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Many leadership qualities overlap strengths of spiritual care

By David Lichter
Executive Director

Over recent years, I have heard so often, in many contexts, of the need for chaplains to provide leadership in spiritual care. Standard 10 of the Professional Chaplains' Standards of Practice states, "Chaplain as Leader: The chaplain provides leadership in the professional practice setting and the profession." (www.professionalchaplains.org/content.asp?pl=200&sl=198&contentid=514) While several of the fine articles in this *Vision* issue address leadership in spiritual care, I would like to offer some reflections on developing leadership capabilities by sharing some research insights from a study of executives by the McKinsey & Co. in 2008-'10.

McKinsey researchers began by interviewing women leaders and studying their responses and identifying capabilities that made them successful. These results were published in their *McKinsey Quarterly* in September 2008. They expanded their study in 2009 to include 2,000 executives from around the world, to see if the same qualities were true in successful male leaders, and published those findings in October 2010 (www.mckinsey.com/global-themes/leadership/centered-leadership-how-talented-women-thrive).

They found that their leadership model did predict personal and professional satisfaction in male and female leaders. They came to call this model "centered leadership," as the capabilities incorporated spiritual and emotional characteristics, as well the usual qualities often found in virtue ethics leadership.

These findings describe the capabilities and qualities rather than to-dos of leadership. I think they are worth reflecting upon in our spiritual care profession, as I would argue that these capabilities should come more easily, if not naturally or by call, to spiritual care leaders.

The first, and the most important, is *meaning*, that is, identifying "your strengths and putting them in service of an inspiring purpose." Certainly knowing your strengths (and weaknesses) is one of the certification standards. 303.3 states, "Identify one's professional strengths and limitations in the provision of pastoral care." Even

more so, serving with an inspiring purpose is connatural with our ministry, as we continue the healing ministry of Jesus. We realize, however, that this is not natural or the work environment of many leaders. The successful ones live this daily. Don't we?

Managing energy is the second capability, described as knowing “where your energy comes from, where it goes, and what you can do to manage it.” Certainly, at the core of our spiritual care ministry is our own spirituality and assisting those to whom and with whom we minister to identify their own spiritual and religious resources. This refers to all the sources of life and energy within us. We should be able to embody this leadership capability quite naturally.

Positive framing, the third capability, is described as “adopting a more constructive way to view your world, expand your horizons, and gain the resilience to move ahead even when bad things happen.” Wow, how often this is part of our spiritual care ministry, as people seek to cope with life-threatening illnesses, and we are present as people of hope. We are well aware that we are not Pollyanna people, but our lives are grounded in a sure and certain hope. For the most part we don't voice it, but people experience it in us as we listen and witness and facilitate their reflection on life circumstances that seem suffocating and desperate.

Connecting refers to identifying “who can help you grow, building stronger relationships, and increase your sense of belonging.” It reminded me of the second part of the twofold definition of spirituality first provided by Consensus Conference sponsored by the Archstone Foundation of Long Beach, CA, in 2009: “Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.”

Both the first capability of meaning and the capability of connecting are part of this definition. While the McKinsey study refers to the social or relational connecting to mentors and colleagues, the experience of connecting is one of belonging, is it not? Centered leadership is that ability to help others experience that sense of belonging at all levels of now, self, others, nature, and the sacred. Is this not again the domain of spiritual care?

The final capability, *engaging*, is understood as “finding your voice, becoming self-reliant and confident by accepting opportunities and the inherent risks they bring, and collaborating with others.” Perhaps this one is our growing edge. We don’t inhabit this one naturally or easily. It’s been our task for years, maybe decades. Perhaps no time in recent years has it been as critical for us to embrace and embody this capability.

In the second study, which included men and women, McKinsey researchers noted that “finding meaning in one’s activities has the strongest impact on general satisfaction. In fact, meaning is five times more influential than either of the two closest dimensions: energizing and engaging.” Perhaps in our spiritual care profession, we can take solace, find strength in, and lead with this capability as well, as we continue the healing ministry in the name of the Church.

So, how do you match up with the capabilities of centered leadership? Spiritual care leaders can be and are centered leaders.

Pastoral leadership means feeding and tending

By Jack Conrad

“Feed my lambs. ... Tend my sheep. ... Feed my sheep.” That’s the total leadership guidance that Jesus gave to Peter on the shore of the Sea of Galilee.

I have been a director of spiritual care for 10 years, and prior to that a manager and executive leader in business for over 35 years. I have studied theories of leadership and management in MBA classes. I have read books and experienced many different styles of leaders over the years. After all that, I think maybe Jesus had it right as a leader. Feed and tend. Be a good shepherd. If you lead chaplains or volunteers, then think on this:

Feeding

The 23rd Psalm says the shepherd leads the flock to verdant pastures. The flock must be fed:

- **Fed monetarily.** Assure all are compensated fairly. Make sure your chaplains earn a living salary commensurate with others in the company.
- **Fed spiritually** as part of a community, where the team has time for reflection, discussion, and prayer.
- **Fed intellectually** through continuing education and the ability to experience new ministry possibilities. Allow your people to stretch and grow.
- **Fed respect.** Let them know that chaplaincy is a respected gift to your organization and that they are valued.

Notice that Jesus first said, “Feed my lambs.” Look after the newest and most vulnerable of your people first.

