is embarking on a National Dialogue on the future of Catholic Health Care called “New Beginnings
for a New Time” and will also be using an Appreciative Inquiry methodology (CHABC, Dec 2002, p. 1) The experience the organization will have with Appreciative Inquiry will help Providence Health Care join in the dialogue and contribute greatly to it. New PHC EMALT students may decide to carry out their research in collaboration with the organizers of this national dialogue.

Appreciative Inquiry also has scope to be employed in many areas of organizational life. For instance, Appreciative Inquiry could be used to delve into such subjects as staff morale and patient and resident satisfaction; to develop new program or service models; or to explore the relationships with community partners. These are just a few of what could be an endless list of possible uses of Appreciative Inquiry.

Faith-based Mission is an area in which there has not been a lot of research in the Organizational Development or Leadership fields. Future research could look into such things as the relationship between faith-based Mission and organizational culture, or recruitment and retention of staff and volunteers, or patient and resident satisfaction. There are many areas of Leadership studies in which the context of Faith-based Mission has not been explored. This review of Faith-based Mission and organizational change initiatives could prove to be a catalyst for researchers doing work in this area.
CHAPTER SIX – LESSONS LEARNED

Research Project Lessons Learned

For a neophyte researcher the greatest lesson learned was that research can be a lot of fun! It is a great privilege to have permission to collect stories from others; to enter into their lives in a new way; and to be inspired by them. I will never think of research in the same way again. There was much to learn about methodology, ethics and planning but the work to do so was worth it!

I became a collector of books! I had to exercise self discipline and not spend the family’s grocery money on my collection! I also had to determine when I had read enough and it was time to put pen to paper. Also, when did I need to put my pen down and do some more reading? When was the mind-map complete enough? Had I gone off track? I have never had to think so much in my life!

I am very grateful that I stumbled on the methodology of Appreciative Inquiry and became convinced that I had found a way to get at the heart of Mission and how it impacts the day to day working lives of the people of PHC. I am sure that had I adopted a problem solving methodology, my heart would have sunk into my boots. Change is hard. We can always find examples of things that could/should have been done better/differently. I am sure I would have wallowed in those stories and not known how to proceed.
I believe that the participants in this study gained from the experience. I left each interview and focus group with the participants more energized and upbeat than when I found them. Some I had to cut off in the name of respect for their time and my encroachment on it. From all participants I received sincere thanks for the opportunity to take part in my research – and I was thankful to them. A cycle of thanking, as my project supervisor would say!

The key to completion of a research project is to determine realistic deadlines and schedules and stick to them. The time-lines were tight, but doable. Trust the process! Take one step at a time. Before you know it, you are writing Chapter Six! Have a sense of humour about your struggles. Learn. Have fun. Use technology but don’t be a slave to it. Know your limits and get help. Stop along the way and consider all you have learned and celebrate a bit. Each step of the journey gets you closer to the destination. Today you format, tomorrow you write! Today you write, tomorrow you ponder, revise. Have faith.
References


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