Tending

If you ever watch shepherds, they are not out in front pointing the direction. Rather, tending means guiding the sheep in the right direction, usually from the

side. This may seem like a subtle point, but it is very important — nudging them and protecting them:

- **Be strategic.** You have to know where you are taking people. A shepherd leads his flock to “verdant pastures.” So a purpose and direction is the responsibility of a leader. Be strategic and know where your group is headed.
- **Represent the gift of chaplaincy to your organization.** When I took over as director at my hospital, the first thing I wanted to establish was the priorities that we would live by for emergencies, visitations, staff support, etc. But my goal was to have spiritual care recognized as a critical support function within the hospital. That could only occur by making sure we were present to the all the needs of patients and staff that arose. Diligent and dedicated compassion and service speak to your organization.
- **Pay attention.** At my hospital, the weekend schedule required staff to overextend themselves and be worn out by extensive on-call coverage. That had to be modified to assure that the staff was being fed with rest and time off.
- **Lead from alongside.** Be ever cautious of your own ego-driven programs that exult your superior leadership. Allow your people to try things and grow beside them, but keep them out of the reach of trouble if at all possible. If you can, take your turns at on-call or coverage. Let them view you as not one above but alongside. It is important that you as a leader know what confronts them.
- **Make yourself available. Communicate, communicate, communicate.** The ability to talk, stop by, call, text is critical. Communicate purposefully person to person and in staff meetings. Listen.
- **Know and care for each person.** Jesus makes the wonderful statement that a shepherd knows his flock each by name. Make sure you know your people and what is going on in their lives.
- **Represent them.** Their ideas and needs come through you, and the hospital’s or institution’s thoughts and directions come through you. Be a conduit and at times a worthy filter. When you walk through tough times

(budget cuts, reorganizations, disasters), let them know you are at their side. As part of this representation, make sure that your department is administered effectively. If the upper management sees your area as a “problem” area with mistakes, missed deadlines, or non-participation, your department will suffer with the broad brush of your leadership.

One of the key concepts at our hospital is the “shadow of the leader.” That means you cast a shadow with what you do and who you are as a person. People will watch what you do and emulate those actions. Make sure you are taking tough calls, responding to crisis, willing to stand up for beliefs. You cannot lead from your desk.

All of this applies to the hospital or institution that you serve as well as to those who work in your department. Anyone who comes into this hospital is coming into our parish, our community. All who work here, all who are patients here, all family, and all suppliers are part of the community — and all have spiritual needs.

To everyone from the janitor to the CEO, you represent something important. During a crisis, they will turn to you for spiritual leadership. As a pastor of your hospital or institution, you have a role to play.

I remember one day, after a very hard death in the emergency department, I was a bit down and quiet. As I walked past, an administrative assistant asked if I was OK. I told her I had just been in a tough case. She said, “You can’t be down. We need your upbeat spirit.” That is a large expectation, but as a leader, you represent the Lord and all his goodness. Happy shepherding!

Jack Conrad, BCC, is director of spiritual care at Le Bonheur Children’s Hospital in Memphis, TN.

Many paths — and pitfalls — on the way to leadership

There are different kinds of spiritual gifts but the same Spirit; there are different forms of service but the same Lord; there are different workings but the same God...” (Corinthians 12:4-6)

By Michele LeDoux Sakurai

Leadership is a calling. It can come as an invitation, a free-fall from a cliff, or a boot on the backside propelling you into the unknown. However it comes, it is more than an opportunity to advance; it is a time for discernment and prayer. Moving from bedside chaplaincy to management is not simple. The skills and responsibilities are very different and create a culture shift that can be both jarring and surprising.

A year ago at a conference, a chaplain told me that she had moved to being a director and was a bit overwhelmed by this shift. As we talked, I recognized an old and established model for leader development in healthcare: identify talent, offer the opportunity to advance, and then see if the individual rises to the challenge ... or not. “How are you managing these new expectations?” I asked. “It seems like my resources are hidden,” she said. “I’m not always sure who to ask, or what to do about barriers.”

In that moment I recalled my own experience, and I offered her two pieces of advice:

1. Tell your supervisor (be it a director, V.P., or chief executive) that you need to meet with him/her on a monthly or even bi-weekly basis. Specify that you want to know his/her expectations regarding initiatives and responsibilities and that you want assistance with any barriers to goals and objectives.
2. Always go to this meeting with an agenda in hand. This is your meeting, and you must own it. (Send the agenda to your supervisor 48 hours beforehand; always provide the caveat that if another issue needs to be addressed by the supervisor, it becomes the first agenda item.)

With the developing sophistication of healthcare, the “sink or swim” model of developing leaders has become increasingly problematic, with potential leaders dropping from view because the model did not set them up for success. However, in 2007, I experienced a different model of leadership preparation, one that was disciplined and thoughtful, through Trinity Health System’s Administrative Fellowship Program, which offered a specialization in mission.

This model placed me under the mentorship of both the hospital mission V.P and the system V.P. for mission. It was highly structured in terms of objectives and was managed through the system’s talent management office. I experienced decision-making by observing both system and local boards. In addition, I sat at the hospital administrative team table and my voice was welcomed. I managed several projects, including developing diversity initiatives. Trinity Health provided formal education in finance, human resources, and Lean processes, and I developed a Lean initiative that saved the institution over \$25,000 a year. Finally, I learned the skills that separate management from bedside ministry.

A third model found in healthcare is mentoring a potential leader. This tends to be more casual than the fellowship model. In organizations in which HR has developed a leadership path through the model of mentoring, there are identified goals within a time line, but the effectiveness depends on the skills of the mentor. If the mentor is overly committed in other areas, is new to the role, or has a style that doesn’t translate well to the candidate, the candidate’s success can be compromised.

Mentorship models are being used throughout the United States to prepare leaders. There is no standardization of practice, and those seeking to move into leadership or management should be proactive when considering this model. Early in the process, navigate the questions that need to be asked:

1. Is there an evaluative tool to help identify the skills (i.e. budgeting, managing a team, systems-based problem-solving, etc.) for this role?
2. What resources are available to develop needed skills, and is there a budget to support the learning curve?
3. Is there an on-boarding path for new managers, and is it available to those who are entering the succession planning process?

4. Are there specialization mentors whom the candidate can call, e.g. a specific finance or HR person who can help the candidate better understand his or her department and responsibilities?

Even so, a move from chaplaincy to leadership requires more than a mentor who can teach system processes. During my training, my mission V.P. would remind me, “You cannot think or act like a chaplain in these meetings. You must have an agenda, you have time constraints, and you are required to control processes.”

This is a primary challenge for any chaplain who seeks to move into the ministry of management. How does one balance the gifts of CPE, to listen and honor the journey of another, and still get the tasks at hand accomplished? The shift from beside ministry to manager, director, or other leadership role requires thoughtful discernment. The candidate also needs someone who speaks the languages of both chaplaincy and leadership — someone who understands the depth of change that lies ahead. This will be someone unafraid to ask the hard questions that address ambition, seduction, self-interest, fear, listening, and the meaning of “to be called.” It is also someone who is detached from outcomes, and this is probably someone outside the candidate’s work environment. Lastly, it must be someone who keeps God in the center of the conversation as well as the discernment.

Both chaplaincy and leadership are incredibly important ministries. They are unique gifts that can reveal the love of God in the work we do. Whether you are a staff chaplain, a manager, a director, or a V.P. of mission, you are gifted, and your service makes a difference in the lives of others. As you find yourself invited into change, discern boldly, for it is promised, “Ask and it will be given to you; seek and you will find; knock and the door will be opened to you.” (Matthew 7:7)

Leadership Begins at the Heart: Reflections of a Novice Leader

By Ruth Jandeska

Leadership has profound spiritual origins and implications — even more so in spiritual care. Spiritual care leadership begins with Jesus' command: "Tend my sheep." There lies my personal belief on leadership, guiding my constant reflection on how I am tending to the well-being of all those I serve.

In my two short years as a spiritual care leader, I have learned that above all, tending to others' well-being through leadership is about connection and relationships. It is about motivating and inspiring. And it is about showing others they are cared for and valued as human beings, not because of what they mean to one's purposes or goals. I find in James Kouzes' and Barry Posner's five practices (modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart) an excellent roadmap for my tending of others (www.amazon.com/Leadership-Challenge-Extraordinary-Things-Organizations/dp/0470651725/ref=sr_1_1?s=books&ie=UTF8&qid=1466217431&sr=1-1&keywords=kouzes+and+posner+the+leadership+challenge+5th+edition).

As a new leader I needed to connect with my values and deepest desires to find my voice and model the way. One of my guiding beliefs is that God calls us to intimacy with God and with one another. Connection and relationships are essential to chaplaincy work and in the workplace. Connectedness helps people feel their needs are being met, which in turn leads them to feel appreciated and satisfied with their work. Michael Lee Stallard identifies respect, recognition, belonging, autonomy, personal growth, and meaning as six specific needs of connection in the workplace

(https://www.amazon.com/Connection-Culture-Competitive-Advantage-Understanding/dp/1562869272/ref=sr_1_1?s=books&ie=UTF8&qid=1466217551&sr=1-1&keywords=connection+culture).

Like any other employees, chaplains need to feel valued and recognized. Recognition fills people's emotional buckets and helps them, in turn, to recognize and affirm others. Belonging holds teams together and helps them to cope with change and challenges. In the midst of change and transition, connectedness can assist spiritual care leaders in meeting their teams' needs while creating healthy, resilient, and productive workplace environments. Additionally, my value of

connectedness has informed my desire to establish relationships with my fellow leaders and my commitment to them and the organization. From that, I can leverage these relationships to create partnerships that will support my department's endeavors.

Leadership is also about motivating others to use their gifts and talents for a shared vision. From that common vision arises a shared identity for teams as they think and work together in creating something new of value. For my team, this common vision is spiritual care integration across all levels of patient care in the organization. Connectedness again becomes important, as integration begins with establishing trusting relationships with the interdisciplinary team. Once trust is established, avenues are created for the team to teach about spiritual care: what it is, how to recognize spiritual distress, and how to make a referral.

Sometimes the process is uncomfortable. It takes courage to move out of one's comfort zone to reach out and meet others. For chaplains, at times it is an issue of assertiveness and pastoral authority. Other times, it is about effectively communicating the value we offer. Nevertheless, this provides opportunities for chaplains to advance this vision in their own way, whether via a traditional classroom lecture or small group discussions using creative audiovisuals or pamphlets.

Finally, leadership also is about inspiring and guiding others to be the best human being they can be. I "tend the sheep" as wife, mother, chaplain, spiritual services director, and educator, and in all of those roles, my passion is to inspire others to live to the fullest of their humanity in their particular vocations. In this regard, spiritual care leaders should pay attention to the particular strengths of their team members and help to nourish and use those strengths. As Chris Lowney writes, leaders "passionately commit to honoring and unlocking the potential they find in themselves and in others." A challenge facing spiritual care leaders is to preserve environments in which chaplains can thrive and unlock their passions and potential (see www.amazon.com/Heroic-Leadership-Practices-450-Year-Old-Company/dp/0829421157/ref=sr_1_1?s=books&ie=UTF8&qid=1466217494&sr=1-1&keywords=chris+lowney).

The ongoing changes in healthcare to improve quality can be the uncharted territory that meets chaplains' need for autonomy and growth as they advance departmental goals. On my team, one chaplain's passion for the role of vocation

has guided his work in the chemical dependency unit, where vocational goals (personal, social, spiritual, etc.) play an important role in recovery.

Leadership has philosophical, pragmatic, socio-economic, and transcendental implications. And while spiritual care leaders must not lose sight of those implications, they need to first and foremost remember that they are called to attend to people's well-being. Grounded in their faith, in their skills, and in their knowledge, their leadership contributes to well-being of the whole organization.

Ruth Jandeska, BCC, is director of spiritual services for Wheaton Franciscan Healthcare in Iowa.

A good strategic plan can help your department thrive

By Jennifer Paquette

In the emerging world of value-based patient care, spiritual care departments have much to contribute. Indeed, compared to the old fee-for-service model, which often viewed spiritual care as unnecessary overhead, the new healthcare economy allows much room for our contributions. But we will need an informed strategy that demonstrates the contribution of spiritual care to the overall plans of the health system.

A good strategic plan is a perfect launching place. If you have not built one in a while, now is a good time to consider the basics.

1. Review the vision, mission, and values of your health system. You may have looked at them dozens of times, but read them again as if you are seeing them for the very first time. Consider the words of highest impact — “excellent,” “sets the standard,” “high quality.” Successful departments build a strategy that mirrors those statements, and their strategic plans reflect that belief. If your department is not striving to “set the standard,” for example, ask what it would take to do so. Be candid but not pessimistic. (As a reminder, vision statements set the tone of the future for the organization; mission statements frame the reason for existence within the community; values define how patients and families, staff, competitors and the community experience the organization.)
2. Know the strategic plan of your organization. This is essential. Failure to mirror the goals of the larger organization will render a department — or its leadership — irrelevant. Be aware of where the system is in the life of that plan. Is it in the middle of a five-year plan? If so, your organization’s leaders have learned some lessons that you may be able to apply to your strategic plan. If your system is currently building a new strategic plan as the old one sunsets, planning documents are likely available that will yield valuable information into the next plan. Discover the priorities. For example,

will the new clinics supersede the heart institute? Supporting the system's priorities should be among the department's priorities.

3. Gather any other data available. HCAHPS, for example — what are the strategies for your organization emanating from this data? Press Ganey scores — where are the challenges and how can spiritual care help? What other system data are available?
4. Know your strengths. How is your department known within the system? Do chaplains from other systems want to work for you? Do your chaplains have the skill sets to support the strategic direction of the system? What does your department do well? Do you have the data on your department that will help you set strategies for the future? (Pastoral care professionals tend to know their shortcomings, especially as viewed by the system. Be aware of your strengths; focus on your goodness.)
5. Know your resources — time, talent, and money. Be honest about the depth of each of these. Be realistic but not pessimistic. Everything is fixable.
6. Know your competitors. Spiritual care departments do not always consider these, but they are important. Your immediate competitors are all the other departments in your hospital that are competing for funds. For instance, a competitor under your same roof — an end-to-end initiative, like oncology — might like to build and finance its own teams, which would include one or more of your best chaplains. Do not acquiesce easily. Other competitors are the external competing institutions in your marketplace that might find your chaplains or volunteers attractive.

Having gathered and studied the available information, it is time to build your strategic plan. Your timeline should be about three years, five at most. If your system's plan extends past that time, it will likely be amended before its scheduled end. For your departmental purposes, hold to the shorter time. It will challenge you to be more nimble and adaptive.

You have learned the key areas of your organization's strategy, and you know priorities. How will spiritual care support those initiatives in the framework of vision, mission, and values? Be lavish in including stakeholders outside your team in the planning process. When the plan is finished, every stakeholder, every member of your team — including the spiritual care volunteers (some of your best ambassadors) — should know your plans. If you decide to create vision and mission statements collaborative to the system versions yet distinct for your environment, put them on plaques or signs for your department and ensure that they are highly visible by everyone, every day.

As you build the plan, consider the impossible. Too often we shut down our pathway to success because we believe the obstacles too great. Build the plan. Perform the gap analysis between the resources (time, talent, money) available and those lacking. Then figure out what it would take to get from where you are to where you need to be.

I cannot say this enough: Do not sabotage your success with, "We can't!" If the plan is a good one and clearly demonstrates your support for the strategic initiatives of the system, you may be surprised by the people willing to help you with resources.

And last, be prepared to manage change. The best change management techniques are founded on communication, up and down the avenues of people who need to know. If your organization has a department chartered with making change work for the organization, call upon it for help. If not, do your best to ensure that every stakeholder receives frequent communication, even when things may not be going well. Once more, you may be surprised by those willing to help, in good times and bad.

And God's blessings on your journey.

Jennifer Paquette, BCC, is director of mission services at St. Joseph's Hospitals in Tampa, FL.

“Laying track as I go”: The chaplain as entrepreneur

*Bridget Deegan-Krause, BCC, spent several years as a consultant to Catholic healthcare systems before forming Leadership Formation Partners, which offers accessible and affordable technology-driven formation programs for Catholic healthcare leaders. She and her business partner, Beth McPherson, run a nine-session program, *Mission: Day by Day*, a cohort model which blends in-person with web-based reflection. Eight systems throughout the United States have multiple cohorts enrolled in the program.*

Deegan-Krause recently spoke with Vision editor David Lewellen about her ongoing journey as a self-employed chaplain.

Q. When was your last conventional chaplain job, and why did you leave it?

A. I don't know if any chaplain has a conventional job anymore — we are pulled in multiple directions and called to new settings. My work as a full-time chaplain in an organizational setting ended the year my daughter was born — 2004. My husband and I weighed the alternatives and found that with some adjustments we could do without one income long enough for me to be home for a while. I know not everybody has that opportunity, so I appreciate that.

Really, hospice spoiled me. Once one works in the open air, with no fluorescent lights, it is hard to go back.

Q. Were there in-between steps before forming your company?

A. Yes. And NACC was part of it. I was on the Board of Directors, so I still had a professional calling where I could express my gifts and build my professional network. As an NACC leader, I spoke to CHA on the future of chaplaincy, which led to some important connections, including meeting the talented Beth McPherson, who would eventually become my business partner.

For several years, then, I worked as a consultant with a large Catholic health system. I was their go-to gal for ministry formation. They were paying me so much money that I had to be official — I had to form an LLC, get insurance, meet with a lawyer. And I had to demonstrate what I was providing and how I did it, how to

write a proposal, how to deal with a client. I could have the greatest idea in the world, but it didn't matter, if the client wasn't ready for it.

Then there was a merger, and contractors were let go. But the Holy Spirit was at work. Beth McPherson had recently begun independent consulting work, and a common mentor suggested the two of us get together. She said, "I want to do what you're doing," and I said, "I don't know what I'm doing." But Beth has an MBA and a head for building things; I have theological training, I'm a detail person, and good with technology. We realized that as a dynamic duo we could get a lot done.

Q. How does your partnership work?

A. She lives in Long Beach (CA), and I in Detroit. We both work from our homes. We text and email daily, and talk a couple times a week, often with a Google doc open in front of us. We are together in person every several weeks or so and make sure to have our time well-planned and full of joyful celebration and relationship building.

Earlier, we were already providing a variety of specialized contractual consulting and facilitation services. But we realized that in order to really make an impact, we needed an infrastructure. And this would take research, hard work, and, of course, money.

Two and a half years in, we have recouped our initial investment and are paying ourselves, along with the handful of consultants and contractual workers that keep the LFP boat afloat. We are looking to expand our formation product offerings. This is growth, and it feels good.

Q. Is there a niche for other chaplains to do something similar to what you're doing?

A. Chaplains have an important role to play in formation programming and in many cases are an untapped resource within their organizations. We have skills that are essential for meeting the expanding needs of formation — some of us are great facilitators, retreat designers, spiritual directors, and writers.

But our business acumen can be lacking. Some don't do as well with program administration, or setting expectations, or promoting what they have to offer. But

these are skills that can be developed or supplemented with the right partnerships. Chaplains might consider where an entrepreneurial spirit is needed in the settings where they already serve, perhaps designing effective programming with organizational development, employee wellness, and beyond.

I freely use the word “product” now, because we’ve created a product that we deliver and oversee for a client. I was selling myself, but I had to learn to be more specific. I’m learning to talk about the value I can bring.

The big challenge is to understand where one’s gifts and skills are, to learn how to talk about them, and to supplement where one is lacking. It’s essential to seek advice, to get lots of input, to test, and to find partners. Some other chaplains have told me that they’re tired of working for the man, but they still have to put food on the table.

Q. What are the alternatives?

A. Well, there’s no shame in part-time work, and that frees up time for something else. The big piece is to understand where our gifts and skills are. And really listen for the signs of the times. What about employee wellness? Everyone’s talking about it now, and that’s the water we swim in. I’ve met outside vendors making a lot of money on employee wellness.

A mandate now exists in Catholic healthcare for ministry formation, coming from the religious sponsors as well as the Pope himself. That’s a great opportunity. To make formation more widely available, it needs to be affordable and aimed at building local capacity. The best of formation happens within our everyday, within the contingencies of our workplaces, within the communities that share a healing mission.

Q. Besides yourselves, who else does it take to make a business succeed?

A. I have gotten good at saying, “I need help.” A Google or LinkedIn search often reveals someone who has the skills I need or has researched a topic of interest. Also, so much is at my fingertips that supports business development — sample contracts, newsletter templates, inexpensive mailing software, flexible learning management systems.

Coaching has been key, both formal and informal. I have figured out the areas where I am lacking and have sought support. I found myself a writing coach, an operations coach. We pay for the help we need — excellent IT support, graphic design, editing, writing, even cleaning (important when you have a home office).

I save some space in my schedule to provide some spiritual direction, retreat facilitation and formation coaching to individuals and groups. It's not lucrative, but it is tremendously rewarding and draws upon the greatest of my skills.

Q. And moral support?

A. Yes. I have a spouse who understands and values LFP's mission, and whose income and flexible job have allowed me to take risks. This is huge.

Beth and I talk a lot about those who "have our backs," those who are praying for us and cheering us on — lots of women religious, lots of enthusiastic colleagues (many of them NACC chaplains!), and our families. God so has our backs in all this. When things get tough, we remind one another that the fruitfulness of this formation work is so much more important to God than it is to us. This realization gives us courage.

Q. You talk about courage a lot. How is courage part of this?

A. I have had to lay track and create my own path quite often as a woman in the Church. I have been grateful that Catholic institutions, particularly healthcare and academia, have made room for me to be creative. There are days when I wonder what I have gotten myself into. But that is when I prayerfully seek the guidance I need and look to the great shoulders I stand upon in my ministry.

We need to leverage our privilege. In my case, when a job didn't quite fit, I helped shape the job. Not everyone has the resources to do that. But I dream of the day when I'm bringing in enough money that I could hire people. We're using certified chaplains now as local facilitators, and they're perfectly suited. It's almost hitting me as we're talking — that's a thing I can do for my colleagues.

The foundresses of women's religious communities inspire me. They had smarts and resources and an ability to build. That is what I have been called to do today — to leverage the privilege of education, networks, social and emotional securities of all kinds, and certainly spiritual privilege. Who am I to say no?

Conflict with a supervisor can end constructively

By Ann M. Garrido

Because of an uptick in the census, the director of pastoral care needs increased on-call coverage over the Fourth of July holiday when you are already scheduled to be away with family.

The new CEO of the hospital decides certain budgets will need to be cut for the coming fiscal year. Yours is one of them.

We all know that conflict is part of life as a chaplain. On any given day, we may find ourselves dealing with an unhappy patient or a colleague with whom we don't see eye to eye. When the tension is with our boss, however, the angst ratchets up a notch. All of those listening skills that we so readily draw upon when ministering to a patient seem to go out the window. We are tempted to think the ordinary rules don't apply if the other person has more power. It's hard to figure out how to speak up effectively when you are speaking "up" the chain of command. But leadership is not a top-down activity. There are ways of showing leadership in tough conversations, even if you are not the person in charge.

Speak Directly

Tension originates when two people see something differently. Triangulation is the tendency to bring third parties into the disagreement. In its most blatant form, triangulation involves explicitly asking others to lend their weight to influence the outcome in our direction. But often we triangulate without even knowing it — by informally sharing our perspective with others to blow off steam, saying all those things we don't dare say face to face to the one with whom we are frustrated. Psychologist Ted Dunn notes that triangulation flourishes in settings where people are conflict-avoidant and where people feel they don't have the power to influence the situation via approved channels.¹ Naturally, then, we might expect triangulation to flourish in the spiritual care department: Chaplains often have few formal means to influence institutional decision-making, even in circumstances that directly affect their own well-being.

Chaplains have all experienced triangulation in healthcare settings — the family that demands an ethical consult instead of first asking questions of the doctor, the patient who complains to the chaplaincy department instead of talking to the nurse. We wish others would just speak directly when they are aggrieved, rather than bringing us into the mix. But when we feel we lack power, it's hard not to slip into the same patterns of behavior.

Effective “speaking up” begins with speaking directly to the other person, even though the power differential may increase your nervousness. If you need to talk to a friend to get advice and bolster your courage, that is fine — so long as it is clear you are not asking the friend to get involved. The purpose of such conversation is to get coaching, not to garner support. Don't say anything to your friend that you would not be willing to say to your supervisor directly. Anything you share with another could get back to your supervisor somehow, even if that is not your intent.

The more public a conversation becomes, the less likely your supervisor (or anyone, for that matter) will be to change his or her mind. Once a disagreement is public, people tend to become more wedded to their positions. When the conversation remains between the two of you, the stakes are lower. It leaves space for more comfortably re-thinking earlier plans without embarrassment.

Have Reasonable Aims

You cannot change your supervisor's mind — and not just because they are your supervisor. Truth be told, you don't have the power to change anyone's mind. Not even a 2-year-old's. (Maybe especially not a 2-year-old's.) The only person whose mind you have the power to change is your own.

So before speaking to the CEO about what troubles you, let go of the notion that the conversation is for persuasion. Instead, set more manageable goals. There are still many things you can gain from talking directly, even if the other doesn't change his mind. First, you can learn something you don't already know: Why does the CEO see it differently? Why does this matter to him? What data led her to this conclusion? What is the intent behind his decision? Why does this line of action make sense to her? Second, you can

share your perspective. You can talk about the decision's impact on you, how you are feeling, the doubts you are wrestling with, the data that maybe the CEO doesn't have. Finally, you can invite the CEO to problem-solve with you to figure out the best way to move forward.ⁱⁱ

Sometimes when you share your own back story, your supervisor will become more aware of the difficulties a decision has created for you and will change her mind. It does happen. But, sometimes, as you discover more about what your boss is dealing with, *you* will come to agree with the course of action she wants to pursue. And, sometimes, the two of you will figure out a third option that meets both of your interests. All three of these potential outcomes constitute a win for you — not just the first one. Be open to any of the three happening.

What Is Persuasive?

So what elevates your chances of positively influencing the situation, even if you are not in charge? Each of us stakes a position in a conflict based on what we consider to be important. (e.g. *"I will not change my Fourth of July plans because I've already put a deposit on a cabin. My spouse will have my neck."*) Often we go into conversations having well thought out all of the reasons that support the position we hold. We think that once we share these superlative reasons, the other person will be so wowed that she will change her mind. But it rarely goes that way. Instead, she becomes defensive and more intractable. What is far more effective is to find out and explore what *she* considers important. Her position is grounded in *her* interests, not yours. And for her to change her mind, she'll need to know how your alternative solutions also address *those* interests.

Roger Fisher, the founder of the Harvard Negotiation Project, notes that negotiated agreements rarely last unless both parties feel their interests were met.ⁱⁱⁱ Fortunately, in many cases, this is not difficult to do. We have lots of shared interests. Even if we don't read the information in the same way or arrive at the same conclusions, we do have many common hopes. We *both* want adequate coverage over the holiday weekend. *Neither* of us wants to have irritated spouses. We *both* want the hospital to be financially solvent. *Neither* of us wants to cut staff. The best option for moving

forward is the one that will meet as many of our shared interests as possible.

If you can convey that you are as committed to meeting your supervisor's interests as you are to your own, you will be off to a persuasive start. And if you can demonstrate that you are open to change — if your core concerns are addressed — you will be modeling the kind of behavior that you are asking your supervisor to engage in. You can exercise leadership, even if you are not the one making all the decisions.

Bosses are people, too. And even though it seems like there should be a different set of rules governing conversations with those in power, all of the same practices and attitudes we would demand of ourselves in dealing with patients — listening, respect, charitable interpretation, honesty — still apply when we talk with supervisors. Don't expect more of your supervisor than you would expect of yourself. Even if not immediately reciprocated, model the style of communication you would like them to use when your supervisor speaks to you.

Ann M. Garrido, who spoke to the NACC annual conference in 2015, is a Catholic theologian, conflict mediator, and author of the newly released book [Redeeming Conflict](#).

i Ted Dunn, "Triangulation and the Misuse of Power," *Human Development* 27, no. 1 (2006): 18-26.

ii Douglas Stone, Bruce Patton, and Sheila Heen. *Difficult Conversations: How to Discuss What Matters Most*, 2nd ed. (NY: Penguin, 2010): 145-146.

iii Roger Fisher and William Ury. *Getting to Yes*. (NY: Penguin, 1981). See especially Chapter 4.

Chaplains' leadership may come in unconventional forms

By Maggie Finley

How do we chaplains lead aside from the traditional organizational chart?

Mainstream leadership models, even those forgoing spirituality per se, contend that leadership begins in inner space. The idea that the individual spiritual journey has implications for the larger community is not new, but one whose time has come. In *Let Your Life Speak*, Parker Palmer consigns each of us to leadership “of some sort” on a daily basis. He speaks not only of “leading from within” but further delineates good leadership as “high awareness of the interplay of inner shadow and light, lest ... leadership do more harm than good.”

Generally this rings true for chaplains, who acquaint themselves with the inner landscape and learn the language of leadership through theological inquiry, lived experience, CPE formation and continuous competency-building. I've collaborated and shared wisdom with chaplains consistently living out our call to servant, situational and transformative leadership — at different levels within a variety of care settings, whether operating one-person offices or as members of a larger pastoral/spiritual care department.

Some lead from behind, taking on the mentor-coach, advisory role.

Pastoral presence encourages autonomy, potentially giving others permission to step into their own authority; often a precursor to making meaning(ful) decisions during life's critical transitions.

While a certain willingness to stretch and risk in new directions is inherent in our call, leader gurus and behaviorists alike subscribe to honoring who you are and what you desire in choosing a career path. Those of us for whom “deep gladness and the world's deep hunger meet” out in the field — those whose strength is in daily involvement with patients, families, and staff — sometimes choose to decline formal leadership. But chaplains in the trenches often opt for advocacy and committee work to round out leadership by helping articulate best practice, mission identity, and effectiveness. In fact, leadership seems so embedded in professional chaplaincy that opportunities may be unlimited, aside from the scope of charts. In my status as certified retired (i.e. emeritus) chaplain, I realize

we enjoy an autonomy reserved for retirement, which is a kind of niche. We are maturing into elderhood with minds and hearts still fully engaged via volunteering, consultancy, pioneering, or bolstering ministries.

The topic of leadership is complex and boasts enough published material to fill a library, but a couple of resources worth mentioning are:

- *Heroic Leadership: Best Practices from a 450-Year-Old Company that Changed the World.* In Chris Lowney's accessible yet comprehensive survey, are stories of St. Ignatius' leadership and Jesuit formation, which animates the Society of Jesus even now. Pope Francis' leadership style is textbook Jesuit for walking the talk, "energizing self and others with noble aspirations." And his signature gift may be his passion for personal connection and a genuinely pastoral approach to papal power "grounded in love, measuring success in terms of influence and human potential." Francis' persona radiates an aura of authenticity above mere intelligence and raw skill, as he goes about trying to touch more deeply into the "something more than meets the eye" (i.e. magis).

The pillars of heroic leadership fall within the realm of lifelong learning and resemble CPE as follows:

Self-awareness. Maturing in self-understanding, knowing one's strengths, limitations, values, and world view;

Ingenuity/adaptability. Changing with a changing world, holding in creative tension, being innovative;

Love. Engaging with others out of a positive, loving attitude;

Heroism. Walking the talk, putting words into action, being self and other-motivated toward noble aspiration.

- *Managing Oneself.* Author Peter Drucker begins with the wisdom of St. Ignatius and expands to include John Calvin as well. He studied each leader's spiritual geography, reframing it as a template for corporate life. Not lost on Drucker was the impact each innerscape had on legacy and longevity, and he acknowledges the visionary changes they wrought in European history within a 30-year period. (In the future, women founders, whose charisma and ministry also flourished as the fruit of cumulative

mystical experience, should be included. Charismatic women wielded no less influence than men.)

Drucker's managing self lives in action/reflection mode, much the same as in Ignatius' *modo de proceder* and Examen. Drucker analyzed individual strength, how one works and where one fits in, one's values and giftedness — and he unearthed enough questions to conclude that one size does not fit all. The challenge moves beyond mere job description toward a way of life. Both the managing self and the heroic leader allow for the uniqueness of personality, learning preference, performance, relationship-patterning, and environment. Discerning the right time, place, and fit in which one thrives are all worthy of attention.

Chaplain roles evolve subtly or sometimes overnight within our perennially changing healthcare system in ways that call for non-traditional leadership. Chaplains understand questions of change agency — how being in a specific time and place in an institution's (or patient's) life cycle demands self-motivation and flexibility. And the chaplain's capacity to embrace change and hold creative tension not only empowers others but surely contributes to an organization's sustainability and innovation.

Maggie Finley, BCC, is a retired chaplain from Providence Hospice of Seattle.

A leadership path interrupted

By Fr. Bryan Lamberson

A few months ago, I was eager to explore the topic of leadership, to review the ways (formal and less so) in which practitioners of spiritual care might advance our careers and visions for the ministry. But my plans as an individual are not always those placed in front of me. In the midst of this undertaking, my ordinary has asked me to pastor two parishes in a rural part of my archdiocese.

As a result, my plans for pursuing healthcare ministry leadership have radically changed. I will no longer primarily serve as a hospital chaplain. Perhaps it is ironically appropriate that I alter my submission to a retelling of my personal experiences in pursuing healthcare leadership opportunities, what those efforts achieved, and what they did not.

Even before achieving certification through NACC, I thoroughly examined leadership in the ministry and the established paths to achieving it. I knew that the healthcare ministry careers of priests who are friends was very different from what the ministry (and the industry) currently requires. A highly successful mentor who recently retired as regional vice president for mission integration of a merged system had taken no CPE — zero units — and therefore was not certified. Another priest friend who served as an institutional director of pastoral care and vice president for mission integration had taken only one unit of CPE — which had become a requirement for ordination in the years between my mentor's priestly formation and my friend's.

More structured and formal preparation is now required. I quickly began pursuing those avenues offered by the Catholic Health Association ("The Fundamentals of Catholic Health Care Leadership," "The Basics of Catholic Health Care Finance," "Community Benefit 101"). In addition, I took advantage of the ongoing opportunities for training and growth offered by NACC, APC and the Spiritual Care Coalition through webinars and teleconferences. Within my organization, I undertook a yearlong course of study and achieved certification as an associate in biomedical and institutional ethics. These undertakings, while invigorating, were all I felt I could accomplish while simultaneously working full-time in three hospitals and serving two parishes on the weekends.

After a few years of working as a chaplain and accumulating these preparatory trainings and CEUs, I began to actively search for positions in Catholic healthcare leadership: director of spiritual care, director of mission, vice president of mission. I looked first within my own organization, announcing to leaders that I was interested in greater opportunities and responsibilities. When I worked in public relations, the old phrase was, “Run it up the flagpole and see who salutes.” Well, I discovered that nobody was saluting my flag.

I realized that from a logistical perspective, I was more valuable to my organization as a priest/chaplain than in any other capacity. Given the widespread shortage of priests, it’s no wonder. Simply put, I could better serve their needs in those functions that the Church requires priests to perform than in those that laypeople can do effectively. The days of religious sisters running hospitals were long over; it appeared to me that the Catholic healthcare ministry was witnessing the demise of leadership by clergy, as well.

I wondered recently whether the emailed survey from NACC regarding the demographics of our membership wasn’t a further bit of the writing on the wall concerning my hopes for advancement within Catholic healthcare ministry. It’s a moot point for me now, as I prepare to transition from full-time chaplain to full-time pastor. The emphasis on care of the spirit and for the whole human person, which has been a hallmark of my time as chaplain, will serve my parishioners and me well in the future. I ask for your prayers in that undertaking.

Fr. Bryan Lamberson, BCC, is now pastor of St. Francis of Assisi and Holy Cross parishes, both in Loretto, KY.

Reflection, action ... and even more reflection

Barbara J. Blodgett and Matthew Floding (eds.), *Brimming with God: Reflecting Theologically on Cases in Ministry*. Pickwick Publications. 2015. 176 pp. \$23

By Ruth Anne Friesen

What a beautiful, appealing title this book has! It sets up expectation for seeing God at work in each of the 12 cases it presents. The reader is invited to witness how our human actions and reactions affect others and perhaps could have been different or better.

There are quite simple, down-to-earth situations. In the midst of a simple description of what happened, uncertainties or questions sometimes arise in the hearts and minds of pastoral-aspiring people. That seems pretty normal as folks are experimenting in pastoral roles, wondering whether they fit in this role and how competencies are reached. Surrounding these cases are reflections — applauding some of the actions and offering suggestions for how the situation might have been different. Before each case there are two scholarly presentations of various reflection methods used to evaluate that case. These seem to indicate to the reader that reflection possibilities are endless.

However, I found it tedious to read several methods of reflection before reading the case. Don't get me wrong; the action/reflection/action model is important in ministry everywhere, and often consultation with colleagues or supervisors is helpful. But this book made reflection seem to be a laborious process, which I don't think it needs to be. In my own CPE experience, the most fun and exciting part was when each of us presented a story. Then we found it quite engaging to work with the imagery, our own experiences, Biblical reflections, and implications for our work.

I appreciated very much the creativity in the titles of each case and in the different approaches to reflection, which take seriously — while still sometimes offering a little humor — the students' real questions and wonderings. The practical work put into the individual cases in the book is outstanding!

I identified with many of the cases presented. I have often been asked for money on the streets of Chicago ("To Give or Not to Give?"). I have experienced life abroad, and I agree that relating to cultural differences and building trust through

listening and accompanying are important skills that always seem to need consultation (“The African Connection: Reflecting on a Mission Trip”). I work in a very diverse hospital with people of different faith heritages and no faith tradition. I often hear patients talk about having one and the same God, but do we? (“Which Religion Is Better?”) It’s clear to me that grief can be very raw, even coming quite by surprise. It’s important to realize that grief is real and needs to be faced so that ongoing listening becomes possible again (“Robert in the Clutch of Grief” and “First Take the Log Out of Your Own Eye”).

Clearly this book is brimming with real ministry situations. Opening ourselves to the action/reflection cycle is so important to bring our best ministry to each person and each group. May we all find ways to be engaged in appropriate reflections as we go about our daily tasks!

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Clergwomen work through trauma of perinatal bereavement

Joy M. Freeman and Tabatha D. Johnson, *Still a Mother: Journeys Through Perinatal Bereavement*. Judson Press. 2016. 168 pp. \$15.99.

By Marilyn Williams

Anyone involved in a perinatal bereavement ministry should read “Still a Mother,” which gives new meaning to Henri Nouwen’s term, “wounded healers.” The painful sorrow of seven clergwomen is palpable in the telling of their own stories of perinatal loss. “We bring the unique dynamic of living in the tension” between the theology of the seminary and their own stories, write the book’s editors, Joy Freeman and Tabatha Johnson. “Grief can and does change theological beliefs.”

The experience of perinatal loss continues to be, in the words of Freeman and Johnson, “incredibly isolating.” In addition, they do not find the usual comforting Biblical texts to be a perfect fit for perinatal loss and infant death. For example, none of the psalms of lament speak to infant death or the mothers’ grief. The authors note that one narrative regarding the death of a child and the parents’ grief is the story of death of Bathsheba and David’s firstborn (2 Samuel 12:16-25).

The seven stories contain a few common markers for chaplains to consider in ministry. First is that the grief is for “the loss of not only a child we love but also the loss of a future.” Thus, women and their partners are grieving for a part of themselves — their dreams and hopes of being parents.

Secondly, in the midst of their emotional and spiritual pain, women experiencing perinatal loss are frequently stunned by the physical trauma of a miscarriage. Therefore, perinatal bereavement programs must make nurses and physicians available. “How could I labor for a baby I knew was already dead?” asked one clergwoman who didn’t know that after 20 weeks gestation, the mother of a baby who dies in utero must deliver her child.

In addition, many women will feel guilt or shame, as if they did something to cause a perinatal loss or should have prevented it. Furthermore, guilt and shame can be complicated. One woman who had had an abortion previously felt that the death of her baby was a punishment, although her feelings were inconsistent with her theology of a loving and merciful God. Likewise, some women feared conceiving again or losing their next child in utero.

Some stories told of women who struggled to find ways to ritualize their grief. Jennifer Harris Dault spoke of how she specifically requested Communion so she could hear the words “This is my body, broken for you.” She went on to say, “Recognizing that Jesus knows what it is like to have a broken body is life-giving.”

Perinatal loss affects an entire family, including children. For example, Freeman stated that her daughter, who was 2½ at the time of her miscarriage, “will occasionally talk about how much she misses Hope and wishes she could have been her big sister.” Another story highlighted how mothers and fathers can express their grief differently, putting a great strain on the marriage and leading to divorce.

These stories, however, are not just about journeys of grief but also of healing. As one of the storytellers, Diane L. Badger, puts it, “I began to realize I would not be the same person ever again, but I could walk once again in the sunshine.”

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